**Worries and Woes: Dealing with Anxiety Disorders in School Age Children**

Week 3
Jack Hirose and Assoc. Webinar

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## Week 3 Agenda

- Obsessive Compulsive Disorder
  - ERP
  - Thermometer and Exposure Ratings
  - Hair pulling, skin picking, nail biting: HRT



## Obsessive Compulsive Disorder

- Obsessions = recurrent, unwanted thoughts, images or impulses that create distress

- Common themes:

*- contamination*
*- aggressive/horrific*
*- sexual*
*- need to know*
*- religious/spiritual/blasphemous*
*- need for specific order or arrangement*
*- excessive doubts*
*- illness/disease*
*- specific colours/numbers*
*- superstitions*

## Obsessive Compulsive Disorder

- Compulsions = repetitive behaviour or mental act used in attempt to decrease anxiety associated with obsession(s)

- Common themes:

*- washing/cleaning*
*- repeating actions*
*- reassurance seeking*
*- hoarding*
*- checking*
*- counting*
*- ordering/arranging*
*- touching or tapping*
*- mental acts (e.g., repeating phrase to self)*



## Howie Mandel on OCD



## OCD Facts

Estimated lifetime prevalence rates 2-3%, 6-month point prevalence - 1.6%

More common in prepubertal boys

Onset may be sudden or gradual

Child may be able to ignore/resist symptoms at times

Symptoms worse when child sick, tired, stressed

Impaired quality of life

Delay in appropriate treatment

## Percent of OCD (Adults) with each "Subtype" (*N* = 132)

| Subtype | % |
|---|---|
| Pure Obsessions | 31.1 |
| Contamination | 25.0 |
| Harm/Mistakes | 22.0 |
| Hoarding | 12.0 |
| Symmetry | 9.9 |

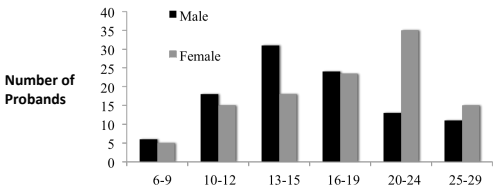
Abramowitz JS et al. (2003). *J Consult Clin Psychol*

## Types of Compulsions (%)

| | |
|---|---|
| **Checking** | **28.1** |
| **Cleaning/Washing** | **25.9** |
| **Mental** | **11.5** |
| **Repeating** | **11.0** |
| **Ordering/Arranging** | **5.3** |
| **Hoarding/Collecting** | **3.2** |
| **Counting** | **2.6** |
| **Miscellaneous** | **12.4** |

**Total = 1173**
**N = 431**

## Brown Obsessive Compulsive Study: Age at Onset of Obsessive Compulsive Disorder




Rasmussen et al., (1990)

## Most Common Problems
### Parent Report

| | |
|---|---|
| Concentrating on school work | 72 % |
| Doing homework | 68 |
| Doing assigned chores at home | 67 |
| Getting ready for bed at night | 66 |
| Getting along with parents | 66 |
| Bathing / grooming in the morning | 62 |
| Getting dressed in the morning | 60 |
| Getting to school on time | 59 |
| Taking tests | 59 |
| Completing in-class work | 57 |
| Sleeping at night | 56 |
| Getting along with sibs | 55 |

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Piacentini et al., 2003

## Most Common Problems
### Child Report

| | |
|---|---|
| Concentrating on school work | 64 % |
| Letting others touch / use things | 62 |
| Doing homework | 60 |
| Being with a group of strangers | 56 |
| Completing in-class work | 55 |
| Getting ready for bed at night | 54 |
| Bathing/grooming in morning | 52 |
| Doing assigned chores at home | 52 |
| Sleeping at night | 49 |
| Getting along with parents | 49 |
| Getting to school on time | 48 |
| Writing in class | 48 |
| Taking tests | 46 |

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Piacentini et al., 2003

## Comorbidity in Childhood OCD

CONSECUTIVE SERIES (N=112)

| | N | % |
|---|---|---|
| Other Anxiety Disorders | 47 | 42.0 |
| ADHD | 22 | 19.6 |
| ODD/CD | 10 | 8.9 |
| Tic Disorders | 12 | 10.7 |
| MDE/Dysthymia | 12 | 10.7 |
| One Comorbid Disorder | 82 | 73.2 |
| Multiple Comorbid | 35 | 31.3 |

