

Slide 1



Childhood OCD

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November 13, 2018

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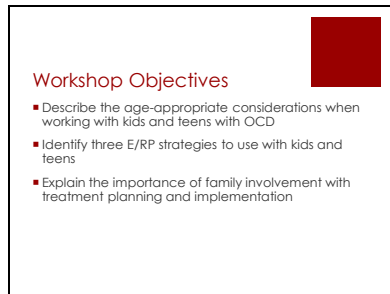
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Slide 2



**Workshop Objectives**

- Describe the age-appropriate considerations when working with kids and teens with OCD
- Identify three E/RP strategies to use with kids and teens
- Explain the importance of family involvement with treatment planning and implementation

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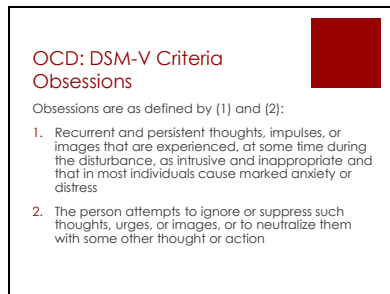
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Slide 3



**OCD: DSM-V Criteria  
Obsessions**

Obsessions are as defined by (1) and (2):

1. Recurrent and persistent thoughts, impulses, or images that are experienced, at some time during the disturbance, as intrusive and inappropriate and that in most individuals cause marked anxiety or distress
2. The person attempts to ignore or suppress such thoughts, urges, or images, or to neutralize them with some other thought or action

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Slide 4

**OCD: DSM-V Criteria  
Compulsions**

Compulsions as defined by (1) and (2):

1. Repetitive behaviors (e.g., hand washing, ordering, checking) or mental acts (e.g., praying, counting, repeating words silently) that the person feels driven to perform in response to an obsession, or according to rules that must be applied rigidly
2. The behaviors or mental acts are aimed at preventing or reducing distress or preventing some dreaded event or situation; however, these behaviors or mental acts either are not connected in a realistic way with what they are designed to neutralize or are clearly excessive

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Slide 5

**OCD: DSM-V Criteria**

- The obsessions or compulsions are **time consuming** (take more than 1 hour a day) or cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- Specify if
  - With Good or Fair Insight: The individual recognizes that OCD beliefs are definitely or probably not true or that they may or may not be true.
  - With Poor Insight: The individual thinks OCD beliefs are probably true.
  - With Absent Insight/Delusional Beliefs: The individual is completely convinced that OCD beliefs are true.

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Slide 6

**OCD's Unspoken Criteria -  
AVOIDANCE**

- Choosing ones behavior based on trying to avoid or escape particular thoughts or feelings
- Can actually exacerbate or reinforce the anxieties
- Paints the individual into a corner – more and more voidances as OCD gets stronger

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Slide 7

**Obsessive Compulsive Disorder  
Estimated Prevalence**

- 2-3% of US Population (lifetime prevalence)
  - 4th most common disorder
- Overall prevalence equal in males and females
  - Males: childhood onset more common
  - Females: onset in twenties more common
- Age of onset 10-24 years
  - Childhood onset may have higher co-morbidity with Tourette's Disorder and ADHD
- Similar prevalence across races and ethnicities
  - Specific pathological preoccupations may vary with culture/religion

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Slide 8

**Themes of OCD Symptoms**



<b>Obsessions</b>	<b>Compulsions</b>
■ Contamination	■ Washing or cleaning
■ Somatic	■ Checking
■ Harming	■ Repeating
■ Sexual	■ Hoarding
■ Religious	■ Ordering or arranging
■ Doubt	■ Praying
■ Exactness or Symmetry	■ Counting

Note: Most presentations incorporate multiple themes that overlap

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Slide 9

**OCD Interventions:  
Age-Appropriate  
Considerations**



■ CBT and Medication combined	■ Normalizing behaviors
■ Other treatment elements	■ Developmental Considerations
■ Creativity and Playfulness	■ Appropriate Language
■ Comorbidity	■ Relationship Building

