



▼ Implementing Exposure and Response Prevention Treatment for Challenging Pediatric OCD cases

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Disclosures

Faculty

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Financial Affiliations

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

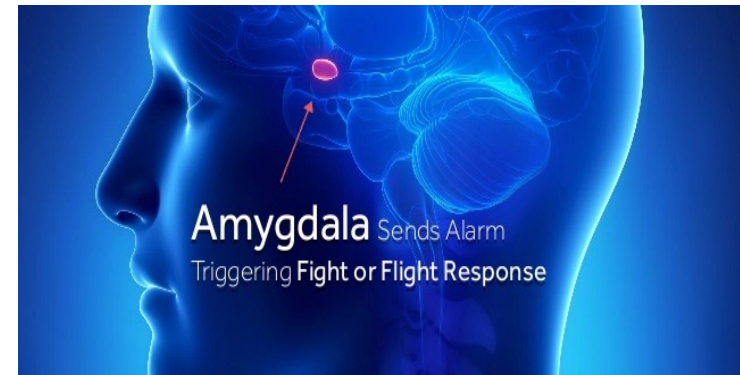
Learning Objectives

- Identify 2 common challenges in treating pediatric OCD
- Develop a strategy to address challenging presentations of pediatric OCD
- Implement treatment plans using ERP therapy for “disturbing content” OCD

