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

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Presented by: Dr. Felicity Sapp, Registered Psychologist

Founder and Director of OCD and Anxiety Psychological Services

Calgary, Alberta, Canada

drfelicity.sapp@ocdanxietypsych.com

Disclosures

Faculty

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

Financial Affiliations

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- **Speakers' Bureaux, advisory boards:** *Board Member of the Scientific Advisory Committee of Anxiety Canada*
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- **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

- Understand the components needed to create a fear hierarchy as a first step of ERP

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

Developmental Considerations

Level of thinking and ability to sustain attention and tolerate anxiety

Level of dependence
- more directive approach with younger children and collaborative with teens in deciding ERP tasks

Level of family involvement in goals and treatment relative to age

Willingness to engage in treatment process

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 youth

- Explain that OCD is treatable, and that goal is to teach patients how to be own therapist (learn to manage not cure)

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

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
  - FA increases OCD severity and functional impairment in kids and parents
  - FA may be either an obstacle to, or predictor of, how well children with OCD respond to treatment (Freeman et al, 2014, Piacintini et al, 2011)

- Determine whether family member's giving reassurance and educate in terms of ineffectiveness

- Are there family issues/conflicts getting in the way of treatment?

3 Validated Versions of the Family Accommodation Scale (FAS)

Reducing FA is an important clinical target, emphasizing the need for valid assessment:

- <u>Family Accommodation Scale (FAS-IR; Interview Rated)</u> (Calvocoressi et al., 1999)
  - Clinician-administered interview with family members of affected person

- <u>Family Accommodation Scale – Self-Rated Version (FAS-SR)</u> (Pinto, A., Van Noppen, B., & Calvocoressi, L. (2013).

- <u>Family Accommodation Scale –Patient Version (FAS-PV)</u> (Wu, M.A., Pinto, A., Horng, B., Phares, V., McGuire, J., Robert F. Dedrick, R., Van Noppen, B., Calvocoressi, L., Storch, E. (2015).

The Elements of CBT treatment

Getting Ready for Treatment

Psychoeducation
- **Explain it as neurobiological disorder (not fault)**
- **Allows the youth and parents to buy into the treatment**

Motivation Strategies

Goal Setting (collaborative)

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; broken leg – take medication to help it but it is your actions or inaction that matters in getting better)
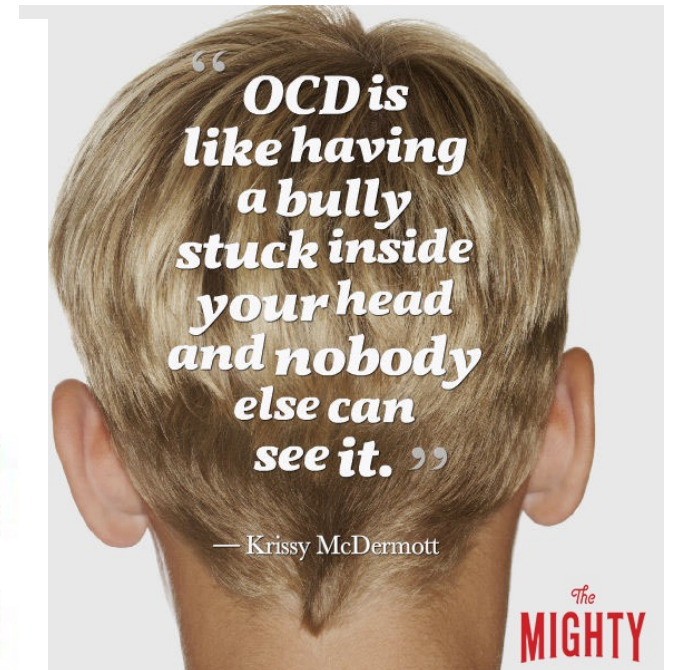
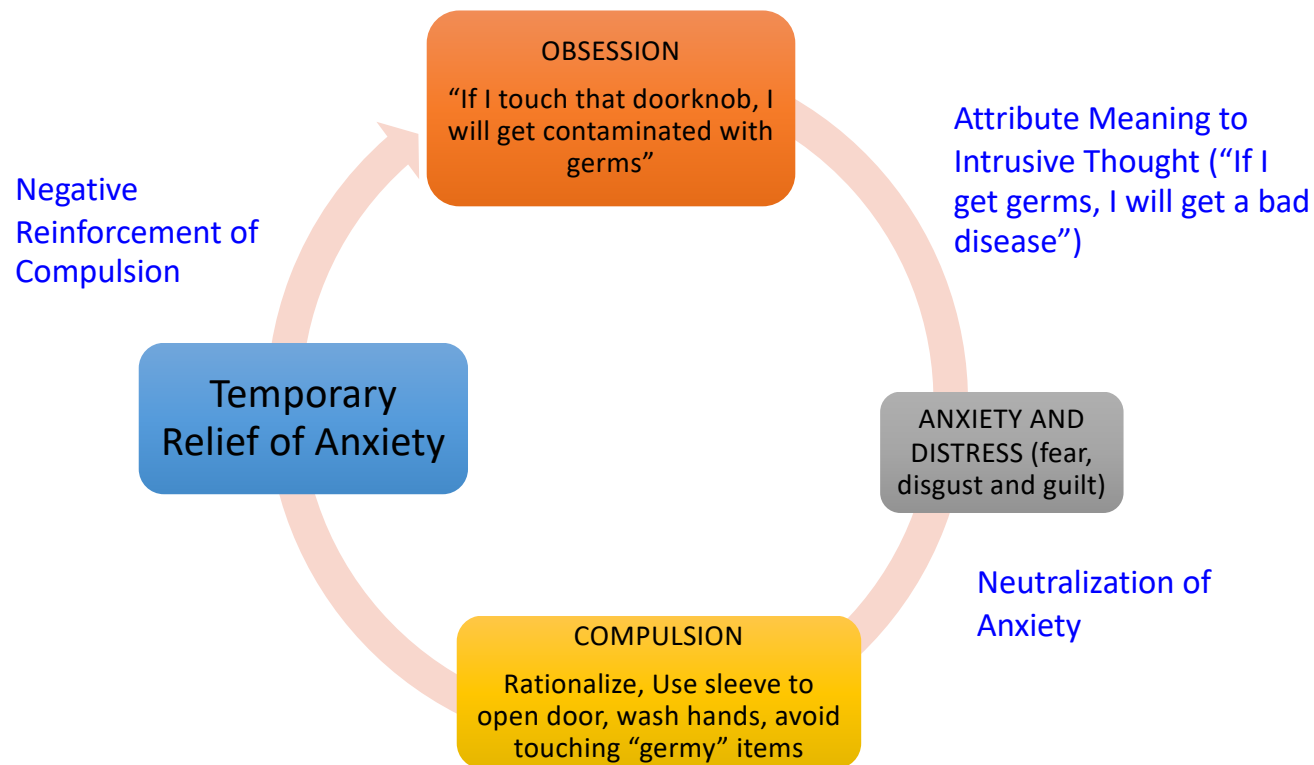Let's get to know OCD.....

