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DECEMBER 15, 2020





**I have no actual or potential conflict of interest in
relation to this presentation**

Learning Objectives

- ▶ Understand Obsessive Compulsive Disorder and how it presents in children
- ▶ How to assess OCD
- ▶ How to treat OCD using behavioral interventions

Poll

Go to: **[Pollev.com/lauragoldste925](https://pollev.com/lauragoldste925)** to complete survey

Questions:

1. Have you evaluated and/or treated children with OCD?
2. Do you feel confident treating patients with OCD?
3. What words do you associate with OCD?

That's so OCD...



"When someone casually says they're 'so **OCD**,' it shifts to a **false** understanding. It makes OCD seem like this little thing that is a minor inconvenience at most, when it's actually a **disorder** that has the power to **destroy** lives."

"Watch Your Language: 'So OCD' "
somewhatunabletolabel.com



DSM-5 Diagnostic Criteria:

- ▶ Falls under the umbrella of anxiety disorders
- ▶ Presence of obsessions, compulsions, or both
- ▶ Obsessions
 - ▶ Recurrent, persistent thoughts, urges, or impulses
 - ▶ Experienced as unwanted
 - ▶ Causes marked distress or anxiety
- ▶ Compulsions
 - ▶ Repetitive behaviors or mental acts that the individual feels driven to perform
 - ▶ Behaviors or mental acts are aimed at preventing anxiety or distress

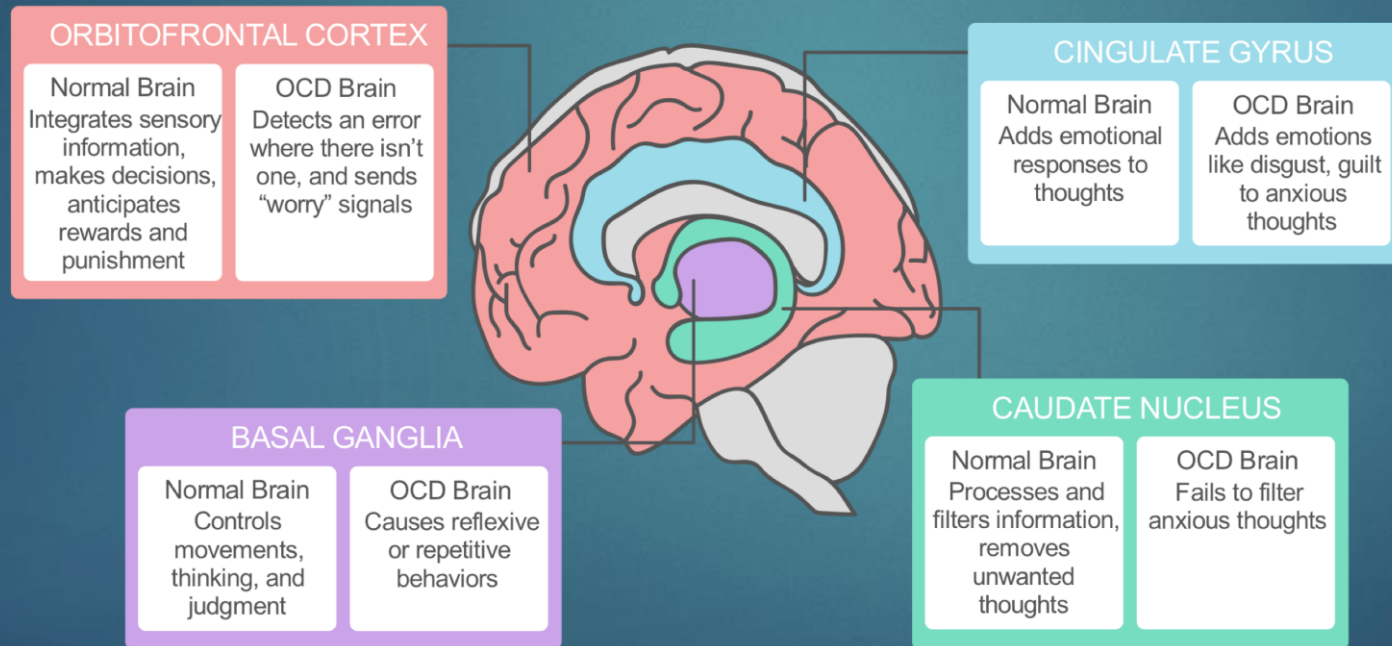
Obsessions or compulsions are time consuming: >1 hour a day