UCLA Child OCD Program

## Intrusive Mental Processes

- **80-90% community experience occasional intrusive thoughts**
- **Similar in content to obsessions from patient samples (e.g., Rachman & de Silva, 1978)**
- **Exacerbated by stress but subside**

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***normal intrusive thoughts***

The table below shows the results of research findings from a survey of 293 students (198 females, 95 male), none of who had a diagnosed mental health problem. The column on the left shows the type of intrusive thought and the 2 columns on the right show the percentage of women and men who said they had experienced that particular thought.

| | *item* | *female %* | *male %* |
|---|---|---|---|
| *1.* | driving into a window | *13* | *16* |
| *2.* | running car off the road | *64* | *56* |
| *3.* | hitting animals or people with car | *46* | *34* |
| *4.* | swerving into traffic | *55* | *52* |
| *5.* | smashing into objects | *27* | *40* |
| *6.* | slitting wrist/throat | *20* | *22* |
| *7.* | cutting off finger | *19* | *16* |
| *8.* | jumping off a high place | *39* | *46* |
| *9.* | fatally pushing a stranger | *17* | *34* |
| *10.* | fatally pushing friend | *9* | *22* |
| *11.* | jumping in front of train/car | *25* | *29* |
| *12.* | pushing stranger in front of train/car | *8* | *20* |
| *13.* | pushing family in front of train/car | *5* | *14* |
| *14.* | hurting strangers | *18* | *48* |
| *15.* | insulting strangers | *50* | *59* |
| *16.* | bumping into people | *37* | *43* |
| *17.* | insulting authority figure | *34* | *48* |
| *18.* | insulting family | *59* | *55* |
| *19.* | hurting family | *42* | *50* |
| *20.* | choking family member | *10* | *22* |
| *21.* | stabbing family member | *6* | *11* |
| *22.* | accidentally leaving heat/stove on | *79* | *66* |
| *23.* | home unlocked, intruder there | *77* | *69* |
| *24.* | taps left on, home flooded | *28* | *24* |
| *25.* | swearing in public | *30* | *34* |
| *26.* | breaking wind in public | *31* | *49* |
| *27.* | throwing something | *28* | *26* |
| *28.* | causing a public scene | *47* | *43* |
| *29.* | scratching car paint | *26* | *43* |
| *30.* | breaking window | *26* | *43* |
| *31.* | wrecking something | *32* | *33* |
| *32.* | shoplifting | *27* | *33* |
| *33.* | grabbing money | *21* | *39* |

*[pto.]*

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# Forms of Obsessions

- **Thoughts**
  - Ideas experienced as unacceptable or unwanted (e.g., idea of stabbing my sibling)
- **Images**
  - Mental visualizations that are experienced as troubling or distressing (e.g., one's grandparents having sex)
- **Impulses**
  - Unwanted urges or notions to behave in inappropriate ways (e.g., to yell obscenities)

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## Contamination / Washing

| Triggers | Obsessions | Compulsions |
|---|---|---|
| Things or places that might contain germs, feel contaminated or dirty or be a health hazard | I am contaminated or dirty, I or others will become ill or contaminated | Washing and cleaning self, surfaces or and objects |

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## Repeating / Redoing

| Triggers | Obsessions | Compulsions |
|---|---|---|
| Doing homework, Sitting in class, Leaving home, making a mistake, | I'm stupid, I'm going to flunk, I'll never get into college, My life is over, | Rereading, erasing, and rewriting |

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## Cognitive Restructuring

| OBSESSION | APPRAISAL | ERRORS | More Adaptive |
|---|---|---|---|
| Sexual Thoughts | To think such thoughts means I am a bad person. I keep having them so they must be real | Thought action fusion. Overvalued thoughts | Thoughts like these happen to everyone. They happen because I try to resist them |
| Death, Violent Thoughts | To think such bad thoughts means I am a bad person. I must hate _____ | Thought action fusion. | Thoughts like these happen. It means nothing about me |

