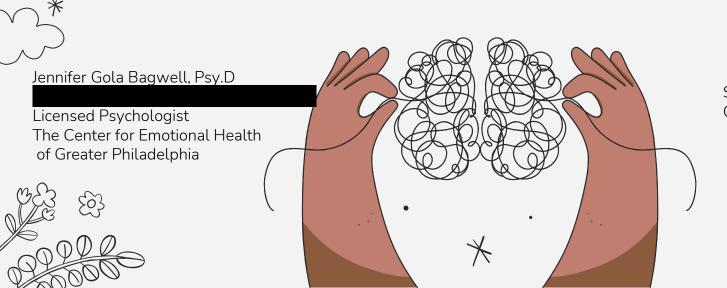


(and Anxiety Disorders)



SPAPN Conference October 21st 2023

Agenda

- Obsessive Compulsive Disorder in Children and Adolescents
- 02 DSM-5 Childhood Anxiety Disorders and Differentials
- O3 Exposure and Response Prevention for Childhood OCD
- . 04 Resources





DSM- V Criteria for Obsessive Compulsive Disorder (OCD)

A. Presence of obsessions, compulsions, or both:

Obsessions are defined by (1) and (2)

- 1. Recurrent and persistent thoughts, urges, or images that are experienced, at some point during the disturbance, as intrusive and unwanted, and that in most individuals cause marked anxiety or distress.
- 2. The individuals attempts to ignore or suppress such thoughts, urges, or images or to neutralize them with some other thought or action (i.e., by performing a compulsion)

Compulsions are defined by (1) and (2)

- 1. Repetitive behaviors (i.e., hand washing, ordering, checking) or mental acts (i.e., praying, counting, repeating words silently) that the individual feels driven to perform in response to an obsession or according the rules that must be applied rigidly
- 2. The behaviors or mental acts are aimed at preventing or reducing anxiety or distress or preventing some dreaded event or situation. However, these behaviors or mental acts are not connected in a realistic way with what they are designed to neutralize or prevent or are clearly excessive.
- B. The obsessions or compulsions are time-consuming (i.e., take more than 1 hour per day) or cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

OCD Specifiers

- Specify:
 - With good or fair insight
 - The individual recognizes that obsessive-compulsive disorder beliefs are definitely not or probably not true or that they may or may not be true.
 - With poor insight
 - The individual thinks obsessive-compulsive disorder beliefs are probably true.
 - With absent insight / delusional beliefs
 - The individual is completely convinced that obsessive-compulsive disorder beliefs are true.
 - Tic-related
 - The individual has a current or past history of a tic disorder.

OCD Prevalence and Course

- Two waves of onset
 - o Between 10 and 12.
 - Onset appears earlier in males
 - o Around 18-19.
- 12-month prevalence: 1.2% (1-2 in 100)
- Lifetime prevalence: 2.3%
- 50% report pediatric onset
- Equally common in males and females
 - Very early onset is more common in boys and in those with a family history of OCD or tics
- Onset is typically gradual but can be acute (PANS or PANDAS)
- Course is usually continuous but may wax and wane, worsening at times of stress
- Often co-occuring with other anxiety disorders













Common Obsessions

Contamination

dirt, germs, illnesses, cancer, bodily waste, contaminants, household cleaners, emotional contaminants

Harm

fear of harming self or others, fear of harm coming to others, violent images, fear of stealing things, fear of being responsible something bad will happen (fire, burglary), fear will act on unwanted impulses

Sexual

forbidden or pervasive sexual thoughts ("I may be attracted to my dad", "I looked at her privates!" "I might have done something inappropriate")

homosexuality ("What if I'm gay"?]

