

Exposure and Response Prevention Treatment for Pediatric OCD— what ▼ you and your patient need to know before you start

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Disclosures

Faculty

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Financial Affiliations

- **Honoraria, other rewards:** *Honorarium for today's presentation;*
- **Speakers' Bureaux, advisory boards:** *Board Member of the Scientific Advisory Committee of Anxiety Canada*
- **Grants, clinical trials:** *One of multiple participants that received the (MNCY SCN and HOIF II) Maternal Newborn Child and Youth Strategic Clinical Network Health Outcome Improvement Fund II to create The Tourette OCD Alberta Network*
- **Investments in health organizations:** *Founder and Director of OCD and Anxiety Psychological Services, Calgary, Alberta*

Learning Objectives

- Describe the core components of CBT treatment for pediatric OCD
- To adapt CBT/ERP treatment for children and teens with OCD
- Implement effective cognitive strategies in treating pediatric OCD
- Understand the important steps when first starting ERP treatment with children/teens

The Elements of CBT treatment

Getting Ready for Treatment

- **Motivation enhancement strategies**
- **Goal Setting**
- **Education about OCD and CBT/ERP**
- Putting together the toolbox
- Identifying the Fear

Re-wiring the Brain/Fixing the Error Message

- Planned Exposure and Response Prevention
- Day to Day ERP tasks
- Imagined ERP tasks
- Family Involvement

Taking it into the Real World

- Relapse Prevention
- Termination

As a therapist – you need your patient to buy into the treatment

Goal Setting

- Want to increase child/teen's control and influence over OCD
 - Explain the risks and benefits of CBT treatment
 - What would it be like to live a life without OCD in control?
 - Set goals based on what is important to patient
-
- Explain that OCD is treatable, and that goal is to teach patients how to be own therapist (learn to manage not cure)

Developmental Considerations

- Level of thinking and ability to sustain attention
- Level of dependence
- Willingness to engage in treatment process
- Level of family involvement in goals and treatment relative to age

Cognitive Considerations

Considerations with Children

- Amygdala is prominent during this time - very reactive, more concrete thinking
- Insight level
- Need to consider the child's ability to understand concepts of treatment
- The child's ability to sustain attention
- The child's ability to tolerate anxiety

Considerations with Teens

- When emotional issues arise, they often interfere with an adolescent's ability to think in more complex ways
- More abstract thinkers but black and white, often caught up in "rationalizing" or "arguing"
- Keeping attention when explaining concepts
- Willingness to tolerate anxiety vs ability

Motivation – Willingness to Engage

Considerations with Children

- Parent bring in and have more control
- Externalize OCD – give it a “silly” nickname and draw picture
- Use child friendly terms and language when describing OCD
- Use games and make bossing back OCD “fun”
- Use of rewards and incentive programs

Considerations with Teens

- May not want to admit need help or treatment
- Motivational Interviewing (Merlo et al., 2009)
- Set goals
- Try as experiment/way to get parents off back
- Choice is the teens – not force into treatment
- Use analogies and metaphors teen can relate to (e.g., sports or computer)
- Have teen reward self after ERP tasks completed (or parent)
- If parents are accommodating OCD behavior at home, may need to stop in order to get teen into treatment

Level of Dependence/Privacy

Considerations with Children

- Therapist has a more directive role in treatment
- Family/Parental involvement in treatment goals and E/RP
- Incorporate parents in treatment as much as possible
- Why?
 - Need to learn that child can be in distress without rescuing
 - learn from observing and being part of ERP
 - able to generalise behavior to home life
 - may need to change behaviors that are maintaining OCD

Considerations with Teens

- Therapist more collaborative role
- Incorporate parents in treatment with permission
- Confidentiality/Ethical Issues (Who is the patient?)
- Teens – Privacy to increase trust and compliance
- Teen's consent to talk to parent (not legal but ethically)
- Be specific regarding the information that therapist can and can not share with parent
- Parents reassured that if there is a concern that arises in treatment –therapist will talk to teen about how to share concern with parent

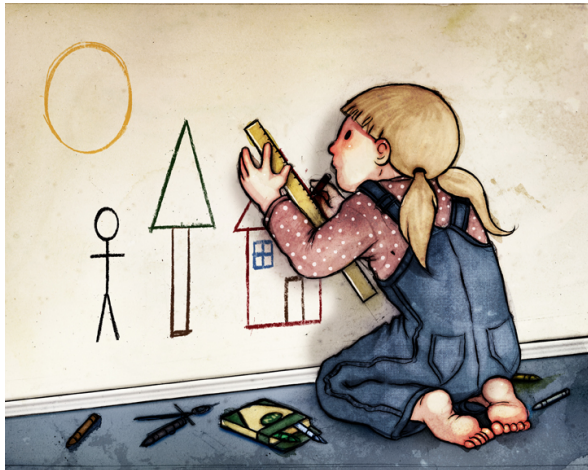
Family Involvement

Considerations with Children/Teens

- Important to determine level that family members are tangled up in rituals
- Assess whether there is accommodating of symptoms of OCD
- Determine whether family member's giving reassurance and educate in terms of ineffectiveness
- Are there family issues/conflicts getting in the way of treatment?

Psychoeducation

- Allows child/teen and parents to understand what is happening in the brain and how it relates to the CBT (and ERP) treatment
- Explain circular nature of OCD and OCD as a bully – separate from youth
- Describe different treatment options
- Use medical analogies (diabetes – take medication to help it and your actions or inaction can influence and matters)





Let's get to know OCD.....

What makes it tick?

