



Exposure and Response Prevention Treatment for ▼ Pediatric OCD— Developing and Implementing ERP

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Disclosures

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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 steps of ERP treatment
- Create individual fear hierarchies related to a specific fear and implement ERP treatment
- Apply and adapt creative techniques to ERP treatment based on the age of the child/teen



OCD affects anyone and does not discriminate

No. No, Ma'am.

No, "having OCD" is actually different to "being a bit finicky".

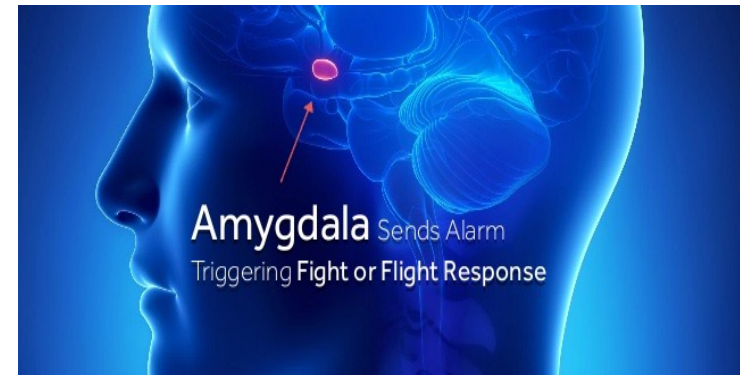
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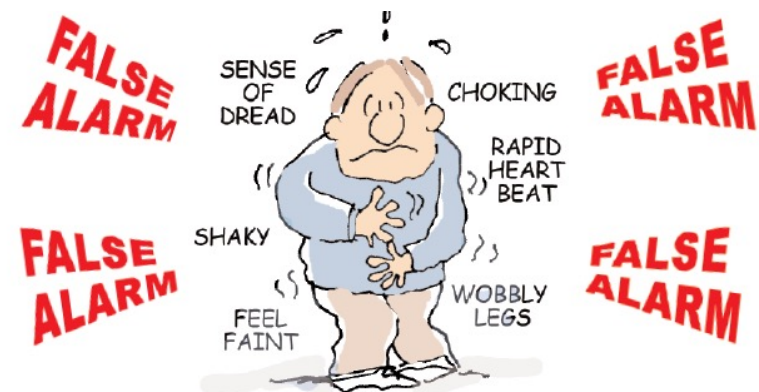


OCD is a
Neurobiological
Disorder – it is
the way that
the brain is
wired

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



False fear message coming
from the amygdala





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

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

Behaviour Part of CBT – Exposure and Response Prevention

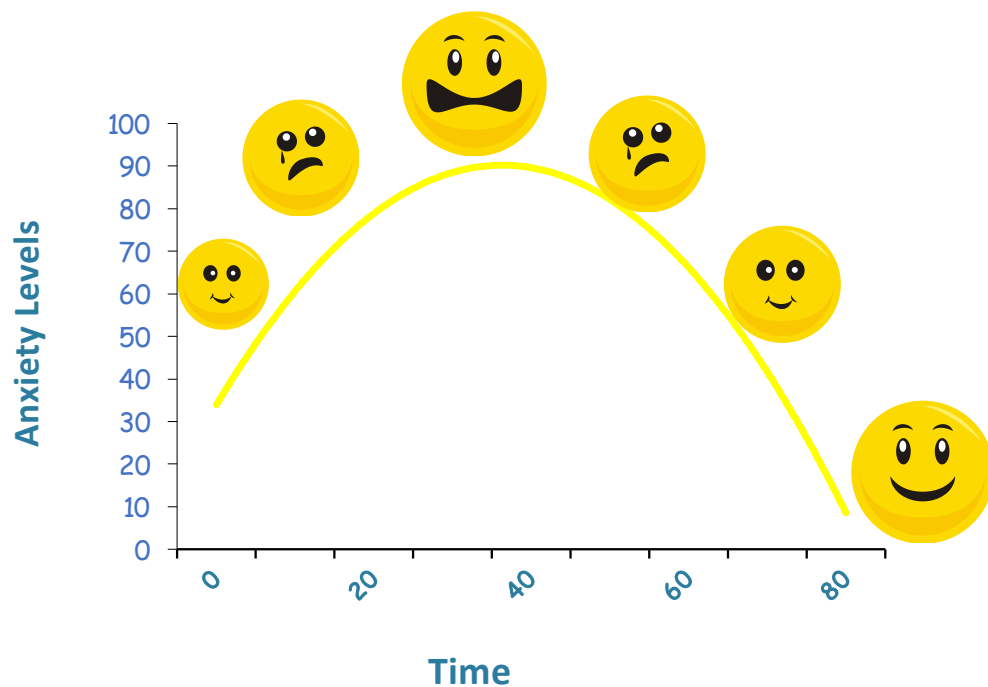
Exposure and Response Prevention Therapy

