Obsessive-Compulsive Disorder

A Parent's Guide to Understanding their Child's OCD

NAMI Mercer
National Alliance on Mental Illness
Serving the New Jersey Capital Area

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What is OCD?

Obsessive-Compulsive Disorder is a mental health condition where people experience unwanted thoughts, images, urges, or sensations that feel disturbing or out of character (McGrath, 2026).

Obsessions: unwanted thoughts, images, urges, or sensations that feel disturbing or out of character for the individual

Compulsions: physical or mental behaviors an individual feels they must do to relieve distress, gain certainty, or prevent harm

Whats a subtype?

Obsessive-Compulsive Disorder is individualized for every person, meaning that what one person obsesses over will not be the exact same as another.

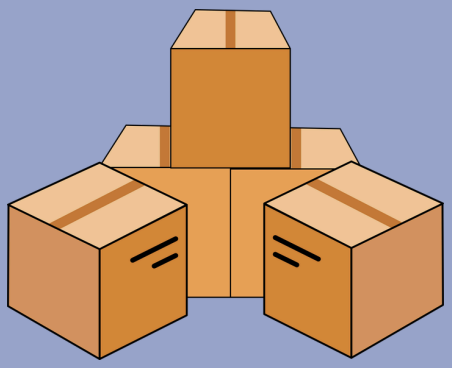
Because the disorder is fairly common (impacting 1 in every 40-50 U.S. adults), frequently experienced subtypes of OCD have been established.

Regcongizing the subtypes of the disorder helps the individuals who experience them feel less alone.

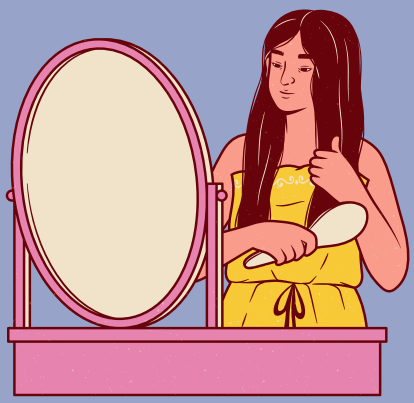
Common

Contamination OCD

Pure Obsessional OCD



Hoarding OCD



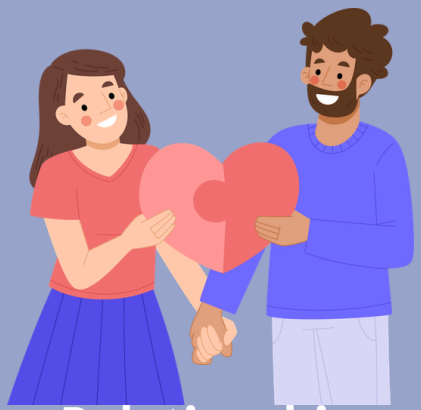
Perfectionism OCD

Counting OCD

False Memory OCD

Harm OCD

Perinatal OCD



Relationship OCD

Subtypes

OCD Variables

predispositions and vulnerabilities

Genetics

- OCD commonly runs in families
- ~10-20% of people diagnosed have an immediate family member who also has OCD

Enviornment

- stressful life events can trigger or worsen OCD symptoms
- there are no environmental factors that have been linked to OCD

Brain Structure

- Differences in the Orbitofrontal Cortex, Anterior Cingulate Gyrus, and Striatum have been found in individuals with OCD
  - these structures help to combine sensory information with emotions, process emotions and regulate motor functions, and monitor information and reward processing

OCD Misconceptions

What's the truth?

OCD is *only* about cleanliness

While cleaning can be a complusion for certain invidiauls, OCD is not merely about wanting to keep something clean. Instead, the disorder is about performing compulsions to keep anxiety at bay.

People with OCD can control their intrusive thoughts

While individuals may understand that their intrusive thoughts are irrational and not based on logic, this does not make them any easier to stop. Being able to acknowledge the flawed logic behind these thoughts does not stop the anxiety they provoke, making them hard to ignore.

People with OCD are trying to control others

People with OCD have a need to control their own thoughts and actions, with this framework of thinking not typically spreading to others.

Getting Diagnosed

Only trained professionals can officially diagnose someone with Obsessive-Compulsive Disorder

What Will Professionals Look For?

- ☑ Does the person have obsessions?
- ☑ Does the person have compulsions?
- ☑ Do the obsessions and complusions take up a lot of time and get in the way of important activities?

