

THE PARENT LETTER



About Our Kids:
A Letter for Parents by the
NYU Child Study Center

VOLUME 5, ISSUE 2

OCTOBER 2006

OBSESSIVE COMPULSIVE DISORDER (OCD)

OCD is a complex neuropsychiatric disorder characterized by the presence of obsessions and compulsions. Obsessions are unwanted, intrusive thoughts or images that cause a great deal of anxiety or fear, while compulsions are repetitive actions that people perform in efforts to reduce the discomfort created by the obsessions. OCD affects one in 40 adults and one in 200 children, which translates to approximately 5 million people in this country. It affects males and females equally, and it generally starts between the ages of 7-25. Interestingly, symptoms in childhood are often very similar to those in adulthood.

People with OCD can have great difficulty coping with the uncertainty of many situations and/or memories. Although people can identify their obsessions as irrational thoughts, they cannot suppress them, and often feel compelled to perform their rituals because of the high levels of anxiety they feel. Some OCD thoughts may include “magical thinking,” which like superstitions, refer to the belief that one’s thoughts may affect or control the fate or luck of others.

Isn’t OCD just about hand washing?

No. Although the fear of contamination or getting sick is a common symptom of OCD, there are many different types of obsessions and compulsions. Some different types of obsessions include: aggressive obsessions, which include thoughts of harming oneself or others (stabbing, punching, pushing others into the street, etc.); religious obsessions, which include having blasphemous thoughts or being excessively concerned with morality; sexual obsessions, which involve doubting sexual identity or the fear of inappropriately touching others (including children); and somatic obsessions which involve excessive worries about having an illness such as AIDS. A common obsession in childhood is referred to as needing “the right feeling,” which means that kids don’t feel right until their compulsions are performed satisfactorily.

Remember, obsessions are intrusive thoughts or images, so many times families may not be aware when their loved one is actively worrying. Although people with OCD are able to hide their compulsions, they cannot be concealed all the time. In fact, it is often the presence of compulsive behaviors that raises concern to families and schools. Compulsions usually require the person to perform some action(s) that will eliminate the doubt or uncertainty created by the obsessions. For example, for someone with aggressive obsessions, avoidance of knives and scissors are common compulsions because they remove the possibility of hurting others. Checking windows, doors, ovens, lockers, or retracing one’s steps while walking may serve as compulsions for those who are worried about having made mistakes, or who may need to have the “right feeling.” Excessive hand washing, showering, or grooming may be ways to eliminate the possibility of getting sick or spreading illnesses. Other compulsions include: re-reading, ordering and arranging, counting, reviewing conversations and thoughts, seeking reassurance, etc.

What does OCD look like in school?

OCD can affect a child’s ability to learn, focus, concentrate, and interact socially. There are several warning signs to be aware of if you suspect your child has OCD. Active compulsions like physically retracing steps, erasing excessively, ordering or arranging items in desks/lockers, tapping one’s self or desk, and excessive hand washing are all common symptoms in school. Avoidance of, or slowness, in activities may also indicate OCD. For example, avoidance of art (may not want to get hands dirty), excessive slowness on tests/papers, excessive time spent in nurse’s office (may be avoiding certain activities), and over reactions to minor issues, may be OCD in disguise.

What can families do to address OCD?

OCD can be very difficult to live with, both for the sufferers and their family members. Many times family members are drawn into compulsions or they enable the person to engage in rituals or avoidances, which can lead to family or marital tension. People with OCD may also experience depression, social isolation, anger, and sexual dysfunction due

to feeling a loss of control over their lives. It is therefore important for everyone involved to seek the help of a psychologist or psychiatrist to conduct a comprehensive evaluation to assess overall functioning.

Although there is currently no cure for OCD, the treatment available is highly effective. The combination of cognitive and behavioral therapy (CBT) with pharmacological treatment has been shown to be the most effective combination. A specific technique within CBT known as “exposure with response prevention” (ERP) is considered the gold standard of treatment for OCD. The rationale behind ERP is that by continuing to face your fears, they eventually diminish. Imagine jumping into a cold swimming pool. At first you feel the extreme temperature, but the longer you remain in the water, the sooner your body adapts. The same thing happens with anxiety. If you allow yourself to experience anxiety without pushing it away (compulsions), you’ll adapt. But this is a gradual process and needs to be performed along with trained professionals. CBT also teaches family members skills and strategies to help their loved one in supportive ways and to learn how to avoid giving reassurances or enable rituals to occur.

If my child is so worried, why shouldn’t I give him/her reassurance?

It certainly makes sense to give reassurance to anyone who is worried, especially if they can identify their worries as irrational. But in the case of OCD, reassurance is the enemy. The tricky part about OCD is that reassurance is a compulsion, and any compulsion makes OCD stronger. Think about the results of getting a mosquito bite. When first stung by a mosquito, the skin itches. If you scratch at the bite, you temporarily feel relief, but as soon as you stop, the itching gets worse. It doesn’t matter who is scratching at the bite, as long as it’s being scratched, you get temporary relief. That’s exactly how compulsions work. They only temporarily provide relief from the anxiety, and as soon as they are stopped, the need to do them again increases. The lesson learned by the person suffering with OCD is that they cannot adapt to the anxiety and need to rely on the compulsions to reduce their anxiety.

Useful Resources

The following are resources for families experiencing difficulties with a loved one suffering from OCD. While it is helpful for families to educate themselves about symptoms and treatment from these resources, they are not a substitute for a comprehensive evaluation and treatment with a qualified mental health provider.

- Obsessive Compulsive Foundation: www.ocfoundation.org
- What To Do When Your Child Has Obsessive-Compulsive Disorder: Strategies and Solutions. By Aureen Pinto Wagner.
- The OCD Workbook: Your Guide To Breaking Free From Obsessive Compulsive Disorder. By Bruce Hyman and Cherry Pedrick.

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ABOUT THE NYU CHILD STUDY CENTER

The NYU Child Study Center is dedicated to the research, prevention and treatment of child and adolescent mental health problems. The Center offers evaluation and treatment for children and teenagers with anxiety, depression, learning or attention difficulties, neuropsychiatric problems, and trauma and stress related symptoms.

We offer a limited number of clinical studies at no cost for specific disorders and age groups. To see if your child would be appropriate for one of these studies, please call (212) 263-8916.

The NYU Child Study Center also offers workshops and lectures for parents, educators and mental health professionals on a variety of mental health and parenting topics. The Family Education Series consists of 13 informative workshops focused on child behavioral and attentional difficulties. To learn more or to request a speaker, please call (212) 263-8861.

For further information, guidelines and practical suggestions on child mental health and parenting issues, please visit the NYU Child Study Center’s website, AboutOurKids.org.

AboutOurKids.org
THE NYU CHILD STUDY CENTER ONLINE

Changing the Face of Child Mental Health
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The Parent Letter has received generous support from Joseph Healey.