

# **Psychological Therapies for Anxiety Disorders and Obsessive-Compulsive Disorder in Children and Youth**

**Dr Felicity Sapp., R. Psych**  
**Clinical Director/Owner**  
**OCD and Anxiety Psychological Services**  
**Calgary, Alberta**

# Faculty/Presenter Disclosure

## Faculty

Dr. Felicity Sapp, Registered Psychologist, Founder and Director of OCD and Anxiety Psychological Services

## Financial Affiliations

- **Honoraria, other rewards:** *Honorarium from Mathison Centre for Mental Health Research & Education for lecture today*
- **Speakers' Bureaux, advisory boards:** *Board Member of the Scientific Advisory Committee of Anxiety Canada*
- **Grants, clinical trials:** *One of multiple participants that received the Maternal Newborn Child and Youth Strategic Clinical Network Health Outcome Improvement Fund II to create The Tourette OCD Alberta Network*
- **Investments in health organizations:** *Owner and Director of OCD and Anxiety Psychological Services, Calgary, Alberta*

# Learning Objectives

- Describe evidence-based psychological therapies for the treatment of generalized anxiety disorder, social anxiety disorder, separation anxiety disorder and obsessive-compulsive disorder in children and youth
- Identify appropriate treatment candidates for psychological therapies
- Explain parent and family involvement in psychological therapies
- Identify resources (self-directed, parent guided, and therapist delivered) for psychological therapies for generalized anxiety disorder, social anxiety disorder, separation anxiety disorder and obsessive-compulsive disorder in children and youth

# Why Psychological Therapies?

- In Canada, anxiety disorders represent one of the most common form of psychological distress in childhood and adolescence.
- Large studies have demonstrated that only 25% of young people with mental health problems receive specialized treatment services even though with proper treatment, youth show a significant reduction in anxiety and OCD symptoms.
- Importance of early intervention in pediatric mental health because without proper treatment, there is greater likelihood of developing adult mental health issues and lower overall functioning.

# What is the Ideal Treatment for Anxiety Disorders in Children?

Medication – heard about this earlier –

- SSRI (and possibly selective norepinephrine reuptake inhibitors (SNRI)) medication as an alternative treatment consideration, particularly for more severe presentations or when CBT is not available

## Cognitive Behaviour Therapy

- There is vast support for the use of CBT in treating anxiety disorders in children (James et al., 2015; Reynolds et al., 2012)
- The American Academy of Child and Adolescent Psychiatry (AACAP) guidelines (2012) recommend both cognitive behavioural therapy (CBT) and medication as effective
- CBT may be considered as the first line treatment for anxiety in children and adolescents, particularly for mild to moderate presentations.
- If CBT is not effective alone, then combination (including medication) treatment is recommended for more severe cases

(J. Am. Acad. Child Adolesc. Psychiatry, 2012;51(1):98 –113).

# What is the Ideal Treatment for OCD?

Medication – heard about it earlier

## Cognitive Behaviour Therapy

- CBT is the treatment of choice for OCD in children and adolescents with respect to its efficacy, safety, and response durability (Ost et al 2016).
- Lasting effects of CBT are found by exposure coupled with response prevention of compulsions
  - ERP outperformed CBT (without ERP) and Cognitive therapy (Olatunji et al, 2010)
  - Expert consensus that ERP treatment is first line psychosocial intervention for OCD (Koran & Simpson, 2013).
- Multiple reviews and meta-analysis (e.g., Grebe et al., 2020; Freeman et al., 2014; 2018) suggest CBT as the first line of treatment for youth with OCD (McGuire et al., 2015; Öst et al., 2016; Wu et al., 2016)
- Studies show long-term positive effects of CBT (Højgaard et al., 2017; Melin et al., 2020) and show generalization across community sites, and countries (Farrell et al., 2010; Williams et al, 2010; NORDLOTS - Torp et al., 2017)

# CBT – for Anxiety Disorders and OCD

## CBT for Anxiety Disorders

### Psychoeducation

### Goal Setting

### Motivation Strategies

- Incentive program
- Rewards for Meeting goals

### Self monitoring – identify situations and fear

- Journal - be a detective
- thought records

### Cognitive Strategies

- Cognitive Restructuring
  - Identify and challenge cognitive distortions
  - Reframe thoughts to more helpful

### Behaviour Therapy

- Relaxation Skills
- Graduated Exposure
- Problem Solving Skills
- Social Skills Training (social anxiety disorder)
- Communication Skills (social anxiety disorder)

## CBT for OCD

### Psychoeducation

### Goal Setting

### Motivation Strategies

- Incentive program
- Rewards for Meeting goals

### Self monitoring – identify situations and fear

- Journal - be a detective
- OCD log

### Cognitive Strategies

- Understand the cognitive distortions that feed OCD
- Change how respond to the obsessions
- Coping Statements to help resist OCD
- Not used to decrease the anxiety or rationalize the fear

### Behaviour Therapy

- Exposure and Response Prevention
  - Exposure to triggering situation, place or object while being prevented/encouraged to not engage in the ritual
- Relaxation Skills- for times when anxiety is too high and need to reduce it temporarily

# What is CBT ?

- Cognitive Behaviour therapy - based on the concept that in all situations, people have thoughts (cognitions) and feelings (physiological responses and emotions) about it and behave or act a certain way because of these thoughts and feelings.
- These thoughts, physiological feelings, and actions all interact and influence each other and contribute to the emotions experienced in a situation.
- CBT -goal is to learn how to change the thoughts/cognitions and actions (or behaviours) that are contributing to anxiety/OCD symptoms.



# Cognitive Behaviour Model

**Cognitive Therapy** teach strategies to change how think and “talk back” to the anxiety provoking thoughts, and maladaptive beliefs when faced with triggering situations

**Behaviour Therapy** teach strategies to help manage the emotional and physical distress



**Behaviour Therapy** teach strategies to change actions (behaviours) and reduce avoidance when faced with trigger situations

# Similarities in CBT application between pediatric OCD and Anxiety Disorders

Principles of CBT  
Structure of the Session  
Psychoeducation  
Goal Setting  
Motivational Strategies  
Relapse Prevention