OCD Related Disorders: Hair pulling, Skin picking, Body Dysmorphic Disorder
Comorbid Diagnoses (80%): Tourette's Disorder (20-30%), other anxiety disorders (26-75%), Behavior Disorders (18-33%) and Depressive Disorders (25-62%)

OCD and the Brain

- ▶ Communication problems between the orbitofrontal cortex, caudate nucleus, cingulate gyrus, and the basal ganglia
- ▶ Primarily use serotonin to communicate, low levels of serotonin

Normal information processing and OCD malfunctions in the brain

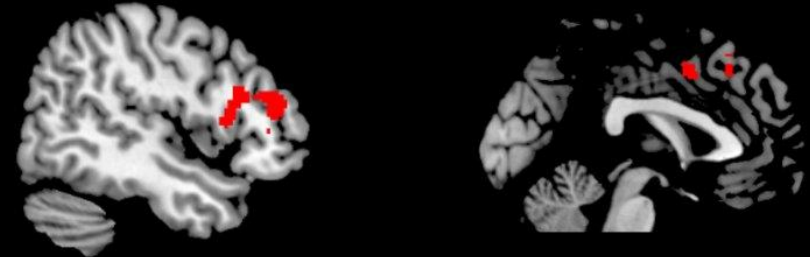


Stuck in a Loop of 'Wrongness': Brain Study Shows Roots of OCD (2018)

- ▶ Largest pool of task-based functional brain scans (484 healthy and OCD patients, both adults and children)
- ▶ Asked to perform certain tasks while in MRI
- ▶ Increased activity in brain areas involved in recognizing errors and less activity in areas that could help them stop
- ▶ "It's like their foot is on the brake telling them to stop, but the brake isn't attached to the part of the wheel that can actually stop them"

Obsessive-compulsive disorder: Brains stuck in a loop of wrongness

Areas of hyperactive error processing in people with OCD



Areas of under-active inhibitory control in people with OCD



Norman et al - Biological Psychiatry, November 2018

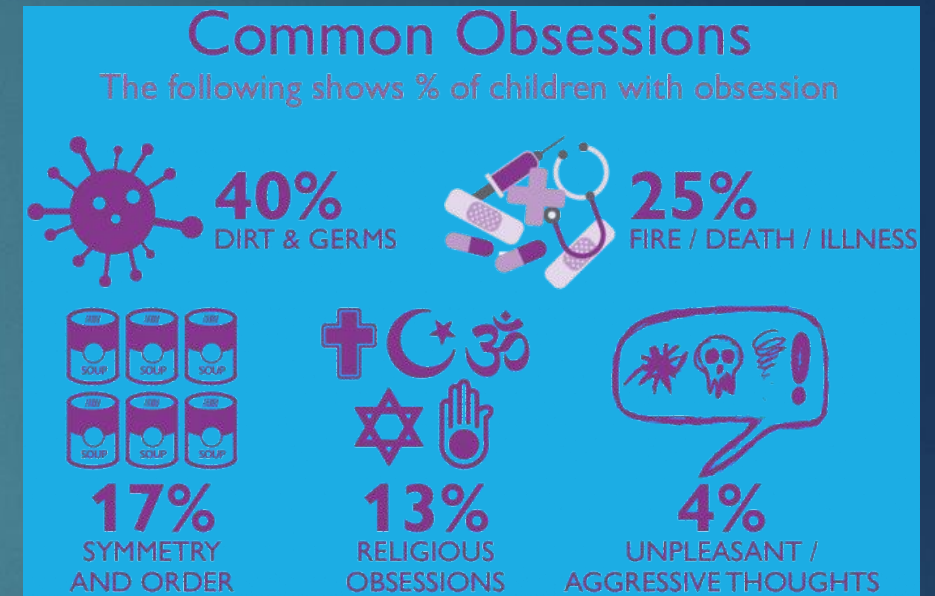
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Prevalence and Etiology

