

Obsessive Compulsive Disorder (OCD)

Obsessive-compulsive disorder (OCD) is a psychiatric disorder characterized by obsessions and compulsions.

An estimated 1-2% of children and adolescents have OCD.

Obsessions

Intrusive and unwanted thoughts, images or impulses that come into a child's mind.

These thoughts cause anxiety, distress, disgust, or a general feeling of discomfort. Common obsessions can include worries about:

- Being dirty or getting sick
- Hurting others or being harmed themselves
- Offending religious figures, being immoral
- Acting on unwanted impulses
- Superstitions (e.g., lucky/unlucky numbers)

Compulsions

Behaviors that the child feels the need to do over and over again, often in response to an obsession.

These repetitive behaviors are typically done a certain number of times, in a specific manner or until it feels “just right”. Compulsions can be observable (e.g. hand-washing) or mental (e.g. counting) rituals. Common compulsions can include excessive and/or ritualistic:

- Handwashing and cleaning
- Checking (e.g. stove, locks)
- Reassurance-seeking
- Ordering, arranging, evening out
- Repeating behaviors (e.g. rereading, rewriting)
- Counting

When does OCD become problematic?

Distress: These thoughts and behaviors are causing the child to have significant anxiety or discomfort that is affecting their mental well-being.

Duration: Obsessions or compulsions are taking 1 hour a day or more.

Impairment: These symptoms are causing disruption in the youth's functioning (home, social, school).

How is OCD treated?

Childhood OCD is best treated with Exposure and Response Prevention (ERP), which is a type of exposure-based cognitive-behavioral therapy. Specifically, “exposures” refer to having the child face their feared situations in a systematic, gradual manner. The “response prevention” component encourages the child to refrain from doing their OCD-related compulsions and rituals. For example, a child with germ-related worries about door handles may be asked to touch a door handle (exposure), and refrain from washing their hands afterwards (response prevention). By practicing these tasks over and over, with increasing difficulty, the child learns to break the link between their fears and their need to do their rituals. Youth with more severe OCD symptoms should consider a consultation with a psychiatrist to determine whether psychiatric medication would be a helpful adjunct to ERP.