- Exposure – to triggering situation, place, thought, urge or object while being prevented or encouraged to not engage in the ritual
- Ask lots of questions to identify the core fear
- From the journal identify triggers and avoidance behaviours
- Rate each trigger using the fear thermometer/anxiety scale
- Arrange triggers on bravery ladder/hierarchical scale related to one specific fear
- Start with the items on the lower end of the scale and work your way up

Exposure and Response Prevention

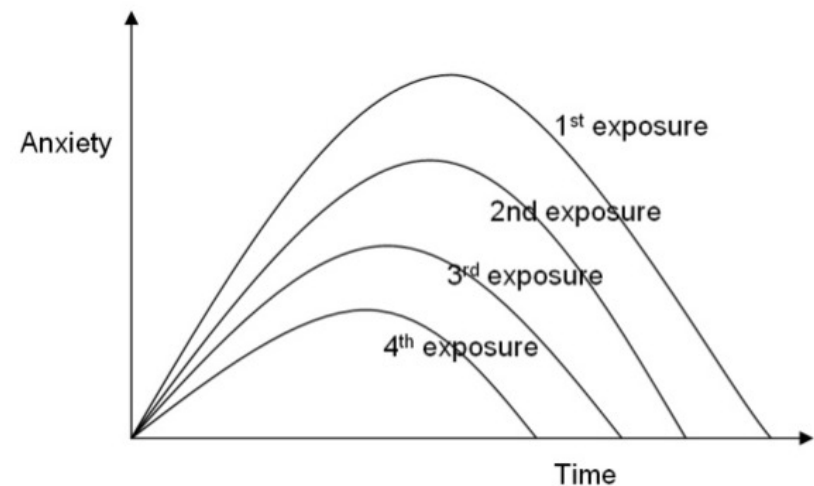
- Review of adult exposure therapy literature found that a compound exposure approach (Rescorla, 2006)
 - exposure to two separate triggers, followed by exposure to both triggers simultaneously may help maximize habituation (versus exposure to a single trigger) Craske et al., 2008
- Exposure to the highest rated triggers is not necessarily done at the end of treatment but partway through
 - Allows practice and opportunities to apply to real life

The relationship between anxiety levels and time during ERP



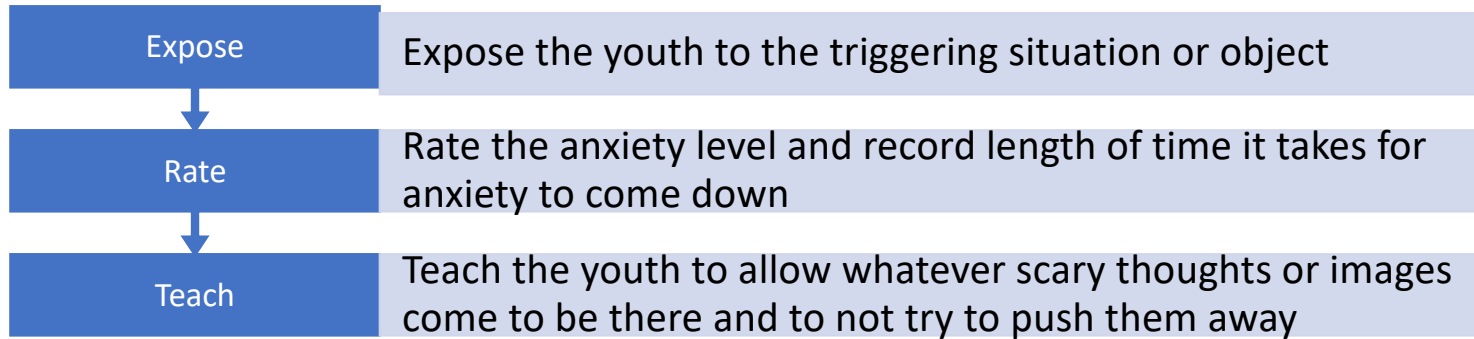
Dr Felicity Sapp, OCD and Anxiety Psychological Services