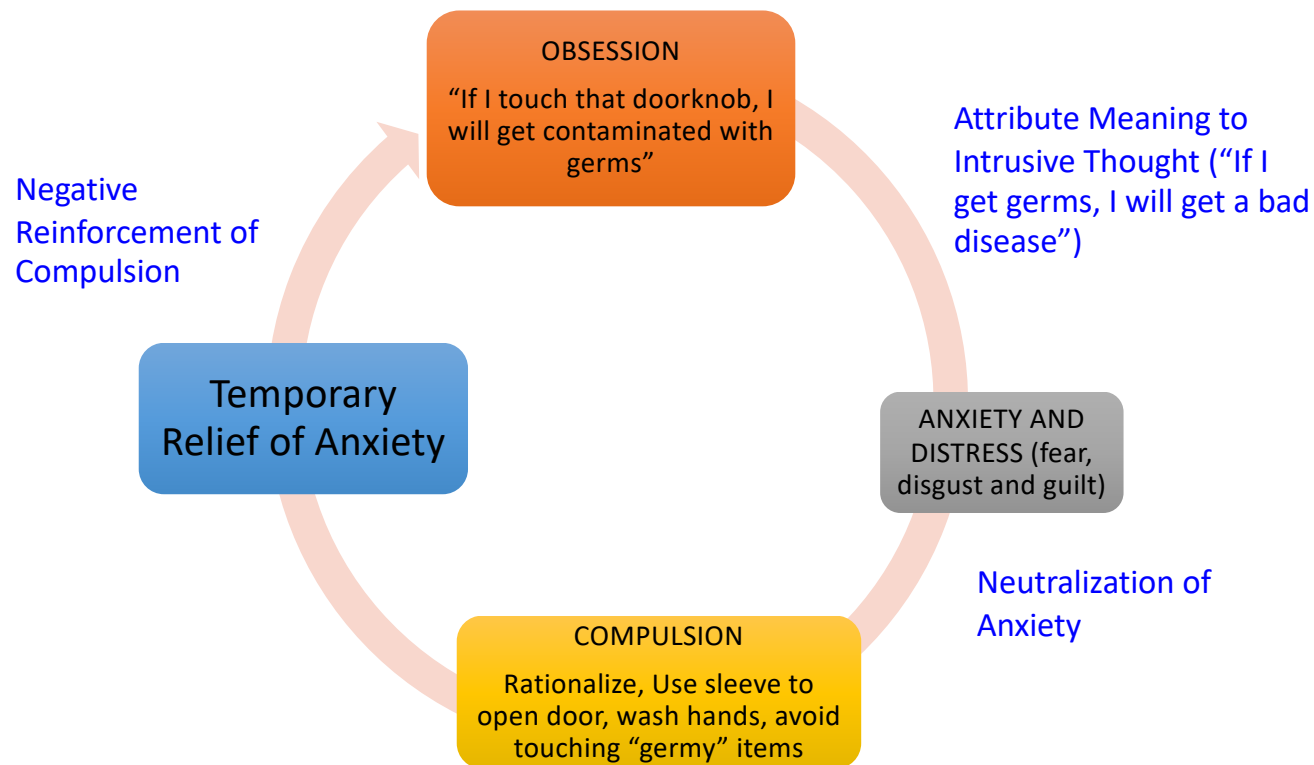




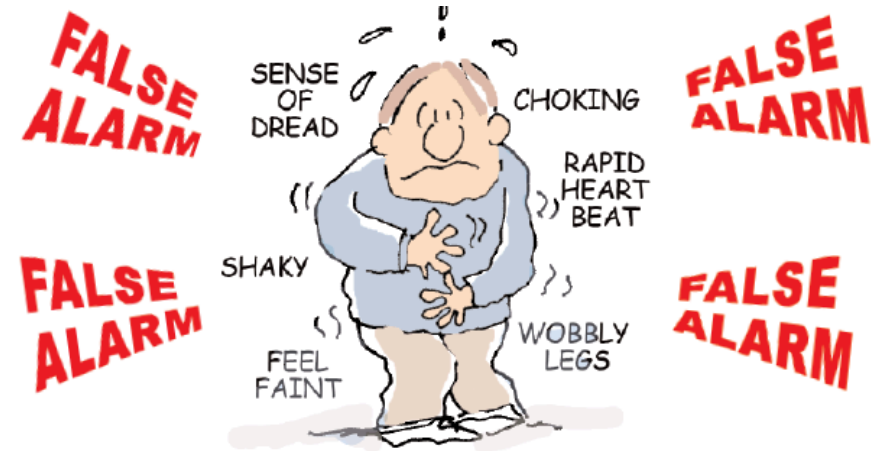
OCD is a Neurobiological
Disorder – it is the way that the
brain is wired

How Obsessions and Compulsions Work Together

Trigger – A “dirty” doorknob



False fear message
coming from the
amygdala





Even though it is a false alarm – the body acts as if the danger is real



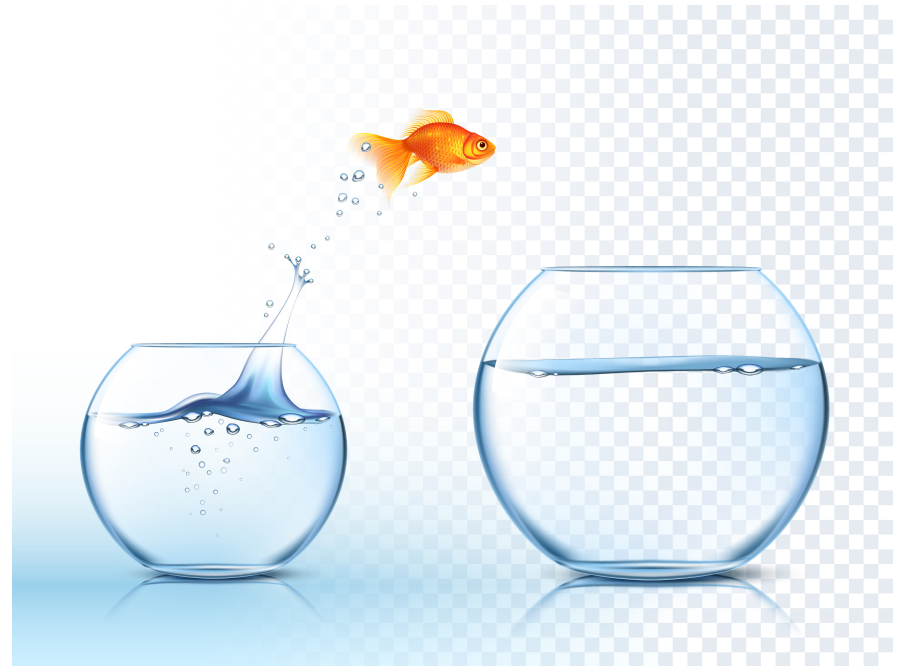


OCD is a fear-based disorder
OCD feeds on Doubt and Guilt

Need to re-train
the amygdala
and change the
wiring in the
brain



The only way to fight back OCD is learning to live with uncertainty and to take risks