What makes it tick?

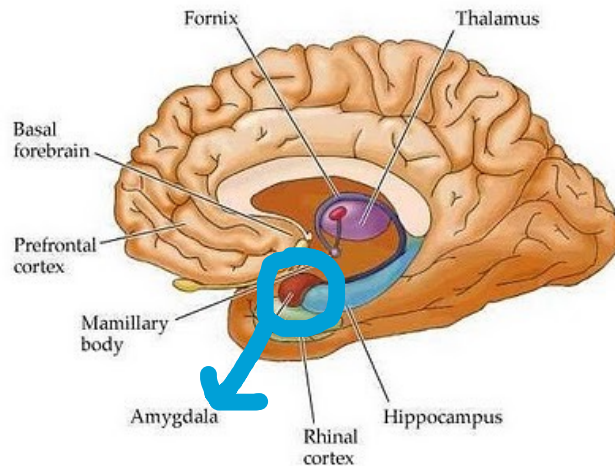OCD is a Neurobiological Disorder – it is the way that the brain is wired

OCD is like a bully …

How Obsessions and Compulsions Work Together
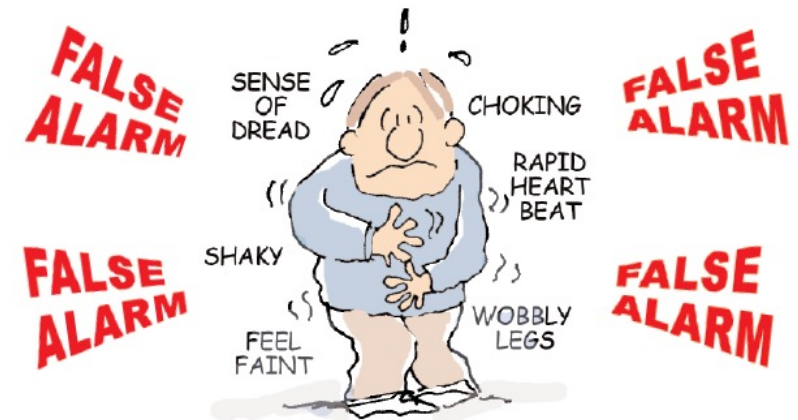
Trigger – A "dirty" doorknob

Fornix
Thalamus
Basal forebrain
Prefrontal cortex
Mamillary body
Amygdala
Rhinal cortex
Hippocampus

False fear message coming from the amygdala

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

FALSE ALARM
FALSE ALARM
FALSE ALARM
FALSE ALARM
SENSE OF DREAD
CHOKING
RAPID HEART BEAT
SHAKY
WOBBLY LEGS
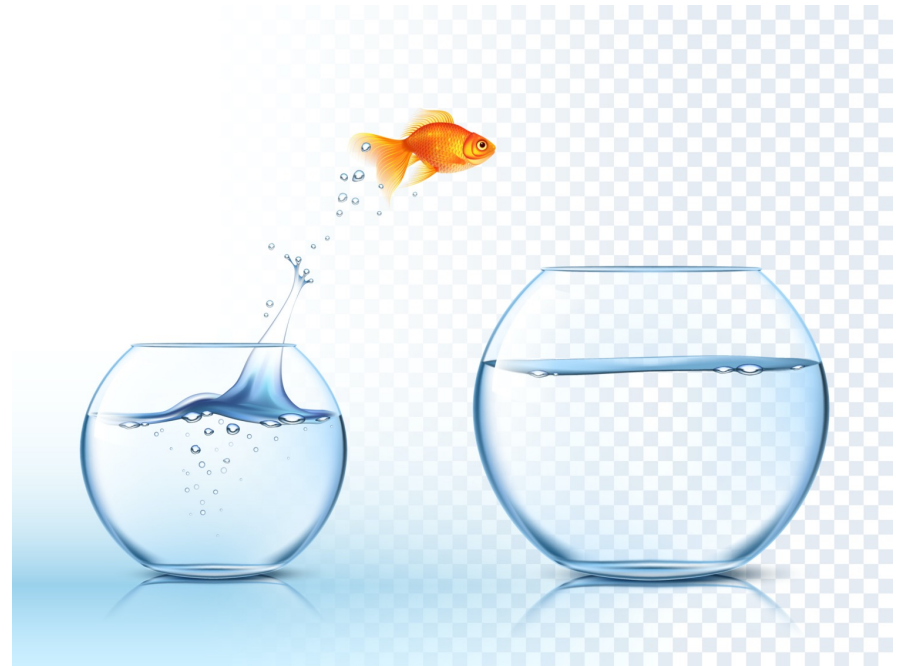FEEL FAINT

Doubt & Fear
Just Ahead

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
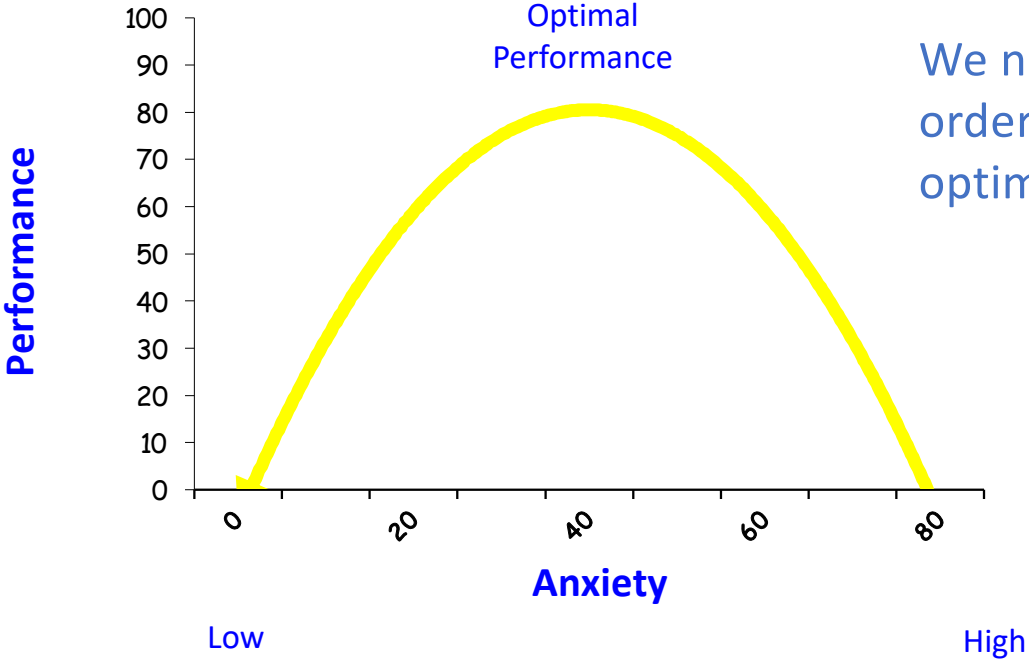
A New Relationship to Uncertainty

?