Within trial habituation
Between trial habituation



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

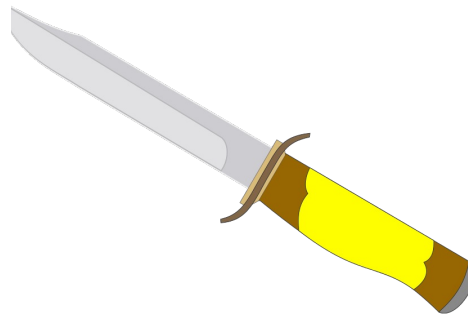
ERP Steps



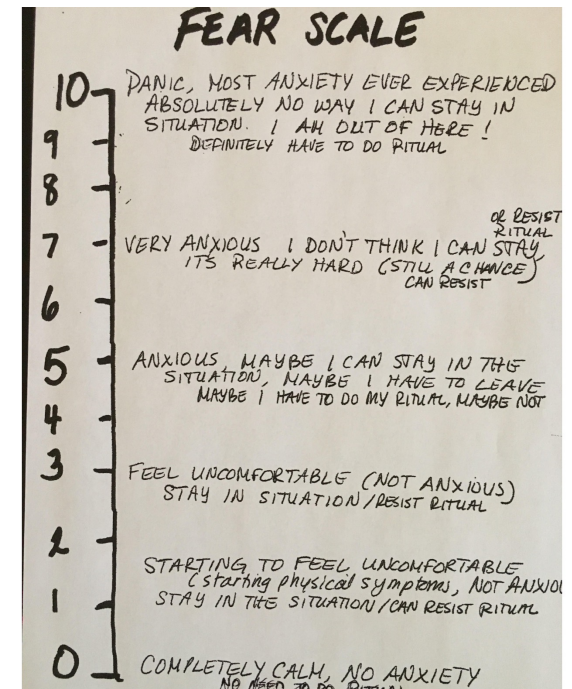
“What if I take the knife and stab someone?”

“What if I lose control?”

“I must be crazy”



knife



ERP Steps ...

- Teach the parents and youth not to engage in any behaviours that will help the youth feel better (no relaxing breathing or self reassurance), including the parent rescuing the child from the anxiety (Dr. Paul Munford – “false fear blockers”)
- Instead encourage the child/teen to feel the anxiety and let it come down all by itself
- Habituation occurs – anxiety goes down naturally (Foa & Kozak, 1986; Foa & McNally, 1996)
- Parent as helper (if desire) and reward for being brave

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
- Practice makes routine ... and retrains the brain
- Through ERP – youth learns ...
 - if not engage in compulsion, anxiety will subside on its own
 - Able to tolerate anxiety better than thought
 - Feared consequence does not necessarily happen
- Once the amygdala learns that it is not dangerous then it stops sending the false alarm

Common Pitfalls for Therapists

(Gillihan et al , 2012)

- Not identifying or teaching patients how to resist mental compulsions effectively
- Unintentionally providing reassurance for patient
- Not able to recognize how far and when to move patients into higher anxiety provoking situations
- Not engaging significant others in treatment when needed
- Not informing parents when they are interfering with treatment process
- Not using imagined exposure effectively
- Allowing distraction during ERP
- Allowing relaxation during ERP
- Getting into a situation where the youth is “arguing” or rationalizing with you
- Therapists own fears/beliefs get in the way of treatment (Keleher et al., 2019)

The Elements of CBT treatment

Getting Ready for Treatment

- Motivation enhancement strategies
- Goal Setting
- Education about OCD and CBT/ERP
- Putting together the tool box
- 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

Fixing the False Alarm

Exposure and Response Prevention Tasks

- Planned ERP tasks
- Day to Day ERP tasks
- Imagined ERP tasks
- Family Involvement



What does a typical session look like?