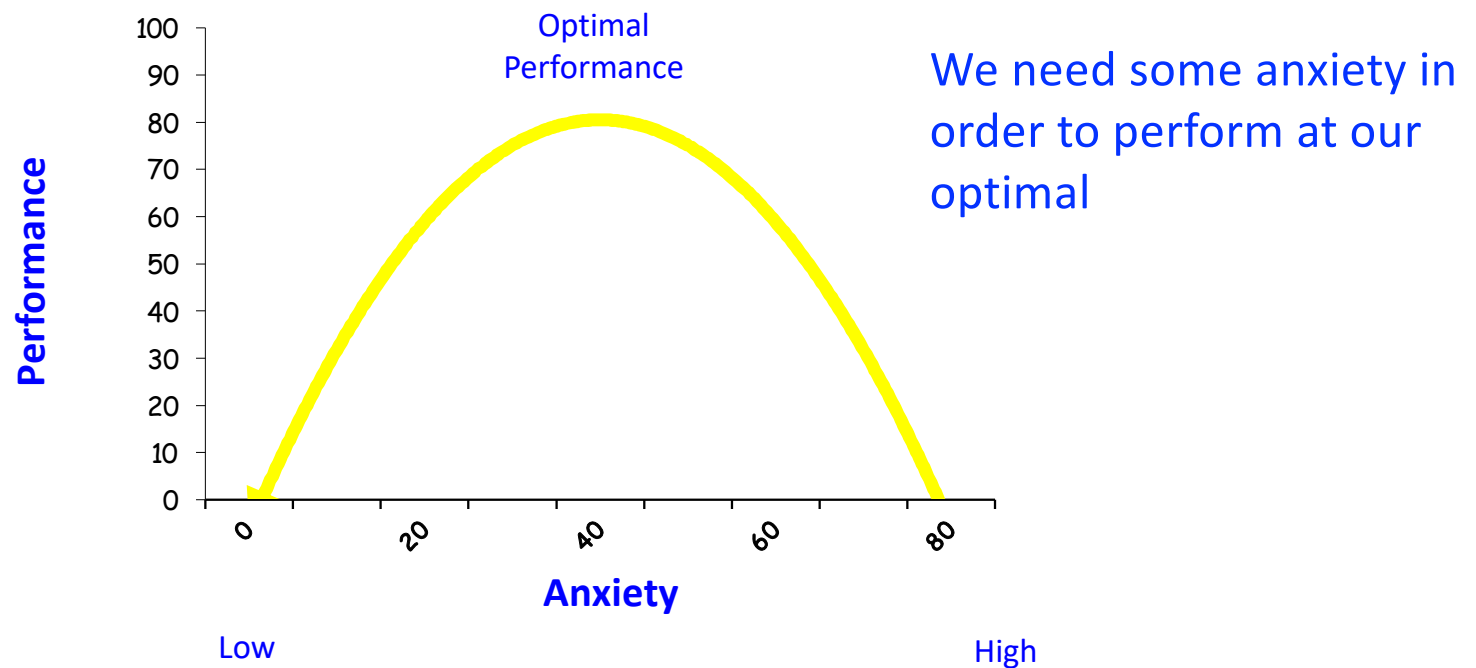
What patients need to know about anxiety

- It is normal and OK to feel anxiety, we all do at challenging times in our life. We need some anxiety in order to perform at our optimal
- Anxiety feels horrible and is extremely unpleasant, but it is not dangerous
- The body can not remain in a highly sympathetically aroused state for a long period of time and so it must reset, the natural progression of anxiety is that it goes up and then goes down



Anxiety is normal and OK to feel, we all do at challenging times in our life

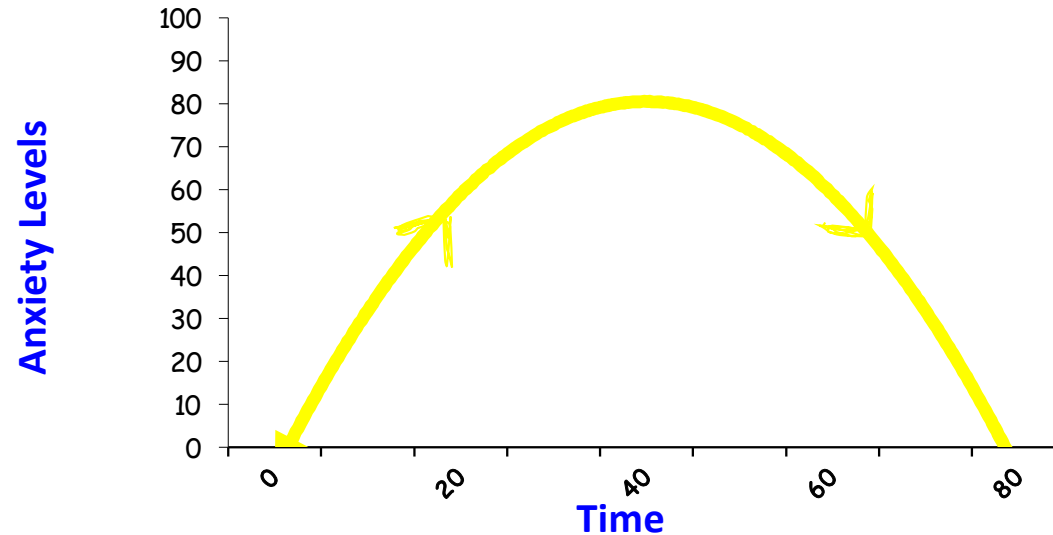
The Relationship between Anxiety and Performance





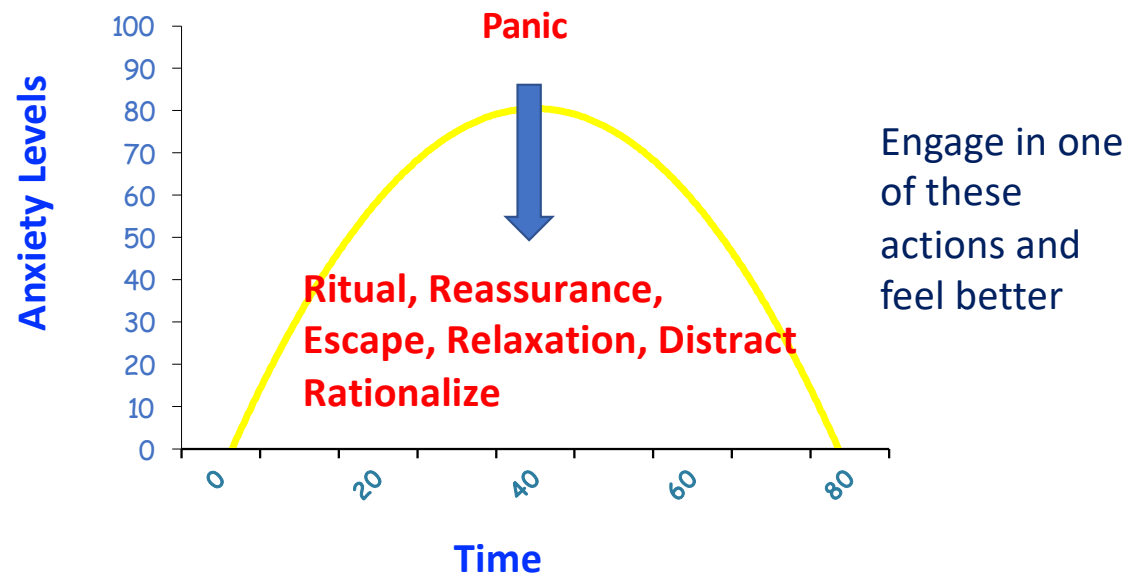
ERP and
eliciting
anxiety is not
dangerous