- ▶ 1-4% of the population have OCD that has a seriously negative impact on their lives, both children and adults
 - ▶ Likely an underestimate in children under 8 years
- ▶ WHO: Top 10 most handicapping disorders
- ▶ Symptoms are exhibited in children as young as 5 years old; 8 in 10 cases have symptoms prior to 18 years of age
- ▶ Genetic factors explain 45-65% of variance of OCD in children

Common Obsessions

- ▶ Contamination
- ▶ Unwanted sexual thoughts/taboo behaviors
- ▶ Losing control
- ▶ Causing accidental harm
- ▶ Needing things to be orderly/perfect



Common Compulsions

- ▶ Checking
- ▶ Mental compulsions
- ▶ Cleaning
- ▶ Repeating or arranging
- ▶ Seeking reassurance
- ▶ Confession

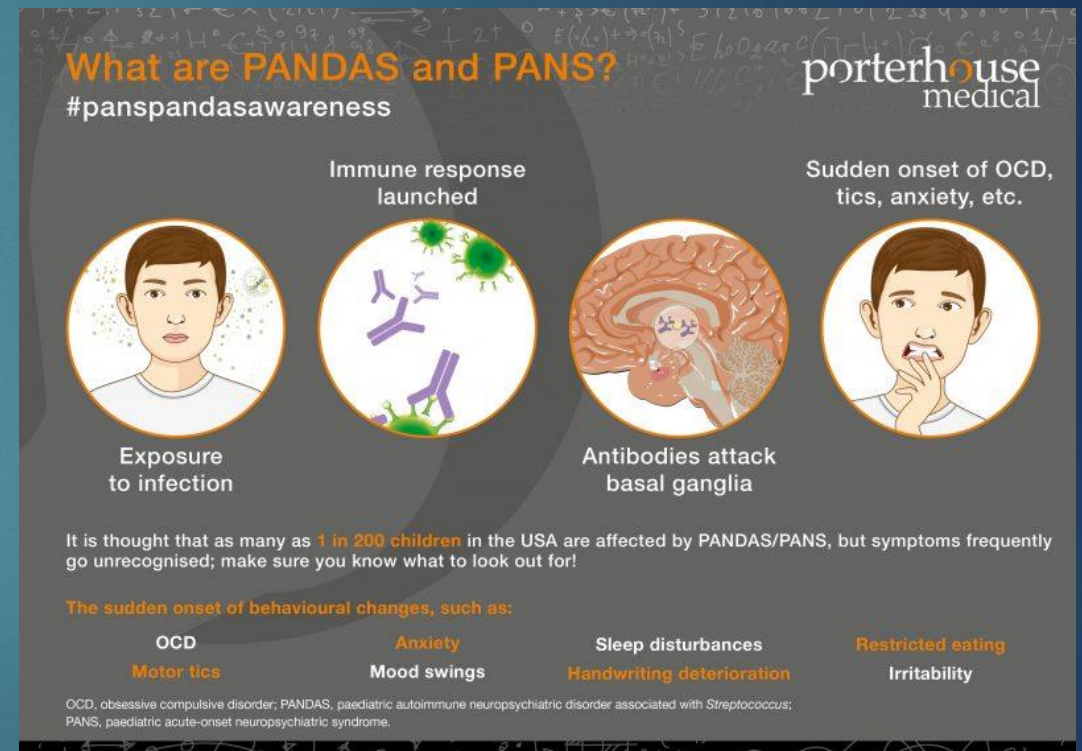


Compulsion is an attempt to get relief from the obsession

Obsession	Compulsion
"Dad will have an accident at work if I don't tap each foot against the back of each leg 12 times."	Tapping your foot against your leg for the set number of times, and starting from the beginning if you make a mistake.
"If I don't step on every third crack, my boyfriend will lose his job."	Stepping on every third crack, and going back and doing it again just to be certain.
"This room is contaminated. If I touch anything, I'll get sick."	Washing hands three times, for a minute each time, whenever you touch or think you've touched something.