- Check in with parent and youth
- Review previous assigned ERP tasks
- Develop and test out new ERP tasks (making changes to previous)
- Discuss ERP assignments to complete prior to next session

Explaining Planned ERP

- It is the formula to fix the false alarm that is happening in the brain
- If you feel distress, then you are doing ERP correctly – if you don't feel any distress then you will gain no benefits from ERP tasks
- Stay in the trigger situation long enough for anxiety to decrease 50% in order to retrain amygdala
- Amygdala doesn't learn instantly - needs repetition and consistency
- Analogy to learning a new skill – if practice once a day for a week (will be better at the skill) versus practice once a week for 7 weeks
- Let youth know that once (error messages do not cause the whole system to shut down), then brain is re-trained and the need to do planned ERP tasks is reduced

Planned ERP – Outside of the session

- Assign 30-45 minutes a day of planned ERP for a child
- 40-60 minutes/day for a teen
- Want the sessions to be long enough that several trials of the same ERP task are completed, as it gives an opportunity for the patient to experience both within and between trial habituation
- Planned, repeated and frequent ERP tasks - the more youth does, the faster s/he will get better
- Assignments – ERP tasks tested out in session are practiced
- Rewards are earned for “brave behaviour” and bossing back OCD by doing ERP tasks at home

Explaining Day to Day ERP

- Every time that OCD shows up, child/teen is not going to stop and do a planned ERP to bring the anxiety down
- Goal is to learn how to respond to OCD when it pops up during the day
- Neutralize any “automatic mental rituals” by bringing back the fear, not use distraction or reassurance

Day to Day ERP - Living with OCD

- Assign day to day ERP tasks
- Purposely have triggers in the background of day to day living
- so that constantly exposed throughout the day
- Incorporate parents to trigger youth throughout day
- When youth triggered, respond to the obsession with uncertainty, let the fear be present “maybe something bad could happen, maybe not” and allow youth to feel the anxiety and once the distress reduced by at least a notch then move on with day
- Note in journal times throughout the day when bossed back OCD and reward for “brave behaviour”

Explaining Imagined ERP

- Imagined ERP is necessary for recovery as it helps maintain gains over time when used in conjunction with real ERP as compared to use of real ERP alone (Foa et al., 1980)
- First step before start real life ERP - allow youth to become comfortable with uncomfortable feelings in nonthreatening situation
- Can be written at various anxiety levels
- Allows youth to face fears that we are unable to create in real life - *Not going to create a situation where harm comes to Mum, but can imagine it*
- Engage in thoughts that have avoided - break false alarm and eventually habituate

Family Accommodation

- Need to assess family involvement
 - Family Accommodation Scale for Obsessive Compulsive Disorder Self- Rated Version (Pinto, Van Noppen & Calvocoressi, 2012)
- Set up behavioral contract to reduce parent accommodations
- Parents still need to set limits and have expectations regarding behaviour
- Normalize life for child or teen as much as possible

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
- Family history of anxiety on both maternal and paternal side and brother experiences anxiety
- Diagnosed with severe OCD (CYBOCS = 27)
- Family conflict due to high levels of distress
- Parents give into demands to keep the peace

Sally's Obsessions and Compulsions

Obsessions

- “What if I get germs from school on me?”
- “What if I get sick and throw up?”

Compulsions

- Excessive washing of hands to point where they were 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

Motivational Issues and Explaining OCD

- Nickname for OCD (picture) and child friendly terms
- Use of rewards and incentive programs – brave board
- Use games and make bossing back Mean Machine “fun”



