

# Obsessive Compulsive Disorder (OCD): Youth Edition

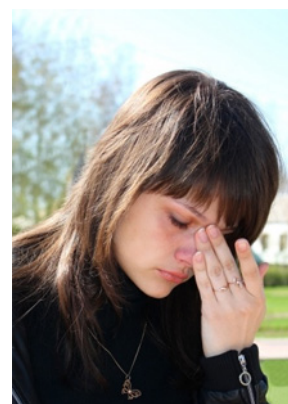


Image credit: Adobe Stock

## My Story (Part 1)

I'm 15 years old and my OCD began not long after starting high school. I think like most people, I was excited and stressed at the same time. One day, after watching a TV show about germs, I became very worried about getting sick. I became obsessed by the idea that I could get contaminated by these microscopic germs. Every time I met someone, or touched a door knob or heard someone sneeze, I would worry.

I started to worry about bringing these germs back home and harming my whole family. Soon, every time I tried to leave the house, I would panic and need to go back to clean my hands and take a shower. I became stuck with fear and always needed to "decontaminate" myself to feel better. I would take many long showers, change my clothes several times every day and wash my hands until my skin was so dry, it bled. I felt judged going out with friends so I made excuses to stay at home. My sister and I fought constantly because she couldn't understand. The thought of leaving home to go to school made me so worried I couldn't sleep and led to many late night cleaning habits.

## Just enough worries can be helpful

It's good to have just enough worries about certain things. For example, have just enough worries about cleanliness makes sure that you keep clean and wash your hands. Having just enough worries about checking things helps make sure that you don't leave home and leave the doors unlocked, or leave a stove on. But when you have so many worries that the worries become a problem, then it may be OCD...

## What is OCD?

OCD is a condition where you have problems with obsessions and/or compulsions.

**Obsessions:** Distressing thoughts or images that keep popping into your head uninvited, even if you try to ignore them.

For example, worries about:

- Getting dirty or contaminated;
- Losing control;
- Things being perfect or symmetrical.
- Bad things happening to you, or to loved ones
- Your sexuality

Compulsions: Behaviours, actions or rituals that you feel forced to do, to make the obsessions go away.

For example, things like:

- Arranging things over and over again, in a certain way;
- Counting things;
- Collecting things
- Washing and cleaning
- Checking.

Most people living with OCD have both obsessions and compulsions. People living with OCD often know their worries don't make sense, yet still feel compelled to perform certain actions or rituals.

---

## How common is OCD?

You are not alone! OCD is not uncommon; about 3% of people have OCD. So in a classroom of 30 people, there is at least 1 person with OCD. Or in a school of 500 students, this means there are ~ 15 students with OCD.

---

## When do people usually get OCD?

OCD usually appears between the ages of 10 and 12. It can also show up during the late teens and early adulthood.

---

## What causes OCD?

Many things can contribute to OCD such as:

- Family History: OCD is more likely if you have family members living with OCD.
- Life Events: OCD can be triggered by stress. For example, constantly showering and washing your hands after a media report about germs. Or it could be a stress that seems completely unrelated, like a breakup with a boyfriend/girlfriend, or conflict with your parents.
- Infection: In some extremely rare cases, OCD may be triggered by a bacterial infection like Streptococcus (or "Strep").

---

## How do I know if I need help?

You should consider getting help if the worries are so severe that they are getting in the way of life at home, school, work, or your relationships. For example:

- If the OCD gets in the way of school/work: Distressing thoughts and compulsive rituals can make it hard to focus on classes and schoolwork. OCD can make it hard for some youth to go to school at all.
- If the OCD causes problems with low mood/energy: Distressing, obsessive thoughts and compulsions can be exhausting, and also make it hard to get enough sleep. As a result, you may not have much energy and feel quite irritable.
- If the OCD is causing stress in relationships: OCD can affect relationships. Obsessive thoughts and rituals can sometimes leave little time for spending time with family and friends. Distressing thoughts and compulsive behaviours can also be a source of conflict with other family members.

---

## How do I get help?

If you haven't already started to get help, then the best way to start is to tell a trusted adult (e.g. your parents, relatives, older siblings, a teacher, guidance counselor, etc.)