•Religious/scrupulosity

excessive concern with offending religious objects, excessive concern with right/wrong morality

Somatic

excessive concern with illness/disease, body part or appearance

Magical thoughts/superstition

lucky, unlucky numbers, colors/words

•Miscellaneous

just right, need to know or remember, fear of saying certain things, intrusive sounds, images, numbers, or words, fear of making mistake, fear of not saying the right thing, fear might be racist

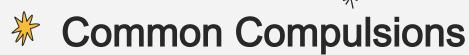
























* Common Compulsions



Ordering/arranging
 need for symmetry, evening up

Excessive games/superstitious behaviors

Mental Rituals

_reviewing, figuring it out, reassuring self, comparing past memories/thoughts/ experiences, ruminating, special prayers, special works, images, phases, numbers to neutralize anxiety, mental counting or list making

•Other

excessive list making need to touch, tap or rub, need to order or arrange until it feels right, rituals with blinking or staring, ritualized eating, sucking in breath, blowing, ect, obtaining information from internet

Avoidance

not a compulsion per se, but a large part of what maintains OCD







OCD Differences in Children

- Emotion regulation may be difficult
- May have less insight
- May be oppositional or in denial
- Family is often a factor in maintaining the symptoms
- Accommodation makes OCD bearable for the child and less dysfunction may be present
- May have difficulty verbalizing the problem
- Themes are similar to adults













DSM-5 Childhood Anxiety Disorders

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- Separation Anxiety Disorder
 - Fear limited to separation from caregivers, tend not to have ritualistic compulsions
- Selective Mutism
 - Consistent failure to speak in specific social situations
- Generalized Anxiety Disorder (GAD)
 - o Worries limited to real-life concerns, not typically accompanied by overt compulsions
- Social Anxiety Disorder
 - Fear and avoidance is limited to social situations
- Specific Phobia
 - Fear and avoidance is tied to specific objects or situations, not obsessions
- Panic Disorder
 - Fear is tied to having a panic attack
- Anxiety Disorder due to a Medical Condition
- Other Specified Anxiety Disorder
- Unspecified Anxiety Disorder

**Key to differential diagnoses: OCD is often "nonsensical", doesn't respond as well to evidence and reassurance,

sually see overt compulsions, obsessions function to increase anxiety, compulsions function to decrease anxiety and are not enjoyable









What is Exposure and Response Prevention (ERP)?

- ERP is a type of cognitive behavioral therapy (CBT) that helps people gradually and systemically face their fears
 - Exposure: Repeatedly confront the thoughts, images, objects or situations that make you anxious and/or provoke obsessions
 - Response Prevention: Refraining from behaviors aimed to reduce, prevent, or avoid anxiety or feared outcome
- Exposure therapy (i.e. Exposure based CBT, exposure based ACT, Exposure and Response Prevention) is the evidence based treatment of choice for anxiety disorders and OCD



CBT Protocol for Pediatric OCD

Psychoeducation

Cognitive Training

Treatment Planning

Exposure and Response Prevention (ERP)

Relapse Prevention









CY-BOCS (Children's Yale Brown Obsessive Compulsive Scale)

- e)
- A semi-structured clinical interview that assesses for the presence of obsessions and compulsions, areas of avoidance, and symptom severity
 Includes:
 - Checklist of different obsessions and compulsions with examples
 - Asks about past and present symptoms
 - Rate top 3-4 most distressing or interfering symptoms
 - Obsessions and compulsions evaluated separately on
 - How much they occupy the patient's time
 - How much they interfere with functioning
 - How much subjective distress they produce
 - How much they are resisted
 - How much they can actually be controlled
 - Total Severity Scale scores range from 0 (no symptoms) to 40 (very severe)
 - 0-7 sub-clinical
 - 8-15 mild
 - 16-23 moderate
 - 24-31 severe
 - 32-40 very severe











