

Obsessive Compulsive Disorder (OCD)

Behavioral Health Tips

Obsessive-Compulsive Disorder or OCD is a condition that affects about 1.5 to 3% of Americans. Over 50% of cases likely start in childhood or adolescence. OCD is characterized by recurrent, repetitive, distressing thoughts, feelings or behaviors. Those with OCD typically have little control over these thoughts, feeling or behaviors. In general, OCD causes distressing thoughts –often termed the obsession -- and which cause anxiety that is only alleviated by a compensatory act or thought -- otherwise known as the compulsion. People with OCD often attempt to either avoid situations that cause these thoughts or feelings. In other instances, others around them accommodate them so that they do not find themselves in these situations. There are various frameworks about what causes OCD, but that facts that OCD seems to run in families and that many cases respond well to medication suggest at least a partial neuro-biological source.

Warning Signs:

OCD causes people to act in repetitive, distressing ways. Sometimes obsessions and concurring anxiety are visible and sometimes they are not. Likewise, sometimes compulsions are actions and sometimes they are just thoughts. Children with OCD often worry about getting sick or hurt or loved ones around them getting sick or hurt. They worry about rule breaking and possible punishment. They worry about doing things in certain numbers or patterns or something back happening. They worry about being dirty or not clean enough. Parents who notice their children constantly seeking reassurance or doing things in repetitive patterns can consider asking a doctor about OCD.

For more information

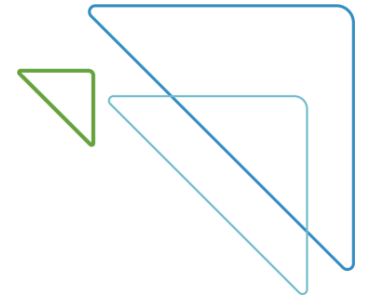
Cohen Children's Medical Center

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100 Merrick Road
Rockville Centre, NY 11570
516-927-1630
Pediatric Behavioral Health- Mineola
156 First Street
Mineola, NY 11501
516-321-5770

How Parents Can Help:

Parents can take the lead in advocating for their children to get diagnosed correctly and then treated. If a child or adolescent is given a diagnosis of OCD, the child or adolescent will likely need a combination of therapy and medication to get better. Therapy for OCD typically focuses on helping both the child and his or her family understand how OCD functions and how organized challenges – otherwise known as exposures –can help overcome it. Kids are often taught that their OCD is not part of them and can be overcome. They work with therapists to make lists of challenges to prove to themselves that they do not need to worry about things again and again or make certain movements or have certain thoughts to be safe. Parents can help their children with these assignments and work closely with the child's therapist. They can

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also make sure that their child or adolescent takes all medication as prescribed by a doctor.

Treatments:

The core of most OCD treatments is Exposure Response Prevention Therapy, often abbreviated as ERP or EXRP. ERP works with children and adolescents to understand their avoidant and obsessive behaviors and then to challenge them –through a wide range of exposures. For example, children who are afraid of getting their hands dirty will work through a succession of activities that make their hands dirty to teach them to tolerate the anxieties they feel about dirtiness. OCD patients often take medications as well which can treat concurrent anxiety and make exposures more tolerable.

Additional Information:

OCD in Kids: <https://kids.iocdf.org/>

My Childhood OCD: <https://adaa.org/living-with-anxiety/personal-stories/my-childhood-ocd>