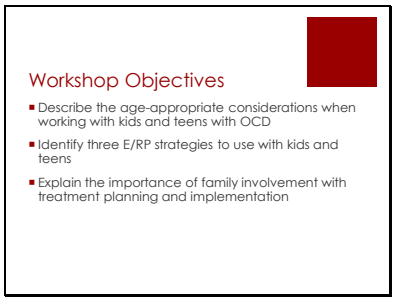
Slide 1

Slide 2



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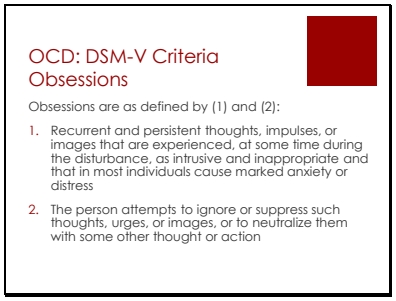


Slide 4

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

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 things OCD beliefs are probably true.
  - With Absent Insight/Delusional Beliefs: The individual is completely convinced that OCD beliefs are true.

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

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

Slide 8

Themes of OCD Symptoms

Obsessions	Compulsions
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

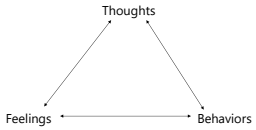
Slide 9

OCD Interventions: Age-Appropriate Considerations

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

Slide 10

Cognitive Behavioral Model



Slide 11

Assessing for OCD

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

Slide 12

Laying the Foundation for E/RP

- Building a hierarchy
  - "Climbing a ladder"
  - Flexibility 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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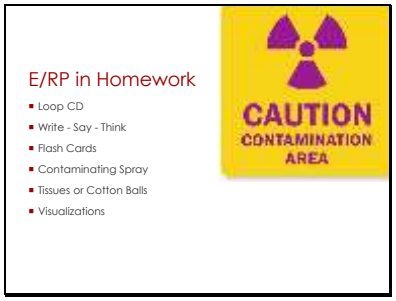
Slide 14

Slide 15



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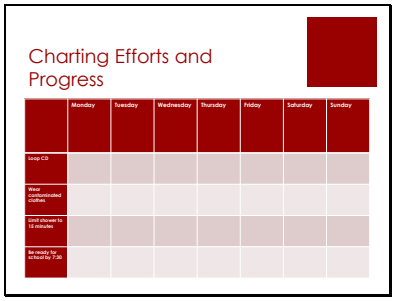

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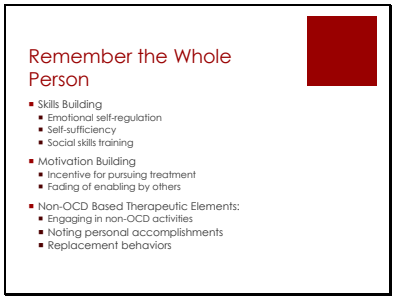

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Reducing Reassurance Seeking

- 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

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?

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

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

Slide 23

Thank You!

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