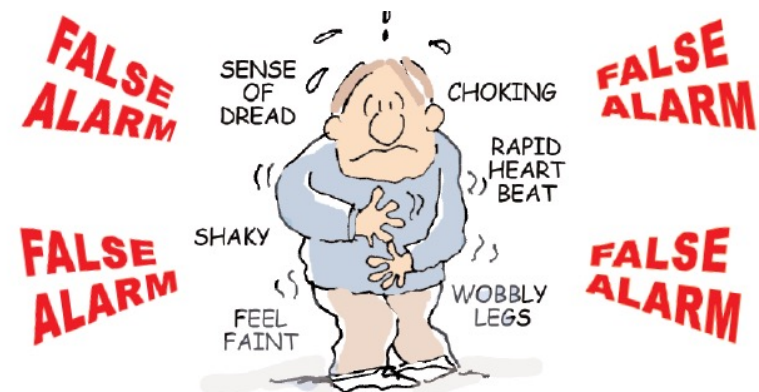


OCD is a
Neurobiological
Disorder – it is
the way that
the brain is
wired

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

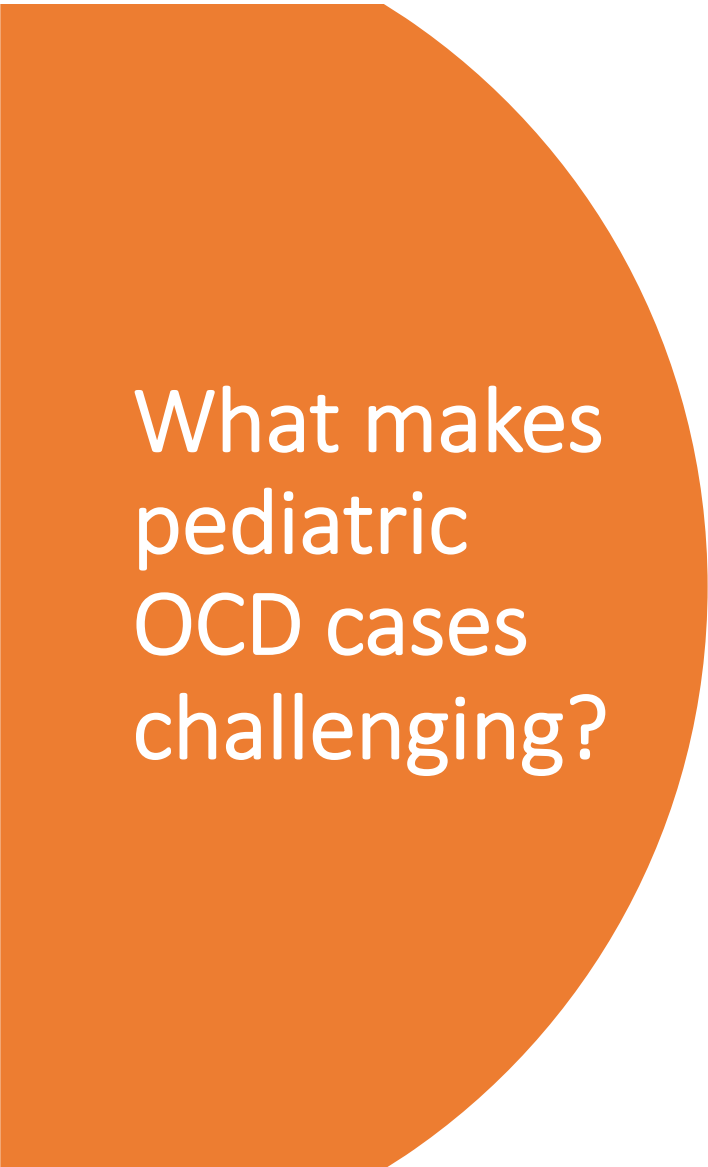


False fear message coming
from the amygdala





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

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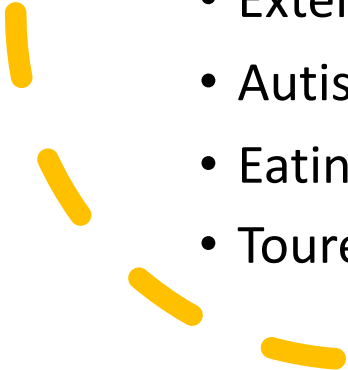
What makes
pediatric
OCD cases
challenging?

- **Comorbidities**
- Disturbing content obsessions
- Family factors
- Resistant to treatment





Common Comorbid Disorders in Pediatric OCD

- Anxiety Disorder
 - Obsessive Compulsive Related Disorder
 - BFRB, BDD, Hoarding
 - Depression
 - ADHD
 - Externalizing disorders (children/teens) vs substance use (teens/adults)
 - Autism Spectrum Disorders
 - Eating Disorders
 - Tourette Syndrome and Tic Disorders
- 

What do
you go after
first?
Consider..

- Severity of each of the disorders
- Functional impairment
- History of onset – which came first?
- What disorder needs to be addressed first (safety issues? addiction?)
- Patient preference
- Treat one and the other disorder lifts?
- Treat both at the same time
 - Depression
 - ADHD
 - Disruptive Behaviour Disorder

Comorbidities – interfering with treatment

- Refer to other services to address comorbid diagnosis concurrently (e.g., family therapy; parent training)
- Safety issues (e.g., not eating, suicidality) then refer to crisis intervention to get patient stable and stop ERP treatment
- Recommend that patient address the other diagnosis first (e.g., ED, substance use) and come back when in a better place and ready to address OCD treatment

Medication Needed

- Anxiety and distress level are too intense for patient to engage in ERP
- Comorbidities exist (e.g., depression) and need to lift the mood in order to engage in ERP treatment
- Patient able to do some ERP but not making advances quick enough with therapy alone
- Resistant to engage in ERP and not making advances with ERP alone
- Past history of failed CBT treatment
- Severe circumstances are interfering with treatment or patient in the extreme range of severity and not able to function – and need to make advances quickly

What is CBT for OCD?

Cognitive Therapy –teaching the youth to respond differently to the obsessions

- Correction of cognitive errors
- Not used to decrease the anxiety or rationalize the fear

Behaviour Therapy – Exposure and Response Prevention Therapy

- Exposure to triggering situation, place or object while being prevented/encouraged to not engage in the ritual

CBT/ERP is effective for pediatric OCD

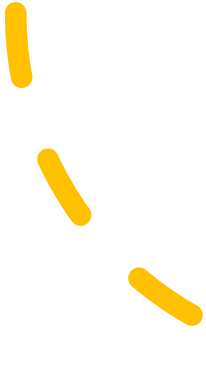
- Multiple reviews and meta-analysis that support use of CBT with children (Freeman et al., 2018; McGuire et al., 2015; Öst et al., 2016; Wu et al., 2016)