You might say something like... "Can we talk sometime? There's been something very stressful that I've been

going through... I've been having these thoughts that don't make any sense, and I've been having to wash my hands over and over again... I was wondering if you might take me to the doctor..."

Your parent(s) can then help you set up an appointment with your family doctor (or paediatrician), who can then help you with the next steps, such as seeing a mental health professional with experience working with youth with OCD.

## Treatments for OCD:

---

There are many treatments for OCD, which may include:

### 1. Talk therapy (i.e. counseling)

By talking to a counselor/therapist, you can learn ways to cope and deal with OCD. One of these ways is Cognitive Behaviour Therapy (CBT). CBT helps you explore how your thoughts impact your feelings and actions. It helps you to see things from different viewpoints of, and try to think about things in more helpful ways. You can also learn new skills and different ways to handle your feelings.

There may also be other stresses in your life, at home or school. A counselor/therapist can help you deal with those stresses as well.

### 2. Medications

If the counseling/therapy is not enough, or if the OCD is severe enough, then there are anti-OCD medications that may be helpful as well. For example, SSRIs (serotonin reuptake inhibitors) help to balance serotonin levels in the brain. Some youth may need medications to help with anxiety while they're working on new coping skills. Not all youth with OCD need medication. And when they do, they usually don't need it forever.

## Self-Help for OCD

---

### 1. Support Network

Are there people that you can just talk to about your OCD? Are these people able to listen and accept you just the way you are, or are you feeling criticized and blamed?

Having a support network of close family and friends that you can turn to is important. People in your network can support you different ways, which includes:

- Listening to what you are going through, without being judging or critical.
- Spending time with you, going with you to doctor's appointments, or in many other ways.

Not everyone is able to have a close network of supportive family members. If you do not feel that you can count on your family/friends, then speak to your counselor/therapist or doctor.

### 2. Cognitive (thought) strategies

With practice you can learn to replace obsessive thoughts with more helpful ones. This is a really effective way of handling OCD.

For example, when you touch something, a typical OCD thought would be "Oh no, I'm going to get sick", which leads to worry and fear, and leads to a strong urge to wash your hands.

With practice, one learns to replace OCD thoughts with more neutral or helpful thoughts, such as "I'm not going to get sick, that's just the OCD trying to boss me around", which leads to feeling calmer, and less of an urge to wash your hands.

### 3. Talking back to OCD

People often describe OCD as that 'little voice' in their heads. It tells you lies and exaggerates while making you

feel bad about yourself. You may also be able to see that what you are doing is not rational. But you can't resist the urge because that little voice is soooooo stubborn and persistent. It won't stop unless you do your compulsive behaviour. The worst is, you already know the relief won't last long.

Take a moment and imagine what the OCD voice looks like. Is it a little bug or perhaps an unknown creature? Try to imagine it as vividly as possible. What colours do you see? What are the textures? How does it smell? How does it sound? You might want to give your OCD a name.

Once you have a mental picture of your OCD, it's easier to see that the OCD is not you. But it is something that is trying to tell you what to do. So what are you going to do about it?

Well, maybe it's time for you to take back control...

Instead of feeding into the obsessive thoughts or the urge for compulsive actions:

- Close your eyes;
- Take a few slow deep breaths;
- Think about the mental picture of your OCD;
- Acknowledge the OCD thoughts, e.g. "Hello OCD thoughts. See you later!"
- Picture yourself being stronger and bigger than the OCD, e.g. "Thanks for the suggestion, but I'll try something else than you."

Your mind and imagination is powerful, and many people find that using 'visualization', they can picture themselves getting back in control over the OCD. Obsessive thoughts are just thoughts; they don't have to be the boss of you.

#### **4. Exposure and Response Prevention (E/RP) Strategies**

These are powerful strategies that can help you take back control from OCD.

Guess what? Chances are that you've already used ERP without even thinking about it! Think of when you go swimming, and you jump into the water. When you first jump in, your body might be freaking out and your thoughts might be saying things like "Holy cow this is cold...!" However, notice as you are hanging out in the pool, your body gets used to the cold and you gradually feel more comfortable. If you've ever gotten into water that felt cold, but stayed in the water until you got used to it, then you have done exposure (i.e. jumping into the water) and response prevention (i.e. staying in the water rather than just getting out).