Pediatric Autoimmune Neuropsychiatric Disorder (PANDAS)

- ▶ Acute onset OCD
- ▶ Identified by Dr. Swedo in the 1990s
- ▶ Linked to strep or another infection
- ▶ Controversial
- ▶ 1 in 1000 children and 3x more often in boys
- ▶ Signs that indicate acute OCD
 - ▶ Child suddenly “possessed” by OCD
 - ▶ Problems with eating and bed wetting
 - ▶ Severe separation anxiety
 - ▶ Changes in handwriting
 - ▶ Emotionally erratic
 - ▶ Panic symptoms
 - ▶ Suicidal thoughts



What does OCD look like in young children?

- ▶ Young children often do not have the words to express what they are feeling.
- ▶ Often lack self-awareness to know that thoughts are exaggerated/unrealistic
- ▶ “just right” feeling
- ▶ “magical thinking” emerges
 - ▶ If I scratch my left shoulder I need to scratch my right or mom will die in an accident

*Can easily be misdiagnosed when children are younger

*Important to differentiate from normal routines or ritualized behaviors



Assessment of OCD

CY-BOCS Symptom Checklist

Children's Yale-Brown Obsessive Compulsive Scale

CY-BOCS Obsessions Checklist

Check all symptoms that apply (Items marked "***" may or may not be OCD Phenomena)

Current	Past	Contamination Obsessions	Current	Past	Sexual Obsessions
<input type="checkbox"/>	<input type="checkbox"/>	Concern with dirt, germs, certain illnesses (e.g., AIDS)	<input type="checkbox"/>	<input type="checkbox"/>	Forbidden or perverse sexual thoughts, images, impulses
<input type="checkbox"/>	<input type="checkbox"/>	Concerns or disgust with bodily waste or secretions (e.g. urine, feces, saliva)	<input type="checkbox"/>	<input type="checkbox"/>	Content involves homosexuality
<input type="checkbox"/>	<input type="checkbox"/>	Excessive concern with environmental contaminants (e.g., asbestos, radiation, toxic waste)	<input type="checkbox"/>	<input type="checkbox"/>	Sexual behavior towards others (aggressive)
<input type="checkbox"/>	<input type="checkbox"/>	Excessive concern with household items (e.g., cleaners, solvents)	<input type="checkbox"/>	<input type="checkbox"/>	Other (describe) _____
<input type="checkbox"/>	<input type="checkbox"/>	Excessive concern about animals / insects	Hoarding / Saving Obsessions		
<input type="checkbox"/>	<input type="checkbox"/>	Excessively bothered by sticky substances or residues	<input type="checkbox"/>	<input type="checkbox"/>	Fear of losing things
<input type="checkbox"/>	<input type="checkbox"/>	Concerned will get ill because of contaminant	<input type="checkbox"/>	<input type="checkbox"/>	Other (describe) _____
<input type="checkbox"/>	<input type="checkbox"/>	Concerned will get others ill by spreading contaminant (aggressive)	Magical Thoughts / Superstitious Obsessions		
<input type="checkbox"/>	<input type="checkbox"/>	No concern with consequences of contamination other than how it might feel *	<input type="checkbox"/>	<input type="checkbox"/>	Lucky / unlucky numbers, colors, words
<input type="checkbox"/>	<input type="checkbox"/>	Other (describe) _____	<input type="checkbox"/>	<input type="checkbox"/>	Other (describe) _____
Aggressive Obsessions			Somatic Obsessions		
<input type="checkbox"/>	<input type="checkbox"/>	Fear might harm self	<input type="checkbox"/>	<input type="checkbox"/>	Excessive concern with illness or disease *
<input type="checkbox"/>	<input type="checkbox"/>	Fear might harm others	<input type="checkbox"/>	<input type="checkbox"/>	Excessive concern with body part or aspect of appearance (e.g. dysmorphophobia) *
<input type="checkbox"/>	<input type="checkbox"/>	Fear harm will come to self	<input type="checkbox"/>	<input type="checkbox"/>	Other (describe) _____
			Religious Obsessions		
			<input type="checkbox"/>	<input type="checkbox"/>	Excessive concern or fear of offending religious objects

CY-BOCS Symptom Checklist

Children's Yale-Brown Obsessive Compulsive Scale

CY-BOCS Compulsions Checklist

Check all symptoms that apply (Items marked "***" may or may not be OCD Phenomena)