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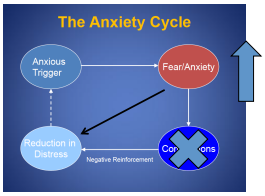
## Exposure and Response Prevention (ERP)






## Exposure Plus Response Prevention (ERP)

**EXPOSURE**

Individual placed in contact with feared objects or situations in order to elicit increased levels of anxiety or distress

**RESPONSE PREVENTION**

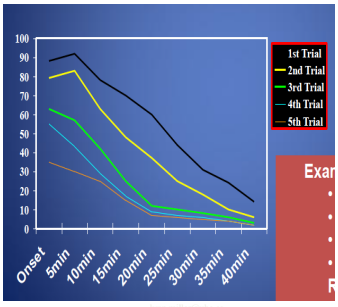
Individual not allowed to engage in any rituals or other anxiety reduction techniques in response to this distress

**HABITUATION**

Anxiety decreases through process of physiologic habituation



## ERP: Clients gradually exposed to anxiety-provoking stimuli while refraining from engaging in rituals



## CBT Treatment for Childhood OCD

- **Psychoeducation** - to reduce blame, stigma, anxiety
- **Assessment** - "Fear Thermometer" to create sx hierarchy
- **Graded Exposure**
- **Response Prevention**
- **Use of Graphics** - visual record of progress
- **Reward Program** - motivation and address comorbidity
- **Cognitive Restructuring** - to manage anxiety and obsessions
- **Homework** - to promote generalization
- **Family Work** - to encourage maintenance of treatment gains

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## Tools in the OCD Toolkit

- Externalize OCD- creates boundary btw child and OCD
- Make allies – get everyone on side of child to defeat OCD
- Fear Thermometer- create anchors to know what is 1 and what is 10
- OCD Ladder – creating experiments
- Exposure – facing fears
- Response Prevention – learning how not to engage in rituals
- Help the family – disentangle from OCD rituals
- Cognitive reframing

(John March and Karen Mulle)

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## Please note!

- No relaxation skills are in the toolkit.
- Premise is for youth to engage in exposure and tolerate increasing levels of anxiety

- Adjusting the Fear Ladder
  - Therapists, parents and child should review the Fear ladder each week. Triggers that may have been quite frightening (perhaps an 8, 9, or 10) after some exposure experiments may no longer be as provocative. This allows the child to see progress, and the fighting of the OCD is successful.

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## Psychoeducation

GOALS: Reduce stigma, blame, and anxiety

**Prevalence**

- **Common Disorder (0.5 - 2%)**

**Neurobiological Framework**

- **"tape loop" analogy**
- **Anxiety as "False Alarm"**
- **Explain cycle of trigger-ocd thought-increased anxiety - habituation**

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## How to do ERPs

- Create list of events that trigger anxiety
- Progress up list slowly
- In vivo is best (can start via imaginary)
- Therapist can model first behaviour
- Be calm and confident
- Child encouraged to resist ritualization
- Stay in situation until anxiety drops
- SUDs: 0-10
- Repeat experiment as often as possible in session

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## Exposure Principles

- Predictability and perceived control
- Graduated
- Prolonged
- Frequent
- Vary the context of the exposure practices
- Do not fight the fear (acceptance)
- Measure success by what one does not how one feels

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## Create Hierarchy

- Contamination obsession with handwashing ritual



## Contamination Ladder

| Situation | Fear Rating |
|---|---|
| Use washroom as others do | 10 |
| Go into stall and stay for minute | 9 |
| Enter stall and leave | 8 |
| Stay in washroom for several minutes | 7 |
| Open door | 6 |
| Touch door with palm | 4 |
| Touch door with 2 fingertips | 3 |
| Touch washroom door with pinkie | 2 |
| Tell story of touching doors | 2 |
| Imagine touching washroom doors | 1 |



## Other tricks: Change the ritual

- Delay the ritual
- Change order of the ritual
- Shorten the ritual/lengthen the ritual
- Slow down the ritual

- Child begins to feel empowered, in control of the OCD instead of the OCD controlling the child.