Designed by Hobbie Shop 51 For Mums4Mums.com

This chart belongs to: _____

Reward Chart

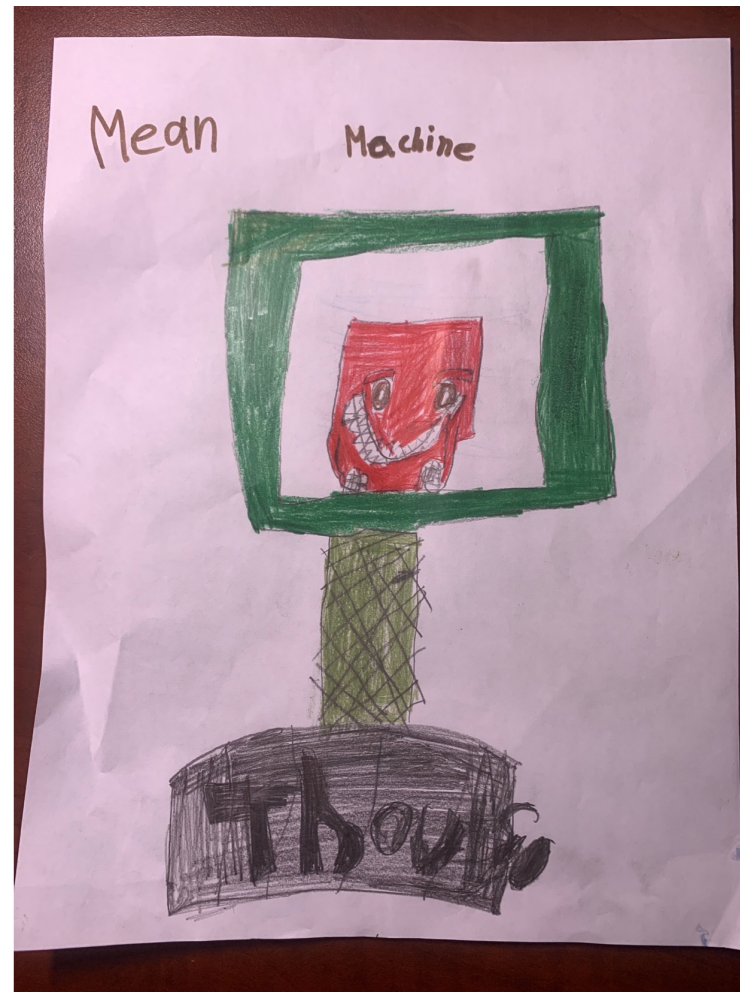
TASK	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	TOTAL

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 _____

Explain as a bully
that has been
bossing Sally around
and – tired of
listening to Mean
Machine – time to
take back control



Explaining ERP

Assembling the Toolkit

- Tools that she will use to fight back Mean Machine
- Concrete use of objects to help explain process of therapy
- Journal
- “fear thermometer”
- Map of Sally’s life to determine work zone
- Hierarchy “bravery” ladder

Only way to
get over fear
is to go
through it

Need to face
fear in order
to erase it



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



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Do not argue
with OCD,
such as
trying to
rationalize or
challenge
the reality of
the
obsessions
because OCD
will always
win the
argument



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What was Sally's fear?

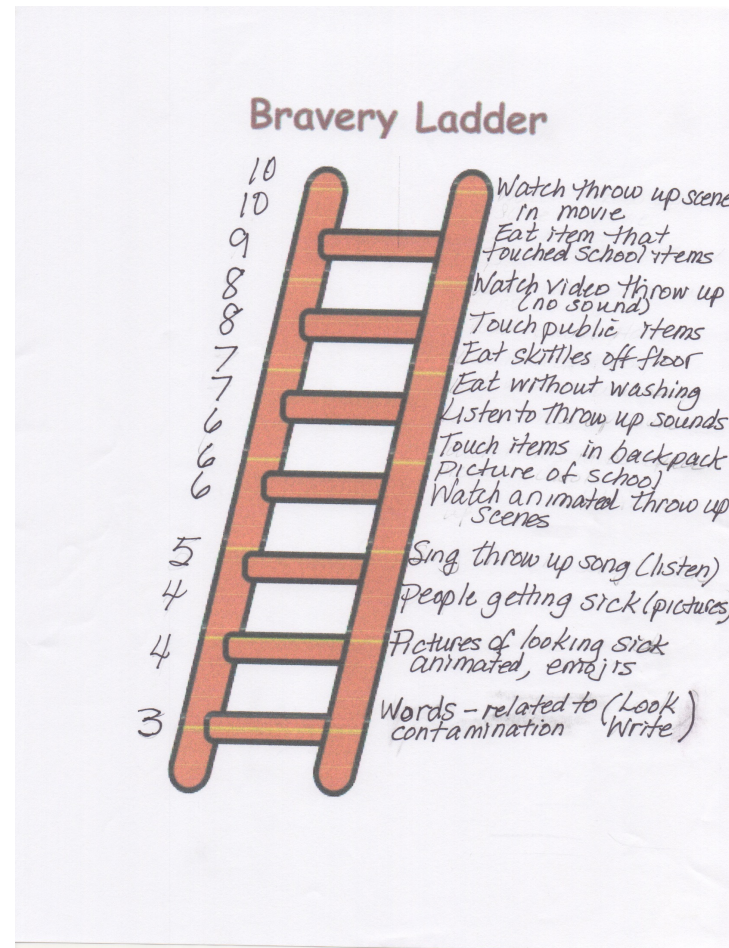
- Fear of getting sick and throwing up and it is “gross”
- Bravery ladder for “Fear of Vomit”
- Be a detective and investigate Mean Machine (journal)