Current	Past	Washing / Cleaning Compulsions	Current	Past	Hoarding / Saving Compulsions
<input type="checkbox"/>	<input type="checkbox"/>	Excessive or ritualized hand washing	<input type="checkbox"/>	<input type="checkbox"/>	Distinguish from hobbies and concern with objects of monetary or sentimental value.
<input type="checkbox"/>	<input type="checkbox"/>	Excessive or ritualized showering, bathing, tooth brushing, grooming, toilet routine	<input type="checkbox"/>	<input type="checkbox"/>	Difficulty throwing things away, saving bits of paper, string, etc.
<input type="checkbox"/>	<input type="checkbox"/>	Excessive cleaning of items, such as personal clothes or important objects	<input type="checkbox"/>	<input type="checkbox"/>	Other (describe) _____
<input type="checkbox"/>	<input type="checkbox"/>	Other measures to prevent or remove contact with contaminants	Excessive Games / Superstitious Behaviors		
<input type="checkbox"/>	<input type="checkbox"/>	Other (describe) _____	<input type="checkbox"/>	<input type="checkbox"/>	Distinguish from age appropriate magical games (e.g. array of behavior, such as sleeping over certain spots on a floor, touching an object / self certain number of times as a routine game to avoid something bad from happening)
Checking Compulsions			<input type="checkbox"/>	<input type="checkbox"/>	Other (describe) _____
<input type="checkbox"/>	<input type="checkbox"/>	Checking locks, toys, school books / items, etc.	Rituals Involving Other Persons		
<input type="checkbox"/>	<input type="checkbox"/>	Checking associated with getting washed, dressed, or undressed	<input type="checkbox"/>	<input type="checkbox"/>	The need to involve another person (usually a parent) in ritual (e.g. asking a parent to repeatedly answer the same question, making mother perform certain mealtime rituals involving specific utensils) *
<input type="checkbox"/>	<input type="checkbox"/>	Checking that did not / will not harm others	<input type="checkbox"/>	<input type="checkbox"/>	Other (describe) _____
<input type="checkbox"/>	<input type="checkbox"/>	Checking that did not / will not harm self			
<input type="checkbox"/>	<input type="checkbox"/>	Checking that nothing terrible did / will happen			
<input type="checkbox"/>	<input type="checkbox"/>	Checking that did not make mistake			
<input type="checkbox"/>	<input type="checkbox"/>	Checking tied to somatic obsessions			
<input type="checkbox"/>	<input type="checkbox"/>	Other (describe) _____			

Assessment of OCD

- ▶ Important to look at severity of symptoms and impact (on 0-4 scale)
 - ▶ Time occupied by obsessions and compulsions
 - ▶ Interference due to obsessive thoughts
 - ▶ Distress
 - ▶ Degree of control
 - ▶ Severity ranges from 0-40
-
- ▶ Important to take complete history along with administering CY-BOCS

Renaming and Shifting Thoughts

- ▶ Help child to rename their OCD: “Worry Monster” or “Mr. Right”
- ▶ “That’s OCD talking”; gives distance between themselves and OCD
- ▶ Shift thoughts- helping them understand that they can control these thoughts and behaviors
- ▶ “Starving the Monster”
- ▶ The anxiety will dissipate: “Riding the Wave”



Exposure and Response Prevention (ERP)

- ▶ Obsessions are maintained by continuing to engage in the compulsions
- ▶ Process of habituation leads to dissipation of anxiety
- ▶ Realization that fears don't materialize
- ▶ Includes developing a fear hierarchy and slowly exposing child to these fears without doing the associated compulsions
- ▶ Anxiety slowly increases with exposures and reaches a peak. If child continues, habituation sets in anxiety starts to decline

“Learning how to stop OCD is like riding your bicycle up and down a hill. At first, facing your fears and stopping your rituals feels like riding up a big “Worry Hill,” because it’s tough and you have to work very hard. If you keep going and don’t give up, you get to the top of the Worry Hill. Once you get to the top, it’s easy to coast down the hill. But you can only coast down the hill if you first get to the top”

Building Coping Skills

- ▶ Important for kids to learn how to cope with anxiety or exposures will fail
- ▶ Teach deep breathing
- ▶ Establish other relaxation strategies
- ▶ Encourage kids to practice relaxation strategies when they are calm