The Relationship between Anxiety and Time



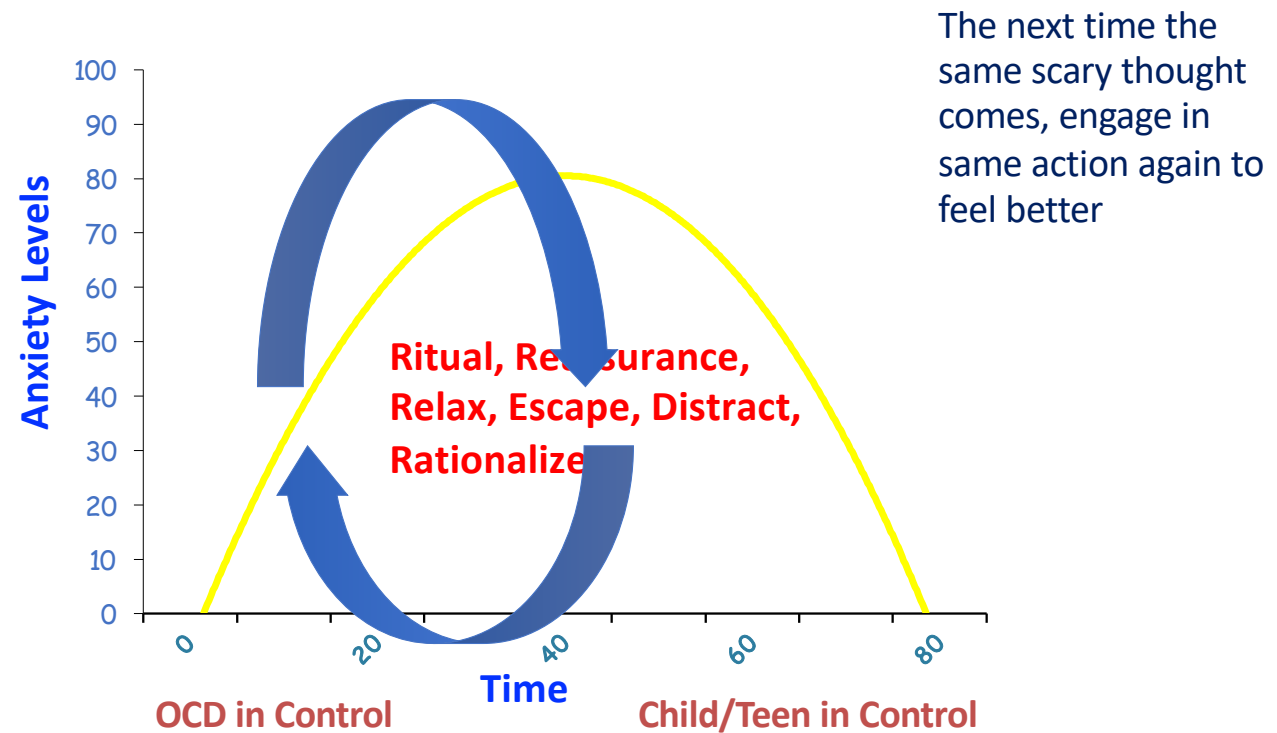
Dr. Felicity Sapp, OCD and Anxiety Psychological Services

What happens when anxiety gets too high?



Dr. Felicity Sapp, OCD and Anxiety Psychological Services

You get caught in the OCD trap



Explaining CBT to the Child/Teen

- Reducing the anxiety is making OCD stronger because anxiety is not the problem
- The problem is the fear – and the false alarm from the amygdala
- The problem is your response to the false alarm (i.e., compulsions)
- You make the choice to do the compulsions or not, OCD scares you into believing that you have to do compulsions, but the choice is yours
- What you have been doing to help yourself get rid of the obsessions, have they worked?
 - Try something completely different

What is the treatment for OCD?

- Medication and Cognitive Behaviour Therapy
- Not going to cover medication in this webinar
- But what does the research show

Children and Cognitive Behavior Therapy

- CBT/ERP is effective for pediatric OCD
 - Multiple reviews and meta-analysis (e.g., Freeman et al., 2014) that support use of CBT with children
- Pediatric OCD Treatment Study I, II, Jr (2004, 2011, 2014) conclusions
 - CBT + med > CBT, or medication alone and
 - CBT = medication
 - CBT > Relaxation Strategies
 - (POTS study team, *JAMA*.2004;292(16):1969–1976)
- Studies show durability of gains of CBT (Barrett et al., 2005; Storch et al., 2007)
- Generalizability across community sites, countries (Farrell et al., 2010; Williams et al, 2010; NORDLOTS - Torp et al., 2015)

What is CBT for OCD?

- Cognitive Therapy –teaching the youth to respond differently to the obsessions
- Behaviour Therapy – changing the actions used to decrease anxiety
- It is the behavioural part of CBT that gets you better, it is the cognitive part that keeps you better - Dr. Fred Penzel

Cognitive Part of CBT: Responding to the Obsessions

- Teaching patient to recognize problematic assumptions that are unhelpful, or wrong about obsessional fears.
- Modifying distorted ways of thinking does not involve trying to prove that fears are untrue
- Does not include “arguing with the content of the obsession”
- Teaching unhelpful assumptions – *“because I have this thought, means its true, or will happen”, “because I have this thought means I must want this thought” “I must avoid feeling anxious” , “I can’t handle uncertainty”*

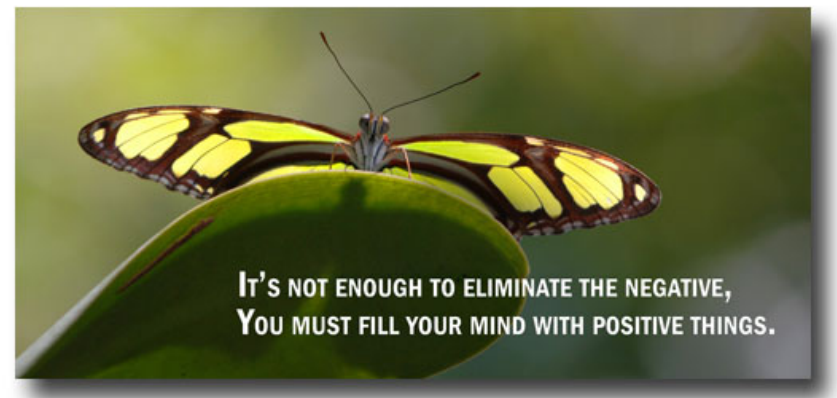
Unhelpful Assumptions

<u>TRICKS</u>	<u>TRUTHS</u>
If you think about something (if you have a thought) → it means that it will happen	- No such thing as a crystal ball - Can't read the future
If you have a thought, it means that it is true or will come true	- It's not possible to make something happen just by thinking about it or saying it.
If you have a weird feeling, then it means the thought is true	Everyone has weird feelings sometimes, but that doesn't mean they are true
If you don't listen to me (figure it out), then the icky feeling will not go away	Eventually the icky feeling will go away if we don't listen to the icky drapper - If we listen, then TT will bring back the worry
You have to know for sure that it's not true	There is no such thing as 100% sure, there is doubt

