Treatment of Obsessive-Compulsive Disorder in Youth

OCD Characteristics

Anxiety disorder characterized by two primary symptoms

Obsessions – recurrent thoughts, images, or impulses that occur repeatedly

Compulsions – repetitive behaviors that the individual feels driven to perform in response to an obsession

Common Obsessions

Contamination fears

Worries about harm to self or others

The need for symmetry, exactness, and order

Religious/moralistic concerns

Forbidden thoughts (e.g., sexual or aggressive)

A need to seek reassurance (asking or confessing)
Common Compulsions

- Decontamination rituals
- Checking
- Counting
- Repeating
- Straightening
- Ritualized behaviors
- Confessing
- Praying
- Seeking reassurance
- Touching, tapping or rubbing
- Avoidance

OCD Symptom Dimensions

- Contamination symptoms
- Obsessions and checking
- Symmetry and ordering
- Hoarding
- Also numerous miscellaneous symptoms

OCD in Youth

- Prevalence of 1-2.3% under 18, 0.5-1.0% point
- More common in boys
- About 75% present with comorbid Axis I
- Also show numerous other impairments
  - Overall QoL, sleep, problematic peer relations, academic difficulties, fewer recreational activities
OCD in Youth

Compared to adults, youth often show
Greater number of symptoms
Higher level of impairment

Also show high levels of family accommodation and “just right” symptoms

Treatment Options

Medication alone - the most well supported are serotonin reuptake inhibitors

Paroxetine (Paxil), fluoxetine (Prozac), fluvoxamine (Luvox), sertraline (Zoloft), clomipramine (Anafranil)

Small-medium overall effect sizes, though (0.42, or ~60% improve)

Treatment Options

Psychosocial treatment - most well supported is cognitive-behavioral therapy with a focus on exposure with response prevention (ERP)

Effect sizes of 1.16-1.72 (88-95% improve)

Play therapy, psychodynamic, and supportive therapies not found to be effective
Treatment Options

Combined medication and CBT been found to be highly effective as well

Overall, treatment guidelines are to either start treatment in youth with OCD on
- CBT alone (lower symptoms and impairment)
- Combination of CBT and medication (very high level of symptoms and impairment)

Exposure with Response Prevention

The treatment of choice for both adults and youth with OCD

Patient is exposed to feared situation, then prevented from engaging in their “normal” (OCD) response until anxiety decreases

Outline of CBT Treatment

Typically between 10-16 sessions

Include parents and child in all aspects of treatment, may need to include other family

Three primary components
  - Psychoeducation, parent education, cognitive strategies and ERP
Considerations

Keep information and activities developmentally appropriate
- For young children (under 8), they may not need/benefit from the education portion
- Older children and adolescents, however, should be included

Deliver treatment “with the child” and not “to the child”

Session Sequence

An initial assessment should be conducted prior to therapy starting

Complete a clinical interview (KSADS, ADIS-C) and symptom measures (CY-BOCS, FAIS-C)

Helps determine differential or comorbid diagnoses and impact of OCD symptoms on functioning
Session 1

Results of assessment

Provide education on
- Etiology and course of OCD
- Comorbidity
- OCD vs non-OCD behaviors

Give overview of treatment program

Homework – daily record of OCD symptoms

<table>
<thead>
<tr>
<th>Date</th>
<th>OCD symptom</th>
<th>Time spent</th>
<th>Family disturbance</th>
<th>Parent’s involvement</th>
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<tbody>
<tr>
<td>2/3/17</td>
<td>All usage, instead of cell for meds</td>
<td>5 min</td>
<td>Customized for individual</td>
<td>Assisted with strategies</td>
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<tr>
<td>2/5/16</td>
<td>Kept to rest after Medicare</td>
<td>10 min</td>
<td>Felt in need of school</td>
<td>Tired at home</td>
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<tr>
<td>2/5/17</td>
<td>Asked if she could visit from home</td>
<td>1 min</td>
<td>Threw</td>
<td>Told her not to worry (10)</td>
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<tr>
<td>2/5/17</td>
<td>Kept to rest after Medicare</td>
<td>5 min</td>
<td>Felt in need of school</td>
<td>Assisted with strategies</td>
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<tr>
<td>3/5/18</td>
<td>Asked if she could visit from home</td>
<td>1 min</td>
<td>Threw</td>
<td>Told her not to worry (10)</td>
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<td>3/5/18</td>
<td>Kept to rest after Medicare</td>
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<td>Felt in need of school</td>
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Session 2

Review past session

Start development of hierarchy

Give overview of parent and child tools

Introduce differential attention and reward plan

Homework – Track two OC symptoms, prepare rewards and reward chart
Exercise!