## Theme change

- The family/child may notice OCD may "jump" themes once treatment starts. For instance, a child with a symmetry concern (things must be lined up in a particular order) may switch themes to having an insistence on chewing 8 times on each side of his mouth.
- This can be discouraging, however the same skills apply and the client quickly understands how to tackle the new OCD thoughts and behaviours.



## Addressing cognitive distortions

- ID maladaptive self-talk
  - "It's too hard!" "I'll get sick" "I"ll never finish it on time" "Everyone will laugh"
- Replace with more adaptive phrase
- Talk back to OCD in positive, forceful manner
  - "OCD's not the boss of me!"
  - "I'm going to kick OCD's butt!"



## Cognitive Restructuring

**Reality Testing**

- ***Challenge irrational beliefs***

**Mindfulness-based Approaches**

- ***Neutral, non-affective reaction to symptoms and fear***

**Learn to Tolerate Uncertainty**

- ***Bad things do happen, just not very often***

## Addressing Obsessions

**Change the Obsession**

- Recognize it as irrational and re-label as OCD
- Change emotional reaction (to anything but negative)
- Change one aspect of obsession (sing it, chant it, rhyme it)

**Expose the Obsession**

- Exposure hierarchy (think it, write it, speak it, hear it)
- Flooding tapes

**Postpone the Obsession**

- Short postponements at first (few seconds or minutes)
- Schedule worry times each day



## Overimportance of thoughts

- Having a thought means it's true/ important
- Likelihood thought-action-fusion (having the thought makes the outcome seem more likely)
- Moral thought action fusion (having the thought and engaging in the act are equal)



## Challenging likelihood TAF

- Thought experiments - e.g., purposely having a negative thought about something bad happening to somebody, yourself, or something
- ongoing list of 'premonitions' and their outcome

## Challenging the need for thought control

- Set up an alternating days experiment where half of the days are “fight and dwell” and the other half are “come and go”
- have clients make predictions ahead of time



## The paradox of thought control

- The interaction between attention to thoughts and the frequency of thoughts
- attention experiments



## Songs for Exposure

## Helping Parents

Make OCD the problem, not the child
Ignore, praise
Consistency
Rewards: Smarties, points, tickets, board games
Reduce reassurance
Have fun!
"This is not harmful to my child"



## Family accommodation in OCD

- Why can't you just stop?!
- Providing Reassurance
- Assist (help child avoid)
- Facilitate (buy child soap)
- Modify family routine
- Modify leisure activities
- Interference in work functioning



## Family Guidelines

- Modify expectations
- Do not get angry at child; OCD is the target
- Supportive environment
- Set limits but be sensitive to mood
- Talk to MD about medication
- Try to keep family routine normal

## OCD and academic performance

- 1 of top 2 school related problems is concentrating on school work (Piacentini et al 2003)
- Getting out the door to school due to OCD routine
- Re-reading/erasing and re-writing school work



## Medication

- Long and strong:
  - Takes 6-10 weeks to work
  - Usu requires full therapeutic dose to work
  - All approved meds are different so may have to change to figure out which one works best
  - Client may be reluctant. Medication + CBT is most efficacious



## Setting Up the Treatment Plan

- Generate list of situations and thoughts that would evoke anxiety and urges to neutralize
- Child rates subjective units of discomfort (SUDS)/Fear rating for each situation or thought
- Collaborative effort for exposure ladder. Start with situations of low difficulty
  Go gradually up the level of difficulty
- Situations are realistically safe, but will evoke obsessional distress

## UCLA Treatment

https://www.youtube.com/watch?v=G5dlLL3FFzg



## OCD Kids' movie: Unstuck

- https://www.youtube.com/watch?v=AAumaH3HPyc



## Behavior Therapy Techniques

- **Imaginal exposure**
  - Gradual confrontation with the unwanted thoughts (via loop tapes, etc.)
- **In *vivo* (situational) exposure**
  - Gradual confrontation with situations that evoke obsessional thoughts
- **Response prevention**
  - Refrain from neutralizing, mental rituals, reassurance-seeking, and thought control strategies, etc.