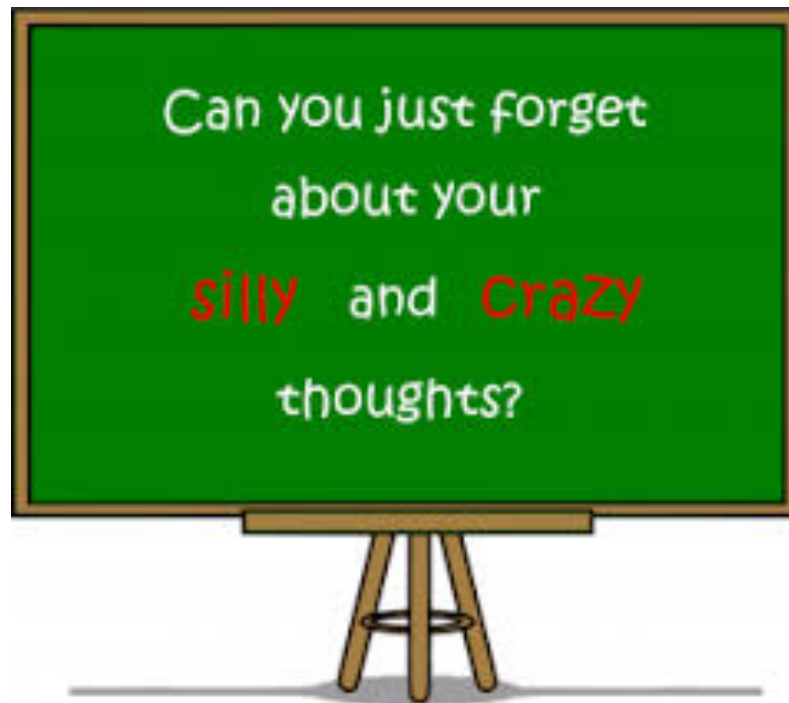
Replacing a bad thought with a good thought?



NO - It might help your patient feel better in the short-term, but it will cause a rebound effect – as the obsession will come back bigger and stronger



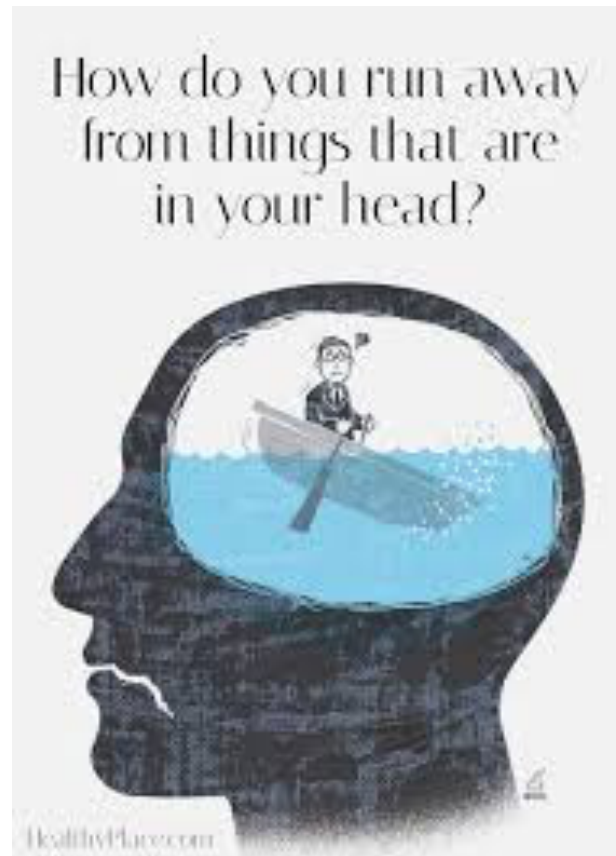
Ignore or push away the thought?



NO

When we try to push away our thoughts— they end up coming back

Stop thinking the bad thoughts?



Challenge the reality of your fears – talk back to OCD?

Rational Brain

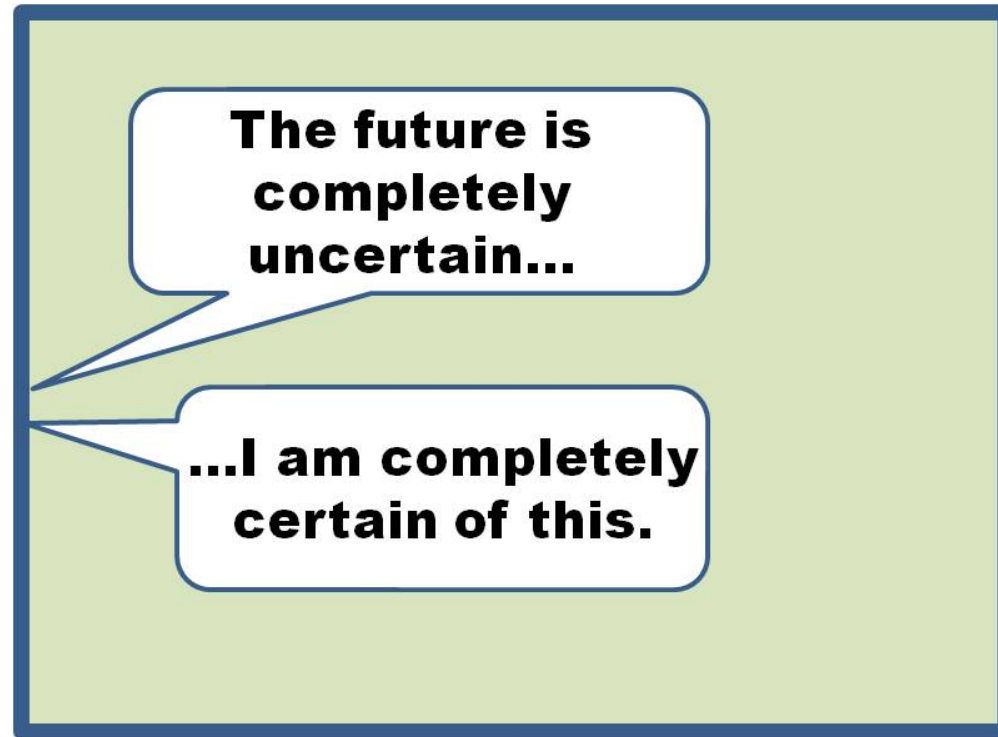
Irrational Brain



“It’s like you have two brains – a rational brain and an irrational brain. And they’re constantly fighting.” Emilie Ford

NO – If we try to argue or challenge the obsessions, OCD will bring back doubt and guilt and it ends up making OCD bigger and stronger.