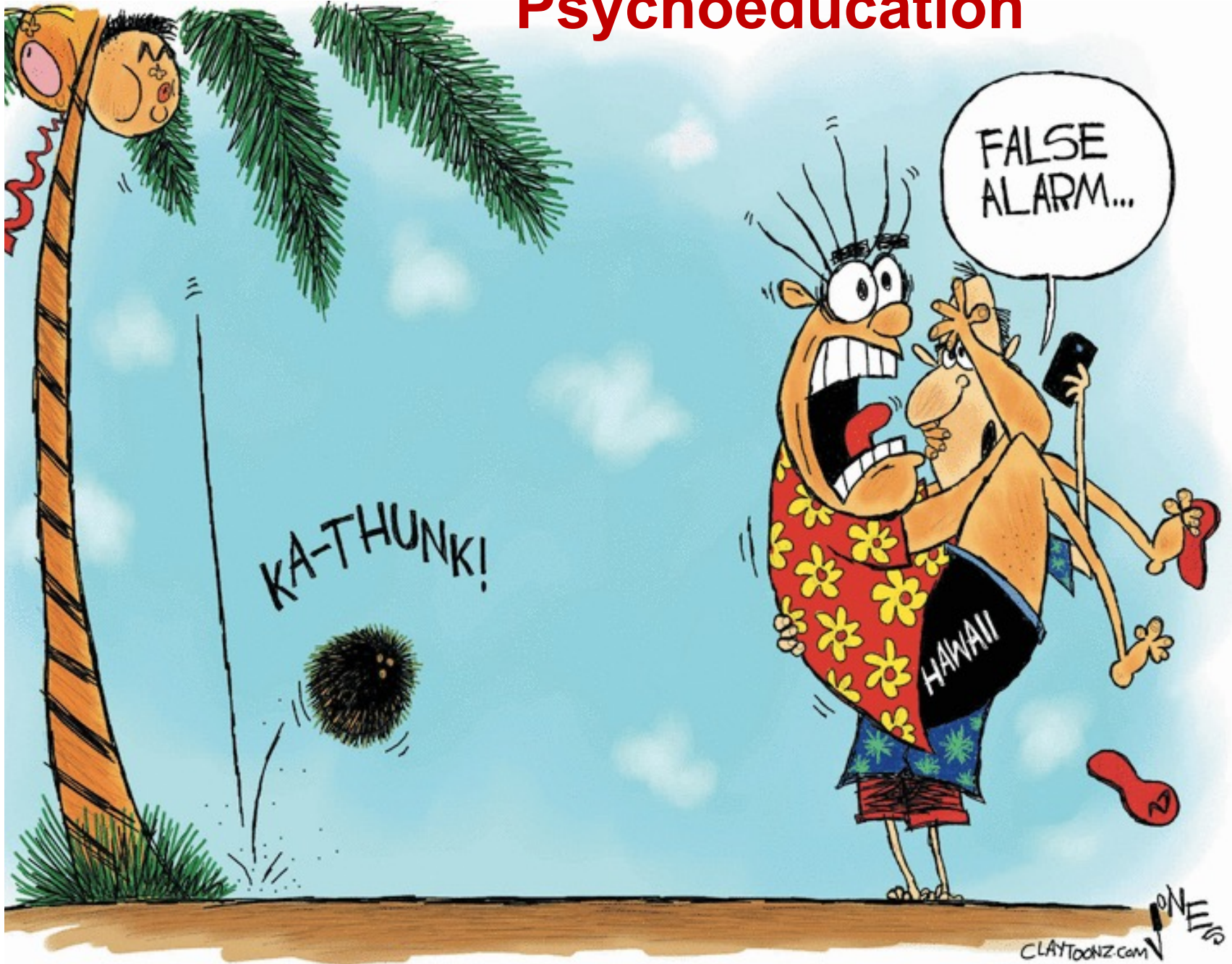
# Principles of CBT

- **Present oriented** – addresses the current symptoms rather than figuring out what caused anxiety or OCD to develop
- **Goal oriented** – identify specific goals to achieve in therapy
- **Educational** - help to understand how anxiety is maintained, teaches new ways of thinking and acting in response to anxiety provoking situations
- **Structured** –each session follows a similar structure working towards achieving goals
- **Collaborative** – work together, active involvement in choosing what to work on and how – therapist is not the boss
- **Practice skills** – assignments are given to allow the skills to be practiced in daily life
- **Time limited** – therapy is not a lifelong process – learn to be your own therapist

# What does a typical session look like?

- Check in with parent and youth
- Review previous assigned tasks (worksheets, behaviour experiments, exposure tasks, ERP tasks)
- Teach new skill or troubleshoot assignment
- Develop and practice new tasks in session (making changes to previous)
- Discuss assignments to complete prior to next session

# Psychoeducation



Feeling part of the brain sends off a false alarm

Body does not know it is false

Body acts as if the danger is real



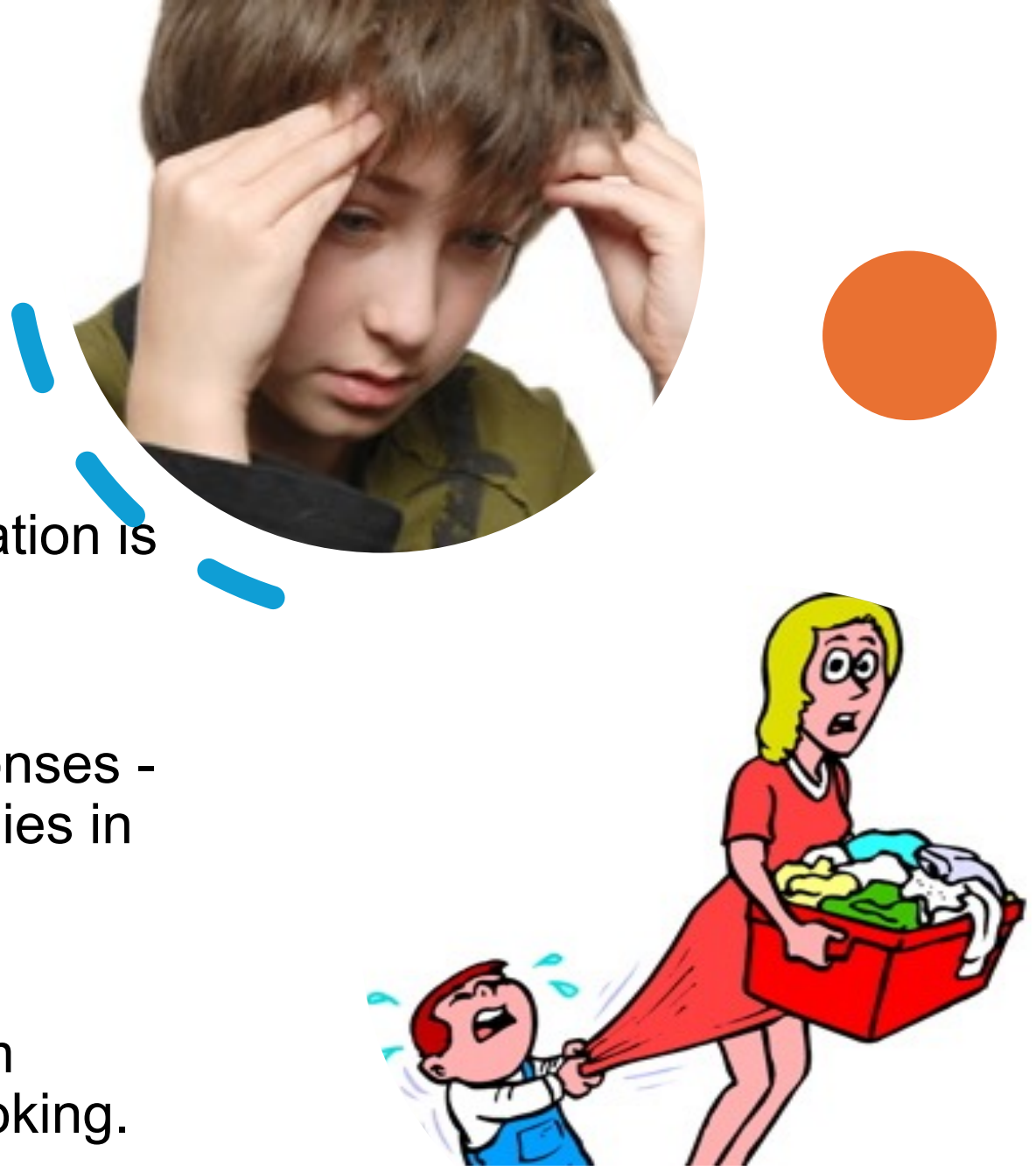
# Psychoeducation

Three ways that anxiety is manifested

Thoughts - what we "say to ourselves"  
tend to **overestimate** how dangerous situation is  
OR tend to **underestimate** ability to cope

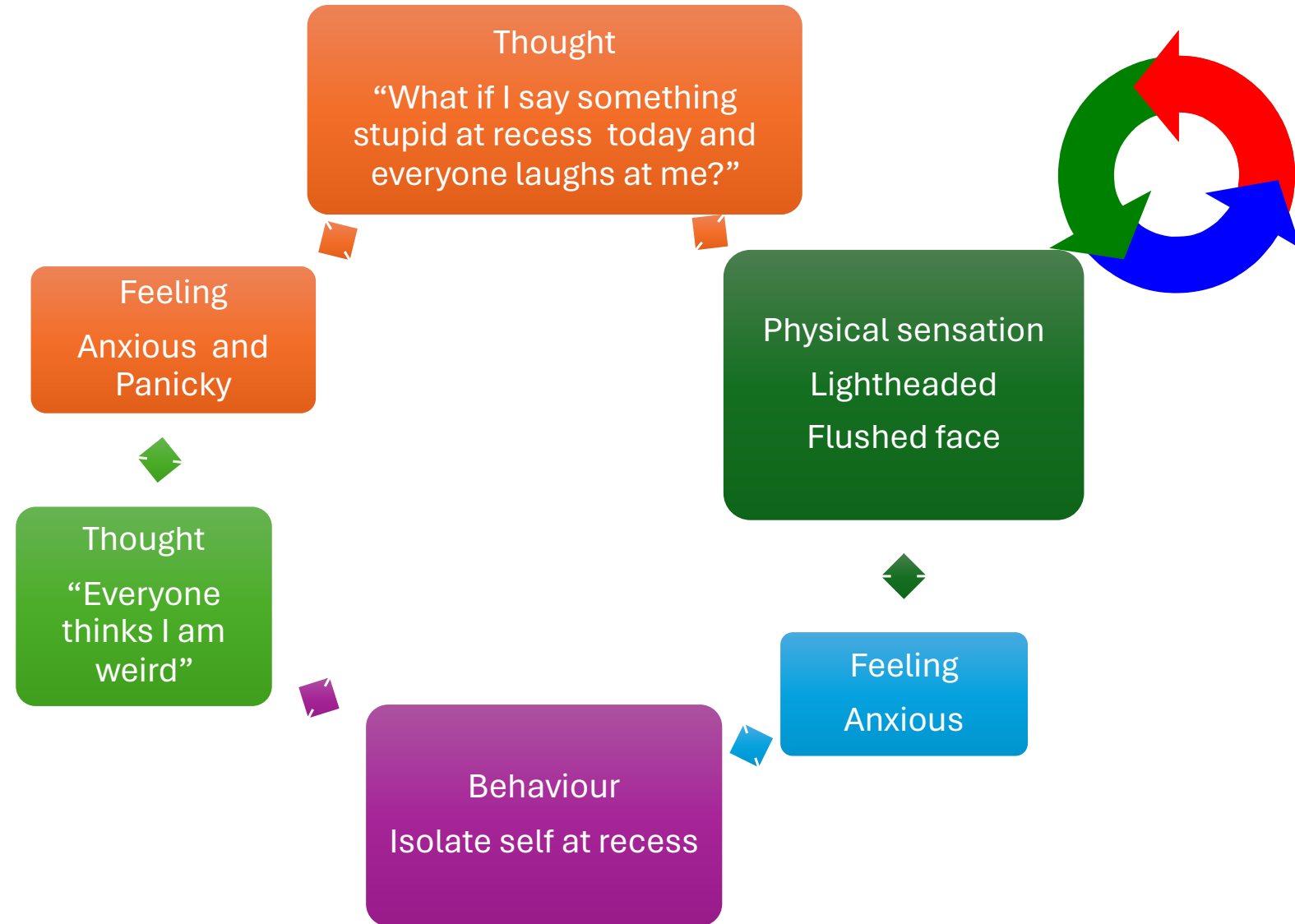
Physical sensations – physiological responses -  
e.g., heart beating fast, sweating, "butterflies in  
stomach." etc

Behaviour - avoiding or staying away from  
situations or events that are anxiety-provoking.