## Homework

**How Often**

- **Daily for minimum of 30 minutes or until anxiety disappears**

**What is Practiced**

- **Situations covered in session**
- **Situations unable to be covered in session**

**Reminder of Reward Program**



## Treatment outcome using ERP

- Approximately 80% of treatment completers report beneficial effects
- Up to 6 years following treatment approximately 70% of people maintain their gains
- However, ERP is not a panacea



## Problems with ERP

- "Benefit" is defined as a 30% decline in YBOCS
- High refusal/drop out rate
- Particularly problematic for people who suffer from primary obsessions

## Practical Issues

- Eliminate Subtle Avoidance Strategies
- Escape vs Partial Escape
- Role of Modeling by the therapist
- Including a family member in treatment
- Children (esp teens) tend to under report Symptoms



## Safety Behaviors

- Behaviors used to reduce anxiety/ prevent feared outcome
  - Sitting near exits when at the movies or at a restaurant
  - Carrying "lucky" charm
  - Avoiding eye contact in class/in cafe
  - Reassurance seeking
  - Carrying a cell phone



## New additions to DSM 5

- Hair pulling (trichotillomania)
- Skin picking (excoriation)
- Nail biting
  - Habit Reversal Training
- Hoarding

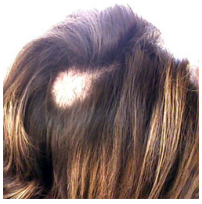
## Impulse control disorders

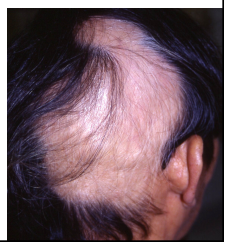
- Feeling tense before pulling
- Hard to resist urge to pull
- Relief, satisfaction after pulling
- Inspection of hair root (twirl hair, bite root)



## Trich

- Body-Focused Repetitive Behaviours
- Obsessive hair pulling (eye lashes, head, pubic area)







## Skin Picking (excoriation)

Can interfere with social functioning (avoidance)

Face, arms, fingers

Habit reversal training – ID times of stress, bring into awareness, squeeze ball/other tactile item

Stimulus control – bandaids, cover mirrors

## Nail biting

- "Pathological grooming"
- Can increase infection, illness, teeth misalignment, etc.
- Bring nail biting into awareness:
  - Bored? Time youth more likely to bite
  - Hands above shoulders
  - 5 min every hour
  - Bandaids, mittens, icky substance
  - Nail files

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## Hoarding

- Hoarders not disturbed by their behaviours – others are!
- Keep items of little value "in case I need it"

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## PANDAS/PANS

- Rare!
- Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptoccocus
- Pediatric Autoimmune Neuropsychiatric Syndromes

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## Review

OCD

Therapeutic Rapport critical
Immediately begin low level exposures
Check role of parents

- Some evidence of increased parental psychopathology and family dysfunction in families of children with OCD (Piacinteni, 2003)
- Accommodation associated with higher levels of child externalizing symptoms.
- Role of family should be considered in treatment, especially with regard to client involvement in ERP-related activities



## Case: Preschool boy

- Age 4
- Mother participant in adult-OCD research trial
- Issues of symmetry and "lucky" numbers
  - Had to wear 3 pairs of socks
  - Had to pull up velcro on shoes 3 times
  - Had to eat things in 3s
  - Would not wear shirt if had collar on it
  - Stuffies had to be lined up on bed "just so"



## Treatment

- Immediately took off 1 sock in session for several seconds, then other sock for several seconds, then 2nd pair of socks
- "Mixed up" OCD by doing velcro 5 times, then 2 times, then 4 times
- Tried on collared shirt for several seconds
- Took 1 stuffie off of bed, then removed 2 stuffies

## OCD: Contamination

- 13 yr old boy
- Mother worked days, father quit job due to son's impairment
- House was "contamination" free
- All meals were taken outside of the home
- Ritualized shower upon entrance to home, and whenever urinating or defecating



## Treatment

- Psychoeducation about OCD
- Explained Ex/RP
- Developed Fear ladder for entry into home, for reduced showering
- Replaced father in shower ritual with mother



## Outcome?

- Boy showered independently once/day for 10 minutes, no bleach
- Groceries were brought into the house