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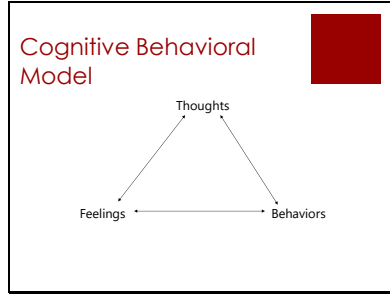
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Slide 10



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Slide 11

### Assessing for OCD

- "Detective Work"
  - Intrusive thoughts
  - Rituals
  - Avoidances
- Parent Observations
  - OCD behaviors
  - "Kid Stuff"

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Slide 12

### Laying the Foundation for E/RP

- Building a hierarchy
  - "Climbing a ladder"
  - Feasibility in ratings
  - Subjective Units of Distress (SUDS)
- Cognitive restructuring
  - Use of metaphors and similes
  - Challenge probability overestimation errors
  - Challenge catastrophizing errors
  - Ask questions
    - How is that possible?
    - Identify double standards

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Slide 13

**E/RP Goals**

- Disrupting Patterns
  - Goal is to refrain from all ritualizing and avoidance
  - No checking
  - Doing rituals incorrectly
    - Shower the "wrong" way
    - Count to the "wrong" number
  - If ritual is performed, re-expose
- Avoiding Avoidances
  - Planned exposures
  - "Real world" experiences



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Slide 14

**E/RP in the Office**

- Hunting for contaminants
- Playing with knives
- Drawing pictures
- Connect Four, Candy Land, and Battleship
- Walking around the neighborhood
- Reading Out Loud
- "Tattooing"
- Interior decoration



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Slide 15

**E/RP in Homework**

- Loop CD
- Write - Say - Think
- Flash Cards
- Contaminating Spray
- Tissues or Cotton Balls
- Visualizations



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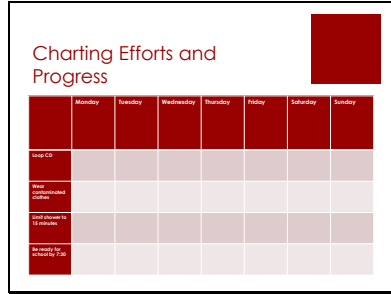
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Slide 16



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Slide 17

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- ### Remember the Whole Person
- Skills Building
    - Emotional self-regulation
    - Self-sufficiency
    - Social skills training
  - Motivation Building
    - Incentive for pursuing treatment
    - Fading of enabling by others
  - Non-OCD Based Therapeutic Elements:
    - Engaging in non-OCD activities
    - Noting personal accomplishments
    - Replacement behaviors

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Slide 18

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- ### Involving Everyone
- Family (parents, siblings)
  - Peers (friends, classmates)
  - Community (teachers, coaches)
  
  - To tell or not to tell?
  - Reduce accommodations
  - Incorporate into exposures

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Slide 19

**Reducing Reassurance Seeking**

- Focus on issue of **uncertainty** and **risk-taking**
  - "Maybe it is, maybe it isn't"
- Family must be educated on this
- Agreed-upon strategies for how to handle requests for reassurance
  - "I already answered that."
- Distinguish between cognitive restructuring and reassurance
  - Supporting individual
  - Therapist asking the questions, client answering

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Slide 20

**Assessing Non-Compliance**

- Re-evaluate exposures
  - SUDs too high?
- Increase support for exposures
  - Therapist
  - Coach
- Break exposure down into smaller pieces
- Secondary gains?
  - Additional factors contributing to maintaining OCD behaviors or to avoiding treatment
  - Family benefits?

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Slide 21

**Relapse Prevention**

- Realistic expectations
  - "cure" vs. management
- Identification of triggers and vulnerabilities
  - Coping skills
  - Stress management
- Clear understanding of CBT model
- Monitoring for re-emergence of related behaviors
  - Relationship between OCD and stress
  - Lapse vs. Relapse
  - Change in OCD themes

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Slide 22

**In Summary...**

- Age-Appropriate Interventions
  - Language used
  - Nature of exposures
- Collaborative development hierarchy and homework
- Collaboration with family and school as appropriate
- Creativity and humor
- Consistency within and between sessions



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Slide 23



**Thank You**

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