Here is a list of the some of the items on her bravery ladder and the anxiety levels she gave them on her fear thermometer

Start on the
lower rungs and
work way up

Sally helps
choose which
step on the
ladder (for ones
that are rated at
same level) use
for ERP



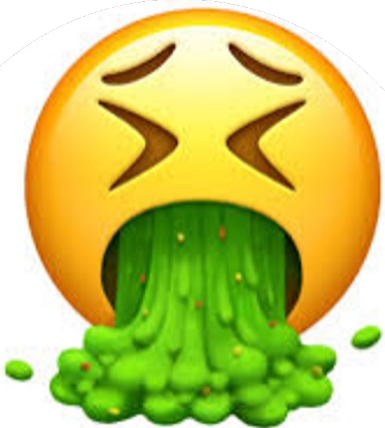
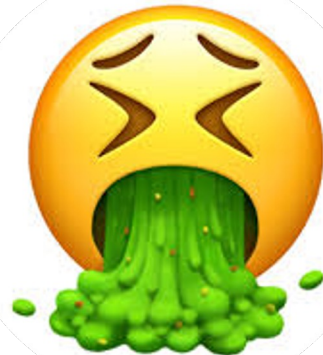
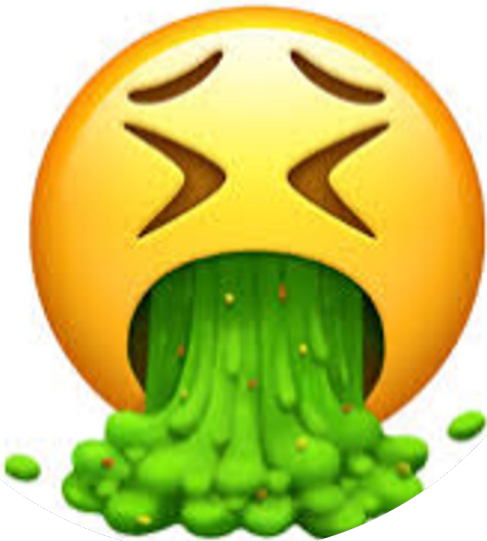
Sally's Sample Planned ERP tasks

- Playing matching games with pictures of people looking sick (emojis, animated, real)
- Playing hangman with words and phrases
- Arts and crafts
- Watching animated videos of throwing up
- Touching “contaminated” items
- Eating skittles that touched “contaminated” items

Model ERP task for child – parent and therapist (you do it too!)

Sally's Sample Day to Day ERP tasks

- Put up pictures of trigger items and posters made of target words all over house and look at daily
- Listen to vomit sounds in background while at home
- Mum and Dad sing throw up song and say target words multiple times/day



One night Felicia is reading in her bed before she goes to sleep. She claps her hands and her maid turns off her light and leaves. Felicia falls asleep quickly. But in the middle of the night she wakes up feeling nauseous, and smells puke. All of a sudden she turns over, facing the ground and pukes. She calls out to her parents but nobody comes or can hear her. She keeps on puking, and when she tries to get up she faints. She continues to throw up even while she's passed out. The next day, the maid comes down to wake her and finds her in a pile of puke on the floor.

Sally's Imagined Scenario

Family Accommodations

- Mum was involved in feeling Sally's forehead and giving reassurance that not sick multiple times/day
 - Baseline obtained for whole day and then broken down into time periods
 - Gradually reduce at night-time first and then before school
 - Allow Sally to sit with the uncertainty that she may get sick and throw up – not rescue
 - Sally feel the “icky” feeling and rate level on her fear thermometer
 - Reward for being brave – set up a token or incentive program

Token Economy

An incentive program for Sally's "brave behaviors" to reduce reassurance seeking

- Family produces the list of rewards together
- List of small rewards (8-10 that earn 1-2 days)
- Medium rewards (8-10 that earn 1-2 weeks)
- Large reward when reach final goal



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Sally earned stickers/points/chips for bossing back OCD and then she would cash in the stickers to "buy" an item from her reward list

Token Economy

Reduce Reassurance Seeking

50 questions per day → Reduce by 5/day over each week

Sally received 50 tokens at start of each day (then reduce by 5/week)

Gives away one token each time she wants reassurance

Mum: "Are you sure you want to give up a token?"