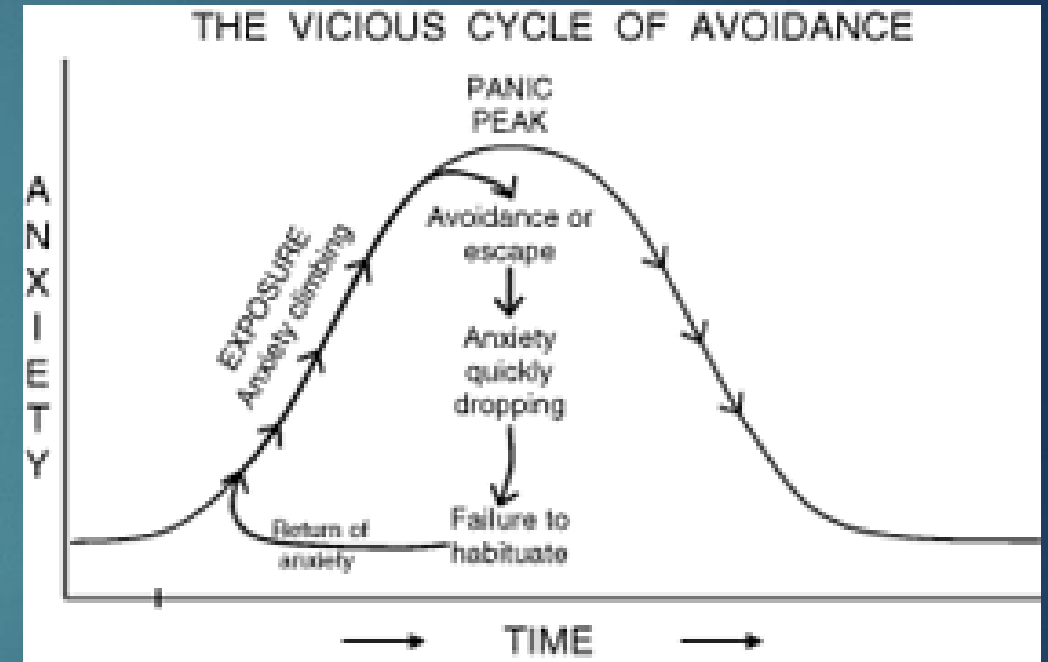
Fear Hierarchy

Goal: Touch objects in public places (such as a mall), without worrying about germs.

Step	Situation	Fear Rating
13.	<i>Use toilet at mall</i>	10+
12.	<i>Use hands to open and close stall door</i>	10
11.	<i>Touch counter and taps in mall bathroom</i>	9
10.	<i>Touch knob on mall bathroom door</i>	9
9.	<i>Touch garbage can in the mall</i>	8
8.	<i>Use public phone at mall</i>	8
7.	<i>Use hands to push open doors to mall entrance</i>	7
6.	<i>Touch table in the food court</i>	7
5.	<i>Sit on bench at mall and touch bench with hands</i>	6
4.	<i>Touch railing at mall</i>	6
3.	<i>Touch items in a store</i>	5
2.	<i>Sit on bench at mall</i>	4
1.	<i>Walk around public places, such as the mall</i>	3

Rules for Exposures

- ▶ Maximize discomfort; OCD can easily relapse
 - ▶ Like treating cancer- all of the cells must be removed or it will grow and spread
- ▶ Important to start with low anxiety activities (pictures, videos), but in-vivo is best to reduce anxiety long-term
- ▶ Do not use distraction during exposure- subtle avoidance
- ▶ Reduce reassurance or irrational thoughts
- ▶ Keep track of anxiety ratings (0-10)
 - ▶ Child should not stop exposure until anxiety has significantly decreased (70-80%)





Treatment for Children with OCD



Watch later



Share



Working with Families

- ▶ Important to include families in OCD treatment if possible
 - ▶ For younger children parents will often need to do exposures with them in between sessions
 - ▶ Parents/guardians can help to provide necessary reinforcement for engaging in exposures
 - ▶ Families often inadvertently maintain OCD symptoms
 - ▶ Strong genetic component: Family members may model OCD behaviors
 - ▶ Families often accommodate to OCD and shift their entire routines around the child to avoid outbursts/discomfort
 - ▶ Families often provide reassurance to calm anxiety