You will now create your own fear hierarchies

Should include a wide range of fears and/or situations that are distressing

Use SUDs ratings to distinguish and order the hierarchy

Questions?
Session 3

Review last week

Introduce child to reward program

Review OCD symptoms with child

Introduce feeling thermometer/symptom tracking (child tools)

Session 3

Discuss praise & encouragement

Review level of family involvement in and accommodation of OCD symptoms

Homework – Monitor symptoms, start reward chart for doing so

New hierarchy (therapist between sessions)
Session 4

Review last week

Problem solve homework or reward program

Continue hierarchy development

Introduce arguing with OCD

Conduct in-session exposure

Exposures

Imaginal exposure tasks
Often used in the beginning, or when the child has abstract worries / fears
Allows for practicing coping skills before confronting the real situation

In vivo exposure tasks
Often follow imaginal exposures, use a “live and in person” version of the feared situation
Exposures

Exposure occur both in and out of session

Requires cooperation of parents to facilitate successful homework exposures

Should be similar to what is being done in session, using a hierarchy and SUDs ratings

Internal and external rewards for successful exposure completion should be discussed beforehand

Exposures

Ideal exposures are prolonged, repeated, and prevent the use of distraction behaviors

SUDs decrease of at least 50%, with more being better

May require shaping up to the more difficult situations, in terms of both time and use of distractors

Therapist Tasks

Realize long-term benefits outweigh short-term distress, and communicate this effective to the family

Work collaboratively with the child and family to plan and execute the exposures

Maintain rapport during exposures by building upon pre-established rapport
Therapist Tasks

Do not allow avoidance or distracter behaviors during the exposure

Modeling how to conduct exposures for the parents, so that they can perform them at home

Be flexible and creative when dealing with less than optimal exposures and resistance

Obstacles for the Therapist

I’m making my client more upset / anxious

It’s difficult to see people in distress

Can be emotionally draining for some therapists

May have to do exposures that you are not comfortable with

Exercise!

In vivo exposure demonstration

Please welcome my office mate Monty!
Session 4

Discuss diff. att. – especially ignoring
Review family involvement in OCD symptoms
Problem solve homework compliance obstacles
Homework – ERP task completion, parents use positive attention and ignoring

Session 5

Review last week
Problem solve homework tasks
Revise hierarchy of symptoms
Review arguing with OCD
Conduct in-session exposure
Session 5
Discuss modeling

Homework
Parental modeling, use of differential attention
Child complete ERP task(s) each day

Session 6
Review last week
Problem solve homework tasks
Review disengagement efforts
Revise hierarchy of symptoms & arguing
Introduce scaffolding/coaching

Scaffolding
Step 1 – Find out how child feels and empathize with the child
Step 2 – Brainstorm with child how to approach the situation
Step 3 – Choose option from Step 2 and act on it
Step 4 – Evaluate and reward
Session 6

Conduct in-session exposure

Review scaffolding/coaching steps

Homework
Parents use modeling, DA, scaffolding, continue disengagement, reward task completion
Child completes ERP task(s) each day

Session 7

Review past week

Problem solve homework

Review disengagement

Revise hierarchy of symptoms & arguing

Conduct in-session exposure to check parental scaffolding

Session 7

Expand use of scaffolding outside of ERP practice tasks

Homework
Encourage use of all parental tools
Have parents apply scaffolding outside planned practice times
Child complete ERP task(s) each day
Sessions 8-10
Review past week
Problem solve homework
Review disengagement
Revise hierarchy of symptoms & arguing
Conduct in-session exposures
Homework assignments

Further sessions
Take place **two** weeks after previous sessions
Similar to 8-10
Focus on how to handle OCD future problems
Relapse prevention strategies
Dealing with symptom reappearance

Ending Therapy
Sessions should be spaced further apart
Some families may need more booster sessions than others
Plan on having long-term follow-up visits to check progress and troubleshoot
Hierarchy of Feared Situations

Write down all the situations which distress you, then add them to the table below, in order of how distressing they are. In the last column, rate how distressed each one makes you, from 0 (no distress) to 10 (maximum distress).

<table>
<thead>
<tr>
<th>Rank</th>
<th>Situation</th>
<th>Normally avoid? yes / no</th>
<th>Distress 0 – 10</th>
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Recommended resources

For the therapist:

For the family: