

HELPING CHILDREN AND YOUTH WITH OBSESSIVE COMPULSIVE DISORDER

What is obsessive compulsive disorder?

Obsessive-compulsive disorder (OCD) is a condition where children or youth have obsessions or compulsions. Many people are perfectionists or a little obsessive about certain things but these habits become a disorder when they begin to get in the way of everyday life.

For example, a child or youth with OCD might have concerns about cleanliness that are so severe they avoid touching family members because they are afraid of getting contaminated.

What causes OCD?

Researchers believe that OCD happens when people don't have enough serotonin (a brain chemical) in the brain. Many things can contribute to OCD, like:

1. Family history
OCD happens more often when children and youth have family members with OCD.
2. Life events
Major traumatic events or psychosocial stressor may contribute to OCD in a person who is vulnerable.
3. Infection
In extremely rare cases, OCD may be caused by bacterial infection (streptococcus, or 'strep').

What are obsessions and compulsions?

Obsessions are distressing thoughts or images that won't go away. For example, a child may worry about being dirty or contaminated.

Compulsions are behaviours that a child or teen feels forced to do, to relieve distress related to the obsession. For example, some children or youth wash their hands over and over again to feel less anxious about being contaminated.

Meet William

William enjoys hanging out with his friends and family, and is a great soccer player. Over the past few months, he's been much more concerned about being clean.



At first, his parents thought it was great, because he began showering more often. Now he needs to shower several times a day and will actually get upset and angry if he can't have his shower. In the past few weeks, he's become so worried about germs that he won't even touch door handles. If he does, he has to wash his hands, and so now his hands are chapped, sore and bleeding from all the washing.

Common types

Cleanliness and contamination: worrying that things are dirty or contaminated. This leads to a compulsion of needing to wash or bathe over and over again, or avoid touching things that might be 'contaminated.'

Symmetry and order: getting upset or distressed if things aren't exactly 'just so' or in a certain order. They may spend a lot of time arranging or re-arranging things in one's room, workplace or other places.

Numbers and counting: counting or repeating things a certain number of times, having "safe" or "bad" numbers.

Self-doubt and need for reassurance: fear of doing wrong or having done wrong, which may lead to repetitively asking others for reassurance, over and over again.

Guilt/need to confess: needing to tell others about things they have done.

Checking: excessive checking things like doors, lights, locks, windows.

Perfectionism: excessive time doing things over and over again until they are perfect, or 'just right'.

What should I do if think I think my child has OCD?

If you think that your child has OCD, bring them to a doctor to make sure there aren't any medical problems that might be contributing to the problem. Your doctor may then refer you to a psychologist, psychiatrist or children's mental health centre.

Everyone in a family is usually affected by a child or youth's OCD, so everyone has a role to play in helping to make things better.

OCD symptoms can lead to other problems like:

- troubles paying attention, because the child or teen is so focused on obsessions or compulsions
- anxiety and anger if OCD routines get interrupted
- lateness and fatigue from the time and energy needed for rituals
- withdrawal from usual activities and friends
- trying to get friends and family to cooperate with the OCD rituals.

How is OCD treated?

There are many effective treatments and ways to deal with OCD. The three main types of treatments that can help OCD are:

1. Cognitive behaviour therapy (CBT)

CBT is a type of ‘talk’ therapy that helps children and youth learn new ways to think (“cognitive”) and new ways to do things (“behavioural”) to deal with the OCD. CBT is usually provided by a psychologist or psychiatrist. Cognitive behavioural therapy (CBT) is one of the most effective treatments for OCD.

Cognitive (thought) strategies help a child or youth to replace OCD thoughts with more helpful ones. For example, a child with cleanliness obsessions touches a school textbook and gets the automatic thought, “Now I’m all dirty and I’m going to get sick! I have to wash my hands!” Cognitive techniques help children and youth come up with more helpful coping thoughts, like, “I’m not going to let the OCD push me around! So what if I’ve just touched the book? I’m not going to get sick. And if I do, well, then maybe I can miss school.”

This type of therapy helps change behaviours one step at a time using an OCD hierarchy to figure out which OCD behaviours to work on. When starting to work on OCD compulsions with a therapist, it is usually best to start working on easier to resist compulsions at first.