When Medication Plays a role

- ▶ Consider both significance of symptoms and how it interferes with functioning
- ▶ SSRIs have been approved for use with OCD
- ▶ Parents should be aware that children with OCD can become depressed and withdrawn over time if not treated effectively
- ▶ Children, especially young children, may make more gains with behavior therapy once on medication



Pediatric OCD Treatment Study (POTS)

- ▶ Cognitive-Behavior Therapy, Sertraline, and Their Combination for Children and Adolescents With Obsessive-Compulsive Disorder (2004)
 - ▶ Randomized control trial at 3 academic centers
 - ▶ 112 patients aged 7-17
 - ▶ Received CBT alone, Sertraline alone, CBT with Sertraline ,or placebo for 12 weeks
 - ▶ Combined treatment was superior to CBT alone or Sertraline alone
 - ▶ Remission rates: Combined=53%, CBT alone= 39%, Sertraline =21%, and placebo= 3%

Case Presentation: Clara

- ▶ 13 year old Hispanic female with a long history of anxiety and tics
- ▶ OCD symptoms started getting worse 1-2 years ago
- ▶ Lives with parents and sister. No family history of OCD.
 - ▶ "Strange thoughts" she is unable control
 - ▶ "Disturbing" sexual thoughts about her family
 - ▶ Hurting herself/family
 - ▶ Compulsive behaviors
 - ▶ Touching things with left hand then right hand
 - ▶ Making bed a certain way
 - ▶ Putting silverware on table in certain order
 - ▶ Seeking reassurance from mother before bed
 - ▶ Obsessions and compulsions take up much of her time- interfering with completing schoolwork and sleep. Feels like she's on a constant "loop"

Course of Treatment

- ▶ First evaluated by psychiatrist- who started her on Sertraline
- ▶ Education about anxiety and OCD to patient and parents
- ▶ Coping skills
- ▶ Fear hierarchy: updated it each session
- ▶ Practiced exposures in session and decided on homework she can practice in between
- ▶ Parents rewarded engagement in exposures
- ▶ Mother advised to stop providing reassurance

Resources

- ▶ Gilihan, S., Williams, M., Maloun, E., Yadin, E., Foa, E. (2013). Common Pitfalls in Exposure and Response Prevention (EX/RP) for OCD. *Journal of Obsessive Compulsive and Related Disorders*. Oct 1; 1(4): 251–257.
- ▶ Krebs, G., Heyman, I. Obsessive-compulsive disorder in children and adolescents (2015). *Archives of Disease in Childhood*. May; 100(5): 495–499.
- ▶ Norman, L. et al. A Journal of Psychiatric Neuroscience and Therapeutics. Error Processing and Inhibitory Control in Obsessive-Compulsive Disorder: A Meta-analysis Using Statistical Parametric Maps (2018). *Biological Psychiatry*, May 1;85(9):713-725.
- ▶ The POTS team. Cognitive-Behavior Therapy, Sertraline, and Their Combination for Children and Adolescents with Obsessive-Compulsive Disorder: The Pediatric OCD Treatment Study (POTS) Randomized Control Trial (2004). *The Journal of the American Medical Association*, June 2; 292(16):1969-1976.
- ▶ Wagner, A. (2013). *Up and down the Worry Hill : A Children's Book about Obsessive-Compulsive Disorder and its Treatment*. Lighthouse Press.
- ▶ Westwell Roper, C., Stewart, E. (2019) Challenges in the diagnosis and treatment of pediatric obsessive-compulsive disorder . *Indian Journal of Psychiatry*, Jan;61(Suppl 1):S119-S130.
- ▶ Yadin, E. (2012) *Treating Your OCD with Exposure and Response (Ritual) Prevention Therapy: Workbook (Treatments That Work) 2nd Edition*. Oxford University Press.
- ▶ <https://childmind.org/guide/obsessive-compulsive-disorders/>
- ▶ <https://kids.iocdf.org/>
- ▶ <https://www.youtube.com/watch?v=AZZIxyY23IA>