- Teach parents and children about OCD
 - Obsessions vs compulsions
 - OCD characterized as a neurobehavioral problem, it is not anyone's fault!
 - OCD is like having asthma or diabetes-Share prevalence rates 1-2%, or 1-2 kids in 100
 - OCD like a bully or computer blip
- Teach how OCD is maintained and provide the rationale for EX/RP
 - OCD is maintained by compulsions and avoidance, which only work to reduce distress in the short term
 - ERP breaks the cycle, new learning and habituation takes place
- Teach parents how to be coaches for their children
 - Often parents are accommodating OCD and involved in rituals
 - Some parents are punishing
 - Reducing parental accommodations are large part of treatment
- Teach parents and kids how to spot OCD
- HW: Track OCD symptoms (situation, obsessions, compulsions)



Concrete, specific, and child friendly language

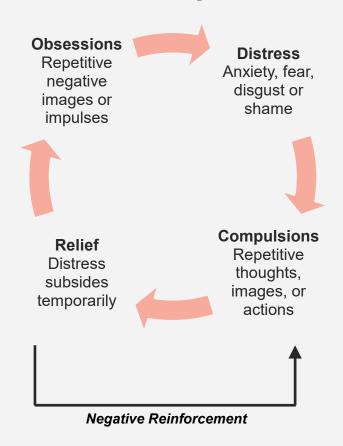






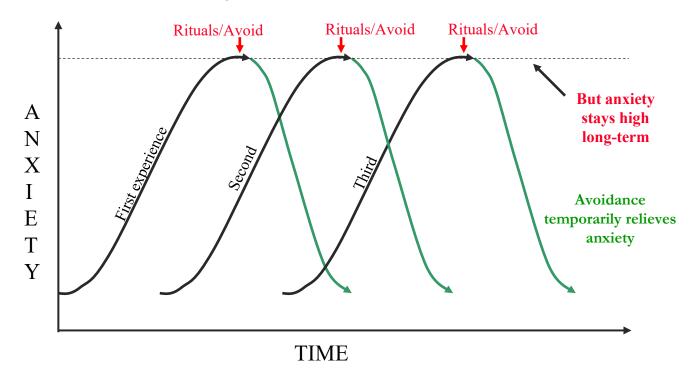


Obsessive Compulsive Cycle



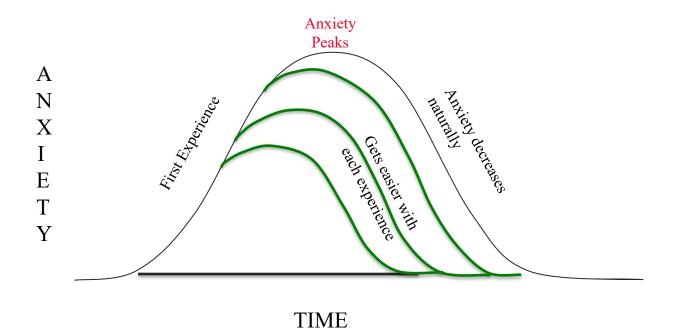


The Vicious Cycle of Avoidance and Rituals





The Adaptive Cycle of Approach



Purpose of Psychoeducation

- Reduce stigma, blame, shame, and anxiety
- Rationale for reinforcing factors of anxiety
- Increase awareness of OCD and externalize it
- Shift focus from anxiety reduction to resisting compulsions and allowing the anxiety to be
- Builds motivation for treatment
- Increase chance of success in treatment















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- Sometimes **basic education** is needed for young children or specific topic areas:
 - Sexual obsessions often arise when teens or pre-teens are beginning to grasp sexual concepts. Ensuring accurate information is important.
 - Ex: Cannot get pregnant by swimming in pool
- Children who follow rules rigidly (young children or those with ASD) sometimes need an adjustment to the rules, such as wash hands before every meal for 30 seconds, according to the CDC.