# How thoughts, feelings and actions interact

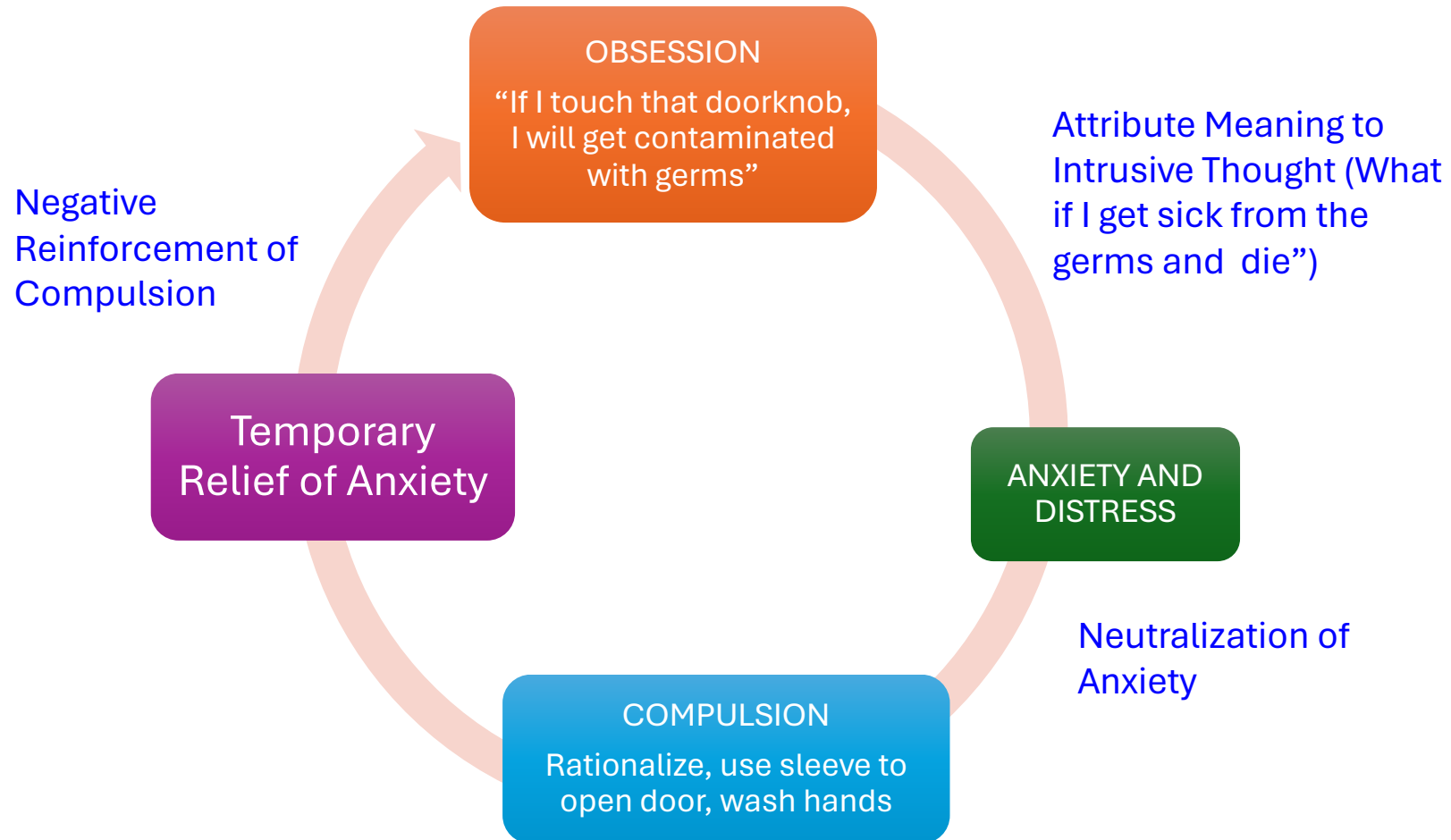
**Situation:** Sitting in morning class waiting for teacher and see classmates talking and laughing together



