

# Quick Facts about Pediatric Obsessive-Compulsive Disorder

1. **OBSESSIONS ARE UNPLEASANT AND UNWANTED THOUGHTS, IMAGES, OR URGES THAT REPEATEDLY POP INTO THE CHILD'S MIND.** Obsessions feel hard to control, are illogical, and usually cause anxiety, discomfort, or stress. Typical obsessions include excessive worry about doing things "just right", concern about contamination or illness, and concern about being moral.
2. **COMPULSIONS ARE REPEATED BEHAVIORS OR MENTAL RITUALS** children with OCD feel like they have to do in order to relieve discomfort or to prevent something bad from happening, even if it doesn't make sense. Typical compulsions include excessive repeating of words, redoing homework, arranging things to be "just so", washing/cleaning, and hoarding of useless items.
3. **CHILDREN WITH OCD TYPICALLY DISPLAY COMPULSIONS BUT MAY NOT EXPRESS OBVIOUS OBSESSIONS UNTIL ADOLESCENCE.**
4. **OBSESSIONS ARE NOT RATIONAL.** OCD tricks the mind into feeling excessive worry that is not rational, about ordinary experiences. For example, worrying that touching a doorknob would result in contamination that can only be removed by a cleansing ritual. Unlike adults with obsessions, children may not realize these fears are irrational.
5. **COGNITIVE-BEHAVIORAL TREATMENT HAS BEEN FOUND TO BE AN EFFECTIVE TREATMENT FOR PEDIATRIC OCD.** CBT for OCD should include exposure and response prevention techniques. Medication may be added to CBT treatment for children and adolescents who experience more severe symptoms. OCD should be diagnosed and treated by a licensed medical or mental health professional who is experienced with the specific disorder in children.

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