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

The Relationship between Anxiety and Performance

Anxiety feels horrible and is extremely unpleasant, but eliciting anxiety (by doing ERP) is not dangerous

The Relationship between Anxiety and Time
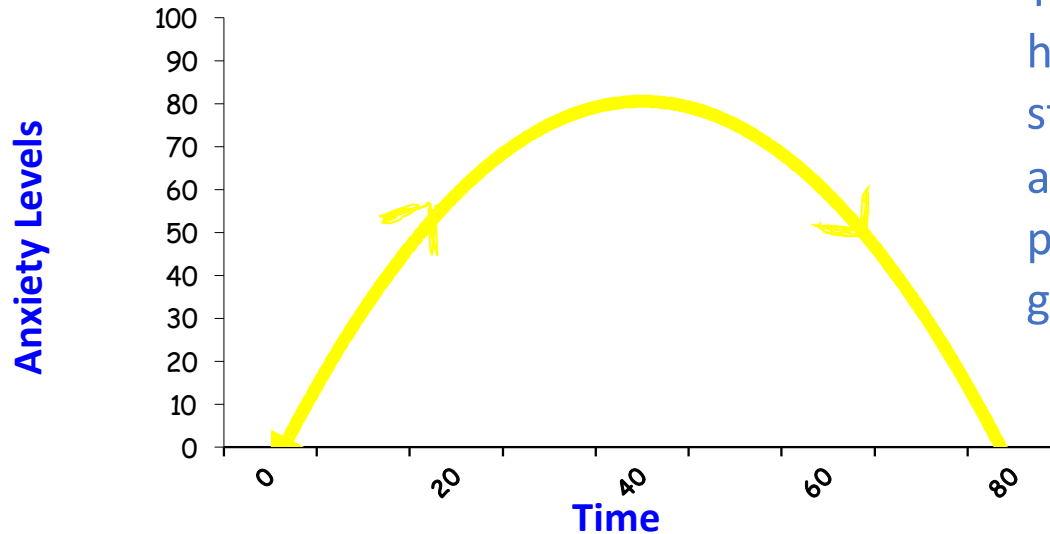
The body can not remain in a highly sympathetically aroused state for a long period of time and so it must reset, the natural progression of anxiety is that it goes up and then goes down

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What happens when anxiety gets too high?
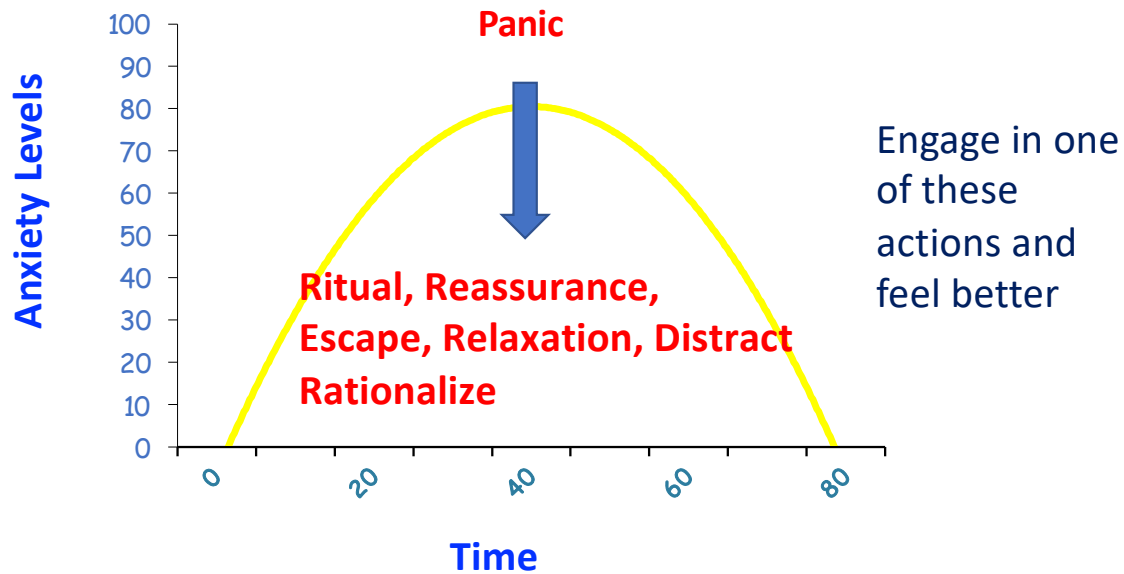
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You get caught in the OCD trap

Anxiety Levels (y-axis, 0–100) vs Time (x-axis, 0–80)

Ritual, Reassurance, Relax, Escape, Distract, Rationalize

OCD in Control

Child/Teen in Control
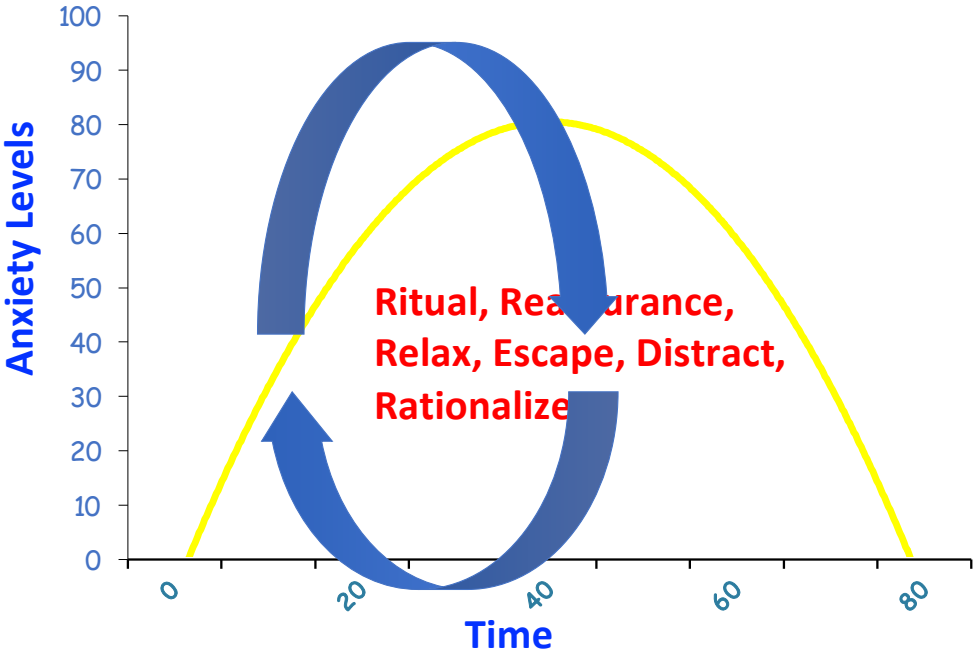
The next time the same scary thought comes, engage in same action again to feel better