Tokens remaining at end of day are used to purchase small rewards or save for larger ones



Case Presentation – “Anne”

- 10-year-old with history of worrying for a long time, worsened in past 2 months to point where seeking reassurance from parents and causing stress in family home
- Maternal and paternal family history of both anxiety and possible OCD
- Diagnosed with OCD (low end of severe range)
- Parents give into demands to keep the peace

Anne's Obsessions and Compulsions

Obsessions

- What if I said the wrong thing? What if I offended her?
- If I am having these “bad” thoughts, it must mean I am bad
- What if God punishes me?

Compulsions

- Confessing/asking for forgiveness
- Repetitive behaviours (bedtime routine)
- Checking that did not offend
- Avoidance of sitting on couch or parents' bed where their bums could have touched

What was Anne's fear?

- Fear of hurting people's feelings
- Fear that she is a “bad” kid for having inappropriate thoughts about parents
- Fear of God punishing her for having bad thoughts

Identify triggers throughout day (journal)

Here is a list of some of the items on her bravery ladder and the anxiety ratings she gave them.

Fear of Being a Bad Kid

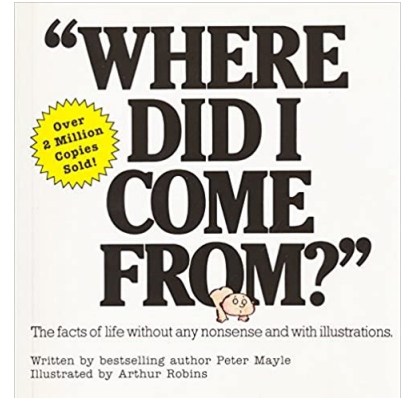
BRAVERY LADDER

10	Pictures of Hell
9	Say bad words
8	Pictures of pregnant bellies
8	Pictures of Devil
7	Sing bad words
	Look at male body pictures from book
6	Let Mum leave with only 2 hugs
6	Cheat at game with family
	Tell a white lie
5	look at female barbie no clothes on
4	Play card games with feared words
	Change prayers
	Mum reduce times respond back to I love you
3	Reduce number of "I love you"s
3	Sit on couch with PJs on

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

Anne's Sample Planned ERP tasks

- Where do I come from? book - pictures
- Arts and crafts with “bad words” and pictures
- Sit on toilet seat that others use (wiggle dance)
- Bump into parents – “dance and do the bump”
- Look at pictures of pregnant bellies (from the book; real people)



Anne's Sample Day to Day ERP tasks

- Collage of pregnant bellies (put on wall)
- Sit on couch with PJs on
- Cheat when playing a game
- Play charades and act out feared words
- Change bedtime routine with parents
- Create a song about feared content
- Purposely tell a white lie to Mum

Family Accommodations

Confessing to Mum

- Baseline obtained - reduce by starting with time of day (e.g., before school) and then increased time periods
- Changed Mum's response *"maybe God is upset, maybe not"*

Parents participating in rituals at bedtime

- Details of specific ritual (# of times, exact wording)
 - Small changes made to wording (not change #)
 - Reduce # of times say phrase
 - Reduce # of times and changes made to phrase
-
- Rewards earned for being brave and put in brave book

Case Presentation - “Julie”

Initially seen when she was 13 years old because of harm obsessions. She “completed” treatment but every 4- 6 months would have a relapse.

When she was 16 years old, she 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.

Resistant to Treatment – what to do?

Increase Motivation

- List of how OCD impact different aspects of youth's life
- What would your life look like if OCD not bossing you around?
- Temporarily reduce pressure to do planned ERP and incorporate more into daily life
- Involve parents in ERP (day to day triggering)
- Make ERP fun “ish” - child friendly – games, use technology
- Shift to an easier item on hierarchy or stay with trigger items longer before move on to increase success and feelings of accomplishment

Token Economy

Julie's Obsessions and Compulsions

Obsessions/Fears

- truly want to stab parent/others
- Will lose control and act 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 – harm/ kill others	10
Stab motion with knife and stab picture of parent	9
Not tell/confess to Mom when have a "bad thought"	8
Hold a knife in stab position	7/8
Hold a knife	6
Help chop vegetables with Mom present	6
Delete time stamp photos when at home (busy with homework)	5
Look at pictures of knives	5
Reduce number of times that tell Mum when have a violent thought	4
Use scissors in kitchen (Mom present)	4
Get rid of photo stamps of times at school	3

