

Helping kids with OCD

It's important to understand that OCD is never a child's fault. Once a child is in treatment, it's important for parents to participate, to learn more about OCD, and to modify expectations and be supportive.

It can be helpful to keep family routines as normal as possible and for all family members to learn strategies to help the child with OCD. It is also important to not let OCD be the "boss" of the house and regular family activities. Giving in to OCD worries does not make them go away.

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 can be difficult 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.

Resources

For more information contact UPLIFT. Contact information on front cover.

UPLIFT has a lending library available with more information on obsessive compulsive disorder.

National Institute of Mental Health

Phone: (866) 615-6464
Website: www.nimh.nih.gov

Mental Health Information Center

Phone: (800) 789-2647
Website: <http://mentalhealth.samhsa.gov>

Anxiety Disorders Association of America

Phone: (240) 485-1001
Website: www.adaa.org

National Alliance on Mental Illness

Phone: (800) 950-NAMI
Website: <http://www.nami.org>

Kids Health

<http://kidshealth.org>

Obsessive Compulsive Foundation

<http://www.ocfoundation.org/>

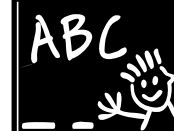
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Obsessive Compulsive Disorder

EDUCATIONAL SERIES



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What is Obsessive Compulsive Disorder?

Obsessive-Compulsive Disorder (OCD) is an anxiety disorder characterized by recurrent, unwanted thoughts (obsessions) and/or repetitive behaviors (compulsions). Repetitive behaviors are often performed with the hope of preventing obsessive thoughts or making them "go away". Performing these so-called "rituals" provides only temporary relief and not performing them markedly increases anxiety.

Among kids and teens with OCD, the most common obsessions include:

- fear of dirt or germs
- fear of contamination
- a need for symmetry, order, and precision
- religious obsessions
- preoccupation with body wastes
- lucky and unlucky numbers
- sexual or aggressive thoughts
- fear of illness or harm coming to oneself or relatives
- preoccupation with household items
- intrusive sounds or words

These compulsions are the most common among kids and teens:

- grooming rituals, including handwashing, showering, and teeth brushing
- repeating rituals, including going in and out of doorways, needing to move through spaces in a special way, or rereading, erasing, and rewriting
- checking rituals to make sure that an appliance is off or a door is locked, and repeatedly checking homework
- rituals to undo contact with a "contaminated" person or object
- touching rituals

- rituals to prevent harming self or others
- ordering or arranging objects
- counting rituals
- hoarding and collecting things
- cleaning rituals related to the house or other items

How common is OCD?

There are at least 1 in 200 or 500,000 kids and teens that have OCD. OCD affects girls and boys of all races and backgrounds equally.

At what age does OCD begin?

OCD can start at any time from preschool to adulthood. Although OCD does occur at earlier ages, OCD generally occurs either between ages 10 and 12 or between the late teens and early adulthood.

Understanding the special impact the disorder has on their lives is important in helping them get the right treatment. Some common issues of OCD in children and teens follow:

Disrupted Routines: OCD can make daily life very difficult and stressful for kids and teens. In the morning, they feel they must do their rituals right, or the rest of the day will not go well. In the evenings, they must finish all of their compulsive rituals before they go to bed. Some kids and teens even stay up late because of their OCD and are often exhausted the following day.

Problems at School: OCD can affect homework, attention in class, and school attendance. If this happens, you need to be an advocate for your child. It is your right under the Individuals with Disabilities Education Act (IDEA) to ask for changes from the school that will help your child succeed.

Physical Complaints: Stress, poor nutrition, and/or the loss of sleep can make children feel physically ill.

Social Relationships: The stress of hiding their rituals from peers, time spent with obsessions and compulsions, and how their friends react to their OCD related behaviors can all affect friendships.

How is OCD treated?

OCD is treated with medication and behavior therapy. Both affect brain chemistry, which in turn affects behavior. Medication can regulate serotonin, reducing obsessive thoughts and compulsive behaviors.

Behavior therapy uses deliberate exposure to the feared object or idea followed by a response to discouraged or prevented the usual compulsive response. When the treatment works well, the person gradually experiences less anxiety from the obsessive thoughts and becomes able to refrain from the compulsive actions for extended periods of time.

Will OCD symptoms go away completely with medication and behavior therapy?

Response to treatment varies from person to person. Most people treated with effective medications find their symptoms reduced by about 40 percent to 50 percent. That can often be enough to change their lives, to transform them into functioning individuals.

A few consumers find that neither treatment produces significant change and a small number of people are fortunate to go into total remission when treated with effective medication and/or behavior therapy.