Only way to
take back
control from
OCD is to
accept the
obsession as
possibly true



“Uncertainty is an uncomfortable position. But
certainty is an absurd one.”

Voltaire

How to talk back to OCD and use effective Cognitive Strategies

- Agree with the uncertainty of the fear
- Trick the amygdala
- Use a “whatever” teenage attitude – lack of emotional importance to obsession
- Acknowledge and externalize OCD
- Not talk back or argue – that thought is not important enough for me to address
- Need to experience habituation to the thoughts so allow and accept their presence and whatever feelings arise from the thoughts
- Positive self statements are used to help motivate and tolerate ERP

What to Say to OCD Bully

- “Hi OCD, I guess you are hanging out with me today”
- “Sure OCD, whatever you say”
- “You don’t have a superpowers – you don’t know what will happen in the future”
- “Maybe I will (hurt myself), maybe I won’t”
- “I don’t have to do what you say – you are not the boss of me”
- “You can hang out with me, I don’t care, I am just going to keep reading this book ”

Talking Back to OCD

NR: You are going to choke
what to say to NR
Z: Hey NR
What's up "Was up"
• Oh - there you ~~are~~ are NR.
• I've been looking for you.
• Welcome Back NR
You are going to hang out with me

"I want to feel
Scary anxious"
"It's a chance for
me to give you a
taste of your own
medicine"
"I am not going to
do what you want
me to.
It's time for a change."

The Elements of CBT treatment

Getting Ready for Treatment

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- **Putting together the toolbox**
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Re-wiring the Brain/Fixing the Error Message

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Taking it into the Real World

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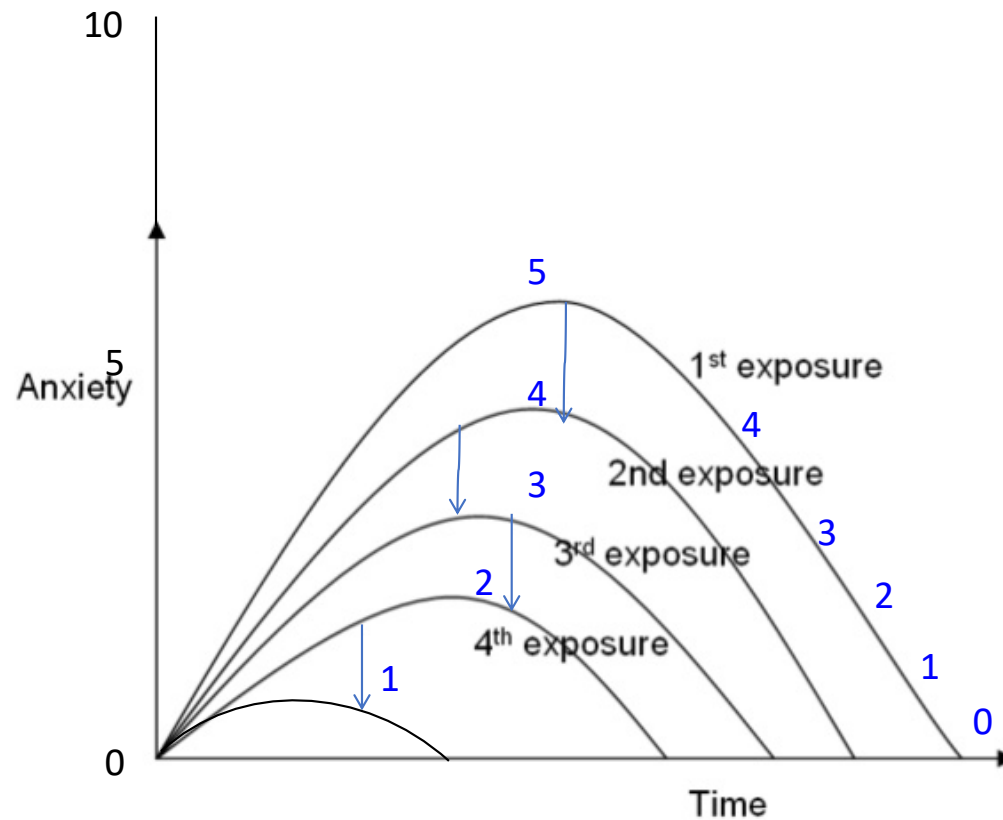
Behaviour Part of CBT – Exposure and Response Prevention

Exposure and Response Prevention Therapy

- Exposure - to triggering situation, place, object, thought or feeling
 - Flooding versus Gradual Desensitization


Response Prevention - refrain from doing the ritual

The Relationship between anxiety levels and time during ERP



Within trial habituation
Between trial habituation

Adapted from: Dr. Aureen Wagner. Up and Down the Worry Hill



Like riding a scary
rollercoaster

The more you do it, the
easier it becomes

Over time

Learn

- If not engage in compulsion, anxiety will subside on its own
- Able to tolerate anxiety better than thought
- Feared consequence does not necessarily happen

Retraining the Amygdala

- Can not "talk" amygdala out of fear it needs to feel that it is not dangerous
- If act as if the situation is not dangerous by staying in contact with the trigger and not doing the ritual, then amygdala eventually learns by "feeling" the anxiety subside and habituation occurs
- Once the amygdala learns that it is not dangerous then it stops sending the false alarm

Can't go around
(avoid) your fear –
only way to get over
it is to go through it.