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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

- 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)

Cognitive Behaviour Therapy

- Include components of psychoeducation, cognitive strategies, and exposure response prevention (ERP).
- 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).

Children and Cognitive Behavior 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).

- 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) including multi-component programs comprising of ERP (Rosa Alcazar et al, 2015).

- Studies show durability of gains of CBT (Storch et al., 2007) and suggest that evidence-based treatment for pediatric OCD has long-term positive effects and generalises across community sites, countries (Højgaard et al., 2017; Melin et al., 2020; Williams et al, 2010; NORDLOTS - Torp et al., 2015)).

CBT and the family

Family-focused CBT (CBFT)

- Multiple reviews found CBFT was associated with less 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).

- Strong evidence base for both traditional CBT and Cognitive-Behavioral Family Treatment (CBFT) modalities (Iniesta-Sepúlveda, et al, 2017; Öst et al., 2016; Wu, Lang, & Zhang, 2016)

Parent-only based intervention for childhood anxiety/OCD

- Supportive Parenting for Anxious Childhood Emotions (SPACE), Program - Includes 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 is effectiveness on pediatric OCD are warranted.

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 <u>not</u> 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*"

Tricks by OCD

- You need to be 100% sure that these scary thoughts are not true
- You can't handle these icky feelings and its not good to feel them
- If you don't listen to me and do your ritual, then these icky feeling will not go away, and the scary thought will happen

Truths

- It is not possible to be 100% sure because there is always doubt since we can't read the future

- Its normal and OK to have icky feelings and you can handle these strong icky emotions better than you think

- Eventually the icky feeling will go away if you don't listen to OCD, but if you listen then OCD will bring back the scary thought

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

IT'S NOT ENOUGH TO ELIMINATE THE NEGATIVE,
YOU MUST FILL YOUR MIND WITH POSITIVE THINGS.
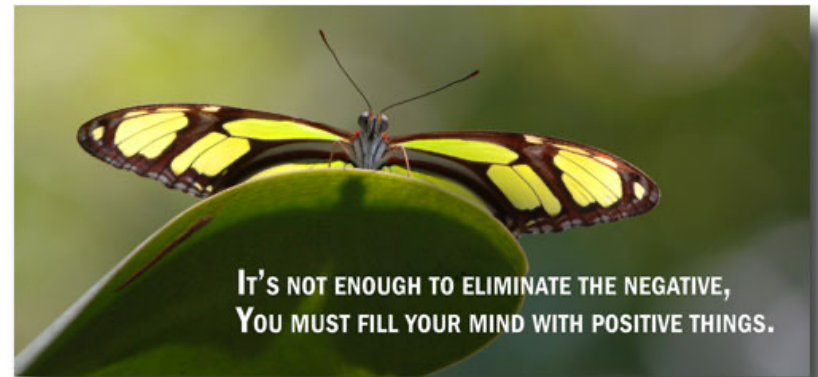
Ignore or push away the thought?

Can you just forget about your *silly* and *crazy* thoughts?

NO

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

Stop thinking the bad thoughts?

How do you run away from things that are in your head?
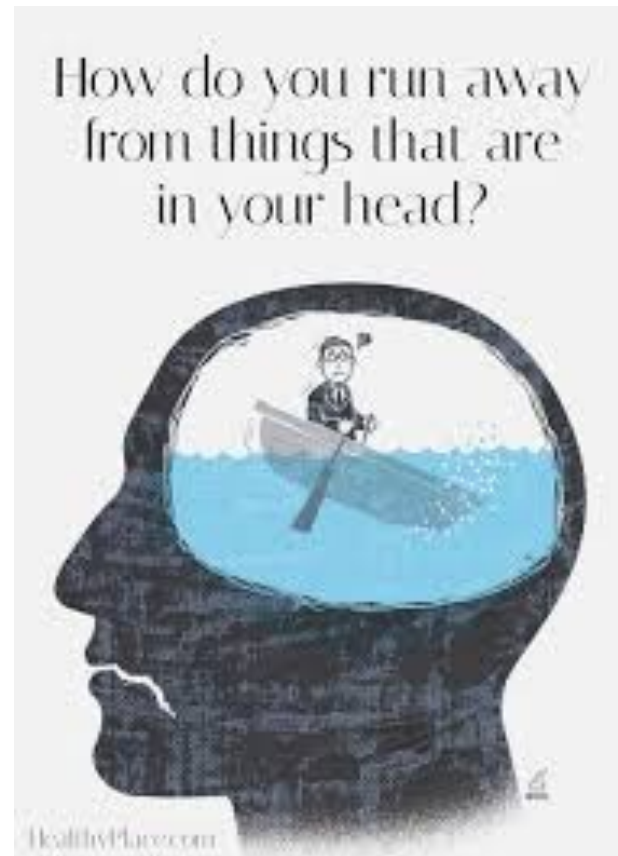
Challenge the reality of your fears – talk back to OCD?

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

The future is completely uncertain...

