



Obsessive Compulsive Disorder: A Guide for Families/Whānau

What is Obsessive Compulsive Disorder (OCD)?

Have you ever *'touched wood'* for good luck or avoided walking under a ladder in case of bad luck? Have there been times when you have returned to the house to check you turned off the iron, or to lock the door – even though you were quite sure you remember doing it? These are superstitions & lapses of confidence in memory that are familiar to most of us. Imagine feeling intense anxiety if you did not do these things without feeling that something bad was going to happen. This is what living with **Obsessive Compulsive Disorder (OCD)** is like.

OCD is a type of **anxiety disorder** where people experience **repetitive thoughts (obsessions)** & **behaviours (compulsions)** that often seem senseless or even irrational to other people. These obsessions & compulsions take a lot of time & get in the way of daily activities.

Compulsions are repetitive behaviours that develop as a way to relieve the anxiety that the obsessions cause. People with OCD usually carry out their compulsive behaviour in a special or particular way (like a ritual). While performing compulsions only gives temporary relief from anxiety, some people are able to perform them in such a way (or with such frequency) that they can avoid the anxiety. Common compulsions seen in children & young people include:

- Repeating tasks over & over
- Checking
- Hoarding
- Rearranging or lining up objects
- Repetitive phrases or lists

Some people use other thoughts to neutralise their obsessive thoughts. This is sometimes called magical thinking. To the person with OCD, certain thoughts can seem to magically ward off harm. Many people have more than one obsession & compulsion & these can change rapidly.

Children & young people experience some of the same obsessions & compulsions as adults; however, unlike adults, children may not always recognise that their symptoms are senseless or that their compulsions are excessive. They may also involve their family members in their rituals such as getting parents to check their homework repeatedly or asking the same questions over & over.

Obsessions are recurrent thoughts, images or impulses that can cause a great deal of anxiety or distress. While every person with OCD will have different obsessions, some common ones children & young people experience are:

- Worry about being contaminated with germs, getting sick or dying
- An extreme need to do things correctly (or “just so”)
- Concerns about people they love being hurt.

For some children & young people, thoughts or images of hurting others or of a sexual nature can occur.

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How common is OCD?

OCD is not uncommon & around 2 people in every 100 have it at some time in their lives.

OCD often begins during adolescence but can be seen as early as the preschool years (see Information Sheet on Anxiety Disorders). While it often starts as a mild problem, if left untreated OCD can interfere with a child or young person's ability to get on with life at school or work & can affect their relationships with friends & family.

What causes OCD?

Understanding of what causes OCD has changed over the last few decades. OCD is no longer seen as resulting solely from attitudes learned during childhood (such as an overemphasis on cleanliness), or from a single experience (such as becoming sick after being exposed to germs). The search for causes of OCD now focuses on a mix of biological influences (differences in brain function that may be partly inherited) with environmental influences (from experience & learning) & cognitive factors (how we think).

So your Young Person has OCD – What Now?

Caring for a young person with OCD can be very stressful. Obsessions & compulsions can be difficult to understand & cope with. Sometimes you may want to tell them to *'snap out of it'*. Unfortunately, if that were possible they would have already done so. The older the child, the more likely it is that he or she will recognise that their obsessions & compulsions are extreme or unreasonable. This awareness seldom makes it any easier to resist carrying out the compulsions; instead it may lead the child or young person to feel helpless & perhaps depressed (see Information Sheet on Depression) & attempts may be made to hide their problem rather than seek help.

While treatment will be different for each person, research has shown that many can be helped with psychological therapy or medication or a combination of both.

Psychological Therapy

A behavioural technique called exposure & response prevention has been shown to reduce both obsessions & compulsions. This involves teaching them to confront the thoughts or situations that make them anxious & then learn to resist the compulsions. Therapy such as this works best if family & others are involved & are able to support & coach the child or young person to practice the techniques.

Medication

Medication may also be recommended to treat OCD. In particular, medications called Serotonin-Specific Reuptake Inhibitors (SSRIs), which are most commonly used to treat depression, have been found to be effective for OCD. Medication is most likely to be recommended if your child or young person's OCD is very severe to help relieve the symptoms.