### CHILDREN'S MENTAL HEALTH POLICY RESEARCH PROGRAM

UNIVERSITY OF BRITISH COLUMBIA

**July 2005** 

### If You Have Concerns About Your Child or Youth

The BC Ministry of
Children and Family
Development (MCFD)
provides a wide range
of direct clinical services
and targeted community
supports for children and
youth at-risk or dealing
with mental health
problems, and for
their families.

For more information, please contact your local MCFD office (listed in the Blue or Government Pages of the phone book) or visit: http://www.mcf.gov.bc.ca/mental\_health/help.htm

To learn more about *BC's Child & Youth Mental Health Plan*, please visit:
www.mcf.gov.bc.ca/
mental\_health

# Treating Obsessive-Compulsive Disorder in Children and Youth

A RESEARCH SUMMARY FROM THE

### **Children's Mental Health Policy Research Program**

### **Our Research Reviews**

In 2003, the BC Ministry of Children and Family Development (MCFD) made a long-term commitment to improving the mental health of children and youth in the province. The resulting five-year *Child and Youth Mental Health Plan* for BC takes a coordinated approach to strengthening prevention and treatment services, monitoring outcomes for children's mental health and enhancing public accountability for programs and services.

Our program supports the MCFD *Plan* by reviewing the best available research evidence on effective strategies for preventing and treating a variety of children's mental health problems, and by making recommendations to inform the development of related policies and services. Our full report on *Treating Obsessive-Compulsive Disorder in Children* is available at: www.childmentalhealth.ubc.ca

### Understanding Obsessive Compulsive Disorder in Children and Youth

Children with obsessive-compulsive disorder experience unwanted recurring thoughts or images (obsessions) and/or engage in unnecessary repetitive behaviours (compulsions) severe enough to interfere with their daily activities at home, among friends and at school.

The most common obsessions are preoccupations with order and exactness, or fears of contamination, family catastrophe or harming oneself or others. Compulsive behaviours are undertaken to resist, reduce or remove obsessions and often involve washing, cleaning and checking. Young people may realize their fears and behaviours are excessive or unreasonable, and may hide them from friends and families due to a sense of embarrassment. Many young people with obsessive-compulsive disorder have other mental health issues adding to their difficulties, such as anxiety, depression or developmental disabilities.

There is no one "test" to determine if a child or

youth has obsessive-compulsive disorder. Clinical diagnoses are made based on multiple reports from parents, teachers, health professionals and young people themselves.

Where possible, it is important to deal with the underlying social or biological issues that may cause mental disorders to develop. While research to date suggests a biological origin for obsessive-compulsive disorder, it is important to consider how environmental factors can interact with biology as children develop. For example, family members may sometimes accommodate the child's compulsive behaviour in order to avoid the child's anxiety or angry outbursts. In a very few cases, obsessive-compulsive disorder may be triggered by infection.

While we do not fully know what causes mental health problems, such as obsessive-compulsive disorder, to develop in some children and not others, we do know there are effective strategies for treating it.

## Treating Obsessive-Compulsive Disorder in Children and Youth

Obsessive-compulsive disorder affects about 2,000 children and youth in BC.

Research evidence indicates this disorder can be effectively treated.

In most cases, CBT, including exposure/response prevention approaches, is the most effective approach for treating obsessive-compulsive disorder.

Using medications to treat obsessive-compulsive disorder should be limited to severe situations and always include careful monitoring.

### **Review Results**

It is crucial that children and youth with established mental health symptoms get the care they need. But research shows that this is not always the case. Large studies in Canada and elsewhere have demonstrated that only about one in four young people with mental health problems (or 25%) currently receive specialized treatment services.

To reduce the overall number of children and youth who suffer from mental health problems, we must both treat children with existing problems and develop programs to prevent the problems from occurring.

Our research looked at original studies published between 1994 and 2004 on treating obsessive-compulsive disorder in young people (ages 0-18). In total, 22 reviews were retrieved. Of these, five met our inclusion criteria. All programs demonstrated significant reductions in symptoms related to obsessive-compulsive disorder.

### **Effective Treatment**

The most effective treatment programs for obsessive-compulsive disorder use cognitive-behavioural therapy (CBT) approaches, including exposure response prevention (E/RP).

E/RP therapy exposes the child to a feared situation (such as touching dirt) while "unlearning" rituals such as excessive hand-washing. E/RP can be paired with other cognitive-behavioural strategies, such as relaxation training or cognitive restructuring (for example, teaching a child self-talk statements to "boss back" the obsession or compulsion). Involving parents helps young people to apply what they have learned.

Certain medications may help in severe situations, but should only be used with careful monitoring given the potential for side effects. They should be used in combination with psychological treatments such as CBT.

### Recommendations from the Research

- Support CBT, including E/RP, as the "standard of care" for children with obsessive-compulsive disorder. CBT and E/RP can be provided in both group and individual settings and should involve families.
- Limit the use of medications to severe situations where monitoring can be ensured. Medications should be used in combination with psychological treatments such as CBT.
- Immunomodulatory treatments should be reserved for those few, severe situations where there is a clear link with streptoccal infection.
- Ensure all new treatment programs are consistent with the research evidence or are evaluated to ensure they improve outcomes for children and youth.

#### **About Us**

The Children's Mental
Health Policy Research
Program is located within
the Department of
Psychiatry at UBC. We
provide research, education
and policy consultation
services to build a broad
public health strategy to
improve the mental health
and well-being of children
and youth in British Columbia
and Canada.

