

Obsessive-Compulsive Disorder (OCD)

Facts for families

What are the symptoms of OCD?

OCD is an anxiety disorder that consists of obsessions and compulsions. Obsessions are unwanted ideas, thoughts, images or urges that are unpleasant and may cause a child to feel worry, guilt, or shame. Some examples of obsessions include excessive worries about:

- Contamination (dirt, germs, getting sick)
- Perfectionism (schoolwork, clothing, appearance, artwork)
- Safety (natural disasters, dying, bad things happening to someone)
- Rule-breaking (excessive tattling, becoming upset if a rule is broken, rigid thinking or feelings that things have to be moral or “just right”)
- Disturbing thoughts or images (upsetting thoughts or getting stuck on thoughts about things like scary movies, television, hurting others, sexual images)

Compulsions, also called rituals, are behaviors a child feels they must do to ease upsetting feelings or to stop something bad from happening.

Examples of compulsions or rituals include:

- Excessive washing, cleaning, straightening, ordering, arranging
- Repeating actions until they feel “just right” or are done a specific number of times
- Symmetry (doing things an even number of times or balancing things)
- Compulsive questioning (asking the same question over and over again, especially about time and safety)
- Reassurance seeking (having to be reassured frequently)
- Confessing or apologizing excessively
- Superstitions (having lucky words or numbers)
- Checking, touching, tapping, counting
- Hoarding

Most children have routines at mealtime, bedtime, or when saying goodbye. For children with OCD, the routines become too intense, frequent, upsetting, time-consuming and/or get in the way of the child’s daily life activities.

To Learn More

- Psychiatry and Behavioral Medicine Support and Crisis Services
206-987-2164, option 4
- Ask your child’s healthcare provider
- seattlechildrens.org

Free Interpreter Services

- In the hospital, ask your nurse.
- From outside the hospital, call the toll-free Family Interpreting Line, 1-866-583-1527. Tell the interpreter the name or extension you need.



How common is OCD?

OCD is a common problem faced by children, teens and adults. It is estimated that over 6 million people in the United States have it. It often goes undiagnosed, because many children do not talk about their obsessive thoughts and it can take time for parents or caregivers to see that compulsive behaviors are becoming distressing and time-consuming. Boys are somewhat more likely to have OCD than girls, especially at younger ages. For many children who come to treatment with behavior problems, the underlying cause may be OCD.

What causes OCD?

Children and teens can develop OCD for many reasons. Studies suggest that genes play a major part in developing OCD. Children with OCD are more likely to have some relatives with OCD or other anxiety disorders. Many children have symptoms that seem to come and go, whereas others have symptoms that keep getting worse and get in the way of the child's daily life activities.

What is the impact of OCD?

OCD in children and teens that is untreated can lead to:

- Trouble focusing on schoolwork or doing homework
 - Trouble doing regular chores or daily tasks (such as getting dressed, getting ready for bed, being on time to school)
 - Social impairment (excessive shyness or unwillingness to try new activities, avoiding things that seem difficult)
 - School refusal (stomach aches or worries before school)
 - Risk for depression (including low mood and self-esteem)
 - Family problems and stress
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How is OCD treated?

OCD treatment focuses on helping your child build skills to cope and “fight back” against obsessive thoughts and compulsive behaviors and returning your child to normal age-level functioning. There are three main types of treatment:

- Cognitive Behavioral Therapy to help your child gradually face their fears and worries. Exposure and response prevention teaches children to be around the things they are worried about (for example, germs) and then resist the urge to do the behavior that relieves the worry (for example, washing hands). Caregivers are very important to involve in treatment; they learn to coach children to complete exposures and reduction accommodation of OCD at home and in other settings.
- Medicine – Selective Serotonin Reuptake Inhibitors (SSRI's) are common medicines used to treat OCD in youth and are helpful when combined with cognitive-behavioral therapy. Other medicines can also be helpful.

Is treatment helpful?

Most children get better with cognitive-behavioral therapy (CBT) for OCD or CBT therapy and medicine. Studies have shown that CBT in combination with medicine is more effective than medicine alone or cognitive behavioral therapy alone. Most children respond to weekly CBT and some children require more intensive CBT (e.g. multiple sessions per week) to get OCD under control.

Recommended reading

- **Talking Back to OCD** by John March and Christine Benton
 - **It's Only a False Alarm** by John Piacentini, Audra Langley and Tami Roblek
 - **What to Do When Your Brain Gets Stuck: A Kid's Guide to Overcoming OCD** by Dawn Huebner
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