##### **E/RP with Fear of Heights**

Let's say you have a phobia of heights, to the point where you can't climb up a ladder. Exposure would be climbing up a ladder one step, and then coming back down again. The next time, you'd climb up the ladder two steps. The next time after that, three steps. As long as it is done gradually, and slowly enough, your body will get used to it, and be able to climb up the ladder...

##### **Exposure/Response Prevention with Fear of Being Dirty and Contaminated**

Let's say you have a worry of being dirty and contaminated to the point where if you touched something (like a doorknob), you feel that you need to wash your hands.

Working with your therapist, you'd come up with a response prevention plan.

One possible exposure/response prevention plan would be:

1. I will touch a doorknob, and instead of immediately washing my hands like usual, I will wait 5-seconds before washing my hands. While waiting, I will use the coping strategies that I've practiced with my therapist already like deep breathing, relaxation or distraction...
2. I will touch a doorknob, and I will wait 10-seconds before washing my hands. While waiting, I will use my coping strategies... If successful, then I will try the next step
3. I will touch a doorknob, and I will wait 20-seconds before washing my hands. While waiting, I will use my

coping strategies. If successful, then I will try the next step...

4. I will touch a doorknob, and I will wait 30-seconds before washing my hands, etc.

So very slowly, step-by-step, using a plan that you and your therapist agreed with, you would gradually wait longer and longer until washing your hands. The incredible thing is that at some point, after waiting enough, the urge to wash your hands will become less and less, until it no longer gets in the way of your life...

## My story part 2...

---

My OCD was ruining my life and also impacted my family. My parents were concerned for me and connected me with a therapist I really liked. She helped me understand that I had OCD and helped me improve my coping. Through CBT, I've learned other ways of looking at things. I'm able to challenge the urges that were trying to overcome my life. Now, I might still be a little bit of a germaphobe, but at least I'm able to go back to school and hang out with my friends. Learning to accept some of these thoughts as irrational has helped me reduce the panic they caused. My therapist also helped my parents learn the best ways to support me.

## On the Web

---

**Teen Mental Health.org** is a website for youth to learn more about youth mental health and effective tricks to help manage and reduce the impact of mental illnesses.

<http://teenmentalhealth.org/for-families-and-teens/obsessive-compulsive-disorder-ocd/>

**TeensHealth (on [www.kidshealth.org](http://www.kidshealth.org))** is a safe, private place for teens who need honest, accurate information and advice about health, emotions and life.

[www.kidshealth.org/teen/your\\_mind/mental\\_health/ocd.html](http://www.kidshealth.org/teen/your_mind/mental_health/ocd.html)

**Canadian Institute for Obsessive Compulsive Disorders (CIOCD):** Educates the mental health community and the public about the psychopathology and empirically based treatments for Obsessive Compulsive Disorder (OCD) and spectrum disorders through the life span.

## Books

---

Free from OCD: A Workbook for Teen with Obsessive-Compulsive Disorder by Timothy Sisemore, Instant Help (2010).

Talking Back to OCD: The Program that Helps Kids and Teens Say "No Way" and Parents say "Way to Go" by John S. March and Christine M. Benton, The Guilford Press (2006).

What to do when your brain gets stuck: a kid's guide to overcoming OCD by Dawn Huebner, Magination Press (2007).

## References

---

Valleni-Basile LA et al.: Frequency of obsessive compulsive disorder in a community sample of young adolescents, J. Am Acad Child Adolesc Psychiatry, 1994 Jul-Aug; 33(6):782-91.

## Authors

---

Reviewed by the Mental Health Information Committee at the Children's Hospital of Eastern Ontario (CHEO). Thanks to YouthNet's Youth Advisory Committee (YAC-CHEO) for reviewing and providing feedback to this fact sheet!

## License

---

Under a Creative Commons License. You are free to share, copy and distribute this work as in its entirety, with no

alterations. This work may not be used for commercial purposes. Contact the Mental Health Information Committee if you would like to adapt these for your community!

## Disclaimer

---

Information in this fact sheet may or may not apply to you. Your health care provider is the best source of information about your health.