Pediatric OCD Treatment Study I, II, Jr (2004, 2011, 2014) conclusions

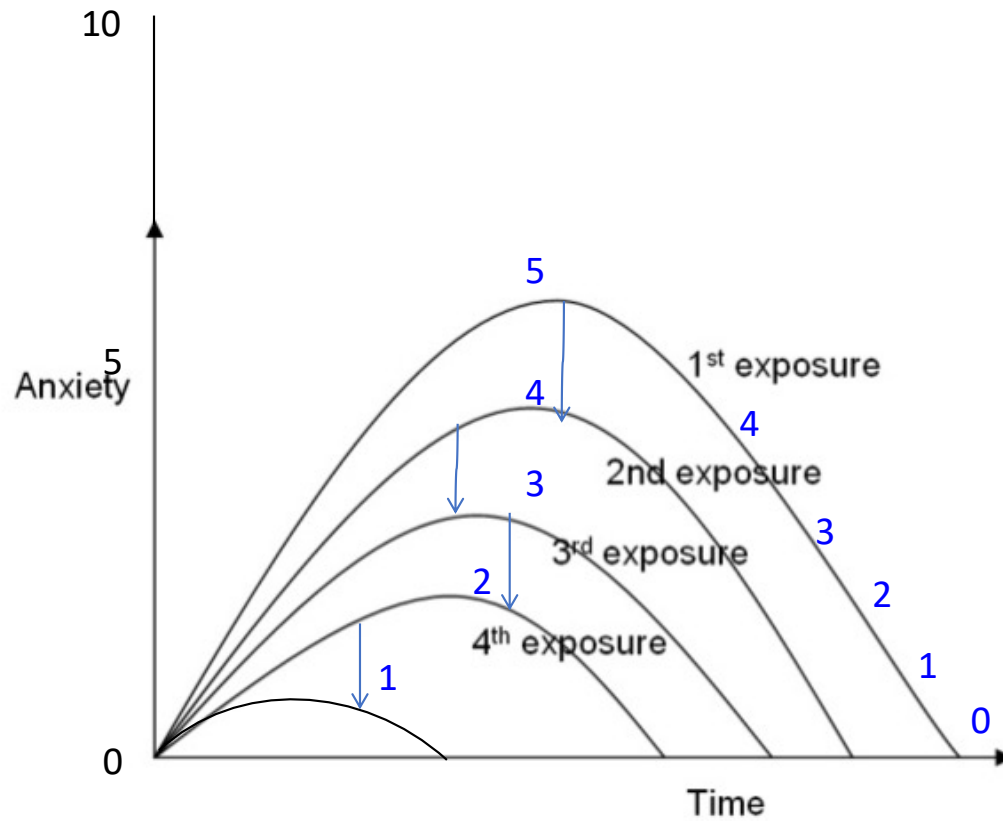
- CBT + med > CBT, or medication alone; CBT = medication; CBT > Relaxation Strategies
- Studies show long-term positive effects of CBT (Højgaard et al., 2017; Melin et al., 2020).
- Generalizability across community sites, countries (Farrell et al., 2010; Williams et al., 2010; NORDLOTS - Torp et al., 2017)

Exposure and Response Prevention



- 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 hierarchical scale related to one specific fear
 - Start with the items on the lower end of the scale and work your way up
 - ERP – trigger the youth's obsessions (exposure) and help youth to resist the associated compulsions (response prevention) over a series of exposure trials
- 