# Psychoeducation

## How obsessions and compulsions work together

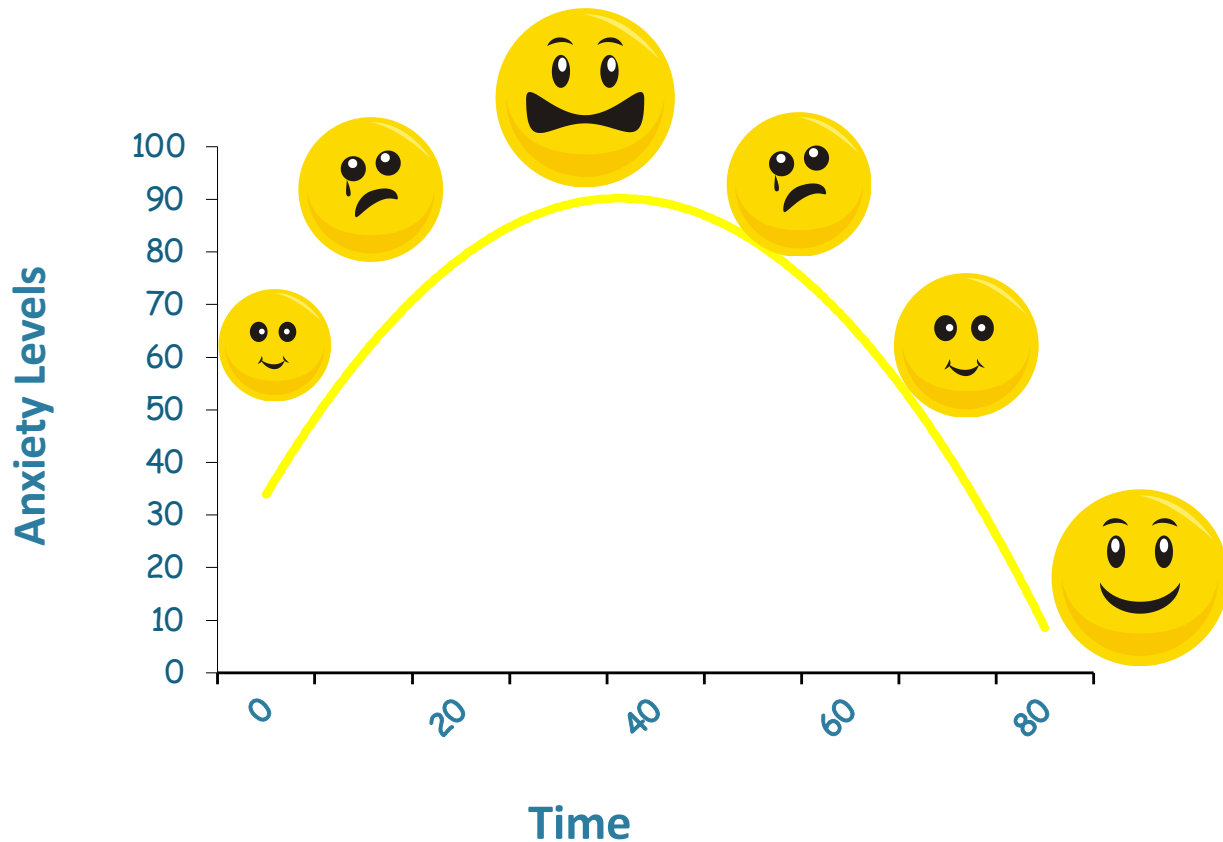
Trigger – A “dirty” doorknob



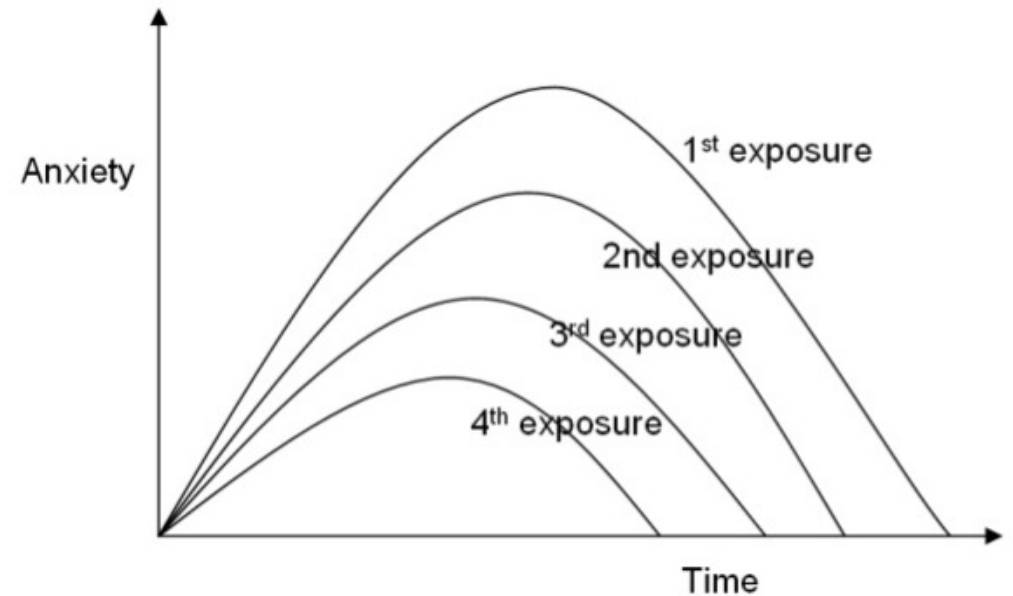


# Psychoeducation

## The relationship between anxiety levels and time



Within trial habituation  
Between trial habituation



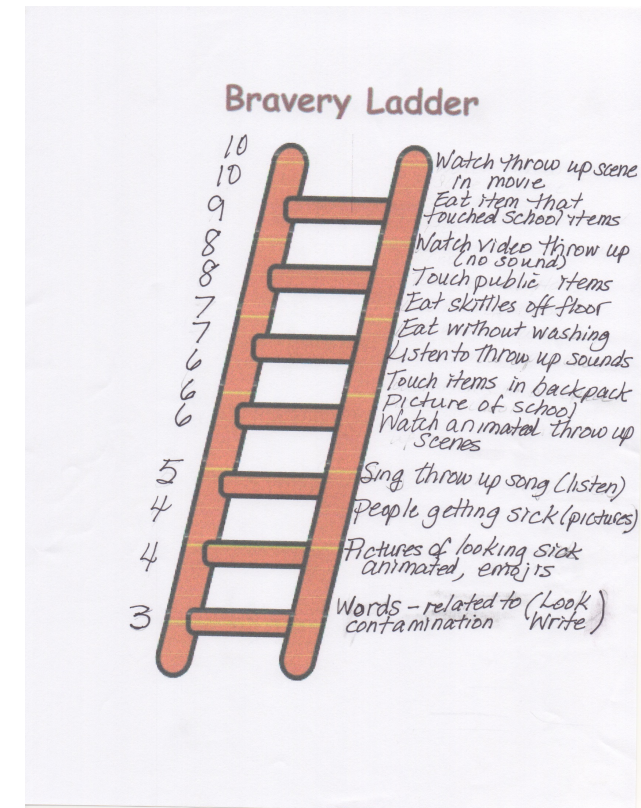
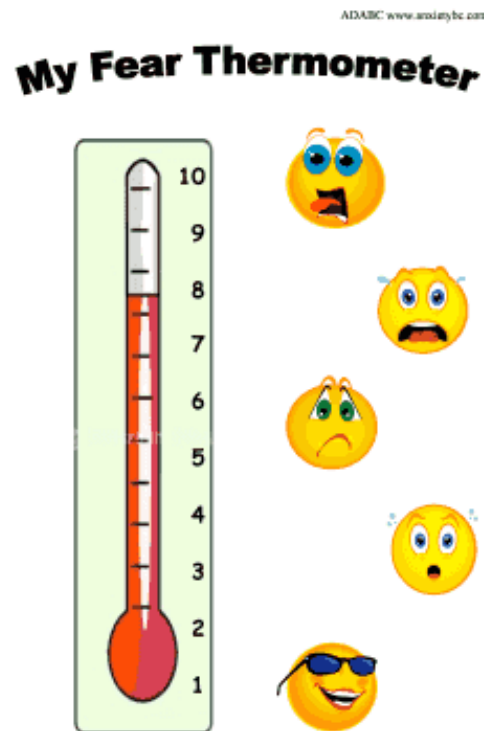
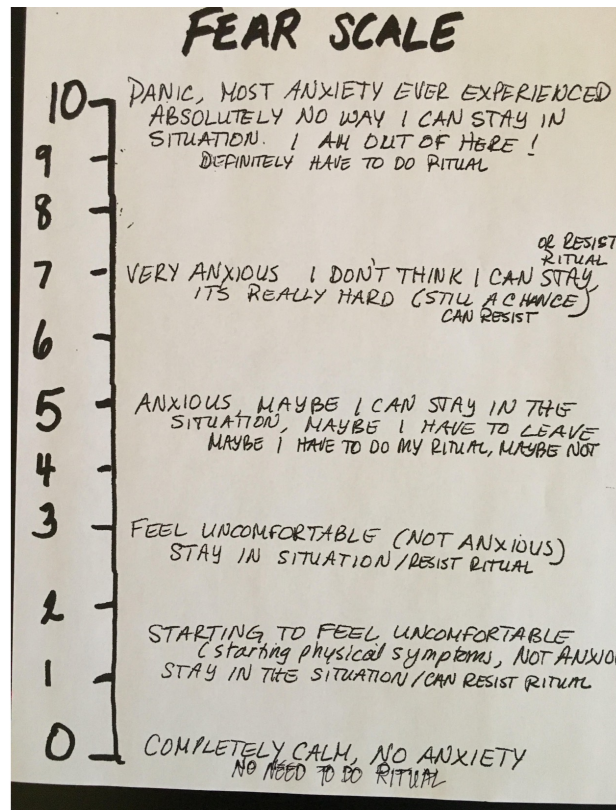
From: Dr. Aureen Wagner. Up and Down the Worry Hill

# Tools for graduated exposure and ERP

Scale used to rate how much anxiety experiencing in trigger situation

“how much is (name of bully) bothering you?”

Bravery Ladder or Fear Hierarchy



# Motivational strategies

## Incentive Program Token Economy

- List of rewards
- Earn stickers/points/chips for being brave
- Cash them in for a reward



Designed By Hobby Hop In For Mumsgather Finds

This chart belongs to: \_\_\_\_\_

# Reward Chart

TASK	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	TOTAL

When I reach my goal of \_\_\_\_\_ stars my reward will be \_\_\_\_\_

When I reach my goal of \_\_\_\_\_ stars my reward will be \_\_\_\_\_

When I reach my goal of \_\_\_\_\_ stars my reward will be \_\_\_\_\_

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# Differences in CBT application between pediatric OCD and anxiety disorders

Journal or Gathering Information

Cognitive Strategies

Behaviour Strategies

# Journal - Gathering Information

## Anxiety Disorders

Therapist will do a functional assessment – where and how anxiety symptoms are interfering in child's life?

- Life in the day of .....
- School day
- Weekend day

What does anxiety feel like in the body ?

What are the anxiety provoking thoughts?

What did youth do when in an anxiety provoking situation?

What did parent do?

- Avoidance behaviours

## OCD

Therapist will do a functional assessment – where and how OCD symptoms are interfering in child's life?

- Life in the day of .....
- School day
- Weekend day

What are situations (triggers) that bring on the obsessions?

What does the youth feel the need to do? (ritual)

Is there are certain way have to do tasks?

What do parents feel the need to do?

- Avoidance behaviors

# Cognitive Strategies

## For Generalized, Social and Separation Anxiety Disorders

### Cognitive Restructuring

- Identify anxious thoughts and/or beliefs
- Education about the different types of blurry thinking most related to anxiety disorders
  - Mind reading, emotional reasoning, fortune telling, magnification or catastrophizing
- Teach how to challenge blurry thinking (unhelpful thoughts)
- Reframe thoughts to more helpful
- Coping statements and praise for being brave

## For OCD

- 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 it's 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”*



# Behaviour Strategies

## For Generalized, Social and Separation Anxiety Disorders

- **Relaxation Skills** - to reduce physiological aspect of anxiety
  - Belly breathing
  - Progressive muscle relaxation
  - Mindfulness or grounding exercises
- **Graduated Exposure**
  - Facing fears to counter avoidance and learn that not dangerous
  - Create list of trigger situations and rate anxiety level
  - Create fear hierarchy/bravery ladder
  - Behaviour experiments
- **Problem Solving Skills** -
- **Social Skills Training** (social anxiety disorder)
- **Communication Skills** (social anxiety disorder)

## For OCD

- **Relaxation Skills**- to reduce physiological aspect of anxiety
- for times when anxiety is too high and need to reduce it temporarily, not used during ERP or when responding to an obsession
- **Exposure and Response Prevention Therapy**
  - Retrain the amygdala and teach it to stop sending false alarms when obsession is triggered
  - Create list of trigger situations and rate anxiety level
  - Create fear hierarchy/bravery ladder
  - Exposure to triggering situation, place or object while being prevented/encouraged to not engage in the ritual

# **Family Involvement Considerations with Children/Teens**

Why would we want to include families in CBT treatment?

