Helping Children and Adolescents with Obsessive Thoughts and Compulsive Behaviors

Facts and Information:

- Over a million children in the U.S. suffer from obsessive-compulsive disorder (OCD)
- OCD is more prevalent than diabetes
- OCD is a neurobiological condition
- OCD can be successfully treated and managed through cognitive-behavior therapy and medications
- OCD is like a brain hiccup and junk mail. The obsessive thoughts are not what we want or asked for, but they just keep coming, over and over, and it is hard to get them to stop

What Are Obsessions?

Obsessions are intrusive, unwanted, distressing thoughts or pictures that occur spontaneously whether the child wants to think about them or not. They create an uneasy, anxious or dreadful feeling. You try to get rid of it or ignore it, but can’t. It triggers physical symptoms such as racing heart (fight or flight responses). Even though there is no danger or truth to the “bad” thought, the “all clear” signal does not sound. The “what ifs?” persist, such as: “What if I didn’t lock the door?”, “What if I throw out something that I might need later, because you never know?”, “What if I get sick and die?”, etc. Even though a child might have some sense that their thought is irrational or not normal, they can’t shake the thoughts and they continue to be tormented by the fears and “what ifs”.

Common Obsessions:

- **Contamination** Fear of touching shoes, doorknobs, spots on clothing or furniture, pencils on the floor, for fear of germs, illness or death.
- **Harm to self or others** Fear of causing harm: stepping on bugs, stabbing self or others with a kitchen knife, poisoning from cleaning chemicals, running over children or animals while riding your bike or driving in a car.
- **Symmetry urges** Needing objects lined up or needing body movements even on right and left sides in order to either feel “just right” or to avoid some type of harm.
- **Doubting** Being unsure whether you’ve completed an important actions – Asking self, did I really lock the door, put my homework in my back pack, turn out the lights, shut the door, turn off the water, blew out the candle, etc.
Numbers Thinking that you need to do something a certain number of times to avoid harm or to feel right, avoiding “bad luck” numbers (e.g. unable to watch a certain TV channel, must not go up steps that have that certain number of steps, unable to have a license plate or a hotel room with a certain number, etc.)

Scrupulosity/religiosity Fear that you have sinned, are guilty, are a bad person; thinking that you need to confess all bad thought, fear that you might be praying to the devil, fear you are praying wrong or not enough; intrusive doubt about having a lack of faith.

Hoarding Fear of throwing out useless objects because you may need them later, feel you must buy or accumulate objects to not miss out on this chance to get them, have them, etc.

Sexual themes Intrusive thoughts/images/doubts about one’s sexual orientation (e.g. What if I am gay?) or fears of being perverted; intrusive sexual images that are disturbing to you; unwanted thoughts/images of incest or abuse, fear of bumping or touching your or someone else’s “private parts.”

What are Compulsions?

Compulsions are actions that one feels they must do. They can be physical actions or mental rituals that people with OCD do in their head. They are repetitive behaviors carried out in an attempt to reduce the anxiety brought about by one’s obsessions. They only reduce the anxiety temporarily. The compulsions often “force” you to avoid the feared situation (e.g. touching doorknobs). The urge to do the compulsion often gets stronger over time. If they have not tested out whether something bad will really happen if they don’t carry out the compulsive behavior – then they never know if something bad truly will happen. Thus, there is an “assumption” that the compulsive action must be working - because one’s worst fear/obsessive thought has not yet happened – so perhaps it is because I am engaging in the compulsive behavior and who knows what will happen if I stop. Over time the compulsions may grow less effective in reducing anxiety, requiring the addition of other compulsive behaviors to try and reduce the anxiety that persists.

Common Compulsions:

Washing and Cleaning Repeated hand washing, showering, using hand sanitizer, washing with alcohol or detergents; avoiding touching things perceived as unclean such as shoes, keys, money, doorknobs, writing utensils; not allowing others to touch things in a room or your belongings; not allowing others to touch you, etc.

Checking Rechecking door and window locks; turning off oven, iron, water, etc. and then rechecking that really did turn them off; needing to unplug electrical devices or appliances.

Symmetry Exiting a room the same way as entered; if touch or bump right hand then must do the same to left hand, blinking right eye if blink left eye; pulling up socks so they are the same height; retying shoes until the laces look exactly the same.
Counting

Counting to a certain number such as while putting on clothes, walking up steps, brushing hair or teeth; needing to arrive or do something at a certain time; needing to turn the TV or radio to certain numbers; fixing “bad luck” numbers by writing/counting/finding/etc. “good luck” numbers; needing to count the number of doors, floor or ceiling tiles, windowpanes, etc.