...I am completely certain of this.
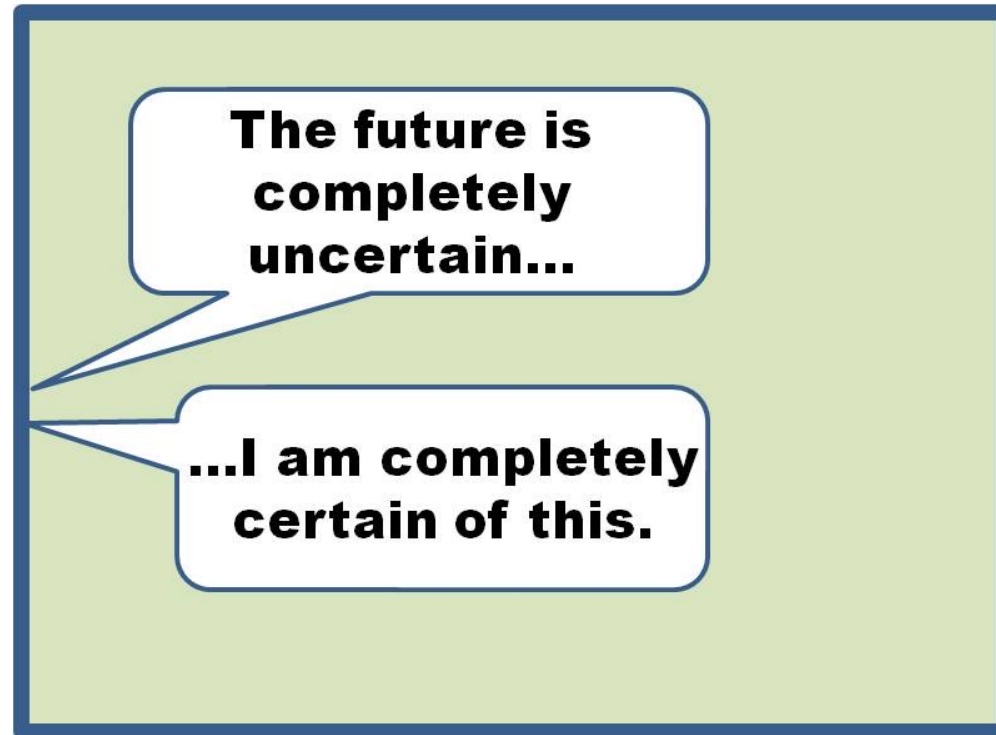
"Uncertainty is an uncomfortable position. But certainty is an absurd one."

Voltaire

How to talk back to OCD and use effective Cognitive Strategies

- Agree with the uncertainty of the fear ("its possible")
- 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 '"

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

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
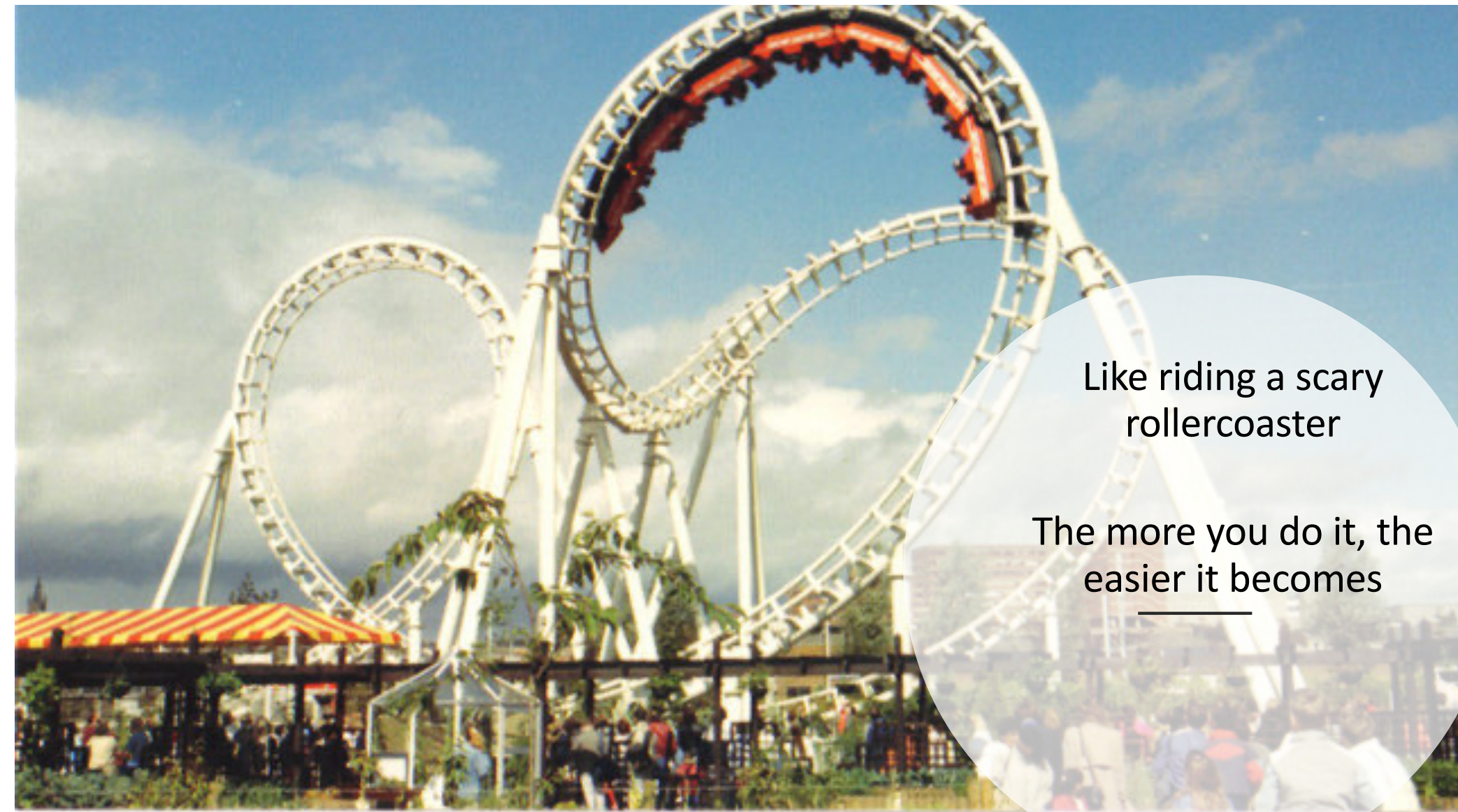