CBT may also expose your child gradually to the situations that trigger the OCD, and help them prevent the ‘response’ (or ritual) that the OCD tries to ‘boss’ them into doing. Response prevention happens when children agree ahead of time, that if they touch something they will try to avoid the typical response of hand washing. Although this causes anxiety at first, the more often they avoid hand washing, the easier it becomes over time to stop hand washing (or other compulsions).

2. Medications

Medicines (like specific serotonin re uptake inhibitors, or SSRIs) can help balance the amount of brain chemicals. Medications can be helpful when other treatments aren’t working. Medication may be needed for a short or long time, depending on your child’s needs. In a very small number of cases, OCD is caused by a streptococcal infection (strep). In these cases, antibiotics can be helpful.

3. Narrative therapy

Narrative therapy is another powerful way to deal with problems by talking about them in a certain way. Many therapists will use both narrative and cognitive behavioural strategies in treating OCD in children and youth.

What can I do to help at home?

As a parent or guardian of a child with OCD, here are some narrative therapy strategies you can use. Your child's therapist might also use some of these strategies.

1. Make the OCD the problem, not the person with OCD

Although OCD symptoms can be very frustrating and cause conflict with families, remember that it is not your child or youth that is the problem, it is the OCD. A powerful



way to do this is to talk about the OCD as a third person. This helps you to join forces with your child or youth to work together against the OCD.

Parent or guardian: “You know this thing about needing to wash your hands over and over? That’s not you, that’s OCD. It’s a condition that tricks your brain into making you wash your hands. What would it be like if OCD wasn’t around anymore?”

Child or youth: “A lot better.”

Parent or guardian: “And that’s why we’re going to work together, and find ways to keep OCD from bossing you around.”

2. Name the OCD

Although teenagers are usually happy to call their symptoms OCD, younger children often like to give it their own name like “Mr. Meany” or “Mr. Nag”.



Parent or guardian: “Although adults call it OCD, it can help if you give it a name. Is there any name you want to give it?”

Child or youth: “Germly! Because it makes me think I have germs all the time.”

3. Agree with the child on the goal, like getting rid of the OCD

When faced with OCD symptoms like hand washing, it’s natural for many adults to simply try to stop the child from hand washing. But since children and youth may not have the same insight as adults, they may get upset if adults suddenly try to stop them from their OCD rituals. From the child’s point of view, stopping the rituals is going to make them feel worse in the short run. Adults must help the child to see that things would be better in the long run.



Parent or guardian: “Okay, so what would it be like if we could help you get rid of Germly?”

Child or youth: “A lot better!”

Parent or guardian: “Remember what it was like before Germly started bossing you around?”

Child or youth: “Yeah, I didn’t have to wash my hands all the time. And I was able to go to my friend’s houses.”

Parent or guardian: “That’s why we are going to work together, so that we can stop Germly from bossing you around so much. It might be tough at first, but eventually, you’ll feel better, and be able to do more fun things again. And your hands will feel so much better.”

4. Understand that blaming OCD doesn't take away responsibility

Some parents get worried that if we blame the symptoms on the OCD that the child might not take responsibility for dealing with the problem. For example, if a child with OCD gets into a fight and hits his sister because she interrupted him during his rituals.



Child or youth: "It's not my fault, it's the OCD!"

Parent or guardian: "You didn't cause your OCD and it's not your fault. Seeing a counsellor, or taking medications will help, but getting over the OCD is still your responsibility. You're not alone; we are all going to work together to help you deal with this. How does that sound?"

5. Ask your child how you can support them

Parent or guardian: "Is there anything I can do to help you control the OCD, and keep it from controlling you?"



6. Praise your child for 'bossing back' the OCD

All children and youth need praise, especially those struggling with OCD. A child struggling with OCD often hears a lot of criticism or negative comments from others. Remember there are many ways to praise a child or youth.



Parent or guardian: "Good job on bossing back the OCD!"



William's parents brought him to see his family doctor, who recommended a psychologist. After seeing the psychologist, William and his parents learned all about cognitive behavioural therapy and ways to 'boss back' his OCD. His parents learned strategies too, and how to support William in fighting the OCD.

Interestingly, William's father realized that he had had minor symptoms of OCD all his life too, and he had just as much benefit from learning about OCD as William did.

With all the help, his showering and hand washing are almost back to normal. How ironic life is, thought his mother, who would have thought that one day I'd actually be praising my son for NOT showering!



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