Repeating/Redoing

Flipping lights on and off, opening and closing doors or drawers, rebuttoning clothes until feels just right, rewriting, erasing, rereading until perfect.

Hoarding

Being unable to throw out objects, papers, old /used items (e.g. crayons,), sorting useless objects in categories or some particular way.

Praying

Continuous praying, confessing every bad thought, apologizing incessantly, needing to pray for everyone because feel responsible for protecting them from harm, repeatedly questioning proof of existence of God.

Recommended Reading:

For Parents – What to do When your Child has Obsessive-Compulsive Disorder by Aureen Pinto Wagner, Ph.D.; Freeing Your Child from Obsessive-Compulsive Disorder by Tamar E. Chansky, Ph.D. Take Control of OCD by Bonie Zucker, Psy.D. and Talking Back to OCD by John M. March, M.D.

For Teenagers – Kissing Doorknobs by Terry Spencer Hesser; Everything in Its Place: My Trials and Triumphs with Obsessive Compulsive Disorder by Marc Summers and Eric Hollander; Free from OCD: a workbook for teens with obsessive-compulsive disorder by Timothy A. Sisemore, Ph.D.

For Children – What to Do When Your Brain Gets Stuck: A Kids Guide to Overcoming OCD by Dawn Huebner, Ph.D.; Kids Like Me published by Solvay Pharmaceuticals; Up and Down the Worry Hill by Aureen Pinto Wagner, Ph.D. and Mr. Worry – A Story about OCD by Holly L. Niner.

Recommended Organizations and Website:

International OCD Foundation– www.ocfoundation.org

Peace of Mind Foundation www.peaceofmind.com

Helpguide – www.helpguide.org
A Good Analogy for the Treatment of CD:

What does therapy for OCD and jumping into a swimming pool have in common? Therapy for OCD is like jumping into cold water. If you jump into a pool and the water is cold, you have two choices. You could get out and avoid the cold water or stay in and see what happens. If you get out then your experience of a swimming pool is that the only way to deal with it is to avoid it. If, on the other hand, you stay in, you’d see that the uncomfortable cold feeling passes over time. This occurs not only because the water “warms up” but because the brain stops paying attention to the message “It’s cold, it’s cold” and we habituate to the water. Similarly with OCD, kids learn that the only way to avoid or escape that bad feeling of an obsession is to do the compulsion and avoid confronting their fear. In behavior therapy they get to see that the bad feeling will eventually pass on its own – the brain will stop sending out the “danger, danger” message and they can be free from compulsions and feel much better. (From Tamar Chansky’s book Freeing Your Child from Obsessive-Compulsive Disorder.)

How to Introduce the Idea of Therapy to Your Child:

You are going to meet with someone who will help you with your fears. This person will help you learn how to outsmart the fears and get stronger at fighting them. Explain you can actually learn to “boss back” the OCD. In order to normalize having OCD you may want to call the person who will work with your child a “coach”. You may want to explain that this is a biological issue – a wiring problem that people have that causes their brain to get stuck on a fear and not be able to stop it (e.g. like an unwanted hiccup that occurs repeatedly). It is not your fault. It is like being prone to having freckles and no one caused it, it is just the way you are made. There are millions of people who have OCD including many kids. You are definitely not the only one.

Medication for OCD:

Medications for OCD can be very helpful. The medications used for OCD (i.e. Serotonin Reuptake Inhibitors) work by acting on chemicals in your body – these chemicals are the brain messengers (i.e. neurotransmitters) that are needed for communication between brain cells. The medication can help the messages between brain cells move appropriately. When the brain cells are communicating normally, the obsessions may be less often, less intense and less disturbing. The OCD “hiccup” (i.e. reoccurring and intrusive bad thoughts) can become under control. It can help in stopping the intrusive, obsessive thoughts or making them easier to push out of your mind or not feel so upset about them. When the brain cells are communicating normally, people may not experience such high levels of anxiety. This means that the medication can help you feel less anxious when you decide you do not want to do the compulsive behaviors anymore and you work on stopping the behaviors. Medication can be helpful but therapy is an important part of treating OCD as well.