Assembling the Toolkit

Before we start ERP we need a set of tools:

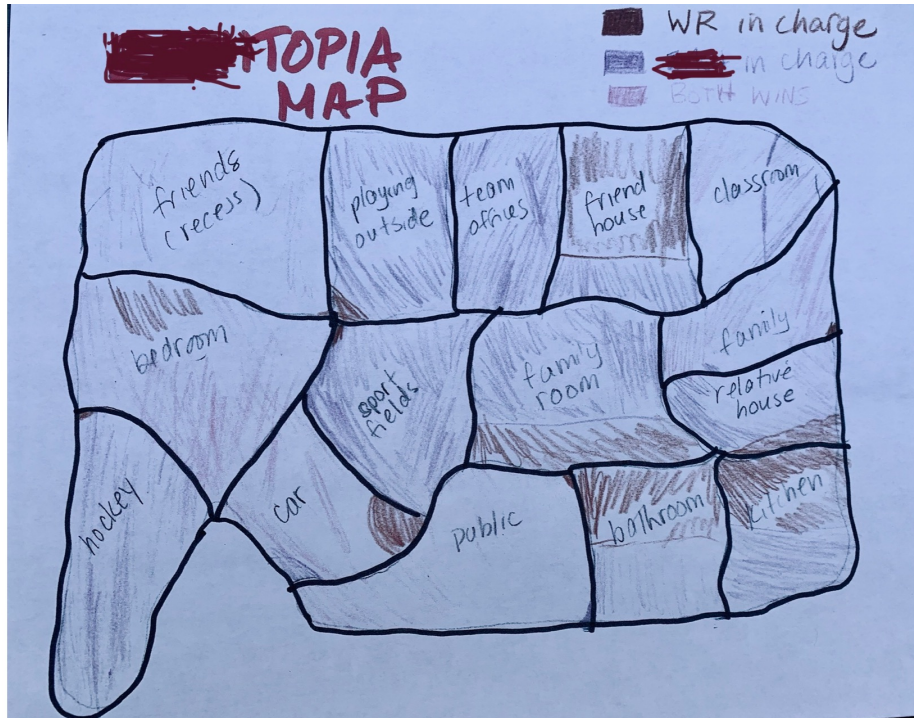
Journal

Anxiety Scale

Fear Hierarchy

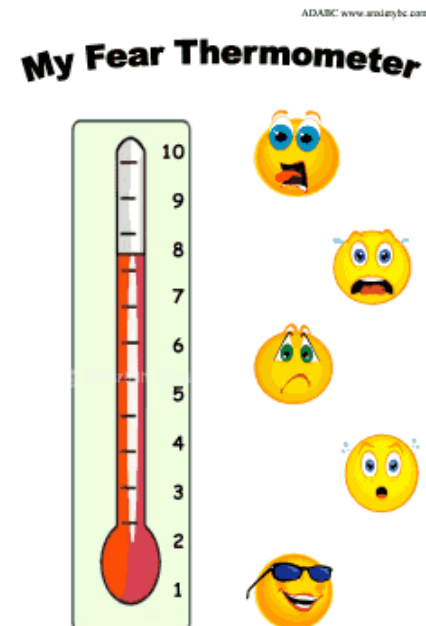
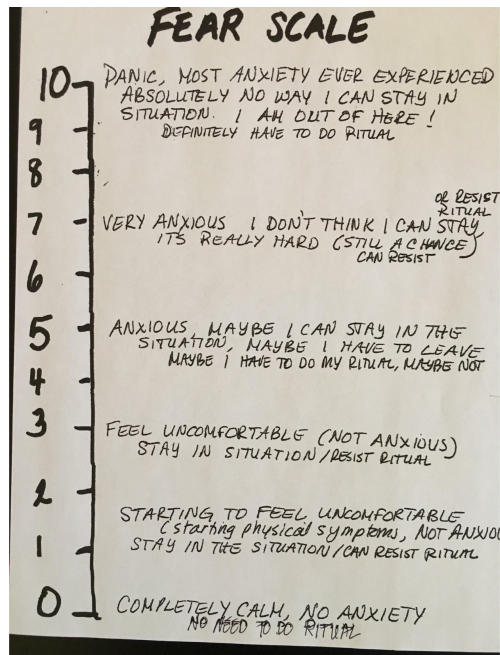
Journal - Gathering Information

- Functional assessment – where and how is OCD interfering in life?
- Life in the day of
 - School day
 - Weekend day
- Parents involvement in OCD
- Avoidance behaviours



Anxiety Scale

- Scale used to rate how much anxiety experiencing when triggered by OCD
 - “how much is OCD bothering you?”



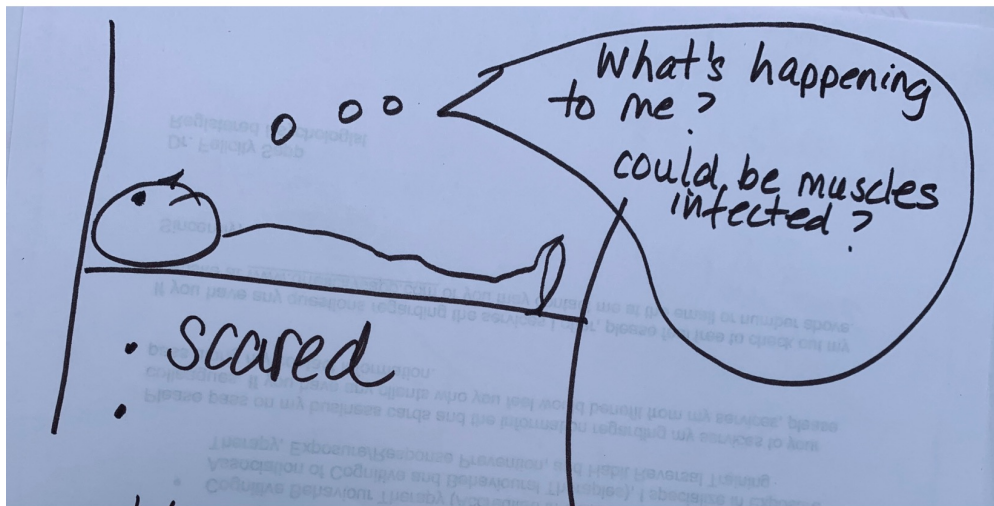
Development of Fear Hierarchy

- Using the information gathered – identify the fear and feared consequence
- Separate hierarchies for each fear (if more than one)
- Develop a list of situations, objects, places that are avoided or bring on the specific fear (e.g., fear of harm)
- Rank them using the fear/anxiety scale or SUDS (subjective units of distress scale) and arrange from the easiest to the hardest
- Items less anxiety provoking at the bottom, while the most anxiety producing trigger items are at the top of the hierarchy

Identifying the Fear

- Need to help youth identify the fear
- Journal – identified triggers throughout day
- Questions regarding times youth was triggered
 - What is the fear? *“That my sister will get COVID”*
 - If that fear is true, what is so bad about that? *“She will die”*
 - What is the fear? *“That someone will come in our house?”*
 - What does it say about you? The future? Others? *“That I or my Mum will get assaulted”*