Within trial habituation
Between trial habituation
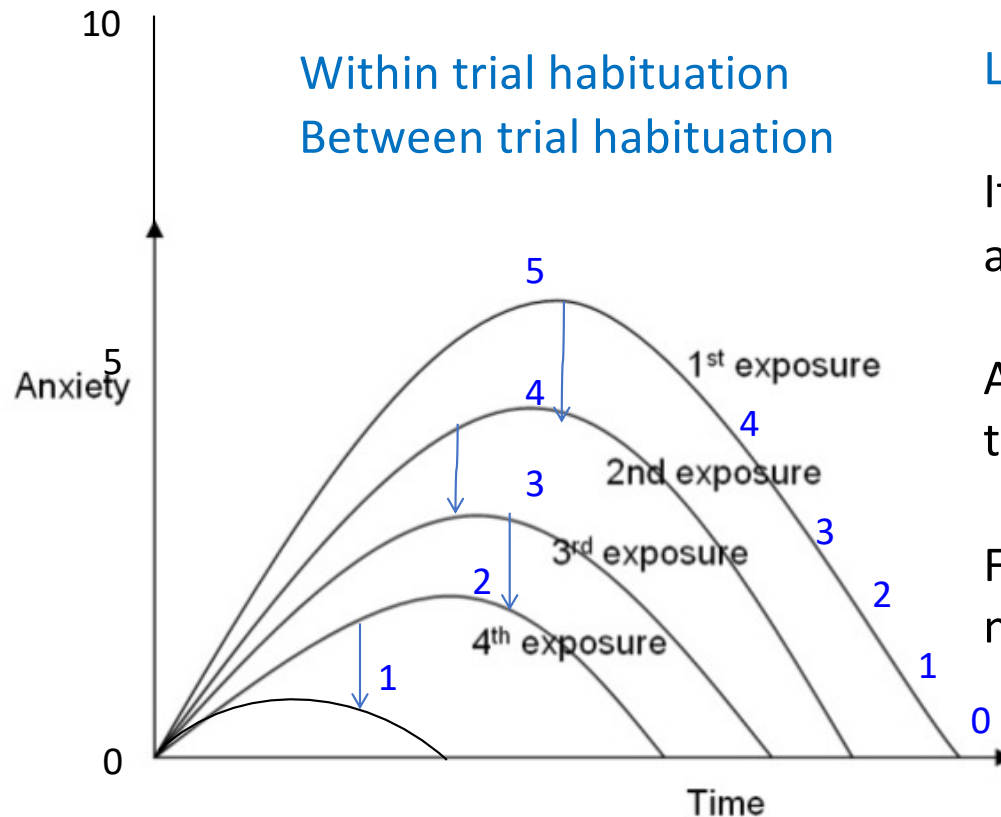
Learn …

If not engage in compulsion, anxiety will subside on its own

Able to tolerate anxiety better than thought

Feared consequence does not necessarily happen

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

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

Assembling the Toolkit

Before we start ERP we need a set of tools:

Name OCD

Journal

Anxiety Scale

Fear Hierarchy
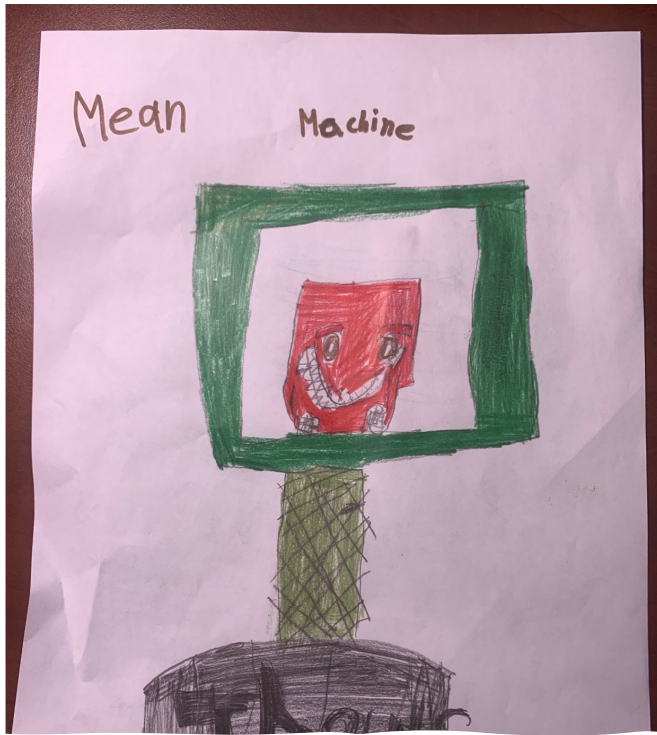
Mean Machine
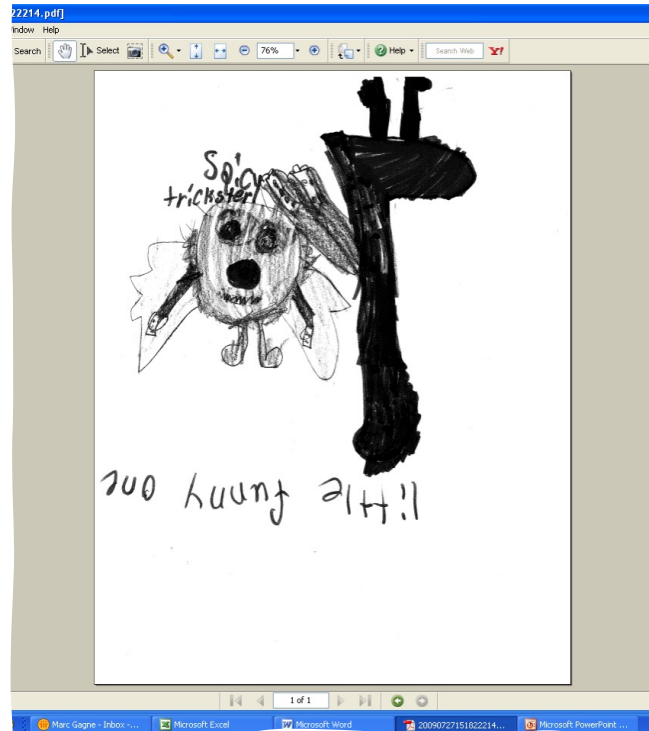
Spicy Trickster

Mean Man

Give OCD a Name

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

Ask: "How much is OCD bothering me?"