Julie's Sample Planned ERP tasks

- Look at pictures of knives (real, bloody, with hand)
- Hold knife (plastic, sharper)
- Stab motion with knife
- Stab pictures of people with the knife
- Delete screen shots
- Movie (trailer; scenes)



Julie's Sample Day to Day ERP tasks

- Gradual reduction of reassurance seeking
- Table knife in bedroom
- Watch movies that avoid
- Volunteer to chop vegetables and be around Mum
- Create collage of teen murderers
- Delay or resist urge to take screen shot

Agree that "I'll never know for sure.. Its possible that because I am having this (violent) thought, it means I want to have it and will act on it."

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	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 Sample Planned ERP tasks

- Look at pictures of alcohol, weed, vapes
- Hold vape, cigarettes and mimic use
- Look at pictures of teens “partying”
- Watch scenes from an avoided movie, TV show
- Watch TicToc videos of avoided topic
- Look at pictures of Devil

Hell



Mike's Sample Day to Day ERP tasks

- Collage of pictures and words
- Not confess when have "bad thought"
- Cheat when playing a game
- Limit and reduce apologizing
- Tell a white lie to friends and family members
- Go on Instagram sites that wanted to avoid
- Say "curse" words multiple times in a day
- Act out (with parents and family) drinking and vaping while playing card games together



Agree that "I'll never know for sure.. Its possible that I may be acting immorally and end up an alcoholic, druggie."

Turning unexpected triggers into ERP

- Unplanned exposures
 - Social media, magazine image, news article, radio broadcast or song – use it as a trigger and develop an ERP task
 - Respond with uncertainty
 - *“It’s possible that I might be just like....., its possible that I may stab my Dad.”*
 - Allow the feelings/anxiety – no mental rituals or safety seeking behaviours

The Elements of CBT treatment

Getting Ready for Treatment

- Motivation enhancement strategies
- Goal Setting
- Education about OCD and CBT/ERP
- Putting together the tool box
- 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**

Taking it out into the real world

Relapse Prevention

- Establish that child is own therapist and parents are now the coaches
- Go over how took back control of OCD - review progress
- Be on guard for OCD trying to sneak back in control (especially during times of stress and change)
- Create a relapse prevention plan - how to keep OCD at bay – lifestyle changes, stress reduction
- Make a plan of attack if OCD tries to sneak back in
 - “What would you do if?” what would be the clues?
- Reminder that have the tools necessary to fight back OCD and to use them if/when OC symptoms emerge
- Booster session – (analogy of tune ups and maintenance of car)
- Recovery is a lifelong journey – Its OK for OCD to win sometimes - ups and downs expected (lapse vs relapse)

Taking it out into the real world

Tips to share - to help the youth take back control from OCD

- The more you try to push away the obsessions the more they will return – do don't try
- Change perspective of how respond to OCD
 - Do the unexpected (e.g., the opposite of what OCD wants) *“I will sit on the couch after Dad did”; “I am staying at school even though someone was coughing”; “I am going to use this knife even though my Mum is around”*
 - Reid Wilson talks about OCD playing mind games with you so you need to fight fire with fire (play mind games back – instead of rationalizing or arguing or trying to figure out the fear – *agree with it - “It is possible that I am not a good kid”; “I may throw up”; “I may die from germs”*)
- Once able to boss around “OCD” in a particular situation, always need to because if go back to listening to OCD, then bully will take over again
- In order to take back control from OCD, the youth will have to feel anxious and accept uncertainty regarding their fear

Take Home Message

Key Points for Therapists Conducting ERP tasks

- The content of obsessions is irrelevant - go after the core fear
 - Acceptance of uncertainty and doubt and taking risks is key component of ERP
 - Go where OCD takes you (10s on fear hierarchy)
 - Mindful of where the child/teen is (kid gloves versus push and pull of treatment dance)
- Do not allow any distractions during ERP tasks
- Do not provide reassurance (be aware of subtle reassurance seeking)
- Recognize and negate all mental compulsions
- Go after OCD in planned ERP and day to day ERP, and imagined and in-vivo
- Repetition and consistency of ERP tasks while ensuring both between and within trial habituation is needed to retrain the amygdala and stop the false alarm