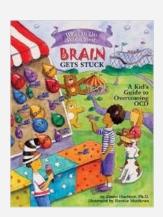




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MakingPsychoedKid-Friendly

- Analogies
 - Connect to a hobby or interest
 - Dog at the dinner table
 - Jumping in the pool
 - OCD as a bully
- Books/Videos
 - Unstuck OCD kids movie
 - Natasha Daniels OCD videos
 - What to do When your Brain Gets stuck
 - Up and Down the Worry Hill
- Interviews
- Trivia Questions/Jeopardy
- I Spy or Where's Waldo













Session 2: Externalizing OCD and Cognitive Training

- Review and discuss homework
- Externalizing OCD: Have child draw their "Worry Monster" and name it
 - This helps to get child and parents and therapist on a team against OCD.
 - Helps the child recognize and separate own logical self from OCD
 - Helps create distance from obsessions and reduce emotional valence













Session 2Externalizing OCD and Cognitive Training

- Teach cognitive techniques
 - Recognize and relabel fears as OCD
 - "My chances are good that I wont get sick, its my OCD talking"
 - Experiment-ceiling fall down, kill someone outside
 - Bossing back OCD
 - "OCD is just tricking me, I don't have to listen to you, I am not going to feed OCD"
 - Mindfulness-based approaches
 - Accept the experience of OCD but regain control of your life, Thoughts are just thoughts not threats, feelings are feelings, not fact, sensations are sensations, not mandates to act, "I am having a thought that...I am having a feeling of..."
 - Learn to tolerate uncertainty
 - Bad things do happen, just not very often, I will never feel certainty and the more I try to find it the more I will keep doubt going
- Exercise caution regarding patient's use of cognitive strategies to quarantee safety
 - HW to practice bossing back OCD and continue monitoring







*

- For anxiety disorders, like GAD and Social Anxiety Disorders, we teach Cognitive Restructuring, which is a cognitive therapy technique of changing the way one thinks about things that cause negative emotions and behaviors. It involves identifying and challenging irrational or maladaptive thoughts and replacing them with positive or functional ones.
- OCD doesn't tend to respond to Cognitive Restructuring. People with OCD often know their fears are irrational. CR could also turn into a compulsion.
- Relaxation skills are also commonly taught with anxiety disorders such as GAD and Panic Disorders, but not OCD









- Puppets
- Playing "Lawyers" Battling the Case
- Angel and Devil on the shoulder
- Therapist or parent act as OCD while pt practices bossing back or resisting OCD
- Try to convince me that the color blue is contaminated
- Make wishes or attempt to get things to happen with your thoughts (win lottery, cars get into accident, people to trip, set on fire)







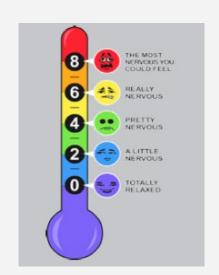






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- Review HW
- Map OCD symptoms
 - We to make sure you know all about your OCD before we begin to tackle it
 - Cant fight what we cant see" "Play detective to learn all of OCD's tricks and moves"
 - I want to know all triggers, obsessions, compulsions, and avoidance
 - Often create a table but can get creative
- Creating a fear thermometer to rate anxiety or distress level
 - 0-10 for kids, 0-100 for teens
 - Establish anchor points (0, 50, 100) with clear, discrete instances









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- Create a hierarchy
 - This should be a shared effort, include parents and child
 - Refer to YBOCS, OCD map, and monitoring forms
 - Ritual prevention is a good place to start, while facing the triggers listed
 - Be sure to include gradations, as well as variable stimuli and contexts (inhibitory learning)
 - Have patient rate items using thermometer
 - Not set in stone, skeleton for treatment
 - Can be done many ways depending on the symptoms and the patient
- Establish a reward system
 - Increases motivation, enjoyment, and success of treatment
 - Hard, scary work should be rewarded!
 - Can be reward for each exposure or a token reward system
- Collaboratively choose a starting point for the first in-session exposure
 - Usually in 30-40 SUDS range
- HW: Track OCD sx and boss back OCD, ritual prevention goal?