Parent Anxiety

Negative Family Dynamics

Family Accommodation



# Family-focused CBT (CBFT)

- Current research strongly supports including family in treating **anxiety disorders** in children. Involving parents in therapy helps address family dynamics that may contribute to the child's anxiety, reinforces positive behavior changes at home, and enhances treatment adherence and outcomes (Peris et al., 2021)
- Studies show that family-based interventions, such as Family-Based Cognitive Behavioral Therapy (FB-CBT), are more effective than child-only therapies (Barmish & Kendall., 2005)
- Multiple reviews found CBFT was associated with less **OCD symptom** severity and better treatment outcome compared to other treatment modalities (e.g., psychoeducation and relaxation and individual CBT) with treatment gains maintained even up to 7 years post treatment (Iniesta-Sepúlveda, et al, 2017; Öst et al., 2016; Wu, Lang, & Zhang, 2016) and in a group CBFT format (Selles, Belscher et al (2018)).

## Parent-only based intervention for childhood anxiety/OCD

- Supportive Parenting for Anxious Childhood Emotions (SPACE), Program - the relational understanding of child anxiety and working with parents alone. Lebowitz, et al., (2020) found that parental change alone can reduce child OCD/anxiety, FA and parenting stress (RCT - SPACE (with no direct child-therapist contact) vs CBT (with no parent treatment)).
- Further RCT studies investigating its effectiveness on pediatric OCD are warranted.

# Family Factors – what to do?

## Parent Anxiety

- Educate parent regarding anxiety
- Teach how to manage own emotions
- Coping strategies/statements for own anxiety
- Partner with the less anxious parent
- Refer to therapist for own treatment

## Negative Family Dynamics

- Teach communication skills
- Parent skills training
- Family therapy
- Self care

# **Family Accommodation** – any behaviour that reinforces or perpetuates anxiety/OCD

FA is “well intentioned” – attempt to reduce child’s distress and reduce the impact of anxiety/OCD symptoms on the family

FA in OC and Anxiety Disorders: A five-year update (Lebowitz, Panza and Bloch, 2015)

- Review of 57 relevant articles between 2010-15 pediatric and adult
- **Almost 90% FA, significantly and positively associated with anxiety and OCD symptom severity and impairment**
- **FA predicts poorer treatment outcome (most robust)**
- **FA positively correlated caregiver burden, functional interference**

**Family Accommodation is “Contra” to CBT and Impedes its Therapeutic Effect**

# How do you address FA ?

## Need to assess family involvement

- Family Accommodation Scale- Anxiety (FASA) and Family Accommodation Scale Child-Rated (FASA-CR) Lebowitz, et al. (2013; 2019)
- Family Accommodation Scale for Obsessive Compulsive Disorder Self- Rated Version (Pinto, Van Noppen & Calvocoressi, 2012)
- Set up behavioral contract to reduce parent accommodation
  - Identify specific goal(s) or area where accommodation can be adjusted
  - Clear and direct discussion of role, expectations and consequences
    - Child or teen (what they will do and say)
    - Family member (what they will do and say)
  - Gradual withdrawal of FA and increase of exposure

# **Cognitive Behaviour Therapy for Generalised, Social, and Separation Anxiety Disorders**

# Cognitive Strategies for Generalized, Social and Separation Anxiety Disorders

## Cognitive Restructuring

- Identify anxious thoughts and/or beliefs
- Education about the different types of cognitive distortions (“tricks”)
  - Mind reading, emotional reasoning, fortune telling, catastrophizing, all or nothing
- Teach how to challenge blurry thinking (unhelpful thoughts)
- Reframe thoughts and maladaptive beliefs that are maintaining the fear to ones that are more realistic and helpful
- Coping statements to help be brave and for self praise for not avoiding and using more helpful thoughts

# Behaviour Strategies for Generalized, Social and Separation Anxiety Disorders

- **Relaxation Skills** - to reduce physiological aspect of anxiety
  - Belly breathing
  - Progressive muscle relaxation
  - Mindfulness or grounding exercises
- **Graduated Exposure**
  - Facing fears to counter avoidance and learn that not dangerous
  - Create list of trigger situations and rate anxiety level
  - Create fear hierarchy/bravery ladder
  - **Behaviour experiments**
- **Problem Solving Skills** -
- **Social Skills Training** (social anxiety disorder)
- **Communication Skills** (social anxiety disorder)
- **Role playing**

# Case Presentation – “John”

9-year-old who cannot fall asleep unless Mum lies with him on his bed. If she leaves and he has not fallen asleep, then he will get up multiple times asking for water, saying he is cold etc. If he awakes in the middle of the night, he refuses to go back to sleep, until his Mum lies down beside him. Mum says that he will not go upstairs and get ready for bed unless she is with him. He will not play on a different floor of his house unless a parent is on the same floor. Everyone is tired and not sleeping so Mum ends up giving in to keep the peace and get sleep. He does not want to go to school and resists. Every morning it is a fight. Even if he makes it to school, he will often complain of headaches or stomachaches and a parent will come and pick him up

**Family Accommodation** – Mum lies with him; pick him up from school, not ask him to do things alone



# Cognitive Behaviour Therapy for “John”

## Goal Setting

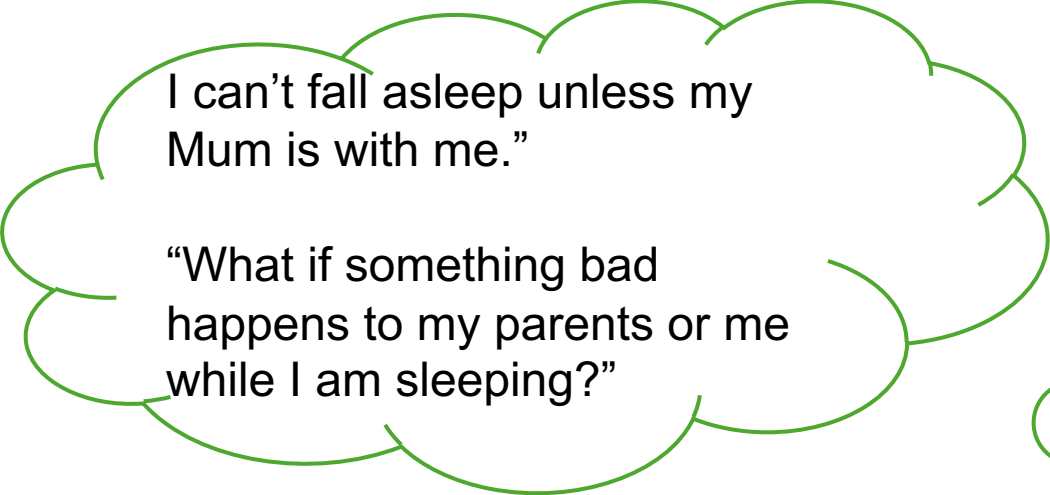
- decided to go after sleeping alone first as everyone was suffering and the lack of sleep was causing conflict at home

## Psychoeducation

- Explain how his anxious thoughts and avoidance of sleeping on his own were interacting with each other and making the fear and anxiety stronger
- Explain to him and parent, how Mum sleeping with him is maintaining the fear

# Cognitive Strategies

- Externalise the anxiety as a worry bully and give it a name
- Using child friendly strategies to identify the worry thoughts



I can't fall asleep unless my Mum is with me."

