

OCD and Kids

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Early morning in the life of a child with obsessive-compulsive disorder:

I wake up on time (extra, extra early) and the worries start flooding my mind. I am already exhausted from thinking, and I'm sad because I can't just hop out of bed and get ready for school like a normal kid. I get out of bed over and over again until it's just right. Then, I walk, counting the steps to the bathroom, and I hope that it's an even number because otherwise I would have to go back and start over. The bathroom is another story: washing, brushing, etc., takes me a long time. I know this because I keep being told to hurry up so I am not late for school. I block this out because when I get interrupted I have to start all over again! No!!

Once the washing is done (thankfully) then I can get dressed. I put my clothes on over and over until they are just right. How do I know when they're just right? I don't really know because it changes every time, but I know by the way I feel...calmer. I can't just pick anything out to wear; it has to be certain clothes, ones that I consider not bad for that day. There is so much thought that goes into it, such as, what happened when I wore that shirt last time? Did the teacher like me? Were kids mean to me?

I eat breakfast, which is tough because my stomach usually hurts. I struggle with the fact that I need to eat it because my mom took the time to make it for me. What if I don't finish it? Will she be mad? Will she think I don't love her? Then with a kiss and a hug, many times over, I am off to school. Will it be a good day? Maybe if I close the car door in a certain way...

Most kids have worries, doubts and fears. But kids with obsessive-compulsive disorder (OCD) often can't stop worrying, no matter how much they try. There are many variations to their stories, but the common denominator for kids with OCD is their extreme self-scrutiny and mental anguish. They know that they are looked at as weird and attention-seeking. They want more than anything to be either invisible or noticed for themselves and not their quirkiness. Their intrusive thoughts (obsessions) are so strong that they trigger the actions (compulsions) which they can't help but do.

OCD is a type of anxiety disorder. It is generally estimated that 1 in 200 kids and 1 in 100 adults have OCD. It's important to know that compulsive behavior is not something that a child can just stop. All kids and adults with OCD wish they could stop! Many kids are worried about what they are doing, and they struggle to hide it from their families, friends, teachers, etc. because they feel like they are crazy, weird and different.

Most kids with OCD realize that what they are doing is silly but the anxiety can be so great that they feel that they "have to" in order to minimize the uncomfortable feeling. Often, compulsive behavior does lessen the anxiety, but only temporarily. Many kids fight within themselves to stop the repetition but can't because they start to focus on the what-ifs. "What if I

don't do this right? What if I don't finish the ritual perfectly? What if I don't know everything for the test?" Kids with OCD are so self-restricted that even actions as simple as putting on a sock, eating lunch, walking out the door, going to bed, or turning on the TV become exhausting.

OCD is a private and isolating disorder. When a child is going through this, they know that other kids, adults, friends, family members and even strangers are watching them. They often pretend that they are invisible in order to justify continuing the ritual. It is humiliating and embarrassing for them, but the push is so strong that they cannot stop. Many kids with OCD have very low self-esteem and do not have very many friends.

Research shows that OCD tends to run in families. Many people with OCD have one or more family members who also have it or other anxiety disorder. Of course, having the genetic tendency for OCD doesn't mean people will develop OCD. It does mean that there is a stronger chance they might.

OCD can make the simplest tasks of every day life very difficult for the kids that it affects and for their families. The behaviors often take up a great deal of time and energy, making it more difficult to complete tasks, such as homework or chores, or to enjoy life.

"I would ask to play with other kids at school and had friends. They didn't know the real me. I became good at making excuses and hiding my compulsions. The more I did this, the worse the symptoms became. I would feel compelled to pick up the tanbark that I used for hopscotch and keep it in my desk. At back to school night in second grade, I remember being so humiliated, ashamed and embarrassed by the garbage in my desk. I couldn't throw away my banana peels, rocks that I touched, tanbark, etc. I think that's when my parents knew that I had to see someone."

According to *Anxiety Care*, some of 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 are some of the most common **compulsions**:

- Grooming rituals, including hand washing, 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

Many times kids will look to their parents for reassurance. For example they will ask "I can't get germs from touching this can I?" or "Do you think I can get sick from touching this?" They try to relieve their symptoms by asking their parents to join in the ritual with them, for example, asking them to pick something up for them or having the parent double-check something. When these rituals become extremely repetitive, the parents begin to suspect that their child needs something more than just their reassurance.

If you suspect that your child has OCD, here are a few things to look for:

- Chapped hands from constant washing
- Hours on homework and not getting much done
- Test papers, schoolwork and homework with holes erased in them
- Asking family members to repeat phrases or keep answering the same question
- A fear of illness
- A longer than usual amount of time spent getting ready for bed
- A continual fear that something terrible will happen to someone

If your child shows any signs of OCD, talk to your doctor or a mental health professional who specializes in working with children. He or she will ask you questions to determine whether your child has OCD or a combination of OCD and another issue such depression, attention deficit hyperactivity disorder (ADHD) or learning disabilities.

The good news is that OCD can be effectively treated by a psychotherapist who has training and experience working with anxiety disorders in children. Many kids do very well with behavioral therapy alone, but some can also benefit from medication, which can reduce anxiety and/or the impulse to perform rituals. In addition to talking with the therapist about how they can support their child, parents often find it very helpful to talk with other families who are dealing with OCD. There are many resources available. Here are just a few:

www.ocfoundation.org

Up and Down the Worry Hill, by Aureen Pinto Wagner, Ph.d.

www.adaa.org

www.anxietycare.org.uk

www.kidshealth.org