

The following material is excerpted from *What to do when your Child has Obsessive-Compulsive Disorder: Strategies and Solutions* by Aureen P. Wagner, Ph.D. This excerpt may be downloaded free of charge by parents, school personnel and health care professionals. This excerpt may be reproduced and distributed as long as it is in its entirety, and Dr. Aureen Wagner is given credit for the material. This excerpt may not be adapted or modified without specific permission from Dr. Aureen Wagner.

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Telltale Signs of Obsessive-Compulsive Disorder

Because OCD can be hard to detect, it is helpful if you can spot specific behaviors that may be clues to OCD. None of the behaviors described below imply a definite diagnosis of OCD in and of themselves, as many other factors have to be taken into consideration. They are merely indicators that need to be investigated further. Neither are these signs exclusive markers of OCD. They may also be clues to other problems for which your child may benefit from intervention. It is important that you seek consultation with a qualified professional if you see signs of the following for over a month:

- ***Out-of-character behaviors:*** If you find yourself thinking that your child is “not acting his age,” “not like himself,” or if you wonder “what on earth has gotten into him,” you should probably pay closer attention. Dramatic and unusual changes in mood, compliance, eating habits or preferences, hygiene, ordering, or separation fears are often red flags for OCD. A generally amiable child who is suddenly stubborn and demanding, insisting that others follow unusual rules or one who refuses to complete previously routine activities would also merit closer observation.
- ***Depression or withdrawal:*** Unhappiness, depression or withdrawal is often the initial reason that parents seek help for their children. Children are often secretive and try to hide their OCD and may present as depressed and preoccupied because they suffer in silence. They may also have problems sleeping, nightmares, sadness, tension, and loss of appetite. In addition, it is common to have irritability, frustration and temper outbursts when interrupted in their rituals.
- ***Unwarranted cleanliness:*** Washing one’s hands before every meal and after using the toilet is perfectly normal. Spending several minutes lathering, scrubbing and rinsing repeatedly, washing frequently, or complaining about feeling dirty is not normal.

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○ ***Slowness and tardiness***

If your child is habitually late, it might be worth your while to find out what is holding her up. If she spends an inordinately long time in the bathroom, getting dressed, doing homework or gets to school or bed late, she may have obsessions and compulsions.

○ ***Reluctance or refusal to go to school***

School refusal is a common sign of trouble for children whose fears and rituals center on school-related issues such as writing, reading, or contracting germs from classmates.

○ ***Perfectionism***

When the tendency to be meticulous or thorough becomes a hindrance, your child may be dealing with OCD or anxiety. Children with OCD often repeat tasks endlessly, getting frustrated that they are not perfect, even long after others have indicated total satisfaction with the quality of their work.

○ ***Frequent physical complaints***

Nausea, vomiting, feeling on edge, or many aches and pains for which no medical cause can be found may point to underlying anxiety.

○ ***Unexplained physical changes***

If your trips to the dermatologist, expensive hand creams and ointments have been futile for your son's sore, chapped, red hands, he may be doing some elaborate hand washing in secret. If he has become untidy and slovenly, wears strange attire or the same clothes repeatedly, he may have obsessions about clothing being contaminated or unlucky. Bleeding gums may be a sign of copious brushing of teeth to get them clean enough. The rash or scabs on his legs and arms may be indicators of skin picking. Frequent urinary urges for which no medical problem can be found may be obsessive urges to "clean out" the bladder.

○ ***Changes in concentration, attention and organization***

Children with OCD are often misdiagnosed as having ADHD because they are distracted and preoccupied with their obsessions. Children with OCD are not daydreaming willfully. They are unable to control the meanderings of their minds.

○ ***Reassurance seeking***

If your child has OCD, you will find that no amount of answering satisfies him. "*Am I going to be OK, do I have a brain tumor, am I going to throw up?*" "*Can you feel my forehead and see if I have a fever?*"

○ ***Need for certainty***

Repeated questions about seemingly trivial issues such as, "*What time does the mail come?*" "*What's for dinner tonight?*" "*Is the TV show on yet?*" "*Was the garage door shut properly?*" may be signs of OCD.

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- ***Apologizing and confessing***

Confessing to inconsequential “misdeeds,” asking for forgiveness repeatedly for trivial and inconsequential actions or praying often may be clues to OCD.

- ***Sleep problems***

Sleep difficulties can be the result of staying up late, absorbed in rituals or obsessions. It is common for children to lie awake waiting for their fears to quiet down, or to be caught up in interminable rituals into the wee hours. They are unable to wake up on time in the morning and are exhausted and drowsy all day at school.

- ***Avoidance***

Sudden avoidance or reluctance to encounter foods, people, activities or objects, especially those that were formerly not an issue can also be a sign of OCD. Fears of contamination, death or harm may coerce children into avoiding all kinds of potential triggers of these fears. The triggers are not always intuitive or logically related to the fear.

- ***Circuitous paths***

OCD may induce a child to take elaborate pains to circumvent or avoid triggers. She may take the laborious route to a place or item when the easy one is obvious and accessible. Opening doors, lockers, desks, or books with elbows or with tissue in hand, holding hands in the air to avoid physical contact, refusal to shake hands or share supplies with others may also be instances of avoidance of OCD triggers.

- ***Unusual patterns and rules***

Odd behaviors such as walking in specific patterns through doorways, counting tiles or syllables, touching or tapping in symmetry or sitting and standing repeatedly may be “just right” rituals. Frequent checking of the backpack or under the desk and chair may be checking rituals. Opening and shutting lockers, lining up or arranging items may also be rituals. Unusual rules or preferences around food and eating may also be clues to OCD.

- ***Secretiveness***

Clandestine behaviors, attempts at concealment, or lengthy unexplained “disappearances” into the bathroom or bedroom may also be clues to OCD. Adolescents with OCD are commonly very secretive, because they are embarrassed and ashamed to disclose their senseless rituals. They are old enough to realize how absurd their behavior is, but young enough that they do not trust that anyone will understand or be able to help. If confronted, they may often hide or deny difficulty help. Parents may mistakenly assume it’s just an adolescent phase or that the child is hiding the use of drugs.

- ***Magical thinking***

Children with OCD may be highly superstitious with regard to lucky and unlucky things, good luck and bad luck. They are very serious about these beliefs, and are not able to take them lightly or joke about them.

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