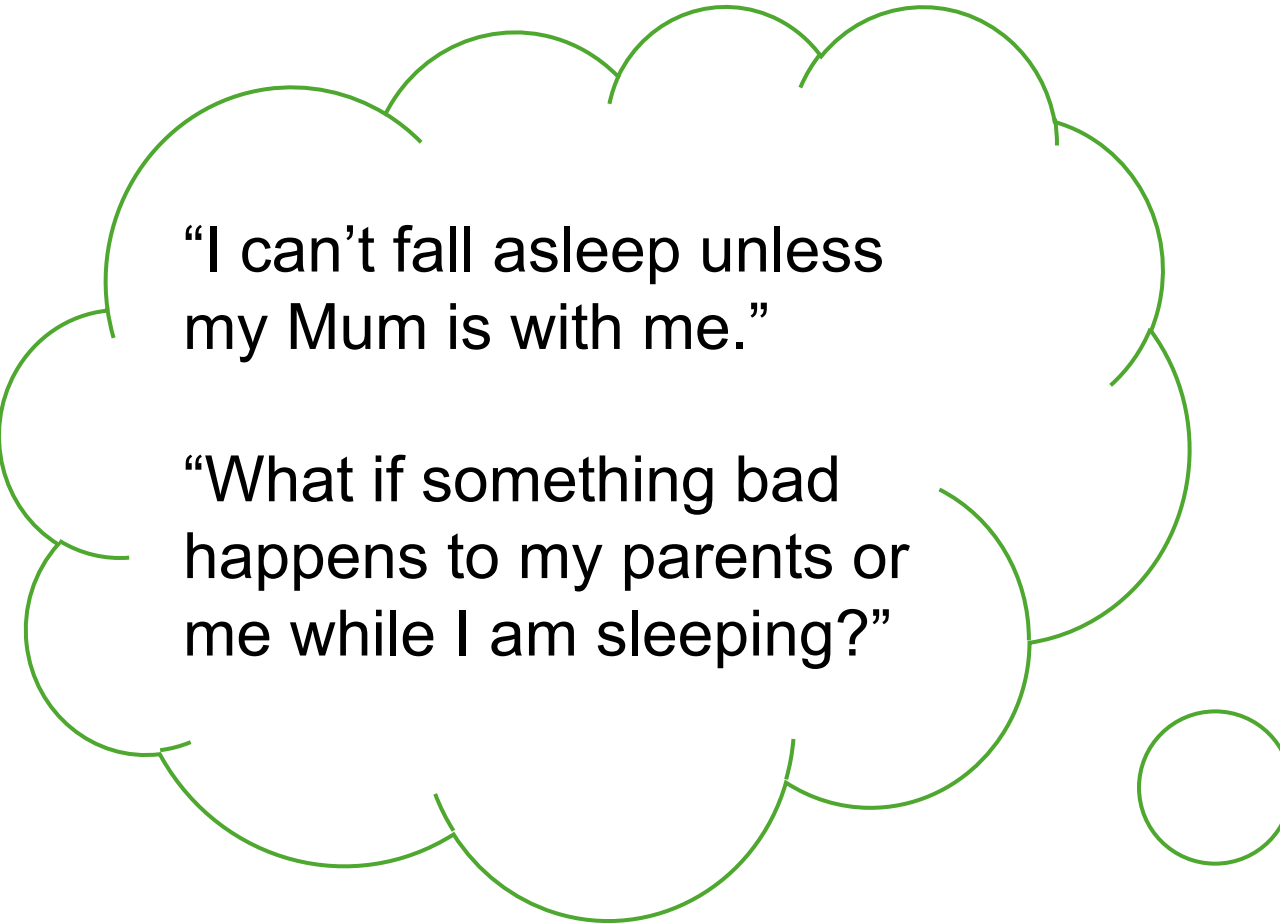
"What if something bad happens to my parents or me while I am sleeping?"

Fortune Telling

Emotional Reasoning

- Teach blurry thinking that is keeping bully in charge
- New way to respond to the worry bully

# Cognitive Strategies – new way to respond



“I can’t fall asleep unless my Mum is with me.”

“What if something bad happens to my parents or me while I am sleeping?”

“I know that you are trying to trick me into thinking I can't sleep alone”

“I can handle sleeping alone better than you think I can”

“You can't read the future – we don't know what will happen, so I am going to go to sleep, and see what happens later”

# Behaviour Strategies

**Behaviour** - Avoid sleeping alone, getting out of bed, unable to be on different floor than parent

- Teach **relaxation strategies** to reduce the physiological response at nighttime
- Sleep hygiene
- **Graduated Exposure** – to falling asleep on his own
  - After cuddle – sit on edge of bed until fall asleep
  - Sit on chair beside bed – gradually move it closer to the door, outside the door
  - Have Mum leave before he falls asleep – but come back in after 5 min, and then increasing the length of time before she comes back in until eventually, he falls asleep on his own
- Earns points for brave behaviour (**Token economy**)

# Case Presentation – “Beth”

13-year-old Beth will not join any extra-curricular activities, go to a friend's house or accept invitations to birthday parties. She insists that she would rather stay home than be out with other kids her age. At restaurants, she will not talk to the servers and insists that her parents order for her. Whenever she is at the mall or grocery store with her parents, Beth feels panicky and wants to leave because she is afraid that someone will talk to her, and she will have to respond. She will not answer questions when called on in class or do presentations and her grades are suffering. Beth says that she is afraid of making a mistake or saying something “stupid”. She feels that other people are constantly judging her, and she can't stop thinking about this.

**Family Accommodation** - Parents order for her, allow her to avoid situations where feel judged

# Cognitive Behaviour Therapy for “Beth”

## Goal Setting

- Increase her comfort in social situations and talking to strangers; Reduce parent accommodation

## Psychoeducation

- Explain how her anxious thoughts and avoidance of social situations are interacting with each other and making the fear and anxiety stronger
- Educate parents that allowing her to avoid ordering or speaking in public is maintaining the fear of negative judgement

# Cognitive Strategies

- Externalise the anxiety as separate from her and educate about the amygdala and false alarm going off whenever she is in social situations
- Using thought record and journaling - identify the anxious thoughts
- It is not helpful to tell her to “stop” thinking the anxious thoughts (thought stopping) or to tell her to say positive affirmations to herself (positive thinking) Dr. Thomas A Richards, director of the [Social Anxiety Institute](#)
- Instead, teach how to be aware of thoughts and recognize blurry thinking (cognitive distortions) that are maintaining the fear
- Replace with more realistic and helpful thoughts (cognitive reframing)

# Thought record - example

## Thoughts Feelings Actions

### What happened?

At the grocery store with Dad , stopped at Starbucks. We are next in line to order

### My Thoughts

I can't order. What if I stumble my words and embarrass myself. People will think I am stupid?

Emotional Reasoning

Fortune telling

Mind reading

Quickly turn to Dad and ask him to order for me

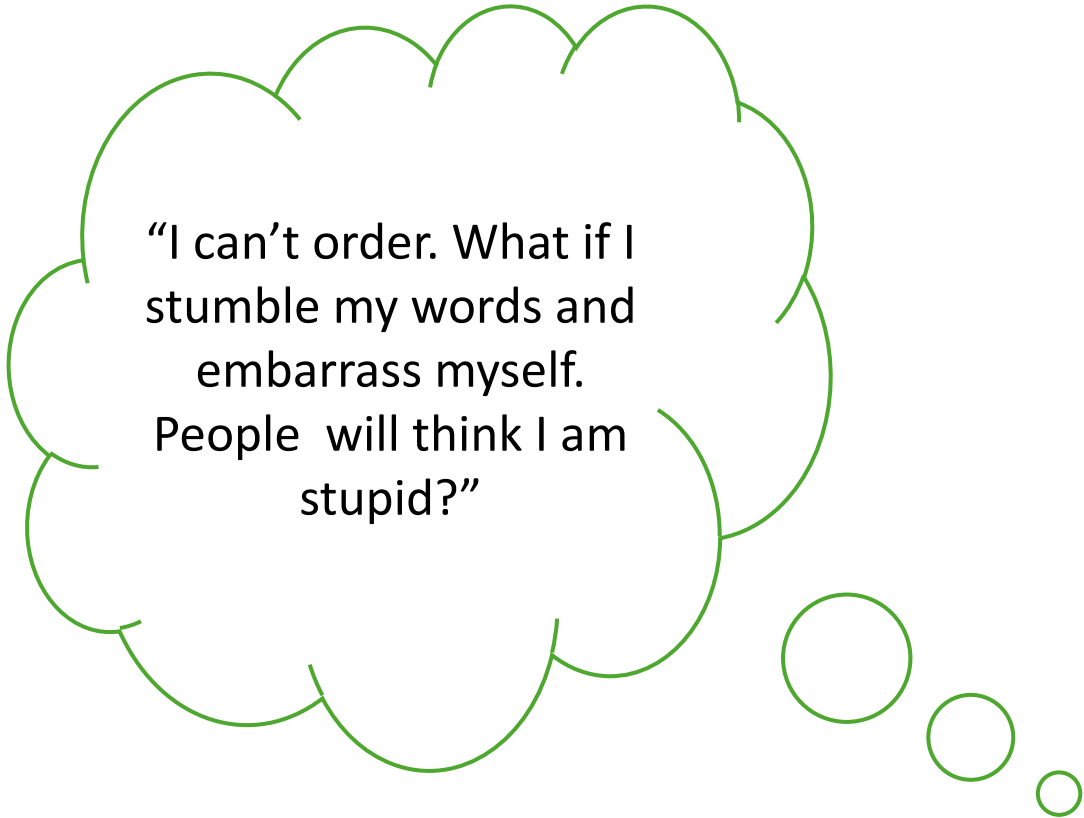
### My Actions

Heart racing  
mind goes blank  
Panic

### My Feelings



# Cognitive Strategies - Teach new helpful thoughts to say to self



“I can’t order. What if I stumble my words and embarrass myself. People will think I am stupid?”

“I am not going to let anxiety stop me from doing what I want to do, and I want to be able to order for myself.”

“I know this will feel scary, but it is my amygdala sending me a false alarm.”

“I can't read minds - I don't know what other people are thinking. Maybe they are judging me, maybe not. I can't know for sure.”