- Read contaminated books -3
- Snow angels in dirty clothes-4
- Guess the stain game -4
- Scratch dog on the booty -5
- Play hot potato with ball that touched school carpet -6
- Make sock puppets with mom's dirty socks -6
- Hug brother after he sneezes -7
- Picnic on the living room floor-8
- Picnic on the bathroom floor-9
- Touch contaminated shoes-10











- Get medical book and read about hepatitis- 2
- Describe symptoms and causes of hepatitis to parents- 3
- Say the word hepatitis 10 times in a 2 minute conversation- 5
- Touch parents with unwashed hands- 6
- Touch self all over body with unwashed hands -7
- Hug parents with unwashed hands -8
- Use the toilet and hug parents immediately afterwards-9
- Use only 4 squares of toilet paper after using toilet -9
- Hug sibling-10
- Sit on all chairs in room after using toilet-10
- Ask parents to sit in "contaminated" chairs -10







Sample Hierarchy for Eliminating a Goodbye Ritual

W

- 1. Saying "goodbye" once while Dad remains in room 3
- 2. Saying "goodbye" once while Mom remains in room-5
- 3. Saying "goodbye" once with Dad leaving room (daytime)-5
- 4. Saying "goodbye" once with Mom leaving room (daytime) -7
- 5. Saying "goodbye" once with Dad leaving room (nighttime) -8
- 8. Saying "goodbye" once with Mom leaving room (nighttime)-9
- 9. Having Dad leave room at night with no "goodbye"-9
- 10. Having Mom leave room at night with no "goodbye"-10











- 1. Spraying pesticides in Bedroom 10
- 2. Spraying pesticides in house -8
- 3. Using microwave and standing in front of it -7
- 4. Having shoes touch bed 7
- 5. Writing a story about getting cancer/death 6
- 6. Reading about others who have cancer 6
- 7. Going to a hospital (might see a cancer pt.) 6
- 8. Saying the word "cancer" out loud 5
- 9. Using cleaners in home with some chemicals 4
- 10. Saying "I hope therapist gets cancer." 3









W

PIGGY BANK	

Reward List	Points
T V	5
Movie	10
ce Cream	3
Candy	5
Snow Cone	10
Raceway	40
Manicure	20
² edicure	30
Dinner Out	20

	Total Points Earned	82
	Reward Given and Date	Points
4	Movie .	10
	ce Cream	3
	ΓV (9_20)	5
`	(V(9/25)	5
V	Chocolate	5
	ΓV (9/29)	5
Т		

Mallory's Reward Chart

- 1		Manday	Tuesday	Wed	Thurs	Fri	Sat	Sun	Waaldy Tatel
		Monday	Tuesday	vvea	Thurs	FII	Sat	Sun	Weekly Total
		2	1	5			2	8	18
	minutes per day	touching contaminated paper and sock	Touched and read a book (new book)				Sat in rocking chair	Touched and read two book from bookshelf near window	
	Week of 8/21: Touch top of dirty							3	3
	sock and paper for twenty minutes per day							Sat in Rocking Chair	
	Week of 8/28			5					5
				touched all books					
	Week of Sept 7th: Dash bum				6				6
	exposures and guess the stain				Guessing game				0
	Week of Sept	9							9
		Touch the stain, touching socks							
			5	3				3	11
- 1	Week of 9/18 touch pencils and books in bedroom		Touched Spybook &Maddy's Fridge	Touched Pencils, Amelia spit didn't change				Touched books	
		2	2	2		5	2	2	15
	Week of 9/25	Touching socks	Touching Socks	Touched Socks		touched library books	touched socks	touched socks	
	Week of 10//2	15							15
		3 laundry exposure							
									0
									0
									0



Some Fun Activities for Treatment Planning & Externalizing

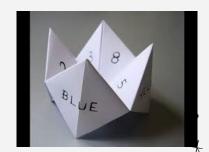
- Drawing a picture of OCD
- Puppets
- Mapping OCD (islands, movie theme)
- Draw fear thermometer
- Creative continuums
- Popsicle Stick Hierarchy
- Fortune Teller/Fortune Cookie
- Battleship Game
- Exposure Bingo
- Make OCD treatment a game
 - Get a "hero" name, different "levels" of the game with rewards