The Relationship between anxiety levels and time during ERP

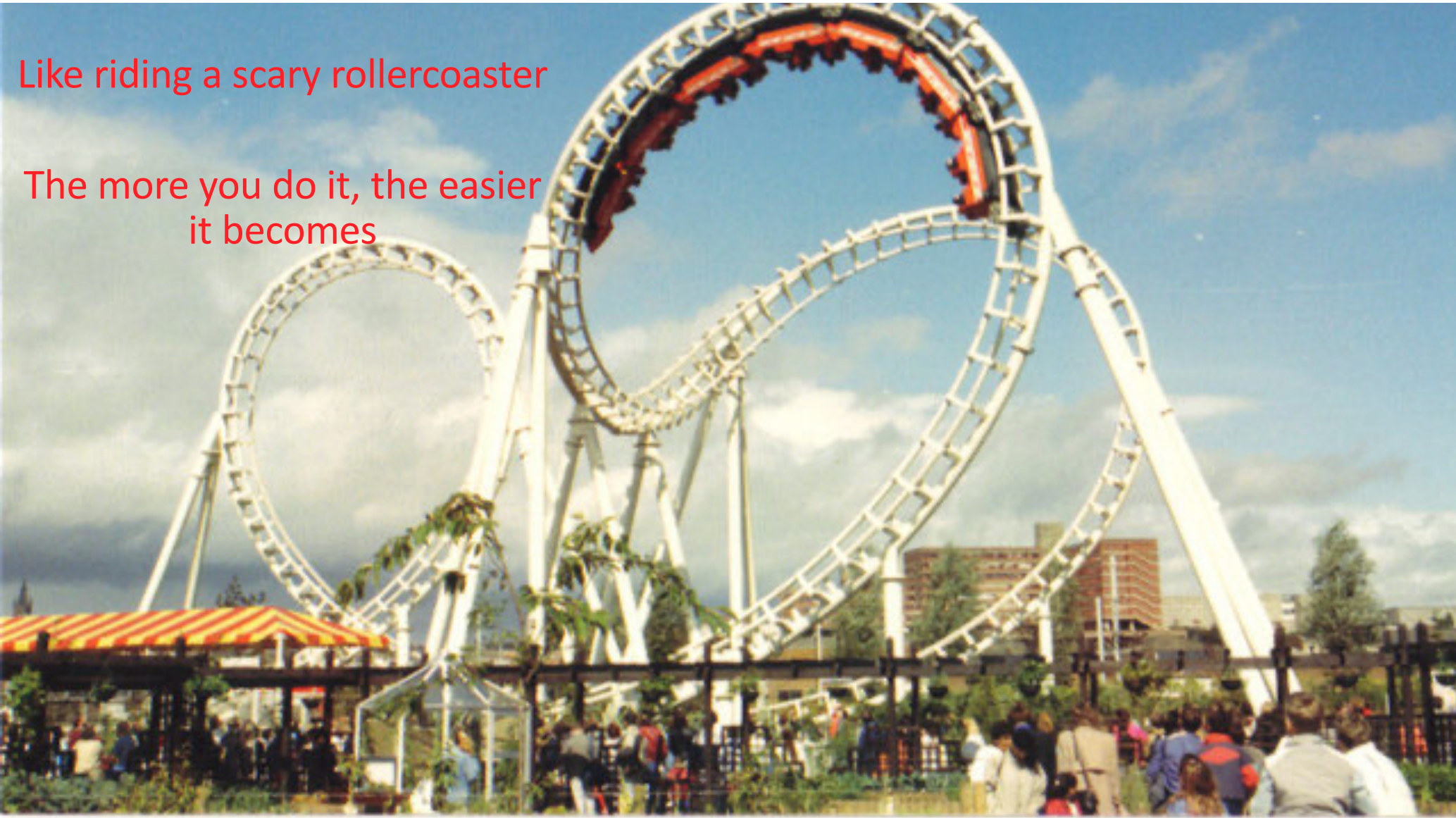


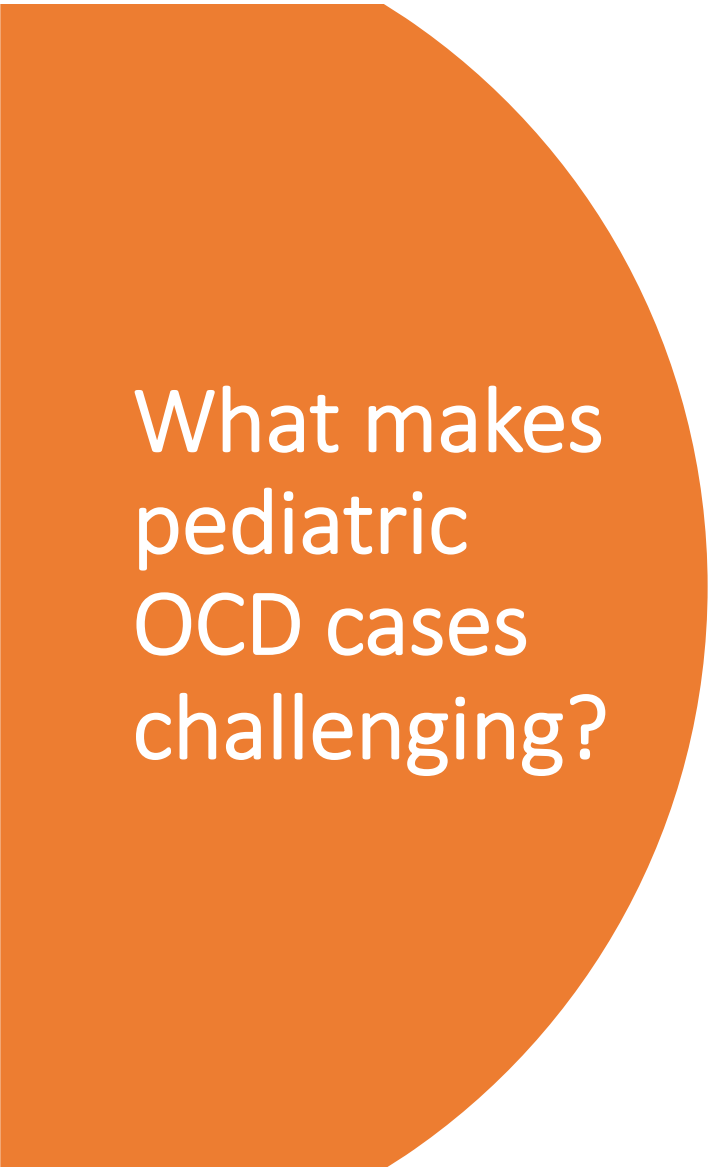
Within trial habituation
Between trial habituation

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

Like riding a scary rollercoaster

The more you do it, the easier
it becomes



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- Comorbidities
- **Disturbing content obsessions**
- Family factors
- Resistant to treatment



Disturbing Content Obsessions – what are they?