***Many other concerns: school refusal, awkward social skills

## Case: 15 yr old girl

- Walked to school, arriving at 6:00 am
- Insisted upon wearing same jacket throughout the year despite the outside temperature
- Would not eat in cafeteria
- Had no friends
- Fed birds at home in ritualistic manner



## Treatment

- What to address first?
- OCD not as impairing as
  - Early arrival to school/sleep hygiene
  - No friends
  - However, OCD focus was seen as way to develop early rapport, then worked on socialization



## Yale-Brown Obsessive Compulsive Scale

Obsession themes:

1. Contamination: includes concerns with:
   - a) dirt, germs, illnesses; b) environmental
   - contaminants; c) animals/insects; d) bodily waste
   - or secretions; e) sticky substances; f) getting ill by
   - a contaminant; g) making others ill through
   - contamination; h) a "feeling" of being
   - contaminated.
2. Aggressive: includes fears of: a) harming self;
   - b) harming others; c) harm might come to self or
   - others; d) blurting obscenities; e) acting on
   - unwanted impulses; f) violent images; g) being
   - responsible for something bad happening
3. Sexual: includes forbidden, inappropriate
   - impulses or images
4. Religious: includes concerns with a) offending
   - god; b) right & wrong, morality
5. Hoarding: includes a fear of losing things
6. Magical: includes lucky or unlucky numbers,
   - colours, or words.
7. Somatic: includes fears of illness or concerns
   - with an aspect of appearance
8. Miscellaneous: includes concerns with:
   - a) saying certain things; b) need to know or
   - remember; c) intrusive (non violent) images,
   - words, sounds, or music; d) not saying just the right thing

## CYBOCs

Compulsion themes:

1. Washing/cleaning: includes excessive a) hand
   - washing; b) showering, bathing, grooming; c)
   - cleaning of personal items
2. Checking: includes the checking: a) locks, toys,
   - school books; b) not having harmed self or
   - others; c) that nothing bad has (or will) happen;
   - d) that did not make a mistake; e) associated with
   - washing, dressing
3. Counting: includes words, numbers, letters,
   - objects
4. Repeating: includes a) routine activities (e.g.,
   - in/out of doors); b) rereading, rewriting
5. Games/superstitions: includes an array of
   - excessive behaviours (e.g., avoiding stepping on cracks); not age appropriate; usually based on
   - avoidance of something "bad" happening
6. Ordering/arranging: includes a need for
   - symmetry; lining up objects in a specific manner
7. Hoarding/saving: includes excessive fears
   - about throwing anything away (e.g., bits of string, old papers)
8. Involving other persons: includes the need to
   - involve others, usually a parent in the rituals
9. Miscellaneous: includes a) mental rituals (e.g.,
   - praying); b) need to touch, tap, rub; c) need to
   - tell or confess; d) excessive list making; e)
   - measures other than checking to prevent harm to self or others; f) blinking or staring rituals; g)
   - ritualized eating habits; h) hair pulling or other

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## Completing Assessment

- Following this, the 3 most prominent compulsions are targeted, and the clinician asks the following 5 questions:

1. Time spent on compulsions: " How much time do you spend doing these things?"
2. Interference due to compulsions: "How much do these habits get in the way of schoolwork or doing things with friends and family?"
3. Distress due to compulsions: "How much do these habits upset you?"
4. Resistance against compulsions: "How hard do you try to ignore or stop these habits?"
5. Degree of control over compulsions: "When you try to fight these habits, are you successful?"

The same 5 questions are then asked for the 3 most prominent obsessions.
A total score can then be calculated based on the 10 questions, which can give the clinician a measure of how severe the OCD symptoms are.

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## Comorbid Disorders

- Tics are involuntary. A child feels compelled to engage in throat clearing, blinking, odd gestures. Can look a lot like OCD.

- Eating Disorders - If the intrusive thoughts and compulsive rituals exclusively relate to food, eating, and weight gain, then an eating disorder diagnosis is most likely warranted.

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## Obsessive compulsive personality traits

The main distinction between obsessive-compulsive personality traits and OCD is the amount of distress felt by the client due to the rules or requirements they impose on themselves or others.