Ask: "How hard is it for me to not listen to OCD (and resist my ritual)?"
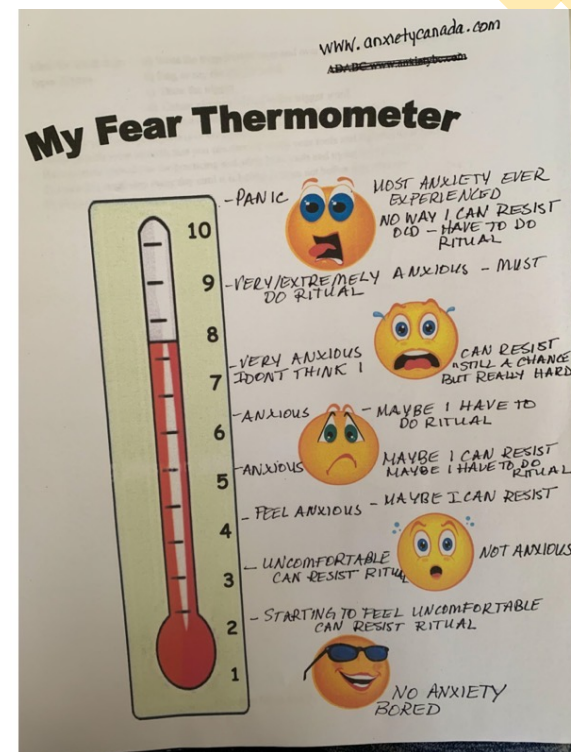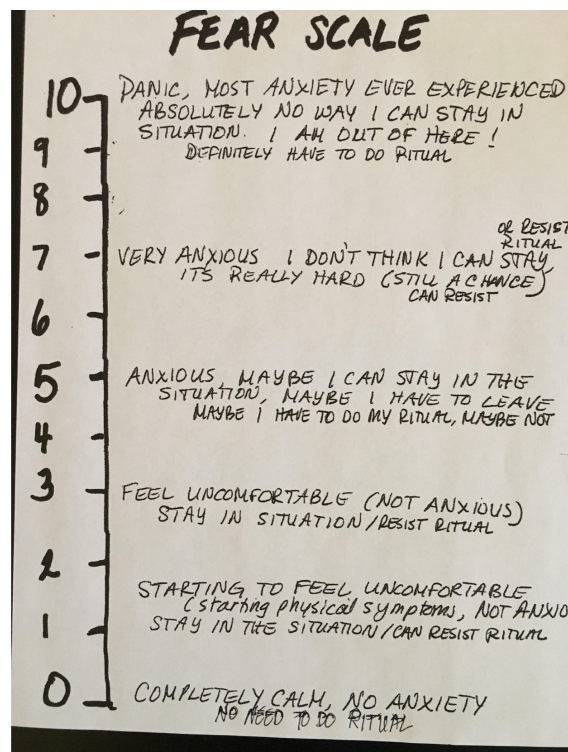
Identifying the Fear

- 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"*

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)

Using Thought Bubbles
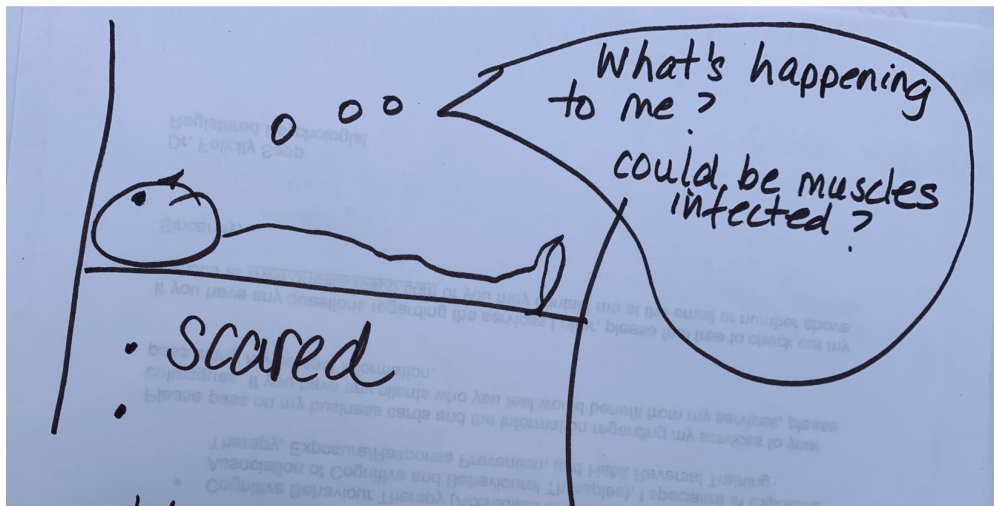
Development of Fear Hierarchy/Bravery ladder

- Using the information gathered – identify the fear and feared consequence

- 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

- Separate hierarchies for each fear (if more than one)

Bravery Ladder

When you start to challenge OCD

You will start on the lower rungs of the ladder

As you start to win against OCD on the lower rungs, then you will continue challenging OCD by moving up the rungs of the ladder

BRAVERY LADDER

Developed by: Felicity Sapp. PhD., R. Psych (2012).
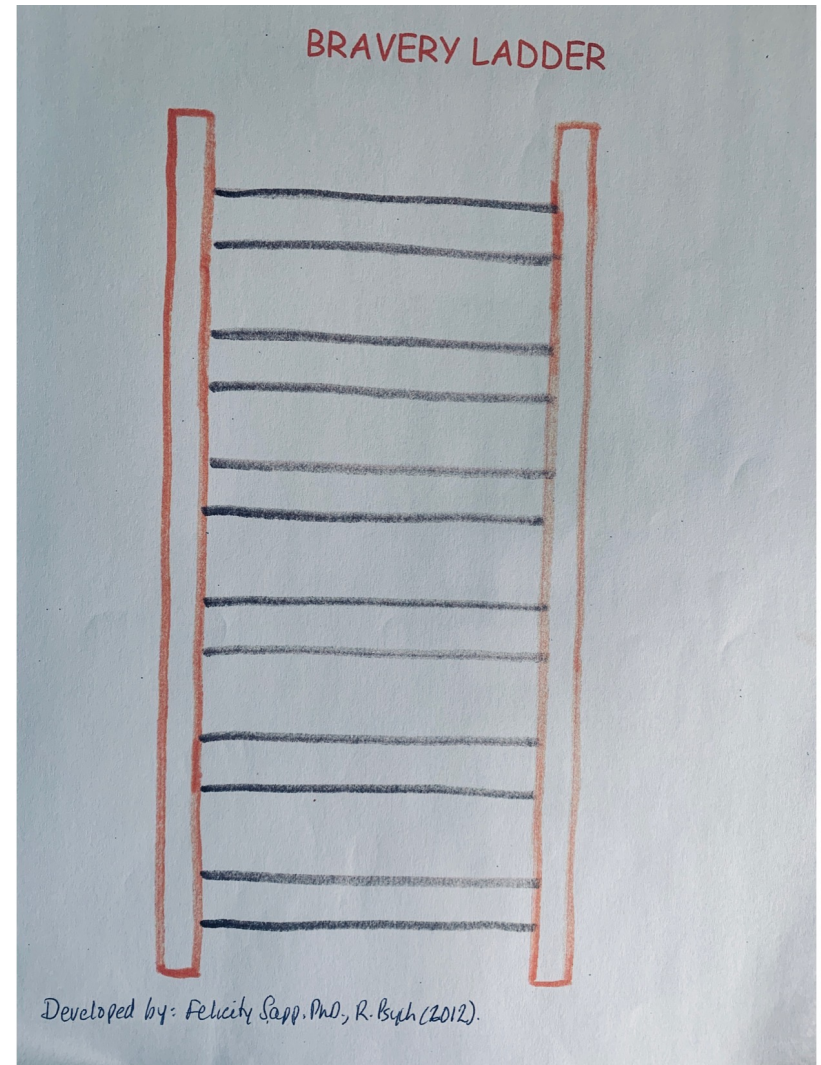
Fear of making a mistake

