

Background Paper: Obsessive Compulsive Disorder

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According to the DSM-IV, obsessive compulsive disorder (OCD) will be diagnosed when the child displays the following specific criteria: criterion A is that the person displays recurrent obsessions or compulsions that are severe enough to be time consuming (more than one hour per day) or caused by marked distress or significant impairment (criterion C); criterion B is defined as when the obsessions or compulsions are “excessive or unreasonable”¹. Obsessions are defined as recurrent and persisting thoughts, impulses or images that are experienced at some time during the disturbance, as intrusive and inappropriate and that cause a marked anxiety or distress.² Compulsions are “repetitive behaviors” and some examples include repeated hand washing, counting, or repeating words multiple times. According to the DSM-IV, OCD is distinguished from a thought disorder because the person recognizes that the obsession and compulsions are unreasonable and senseless.¹

Although each child will display different obsessions and compulsions, research has identified some of the most common types of each. Common types of obsessions are germs or contaminants, whether real or imagined, order, perfection, sexual thoughts, and hyper-vigilance. Common compulsions are repeated hand washing, counting, organizing items in a certain manner, checking i.e. door locks, lights, or performing any specific routine repeatedly.³ Every child will display different qualities of OCD and each child will need to have his or her treatment individualized for treatment.

OCD occurs in about one percent of children and adolescents and is seen more frequently in boys when compared to girls in pre-adolescence. OCD often presents for the first time in

¹ American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text rev.). Washington, DC: Author.

² Austin, VL, Sciarra, DT. (2010). *Children and adolescents with emotional and behavioral disorders*. New Jersey: Pearson Education.

³ Albrizio, L. (April 26, 2011). Why People Develop Obsessive Compulsive Disorder. *Psychology Suite 101*. Retrieved November 1, 2011, from <http://lianna-albrizio.suite101.com/why-people-develop-obsessive-compulsive-disorder-a368032>.

adolescence but can also appear earlier in childhood. Areas in the brain affected by OCD are the orbital frontal cortex, the anterior cingulated areas, and the head of the caudate nucleus.⁴ Each area is responsible for different psychosocial functions in an individual. First the orbital frontal cortex is involved in the cognitive process of decision-making. This area also regulates planning behavior associated with reward and punishment. Next the anterior cingulated areas play a role in autonomic functions such as regulating blood pressure and heart rate as well as cognitive function including reward expectation, decision-making, and emotional control. Finally the caudate nucleus is responsible for learning and memory function as well as threshold control and emotions.⁵ Each of these areas of the brain is affected by OCD and the behaviors a child displays may be an indicator as to which area is being targeted.

Several assessments are available to diagnose OCD and other anxiety disorders. First the Children's Obsessional Compulsive Inventory (ChOCI) evaluates the degree of impairment as a result of the obsessive and compulsive symptoms.⁶ The Children's Yale-Brown Obsessive Compulsive Scale (CY-BOCS) can be easily administered to a child to determine if he or she displays traits of OCD.⁷ This evaluation has ten items that are being assessed on a varying 0-4 rating scale. The individual rates items such as hours per day, interference, distress, resistance, and control related to both obsessions and compulsions. The scores are then totaled in each category and the higher the score, the more severe the OCD. Also the Children's OCD Impact Scale will assess the level of functional impairment in a child or adult with OCD.³ Specifically,

⁴ Austin, VL, Sciarra, DT. (2010). *Children and adolescents with emotional and behavioral disorders*. New Jersey: Pearson Education.

⁵ Heyman, I, Mataix-Cols, D, Fineber, NA. (2006). Obsessive-compulsive disorder: a clinical review. *BMJ Publishing*, 333, 424-429.

⁶ Shafraan R, Frampton I, Heyman I, Reynolds M, Teachman B, Rachman S. The preliminary development of a new self-report measure for OCD in young people. *J Adolesc* 2003;26:137-142.

⁷ Goodman WK, Price LH, Rasmussen SA, et al.: "The Yale-Brown Obsessive Compulsive Scale." *Arch Gen Psychiatry* 46:1006-1011, 1989.

the Impact Scale analyzes how the symptoms of OCD cause impairment in child psychosocial functioning such as interactions in the home, school, and social environments.⁸

Treatment is available for those presenting with OCD and usually the treatment is a non-pharmacological form. Cognitive-behavioral treatment (CBT) is based around two principles: exposure and response prevention. Exposure is thought to be useful if the child or adult is surrounded by the behavior or object that is causing the OCD to occur. Austin gives an example of a child who obsessively cleans his or her hands when coming in contact with dirt or filth.³ Constantly exposing this person with their fear along with cognitive restructuring and self-talk is thought to minimize the obsessive-compulsive behaviors he or she would normally display.³

Pharmacotherapy is also thought to be useful in those suffering from OCD. Selective serotonin reuptake inhibitors (SSRIs) are the primary drug of choice for OCD. SSRIs work by changing the levels of the neurotransmitters used to communicate between the brain cells. More specifically in OCD, SSRIs block the reuptake of serotonin in the brain which can alter one's mood in a positive way.⁹ Examples of popular SSRIs include Celexa, Lexapro, Prozac, Paxil, and Zoloft. A combination of both drug and therapy treatment has shown to be effective in those displaying with OCD characteristics.

Currently, OCD is under debate about whether or not this disorder should truly be classified as an anxiety disorder because OCD is thought to manifest from other anxiety disorders. OCD has been shown to be extremely receptive to psychological therapies such as CBT that are typically used for anxiety disorders. Research is also needed to further explore the neurobiological aspects of the disorder as well as any genetic components associated with OCD.

⁸ Piacentini J, Jaffer M. Measuring functional impairment in youngsters with OCD: Manual for the Child OCD Impact Scale (COIS). Los Angeles, Calif: UCLA Department of Psychiatry; 1999.

⁹ Heyman, I, Mataix-Cols, D, Fineber, NA. (2006). Obsessive-compulsive disorder: a clinical review. BMJ Publishing, 333, 424-429.

Obsessive compulsive disorder is a treatable disorder that may seem overwhelming at first. Several treatments are available to those with the disorder. Therapeutic interventions, such as Cognitive Behavior Therapy, can be useful if properly used with a professional. Gradually the child will be able to overcome his or her obsessions and compulsions. Also pharmacotherapy can be used alone or in conjunction with CBT. Overall, each child will display different symptoms and should be treated on an individual basis so they can learn how to better manage their lives.