If a person checks all these boxes, they may be diagnosed with Obsessive-Compulsive Disorder

Treatment Options

While OCD can feel never-ending at times, a robust amount of options exist for treatment.

First-line, adjunctive, second-line, and third-line treatments exist to manage OCD symptoms.

First-Line treatments are ones that are most effective and well studied.

Adjunctive treatments are ones that are added onto first- and second-line treatments to enhance the positive impacts they have.

Second-Line treatments are ones that are given to patients when first-line treatments fail, or when they would like to try alternative treatments.

Third-Line treatments are reserved for patients who are resistant to treatment, and are used in rare cases.

First-Line Options

Exposure and Responsive Prevention:
type of cognitive therapy that helps clients eliminate fears and compulsive behaviors in a supportive enviornment

Medication: selective serotonin reputake inhibitors, tricyclic antidepressants, and atypical antipsychotics are the most commonly prescribed medications for OCD

ERP and Medication are commonly put together to treat OCD

Adjunctive Options

Acceptance and Commitment Therapy (ACT):
a type of therapy where an individual works to change their relationship with OCD symptoms, moving towards a more values driven life

Dialectical Behavior Therapy (DBT): a psychological therapy that works to help people to respond effectively to difficult feelings

Mindfulness-based Therapy: this type of therapy helps individuals learn the acceptance and awareness of present emotions and thoughts. An effective adjunct to ERP

Second-Line Options

Inference-Based Cognitive Therapy (I-CBT):
A treatment that focuses on identifying and resolving inferential confusion—a reasoning process that fuels obsessional doubts. Helps patients understand the illogical thinking that often comes with OCD.

Metacognitive Therapy:
This helps an individual change their relationship with their intrusive thoughts through learning about how intrusive thoughts are formed.

Third-Line Options

Third-line options are not typically used and are instead reserved for extreme cases when a patient has not responded to other lines of treatment

Transcranial Magnetic Stimulation:
a neurosurgical procedure that targets parts of the brain associated with OCD

Deep Brain Stimulation:
a neurosurgical procedure that targets specific brain circuits to regulate abnormal brain activity, helping to reduce symptoms over time

Medications

Selective Seretonin Reuptake Inhibitors (SSRIs)	Trycyclic Antipsychotics (TCAs)	Atypical Antipsychotics

• These are the first-line response for OCD
• They work by increasing serotonin signaling in the brain, which has been found to decrease OCD symptoms
• There are **MANY** different examples of SSRIs that a person could try, including:
  ◦ Fluoxetine
  ◦ Fluvoxamine
  ◦ Paroxetine
  ◦ Sertaline
  ◦ Escitalopram
  ◦ Citalopram
• It takes around 4 to 8 weeks for the full effects of these medications to be seen.
	• This category of medication impacts serotonin and norepinephrine.
	• Clopramine is the only TCA that is commonly used for OCD
	• This medication is typically on prescribed when an individual has experienced two or more medications being uneffective.
	• Additionally, sometimes this medication is combined with an SSRI to support the individual more.
		• Atypical Antipsychotics are only used to enhance the benefits of other medications, it is never used as a primary treatment for OCD
		• This category of medications impacts serotonin and dopmaine/
		• They are sometimes prescribed when other medications are not effective.
		• There are a few types an individual can trying, including:
		  ◦ Aripiprazole
		  ◦ Risperidone
		  ◦ Haloperidol

How Can You help?

Pause on this page for a few minutes and reflect on the strategies you currently use to support your child.

Helping Your Child: The Dos and Dont's

DO	DONT
• Help your child face their fears • Show them how to respond neutrally to intrusive thoughts ◦ "We'll have to see" • Encourage healthy sleep habits • Grounding techniques (5-4-3-2-1 method)	• Accommodate their triggers ◦ Accommodation can feel like a natural parenting instinct — you want to ease your child's discomfort. ◦ Instead, accommodation can actually worsen your child's OCD • Allow excessive screen time

Author's Note

Hi everyone, I am Melanie Murphy, the creator of this toolkit and an intern at NAMI Mercer.

As someone who was diagnosed with OCD later in life, I found that what was hardest about the diagnosis was trying to explain it to my parents. There are many misconceptions about what Obsessive Compulsive Disorder is, and I remember myself struggling to balance educating others while also learning about what the disorder meant for myself.

So, this toolkit is meant to be a comprehensive guide for parents; what is OCD, what ways can you help your child/young adult, and what resources are available for you. Through education, we can all help one another!

Resources Used

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