BRAVERY LADDER – checking

Step	Rating
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

Fear of bad thoughts happening

BRAVERY LADDER – Repeating

Step	Rating
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

Case Presentation – "Sally"

- 9-year-old with severe anxiety present most of the day regarding a fear of vomit and getting sick. It started as a fear of cold/flu but over the past year became worse to the point that she was engaging in excessive hand washing to point where skin was raw
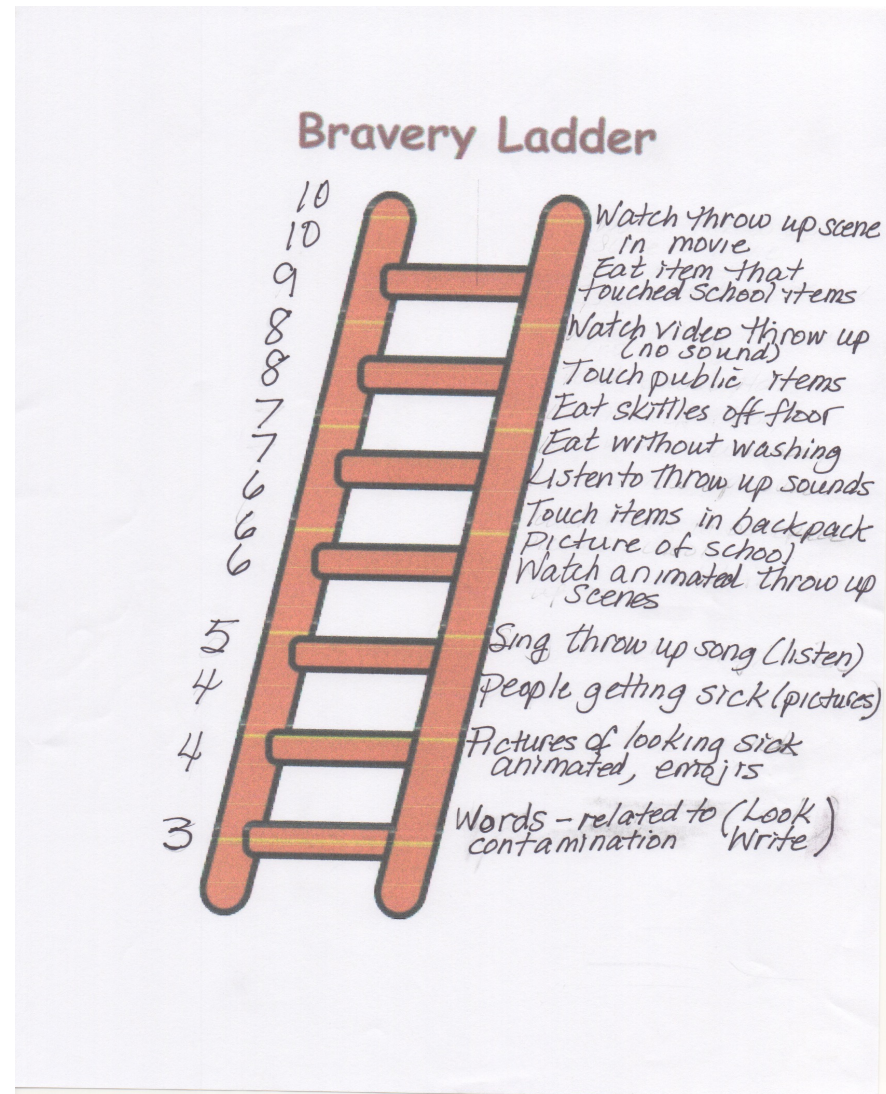
Obsessions

- Fear of germs
- Fear of throwing up

Compulsions

- Excessive washing of hands to point where raw
- Repetitive asking parents if look or feel fine and if others are sick (especially brother)
- Avoidance of touching items that been to school or deemed "contaminated"
- Spitting to get rid of germs to prevent getting sick

Fear of Getting Sick

4 - sick emojis

4 - words (sick, throw up, flu)

5 - pictures of people sick

6 - Watching animated videos of throwing up

7 - touch "contaminated" items

8 - watch movie scene

10 - eat skittles that touched "contaminated" items

Bravery Ladder

10
10
9
8
8
7
7
6
6
6

Watch throw up scene in movie
Eat item that touched school items
Watch video throw up (no sound)
Touch public items
Eat skittles off floor
Eat without washing
Listen to throw up sounds
Touch items in backpack
Picture of school
Watch animated throw up scenes

5
4

Sing throw up song (listen)
People getting sick (pictures)

4

Pictures of looking sick animated, emojis

3

Words - related to (Look) contamination (Write)

Case Presentation -"Anne"

11-year-old with history of worrying for a long time and seeking reassurance from parents, causing stress in family home

Obsessions
- Fear of hurting people's feelings
- Fear that she is a "bad" kid for having thoughts
- Fear of God punishing her for having bad thoughts

Compulsions
- Confessing/asking for forgiveness
- Repetitive behaviours (bedtime routine)
- Checking that did not offend

BRAVERY LADDER

Fear of Being a Bad Kid

10	Pictures of Hell
9	Say bad words
8	Pictures of Devil
7	Sing bad words
	Let Mum leave with only 2 hugs
6	Cheat at game with family
6	Tell a white lie
5	Play card games with feared words
4	Change prayers
	Mum reduce times respond back to I love you
3	Reduce number of "I love you"s
3	

Developed by: Felicity Sapp, PhD., R. Psych (2012).

Case Presentation - "Julie"

16-year-old with OCD who came back to treatment after admitting that did not tell the truth about doing ERP in past therapy sessions. She was experiencing "violent intrusive thoughts" for a couple of months and was motivated to resume.

Obsessions

- Fear that truly want to stab parent/others
- Fear of acting on unwanted impulse

Compulsions

- Talk self out of fear
- Push away violent images and distract
- Take pictures as time stamps on phone
- Need to tell Mum about intrusive thoughts/images
- Reassurance (self/Mum) that fear would never happen

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

Case Presentation – "Mike"

15-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

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

Fear Hierarchy

Examples of Trigger items for fear of being immoral	Anxiety Level
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

- Be aware of where your patient is developmentally and 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

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