Session 4 and beyond

- Review homework
- Review the rationale for exposures
- Create goals and establish the specifics of exposure
 - What exactly are we doing, how long, and how exactly are we doing it?
- Identify the feared outcomes
- Identify rituals to look out for and help the child refrain from rituals
- Use games, fun, or the child's interests to make the exposures child friendly!
- Do the exposure together with the child
- During the exposure
 - encourage and praise the patient
 - practice sitting with uncertainty
 - Ask for thermometer ratings
 - Ask about rituals (especially mental rituals)
- After the exposure
 - Provide praise and reward
 - Process the exposure: How was that? What did you learn? What happened to your anxiety? You thought xxx would happen. What actually happened?

HW: daily exposures















Exposure Details

- Exposure and response prevention is the active ingredient in treatment
- The child will be the boss of how far to go outside of their own comfort zone, therapist acts as coach
- Challenging but manageable steps
- Anxiety is necessary and ideal!
- What is a successful exposure?
 - The child remains in the anxiety provoking situation
 - Prevents rituals or delays or messes with rituals
 - Any progress towards learning fears are not coming true, that they can handle distress or manage anxiety, that OCD is tricking them, that they don't have to do compulsions, that they are mastering something
- Goals to gradually eliminate rituals and accommodations in daily life
 - Response prevention is the key to treatment success!







- Homework assignments
 - Are logically connected to "in-session" work
 - Should match the distress level already mastered
 - Must be "Challenging but manageable"
 - Need to be "where the OCD lives" (e.g., home, school, etc.)
 - Should be done daily, parents involved for children, of course!
- Exposures are the practice sessions that increase response prevention throughout life.









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- First exposure
 - Both patient and therapist can guarantee success
 - Should be something the patient is not already doing, but can do with some anxiety
- Going up the hierarchy
 - Challenging but feasible
- Top of the hierarchy
 - Above and beyond what is done intentionally, and fully target core fear
 - Without being truly harmful, unsafe, unnecessary, or outside what's accepted in patient's culture or religion













General

- OCD "Follow the Leader"
 - Therapist does what patient does
- Rewards!! Candy or prize immediately after exposure
- Getting to listen to a chosen song from Spotify during exposure or after
- Getting to watch a YouTube clip, play a game after exposure
- Songs-make them up or alter existing
 - Let get Loud-Jlo (Lets get gross), F you (OCD)-CeeLo
- YouTube: there are videos for anything

Taboo words, obscenities, anxiety provoking words

- Bad Word Go Fish (Cancer, curses, throw up)
- Mad Libs
- Hangman
- Listening to (age appropriate) songs with bad words/lyrics









Contamination

- Play a game online together while on contaminated chair
- Share toys/items while contaminating them
- Playing on a "contaminated" playground
- Have a "party"-eat popcorn/candy off the floor
- Hot potato with "contaminated" ball
- Play with contaminated slime or sand
- Create a scavenger hunt for contaminated objects (find something red that is contaminated)
- Raw meat PlayDough
- Catchphrase
- Easter egg hunt
- Tag with contaminated "bases or safe zones"

Health/Disgust

Scabs and guts game













Perfectionism

- Each person messes up something about their appearance-makeup smudges, crazy hair, button shirt wrong
- o Draw out favorite animated characters and then mess it up
- Trivial Pursuit, Pictionary, Scategories, Charades, Operation, Jenga (mess up tower on purpose)
- Purposefully color out of the lines
- Time how long it takes to write alphabet or wacky sentences and try to get quicker each time. Beat the therapist.
- Recite the "Jabberwocky" poem
- Game with unfair rules for fairness (Scabble with uneven number of tiles)

Morality

Secret sins that "may" get the child in trouble if parents found out-drank out of the milk jug, change around the Christmas decorations, not brushing teeth before bed one night, leave crayons in couch cushions, chewed gum under a desk