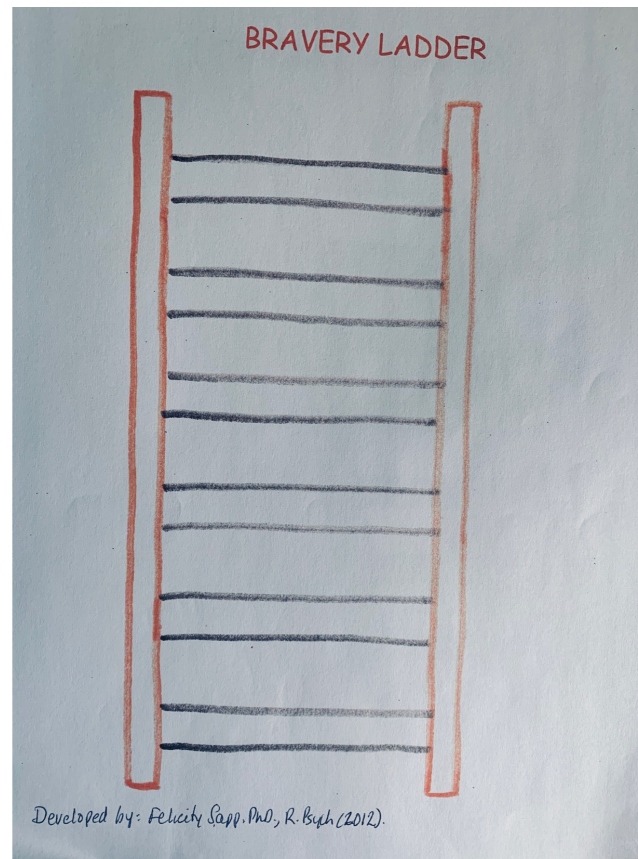
Using Thought Bubbles



Development of Fear Hierarchy

- Using the information gathered – identify the fear and feared consequence
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- Separate hierarchies for each fear (if more than one)

Bravery Ladder



Sample Bravery Ladders

BRAVERY LADDER - checking

Lock the door and do not check to make sure it is locked	10
Write a text or email to a friend with a mistake	9
Purposefully leave something out of my backpack (forget something)	8
Pack my backpack once, without checking to make sure I have everything	7
Answer a math problem wrong	7
Hand in a test without double-checking the answers	6
Write an email without checking it afterwards	6
Hand in a homework assignment without checking to make sure all answers are correct	5
Send a text message and do not check it	5
Spell a word incorrectly, on purpose	4

BRAVERY LADDER - Repeating

Purposefully have a bad thought and go to bed without repeating an action	10
Purposefully have a bad thought and do not repeat going in/out of a doorway	9
Write a story about the bad thought happening	8
Say the upsetting thought out loud	7
Write down upsetting, bad thoughts	7
Say something out loud and do not repeat it	6
Walk in or out of the doorway and do not repeat	6
Sit down in a chair once without getting up again	5
Pick up a toy and do not repeat the action	4
Put on clothing without repeating, even if it does not feel just right	3

Development of Fear Hierarchy

Obsession

- harm people she cares about

Compulsions

- Superstitious rituals
- Confess
- Avoidance
- Use information from journal to develop case formulation
- Mini hierarchies developed to address a single, specific trigger, situation or avoidant behaviour

Case formulation

Component	Content	Formulation Statement
Trigger (Obsession)	Sharp object, images, thoughts or information related to harm	If I am exposed to (this trigger) then
Compulsion	Avoidance, Reassurance, Routine , Check, Mental Rituals, Tell/Confess	I need to do one of these actions to neutralize the anxiety and threat
Fear	I might act on these thoughts	Or else this might happen
Feared Consequence	I will hurt someone I care about; I am a bad person	And these catastrophic outcomes will occur

Adapted from Piacentini (IOCDF conference)

Fear Hierarchy

Examples of Trigger Items for Fear of Harm	Anxiety Level
Watch movie of "harm to others"	10
Kiss Mom on "wrong cheek" before leave house	9
Not tell/confess to Mom when have a "bad thought"	8
Hold and fire a water or plastic gun	7/8
Hold a knife	6
Help cut vegetable with Mom present	6
Not text or check in with Mom while at school	5
Look at pictures of knives and words "something bad happen"	5
Not ask parent for reassurance when in kitchen and see knife	4
Use scissors in kitchen (Mom present)	4
Change small part of bedtime routine	3

Mini Fear Hierarchy for Knives

Examples of Trigger Items Mini - Hierarchy	Anxiety Level
Stabbing motion with knife	10
Hold knife in stab position	9
Hold knife and listen to fear	8
Look at table knife	7/8
Look at real plastic knife	6
Pictures of larger sharp knife	6
Pictures of paring knife	5/6
Pictures of butter knives	5
Pictures of small plastic knives	4
Pictures of drawing of knife	3/4
Pictures of animated knives (comic like)	3

Development of Fear Hierarchy

- Obsession/Fear

- accidentally become contaminated with an STI or semen and then infect or accidentally impregnate a female

- Compulsions

- avoid directly sitting down on chairs and sofas (at home and school)
- Pools and any places that he considered could spread semen or STI viruses
- Internet searching of the symptoms of STI
- Check his genitals to make sure there was no semen leaking or that he had an STI

Here are some examples from his fear hierarchy

Fear Hierarchy

Examples of Trigger items for fear of STI	SUDS
Sitting in a sauna	10
Reading about teenage pregnancy	9.5
Kissing girlfriend after swimming	9
Using equipment at the gym	9
Swimming in public pool	8
Putting liquid down pants without checking	8
Watch movie with girlfriend on sofa	7
Sitting at bench at mall (shorts)	6
Sitting on chair at school with shorts on	5
Looking at pictures of sperm (animated)	4
Touching items in house (e.g., Xbox remote)	3

Development of Fear Hierarchy

- Obsession/Fear

- not telling the truth, acting immorally
- cursing

- Compulsions

- Avoid images, situation of drinking and smoking
- Mentally reviewing what said in head to make sure did not lie
- Confess if had an “immoral” thought
- Excessive apologizing

Here are some examples from her fear hierarchy

Fear Hierarchy

Examples of Trigger items for fear of being immoral	SUDS
Watch movie of partying/cursing/ teenage sex	10
Mimic smoking/vaping with real vape	9
Go on Instagram sites (consider immoral)	9
Cheat while playing a game	8
Curse without apologizing	8
Look at real alcohol and listen to fear	7
Look at real cigarette and vape	6
Tell an incorrect fact /white lie	5
Look at pictures of alcohol	4
Look at pictures of cigarettes/vape	3

Take Home Message

Key Points for therapists when starting the ERP process

- Use age appropriate language/metaphors but be direct and help the parents and youth buy into the treatment process
- Identify the fear and feared consequence and go after it
 - Acceptance of uncertainty and doubt and taking risks is key component of ERP
- Create individual fear hierarchies related to specific fear
- Ensure that ERP steps in hierarchy are not too large – use mini hierarchies if needed
- Teach how to talk back to OCD as a bully and accept the obsessions as possibly true - do not challenge the reality of the fears or push them away