# Behaviour Strategies

**Behaviour** - Avoid talking to strangers, in class, avoid social situations where could be judged

- **Relaxation strategies** to reduce the physiological response prior to entering a social situation or when panic occurs
- Address **parent accommodation** and reassurance
  - Parents track accommodating behaviours
  - Gradually reduce reassurance seeking and allowance of avoidance
- **Graduated Exposure**
  - Make a list of trigger situations and use **behaviour experiment** to test out fears
    - Ask store person where an item is located
    - Go to mall –and walk around when it is not busy
    - Go to mall – walk around when busy
    - Order for self at a fast-food place, coffee shop, and eventually in a restaurant
    - Go to a close friend's house and then gradually increase the number of people there

# Case Presentation – “Nicole”

**10-year-old** who worries about almost everything in her life. She worries whether she will pass her science test, if she will make a mistake at her piano recital, or playing soccer, and if her Dad will get hurt on his business trips. She complains of feeling totally stressed out all the time. She constantly ask others to reassure her that everything is OK. At nighttime, she has trouble falling asleep because her brain keeps her awake with all her worrying. She doesn't want to play soccer, even though she loved it last year and refuses to go to practice. She is getting regular tummy aches, and not wanting to go to school because she might get sick, or a criminal might target her school. Her parents say that they will let her miss soccer practice or stay home if she had a bad night because they don't want her anxiety to get worse or for her to feel panicky at school.

**Thoughts** - “What if I fail the test?” “What if there is a bad guy at school?” “What if Dad gets in a car accident?” “What if I screw up at soccer practice or my piano. I can't handle not knowing, I don't want to go.”

# Cognitive Behaviour Therapy for “Nicole”

## Goal Setting

- Increase her comfort with uncertainty and reduce safety behaviours

## Psychoeducation

- Educate about how anxious thoughts tend to **overestimate** how dangerous a situation is and/or **underestimate** ability to cope,
- Educate about **intolerance of uncertainty**.
- Explain how her anxious thoughts and safety behaviours (reassurance and avoidance) are interacting with each other and making the fear and anxiety stronger
- Educate parents that responding to her worries by reassuring her (or letting her avoid) gives her the message that there is something real to be worried about

**Incentive program** - to encourage being brave and not avoiding and reducing reassurance seeking

# Cognitive Strategies

- Externalise the anxiety as separate from her
- Using more child friendly thought record and journaling - identify the anxious thoughts and situations, physical manifestations and feelings
- What does it feel like in the body?
- Teach blurry thinking that is maintaining the fear
- Teach how to **change unhelpful thoughts while still tolerating uncertainty** and not knowing for sure
  - “I know this will feel scary, but it is my feeling brain sending me a false alarm”
  - “I don’t know what will happen in the future. I will have to wait and see if what I am worried about happens or not”
- **Coping statements to motivate self to challenge desire to use safety behaviours**
  - “I am strong and I can handle the icky feelings that my worries give me”
  - “I am not going to let the worry bully stop me from doing what I want to do, and I want to play soccer and go to school”

# Behaviour Strategies

**Behaviour** - Reassurance seeking, avoid situations that cause worries (soccer, piano, school)

**Family Accommodation** - Parents allow her to avoid situations, rescue her from negative emotions and respond to her reassurance seeking

- Teach **relaxation strategies** to reduce the physiological response when anxiety becomes too high; at nighttime when trying to sleep
- **Address parent accommodation and reassurance**
  - **Behaviour contract** -gradually reduce reassurance seeking and allowance of avoidance (with incentive program)
- Explore what happens when try postponing worries
- **Problem solving** skills to help reduce stress
- **Graduated Exposure**
  - **Behaviour experiment** to test out situations and intolerance of uncertainty
  - Purposely make mistakes; gradually get her back to school
  - **Imaginal exposures** - Deliberately exposing her to 'hypothetical event worry' using child friendly techniques e.g., story writing, comic strips, making a movie

# **Cognitive Behaviour Therapy for Obsessive Compulsive Disorder**

# Cognitive Strategies

**Cognitive Therapy** – Learn to respond differently to the obsessions

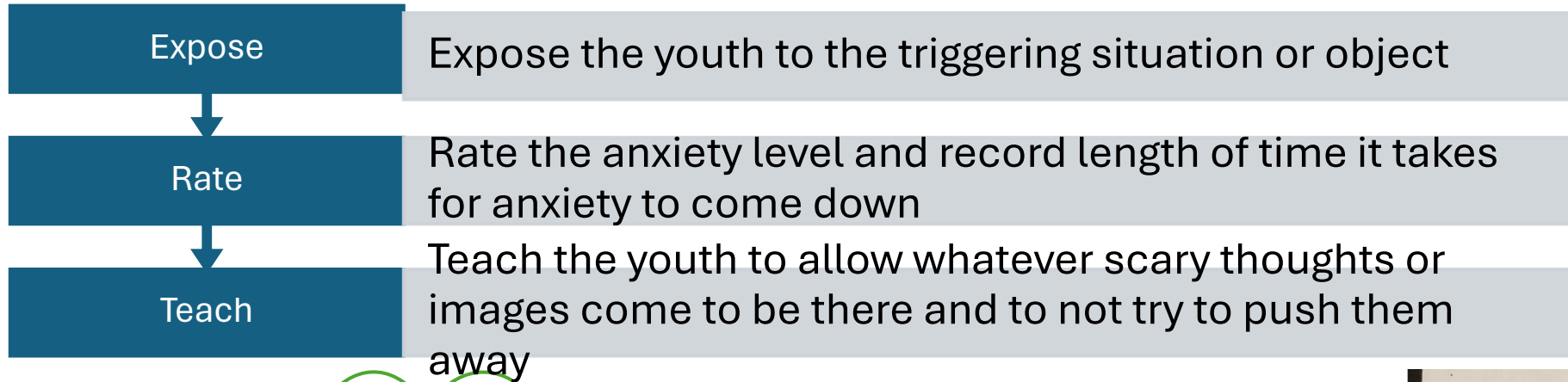
- Change how respond to the obsessions
- **Externalize the intrusive thoughts (obsessions)**
- Agree with the uncertainty of the fear – accept the obsessions as possible
- Coping statements to help resist OCD
  - Positive self statements - to help motivate and tolerate ERP
- Modifying cognitive distortions does **not** involve using logic or reasoning to “argue with the content of the obsession” to prove that fears (obsessions) are untrue.
- *not used to decrease the anxiety or rationalise the fear*
- 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*”



# Behaviour Strategies for obsessive compulsive disorder

- **Relaxation Skills** - to reduce physiological aspect of anxiety for times when anxiety is too high and need to reduce it temporarily but **not during ERP or in response to an obsession**
- **Exposure and Response Prevention** - Exposure to triggering situation, place or object while being prevented/encouraged to not engage in the ritual
- Relies on the fact that **habituation occurs** - anxiety goes down naturally if you stay in contact with the feared stimulus and do not do the compulsion (Foa & Kozak, 1986; Foa & McNally, 1996). Learn to **habituate to the emotional distress** caused by the obsession
- Response Prevention –Learn not to engage in any “false fear blockers” - behaviours that help the youth feel better including the parent rescuing the child from the anxiety as these provide a negative reinforcement effect and do not allow habituation to occur
- Repeated exposure is associated with a decrease in anxiety across exposure trials

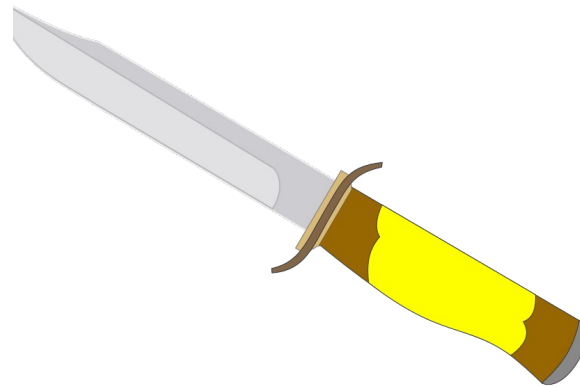
# ERP Steps



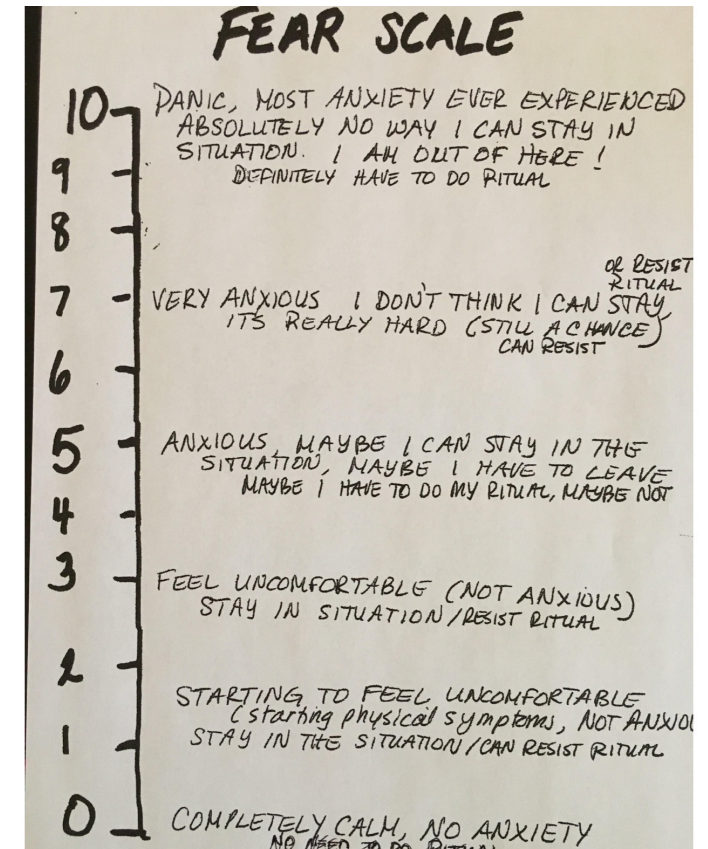
“What if I take the knife and stab someone?”

