



## THE UPLIFT EDUCATIONAL SERIES: **Obsessive Compulsive Disorder (OCD)**



Obsessions are persistent ideas, thoughts, impulses or images that cause anxiety or distress. Compulsions are repetitive behaviors intended to prevent or reduce the anxiety or distress created by the obsessive thoughts. Those with OCD doubt what their eyes, knowledge and good judgment tell them. For this reason, OCD is often referred to as the “doubting disease”.

- Fear of contamination/serious illness
- Fixation on lucky/unlucky numbers
- Fear of intruders
- Need for symmetry or exactness
- Excessive doubt
- Cleaning/washing
- Touching
- Counting/repeating
- Arranging/organizing
- Checking/questioning
- Hoarding

The person with obsessions is driven to stop or prevent their distress by compulsive behaviors. It is important to realize the child or teenager is not repeating the behavior to achieve pleasure, instead they believe the fearful thoughts must be controlled by repetitive behavior. If the person feels contaminated from shaking hands, he/she may repeatedly wash their hands until the skin is raw; or a person who is obsessed with a fear of shouting profanity in church may repeatedly pray or count to 10 backwards and forwards 100 times for each thought. Compulsions are either excessive or are not connected in a realistic way to the obsessive thought they are designing to prevent.

Many individuals avoid objects or situations that provoke obsessions or compulsions, thus becoming restricted in their functioning in society. Performing the compulsive behavior may become a major life activity, leading to serious disability.

The obsessive thoughts, impulses or images of children are not simply excessive worries about school work, instead they cause extreme fear and distress. OCD should not be confused with normal daily worries and concerns.

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In order to be diagnosed with Obsessive Compulsive Disorder a person's symptoms must:

- Cause marked distress
- Be time consuming (take over an hour each day)
- Significantly interfere with the person's normal routine
- Significantly interfere with relationships with other people

OCD usually begins in adolescence or early adulthood, although it may begin as early as age 3. In males, it usually starts between 6 and 15 years and between 20 and 29 years in females. It is equally common in males and females with a 2.5% prevalence in the population. It usually starts slowly, but occasionally it may be chronic.

Both children and adults are prone to engage in rituals at home not in front of peers, teachers or strangers. Young children do not realize that their thoughts and actions are unusual. They may not understand or be able to explain why they must go through their rituals. But older children may feel embarrassed—they don't want to be "different" from their peers and worry that they are going crazy.

Over half of the people with Obsessive Compulsive Disorder may also be clinically depressed or have another diagnosis.

OCD in children is highly disruptive to the child's ability to concentrate. Children with severe OCD symptoms may ritualize at school. They may repeatedly check, erase and redo their assignments, resulting in late and incomplete schoolwork. Classroom concentration and participation may be limited by fears and rituals. Children may not realize that their thoughts or behaviors are excessive or unreasonable. They may explain them as "necessary". Teachers can be very helpful in supporting a child's treatment of OCD.

Children with OCD may find their rituals so time-consuming that they are too physically tired to play with friends or concentrate in school.

Children with the disorder generally do not ask for help and their symptoms may be identified by parents who bring the child for treatment.

Medications from a psychiatrist are helpful for this disorder. There are several drugs on the market indicated for kids with OCD. Drugs used in treating OCD increase the levels of a naturally occurring chemical within the brain called serotonin. If your child refuses to take medication, your doctor can offer suggestions. Treatment may also include psychotherapy for the child with education and support for parents. Behavior

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therapy will teach your child how to break the connection between his/her fears and the resulting compulsive behavior. Through a process called exposure and response prevention, your child is gradually exposed to situations that cause anxiety and is encouraged not to perform anxiety-reducing rituals. For example, the therapist may ask a child who has an obsession about hand washing to play with finger paints for an hour without washing his/her hands. Because most people can't remain anxious for more than 45 minutes, the child eventually realizes that nothing bad will happen and becomes less anxious. An important component of therapy must include a trusting relationship between the family and the therapist. It is crucial that the family is viewed as a strength and not necessarily as the cause of the child's disability.

Parents often feel bewildered by their child's odd behaviors and may feel it is "just a phase." There may be periods of frustration and anger when children repeatedly demand answers to questions or want help in completing their rituals. Tensions may rise especially within the normal dynamics of parent-teen relationships. Parents of children with OCD may also feel guilty if they find that the disorder has run in their families. However, OCD is NOT caused by bad parenting. Non-OCD children within the family may feel neglected while parents focus on helping the child with OCD. Non-OCD siblings may also be subject to teasing by friends who do not understand OCD or have difficulty understanding the disorder themselves.

- Find out as much information on the disorder as you can. Take advantage of conferences, workshops, lending libraries, online help, support groups, etc.
- Families should behave in a nonjudgmental way and at the same time not tolerate the OCD symptoms, which is a difficult thing to do.
- Recognize gains during treatment and be flexible during stressful times.
- Be consistent. Set rules for behavior and stick to them.
- Be positive. Remember that the OCD is no one's fault. Try not to react to OCD's thoughts and behaviors critically or as if they are part of your family member's personality. The individual with OCD already may have a low self-image. The more critical you are, the worse they will feel.

**TAKE CARE OF YOURSELF** and your relationships. It is easy to put your needs on a back burner when dealing with children with this disorder.

***The information presented in this brochure was obtained from the American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders; Fourth Edition (DSM-IV), Health-Center.com and the O.C.D. Resource Center***

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