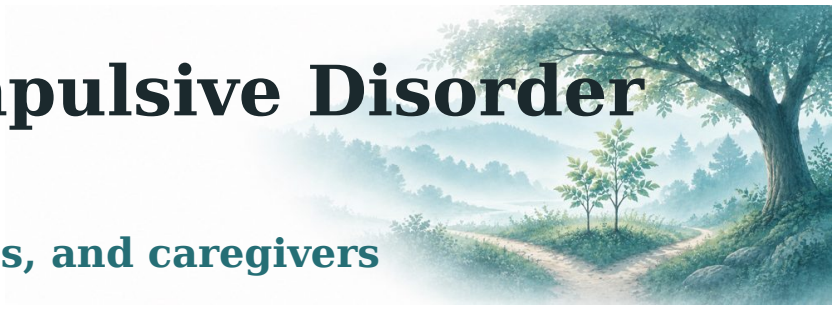
Obsessive-Compulsive Disorder (OCD)



A guide for children, teens, and caregivers

Obsessive-compulsive disorder (OCD) causes unwanted, distressing thoughts, images, or urges called obsessions, and repetitive actions or mental rituals called compulsions. A child may have either or both. Symptoms cause distress, take substantial time, or interfere with daily life. Having an unwanted thought is not the same as wanting it or acting on it.

Common symptoms

- Unwanted thoughts about germs, harm, or things feeling wrong
- Repeated washing, checking, or redoing tasks
- Silent counting or repeating words
- Repeated reassurance seeking or avoidance
- Rituals disrupting school or family life

Why does it happen?

OCD is linked to a mix of genetic and brain-related factors. The exact cause is not fully understood. Stress may worsen symptoms, but neither children nor caregivers are to blame.

Treatment and outlook

Seek a clinician experienced in pediatric OCD. CBT with exposure and response prevention (ERP) helps the child gradually face safe triggers while practicing not doing the usual ritual. The therapist adapts activities to the child's age and abilities.

Caregivers learn to support practice and gradually reduce joining rituals or repeatedly providing reassurance. Changes should follow an agreed plan, not a sudden demand to stop.

Medication may help, often with ERP. If an antidepressant is prescribed, ask about expected benefits, side effects, and follow-up. Report new agitation, worsening mood, or suicidal thoughts promptly, particularly early in treatment or after dose changes.

Learn more
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Living with OCD

Practical steps between appointments



Home and school

Listen without judgment. Encourage your child to discuss frightening thoughts. Praise effort and progress without demanding perfection.

Practice with support. Follow the therapist's ERP plan. Use agreed, manageable steps; do not force exposure or suddenly remove rituals.

Respond consistently. Ask the therapist how to reduce family rituals and repeated reassurance. Include school in the plan.

When to seek help

Seek help when thoughts or rituals cause distress or disrupt daily life.

Get prompt assessment for sudden symptoms. Seek urgent medical care if rituals prevent drinking or basic care.

Get urgent help

For suicidal thoughts or a mental health crisis, call or text **988** in the US. Call **911** for immediate danger or a life-threatening emergency. Children and teens: tell a trusted adult right away.

For your next appointment

How much time do rituals take? Are eating, drinking, sleep, or getting to school affected? Which ERP steps are manageable, and where does the family need more support?

Learn more

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Sources and References

1. **Obsessive-Compulsive Disorder: When Unwanted Thoughts or Repetitive Behaviors Take Over**

National Institute of Mental Health · Revised 2023

https://www.nimh.nih.gov/health/publications/obsessive-compulsive-disorder-when-unwanted-thoughts-or-repetitive-behaviors-take-over

2. **LEXAPRO- escitalopram tablet, film coated; LEXAPRO- escitalopram solution**

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https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=13bb8267-1cab-43e5-acae-55a4d957630a