“What if I lose control?”

“I must be crazy”



*knife*



# Case Presentation – “Mike”

16-year-old who recently started to experience sticky thoughts related to his morality. He comes from a faith-based background but recently changed schools and is confronted with teenage “bad” behaviours at his new school.

## Obsession/Fear

- Not telling the truth
- Acting immorally – becoming a “druggie”
- Going to hell

## Compulsions

- Avoid images, situation of drinking and smoking
- Mentally reviewing what said in head to make sure did not lie
- Come home and confess all his “immoral” thoughts” and actions
- Excessive apologizing

**Family Accommodation** – parents reassured him that God was not upset with him; listened to his confessions, told him it was OK if he apologized

# 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
Pictures of Devil and Hell	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

# Mike's ERP tasks

- Look at pictures of alcohol, weed, vapes
- Hold vape, cigarettes and mimic use
- Look at pictures of teens “partying”
- Cheat when playing a game
- Act out (with parents and family) drinking and vaping while playing card games together
- Watch TicToc videos of avoided topic
- Look at pictures of Devil

Agree that .... *“I’ll never know for sure.. Its possible that because I am having this thought, it means I may go to Hell*



Hell



# Cognitive Strategies

- “Sure OCD, whatever you say”
- Agree that .... *I don't know what will happen in the future.*  
*“Maybe I will be a druggie, maybe I won't. I can't know for sure.”*
- “I am not going to do my ritual. I am stronger than you.”
- “You can put whatever thoughts in my head. I don't care, I am just going to keep on doing what I want.”

# Family Accommodation

Ask parents to examine and track any ways they are accommodating

Education – playing on the wrong team – been on OCD’s team and now we need to get on Mikes team

Apologizing and Confessing to parent

- Baseline obtained - reduce by starting with time of day (e.g., before school) and then increased time periods
- ERP tasks - tell a white lie and not confess
- Say a swear word and not apologize
- Changed parent’s response *“maybe God is upset with you, maybe not”*

# Relapse Prevention

- Be on guard for anxiety or OCD trying to sneak back in control (especially during times of stress and change)
- Continue to be brave and expose self to scary situations, thoughts
- Create a relapse prevention plan– lifestyle changes, stress reduction strategies
- Make plan of attack if anxiety or OCD tries to sneak back in
  - “What would you do if .....?” “How would you know?”
- Booster session – (analogy of tune ups and maintenance of car)
- Recovery is a lifelong journey
  - Its OK for anxiety/OCD to win sometimes - ups and downs expected (lapse vs relapse) - how think about the lapse is important – a slip up and bump in the road versus ”all my hard work was for nothing”



# CBT is helpful for....

Youth and parents (when needed) who:

- Willing to put the work into making changes, and not looking for a “quick fix”
- Willing to attend regular CBT sessions and regularly practice the skills taught both in session but more importantly at home and between sessions
- Have the cognitive skills to understand and apply the strategies
  - Younger children – child friendly approaches
- Do not have anxiety symptoms that are so severe that unable to engage in the treatment
- Do not have significant co-morbidities that make engagement challenging
  - Lower intellectual level
  - Severe depressive symptoms
  - Substance abuse issues
  - Certain personality disorders
  - Brain disease or injury that impairs their rational thinking.

# Therapist-directed resources for Anxiety/OCD

Mood, Anxiety and Psychosis Service, OCD Program, Alberta Children's Hospital

Website: <https://www.albertahealthservices.ca/findhealth/service.aspx?Id=1032705>

**Access Mental Health** - access AHS addiction and mental health services for youth

Access Mental Health - <https://www.albertahealthservices.ca/amh/amh.aspx#services>

**Canadian Association CBT – find a CBT certified therapist**

CACBT-ACTCC maintains a list of certified therapists. These are members of CACBT-ACTCC who applied for and were granted certified status by the organization. That is, CACBT-ACTCC has reviewed their training, experience, and skills in CBT and recognizes them as skilled cognitive-behavioural therapists.

Website: <https://cacbt.ca/en/certification/find-a-certified-therapist/>

**Psychologists Association of Alberta (PAA)**

Website: <https://findhelp.paa-ab.ca/>

**Anxiety & Depression Association of America (ADAA)**

Website: <https://findyourtherapist.adaa.org/>

# Therapist-directed resources for Anxiety/OCD

The Tourette OCD Alberta Network – list of health care professionals working in Alberta who have specific training or a specialized interest in the assessment and management of Tourette syndrome and/or Obsessive-Compulsive Disorder.

<https://cumming.ucalgary.ca/resource/tourette-ocd/directory-health-professionals>

Alberta OCD Foundation – find therapist

<https://www.aocdf.com/ocd-psychologists>

IOCDF – Go to find help section and enter Alberta Canada as location

<https://kids.iocdf.org/>

NOCD -search area to find a list of NOCD therapists - virtual and app support between sessions

<https://www.treatmyocd.com/therapists/overview>

# Parent-guided resources for Anxiety/OCD

Supportive Parenting for Anxious Childhood Emotions (SPACE) – parent-based treatment program for children and adolescents with anxiety, OCD, and related problems. SPACE was developed by Dr. Eli Lebowitz at the Yale Child Study Center and has been tested and found to be efficacious in randomized controlled clinical trials.

**Breaking Free of Child Anxiety and OCD: A Scientifically Proven Program for Parents Paperback – 2021** by [Eli R. Lebowitz](#) (Author)

**Anxiety Canada** - non-profit organization which provides self-help, peer reviewed and trusted resources on anxiety. Online resources include educational videos on YouTube, information exchange on Facebook, downloadable articles and resources. Anxiety Canada self-help resources are written specifically for children, youth, adults, parents, and individuals to support anxiety management.

Website: <https://www.anxietycanada.com/>

- My Anxiety Plan (MAP) is an anxiety management program based on cognitive-behavioural therapy (CBT), an evidence-based psychological treatment. MAP for Children and Teens, Adults, and Educators is easy to navigate and helpful for those with mild to moderate anxiety.

# Parent-guided resources for Anxiety/OCD

The Family and Community Resource Centre - based in the Alberta Children's Hospital, - provides a place to find information, support and resources for your children/youth who are patients, and their families and care providers. – list of books and websites

<http://fcrc.albertahealthservices.ca/health-information/library/information-prescriptions/anxiety/>

<http://fcrc.albertahealthservices.ca/health-information/library/information-prescriptions/oed/>

AT Parenting Survival - resources and support for Parents Raising Kids with Anxiety or OCD

Website: <https://www.anxioustoddlers.com/>

IOCDF – OCD in Kids

Website: <https://kids.iocdf.org/>

# Self-directed resources for Anxiety/OCD

## Anxiety Canada

- MindShift® App – for 12 years and older - CBT uses scientifically proven strategies based on Cognitive Behavioural Therapy (CBT) to help you learn to relax and be mindful, develop more effective ways of thinking, and use active steps to take charge of your anxiety.

**E-couch** - Online CBT for social anxiety disorder, generalized anxiety disorder and depression.  
Suitable for age 16 and older

**The Tourette OCD Alberta Network**— list of anxiety books and websites

<https://cumming.ucalgary.ca/resource/tourette-ocd/children-and-adults/disorder-specific-resources/anxiety-disorders>

**The Tourette OCD Alberta Network** - list of websites and books for OCD

<https://cumming.ucalgary.ca/resource/tourette-ocd/children-and-adults/disorder-specific-resources/obsessive-compulsive-disorder-ocd>

**Alberta OCD Foundation** – list of books for pediatric OCD

[https://www.aocdf.com/\\_files/ugd/d0b7f2\\_71afb52b7a90472c9d4b8f06cd824079.pdf](https://www.aocdf.com/_files/ugd/d0b7f2_71afb52b7a90472c9d4b8f06cd824079.pdf)

- **Liberate my OCD Fighter** - app complements the aid received from their specialist. It takes therapy out of the confines of a therapist's office. <https://www.myocdfighter.com>



Contact Information

Dr. Felicity Sapp,  
R.Psych

CACBT-ACTCC certified  
in CBT

Owner and Clinical  
Director

OCD and Anxiety  
Psychological Services

[www.dr.felicitysapp.com](http://www.dr.felicitysapp.com)