- Harm
 - Playing darts, fight with toy sword/knife, playing a violent video game together (Bowman (free), Injustice, Street Fighter, Dragonball-Z)
 - Halloween "bloody" knives
 - Fear of harming pet-advantage of virtual therapy, can play with pet in session
- Death/existentialism/Religion
 - Surviving Death on Netflix (teens)
 - Ouiji board
 - Drawing the Devil, Devil in cartoons, dress up Devil horns
 - https://www.buzzfeed.com/donnad/most-traumatizing-timessatan-appeared-in-cartoons
- Taboo topics/Sex/Racism
 - Stand-up comedy (teens, older kids)
 - Cards against humanities (teens)
- Just right
 - Replace ritual with a silly body movement, or do silly movement with wrong hand/foot



*

- Treatment can be terminated when OCD symptoms are minimal, the patient is functioning well, impairment and distress is minimal, reached top of the hierarchy, and have mastered concepts
 - Ratio # of compulsions / # of obsessions should be low!
- Review of progress & future challenges
- Discussion of lapse vs. relapse
- Reinforcement of the person as master of OCD
- Relationship between OCD & stress



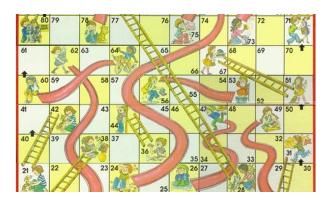




Some Fun Activities for Relapse Prevention

- Relapse Prevention plan made by patient
 - Draw OCD now
- OCD "Quizzes" to test knowledge of core concepts
- Role plays
 - News Reporter Interviews
 - Patient is the doctor
- Relapse Prevention Chutes Ladders
- My OCD Book







Resources





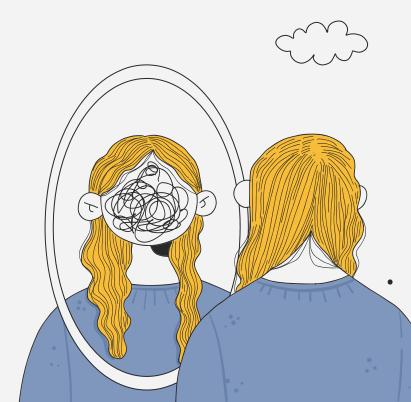
- Unstuck OCD kids movie
- ABC 20/20 OCD special: Dr. Allen Weg
- Video coping with OCD as a teenager
- Interactive comic on OCD for kids
- Natasha Daniels youtube videos for kids on OCD and anxiety
- International OCD Foundation
- CYBOCS self report
- Cybocs severity scale











OCD Books for kids and teens

- Up and Down the Worry Hill, Laureen Wagner, PhD-kids
- What to do when your Brain Gets Stuck, Dawn Huebner, PhD-kids
- Fighting the OCD monster, Haanusia Prithivi Raj-ages 7-18
- Mr. Worry: A story about OCD, Holly Niner-kids
- OCDaniel, Welsey King: kids
- Cookies Cutters and Slay Runners, Natalie Rompella-8 and up
- Anxious Charlie to the Rescue, Terry Milne-4 and up
- The Goldfish Boy, Lisa Thompson-8 and up
- Total Constant Order, Crissa Jean Chappell-13 and up
- Kissing Doorknobs, Terry Spencer Hesser-14 and up
- Don't Touch, Rachel Wilson:-14 and up
- My Monster and Me, Nadiya Hussain-3-7 years
- Stuff That's Loud, Ben Sedley and Lisa Coyne-teens
- Talking Back to OCD, John March, PhD-kids/adol/adults
- Freedom from Obsessive Compulsive Disorder-, Jonathan Grayson, Ph.D.-adolescents/adults
- Overcoming Unwanted Intrusive Thoughts, Sally Winston PsyD/Martin Seif PhD-Adolescents/adults
- The Mindfulness Workbook for OCD, Jon Hershfield, MFT-adolescents/adults















X

Thanks!

Any questions?

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