

Recognizing and Treating OCD and Tic Disorders in Youth

Obsessive-compulsive spectrum disorders and tic-related disorders are characterized by repetitive and **unwanted** behaviors. These behaviors can often be characterized as “ticcy, sticky, and picky”:

- Obsessions are unwanted, distressing, repetitive, thoughts, images and urges
- Compulsions are repetitive behaviors (mental or physical) one feels they ‘must do’ to rid themselves of the unwanted feelings (often) caused by the obsessions, or according to rigid rules
- Tics are brief, repetitive, movements and/or sounds that are “unvoluntary” (between voluntary and involuntary); often done to relieve a negative physical sensation. They are suggestible, jump from location to location and vary in severity. Though complex tics can look deliberate, they are unwanted and serve no functional purpose
- The child is often an accurate reporter. When they say they don’t want this behavior to occur, they often mean it
- It is important not to punish a child for their tics or compulsions, as this is “**double punishment**”
- Instead - help them be part of the solution

There are high levels of co-occurring disorders in youth with OCD and tics; tics are the tip of the iceberg

- Common co-occurring conditions can include ADHD, trichotillomania/skin picking disorder, rigidity, more easily dysregulated mood and behavior, sensory hypersensitivity, learning disorders, autism spectrum symptoms or disorder, disinhibition, anxiety, and depression

Symptoms wax and wane, and can be environment specific

- Just because you don’t see it, doesn’t mean it’s not there!
- Child may be using energy/concentration to suppress, (or not)!

About Cartwheel:

We partner with school districts to provide students and families with rapid access to mental health assessments, evidence-based therapy, medication management and consultation, and parent/guardian guidance. All of our services are via telehealth with licensed clinicians. We are committed to providing affordable care for everyone - including uninsured families and those covered by Medicaid. **To learn more about if Cartwheel's services are a good fit for your child or family, please contact a member of your school's counseling or guidance team.**

Tic severity doesn't predict quality of life; do not assume child is bothered by the tics

- Co-occurring conditions and self-esteem generally have larger impact on quality of life

Each child with these symptoms is unique!

- Some want to discuss their experiences, some are more private
- **Important:** do not call symptoms to child’s attention without speaking with parents and child first
- Look for positives - creativity, “quickness”, empathetic

In school...

- Fine line between ‘over-accommodation’ and providing child with the safe environment they need to succeed
- Important for school, therapist, and family to align goals and priorities
- Helpful to have an ally at school – teacher, adjustment counselor, coach
- Especially for high schoolers - critically important to have buy-in from the student
- Goal is to help them live by **their** values (vs. just trying to extinguish symptoms)

