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

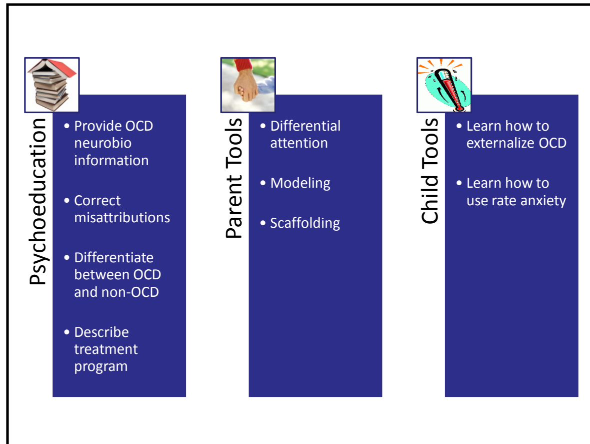
Outline of CBT Treatment

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
- Cormorbidity
- OCD vs non-OCD behaviors

Give overview of treatment program

Homework – daily record of OCD symptoms

Instructions: Please keep a *daily* record of **TWO** of your child's OCD symptoms. In the space provided below (feel free to use additional space if necessary) record the date, the specific symptom, the amount of time your child spent engaging in that symptom, how much disturbance it causes in the family, and how the parents are involved in the symptom.

Date	OCD symptom	Time spent	Family disturbance	Parent's involvement
T 3/17	At dinner, looked at roll for mold	5 min	Made us run late for basketball	Answered many questions
W 3/18	Refused to eat muffin for breakfast	10 min	Fought on way to school	Yelled at her
W 3/18	Asked if she would get sick from Lysol	1 min	None	Told her not to worry (2x)
Th 3/19	Looked at bagel for mold	4 min	None	Answered many questions
F 3/20	Asked about bottle of Windex	1 min	None	Told her not to worry (2x)
Sa 3/21	Looked at dinner roll for mold	1 min	She cried	Answered many questions
Su 3/22	Asked if she would get sick from Windex	1 min	None	Told her not to worry
M 3/23	Refused to eat toast	5 min	Late to school b/c made eggs	Answered many questions

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

Ranking	Description of Symptom	Label (O, C, ?)	Notes
1.	Worries about household cleaners	O	
2.	Avoiding eating off recently cleaned surfaces	C	
3.	Questioning parents about use of household cleaners	C	
4.	Worries about mold on food	O	
5.	Examination of food for mold	C	
6.	Worries about whether she had swallowed objects (e.g., paper clip)	O	
7.	Avoiding eating certain foods	?	Need more info

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?

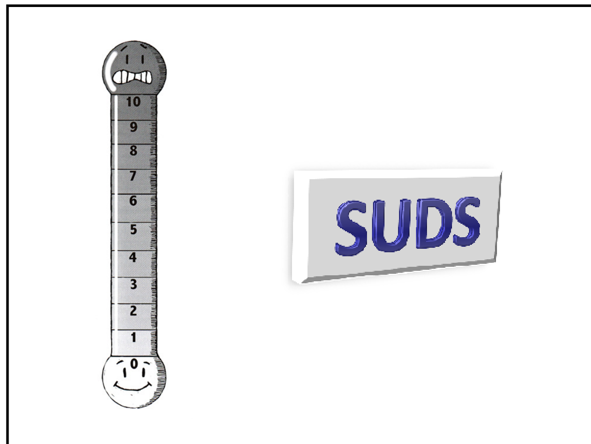
Session 3

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)

Trigger	Obsession	Compulsion	Rating
Smelling cleaner, seeing the bottle, or seeing shiny or wet surfaces in the kitchen	Worries about being poisoned by household cleaners	Avoiding eating off recently cleaned surfaces	
Smelling cleaner, seeing the bottle, or seeing shiny or wet surfaces in the kitchen	Worries about being poisoned by household cleaners	Repeated questioning parents about use of cleaners (verbal checking)	
	Worries about mold on food	Examination of food for mold (self)	
	Worries about mold on food	Asking family member to examine food for mold	
	Worries about mold on food	Avoiding eating food that is likely to be moldy (e.g., bread, muffins)	
	Worries about whether he had swallowed objects (e.g., paper clip)		
	Worries about touching dirt on the floor		

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!

Daily Practice Record

Task Description:

Reminder of Specific Strategies to Use:

Thermometer Ratings

Date	What was attempted	Pre-task	1 min	2 min	5 min	10 min	15 min	20 min

Reward (describe what can be earned and what are the criteria for earning it):

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).

Rank	Situation	Normally avoid? yes / no	Distress 0 – 10

Recommended resources

For the therapist:

- Jennifer Freeman & Abbe Marrs Garcia's *Family-Based Treatment for Young Children with OCD (Therapist Guide)* – ISBN 978-0-19-537363-9
- John Piacentini, Audra Langley, & Tami Roblek's *Cognitive Behavioral Treatment of Childhood OCD: It's Only a False Alarm (Therapist Guide)* - ISBN 978-0-19-531051-1
- Eric Storch, Gary Geffken, & Tanya Murphy's *Handbook of Child and Adolescent Obsessive-Compulsive Disorder* – ISBN 978-0-80-585766-5
- John March & Karen Friesen's *OCD in Children and Adolescents: A Cognitive-Behavioral Treatment Manual* – ISBN 978-1-57-230242-6

For the family:

- Jennifer Freeman & Abbe Marrs Garcia's Family-Based Treatment for Young Children with OCD Workbook – ISBN 978-0-19-537364-6
- John Piacentini, Audra Langley, & Tami Roblek's *It's Only a False Alarm: A Cognitive Behavioral Treatment Program Workbook* – ISBN 978-0-19-531052-8
- John March's *Talking Back to OCD* – ISBN 978-1-59-385355-6
- Dawn Huebner's *What to Do When Your Brain Gets Stuck: A Kid's Guide to Overcoming OCD* - ISBN 978-1-59-147805-8
- Holly Niner's *Mr. Worry: A Story about OCD* – ISBN 978-0-80-755182-0