Violent or aggressive
thoughts or images

Sexual thoughts

Religious or Scrupulosity
themes

Aggressive/Harm Obsessions

- Content is similar to adults but more developmentally appropriate
- Less common in young children compared to teens/adults
- OCD attacks what is important to youth
- Fantasy themes: movie characters; social media; ghosts, zombies, etc
- For younger children – may be aggressive disrespectful actions

Some Common Harm Obsessions

Harm to Self (Intentional)

- What if I start cutting myself?
- What if I take the scissors and stab myself?
- What if I get depressed and kill myself like that kid I heard about?

Harm to Others (Intentional)

- What if I stab my parents, siblings, friends?
- I have this image of me punching my friend, what if I act on it?

Harm to Self or Others (Unintentional)

- What if I lose control and hit someone?
- What if I act on this urge to stick my finger in a running fan?
- If I don't do these rituals, then my parents could be in a car accident
- What if I leave the door unlocked at night and an intruder comes in the house and attacks or kidnaps me or my family?

Common Compulsions for Harm Obsessions

- Avoidance of triggers (knives, family member; movies, news etc.)
- Reassurance seeking (harm to others)
- Need to tell the obsession
- Checking to make sure did not cause harm; others not harmed
- Retracing or repeating steps/route or actions
- Mental compulsions – thought suppression
- Superstitious behaviours
- Google or internet searching of symptoms

Sexual Obsessions

- OCD attacks what is important to youth and where child/teen is developmentally
- Emerging sexuality
 - Normal questioning of sexual identity
 - Age-appropriate sexual thoughts
 - Masturbation, exposure to pornography
 - Appearance of sexual organs (attractive, big enough)
- Relationship related
 - Cheating on partner
 - Truly attracted to partner

Some Common Sexual Obsessions

Unwanted Sexual Thoughts about Self

- What if I get sexually assaulted?
- What if my Dad or Mum touches me inappropriately?
- What if I kiss someone or like someone who is a (different gender than prefer)?

Unwanted Sexual Thoughts about Others

- Am I attracted to (want to have sex with) my brother/sister? Mum or Dad?
- What if I force a child to kiss or touch me? or what if I am a pedophile?

Relationship Related

- What if I kiss a different person other than my partner?
- What if I don't like my partner? Or think they are ugly?
- What if I get pregnant from sitting on the same couch as my brother or Dad?

Common Compulsions for Sexual Obsessions

- Body scanning/Checking self
- Excessive washing
- Mental compulsions – thought suppression
- Avoidance of triggers (places, people, movies, internet, etc.)
- Self reassurance or from parent (younger children)
- Internet searching
- Comparing attraction response to an appropriate trigger
- Checking door and windows
- Superstitious rituals

Scrupulosity/ Religious Obsessions

- Content is similar to adults but developmentally appropriate
- Thoughts about intangible beliefs about faith, unable to be verified or proven
- Difficulty in separating typical religious act/religion from OCD rituals
- Intrusive thoughts related to fears that youth said/did/thought something that is
 - Offensive to a “God” figure
 - Wrong or sinful or evil
 - Irresponsible or harmful to others
- Fueled by feelings of doubt, shame, guilt
- Feared consequence is future oriented
 - Punished by higher power/ parent or teacher/society
 - A criminal, sinner, mean or evil person

Some Common Scrupulosity Obsessions

Do a Wrong or Immoral Action

- Its wrong to swear, what if I blurt out swear words in class?
- When I glanced over at my friend during a test, what if I was trying to cheat? I need to tell the teacher
- When I grow up, what if I become addicted to alcohol or drugs
- I must repetitively push on the fridge door, so the food doesn't go bad, and we waste money and electricity

Evil person

- What if I like the Devil?
- What if I become Hitler/Darth Vader because I thought of him?
- Because I did not say the right thing to my friend, I hurt their feelings and that means I am a bad person

Offend God/Religious Leader

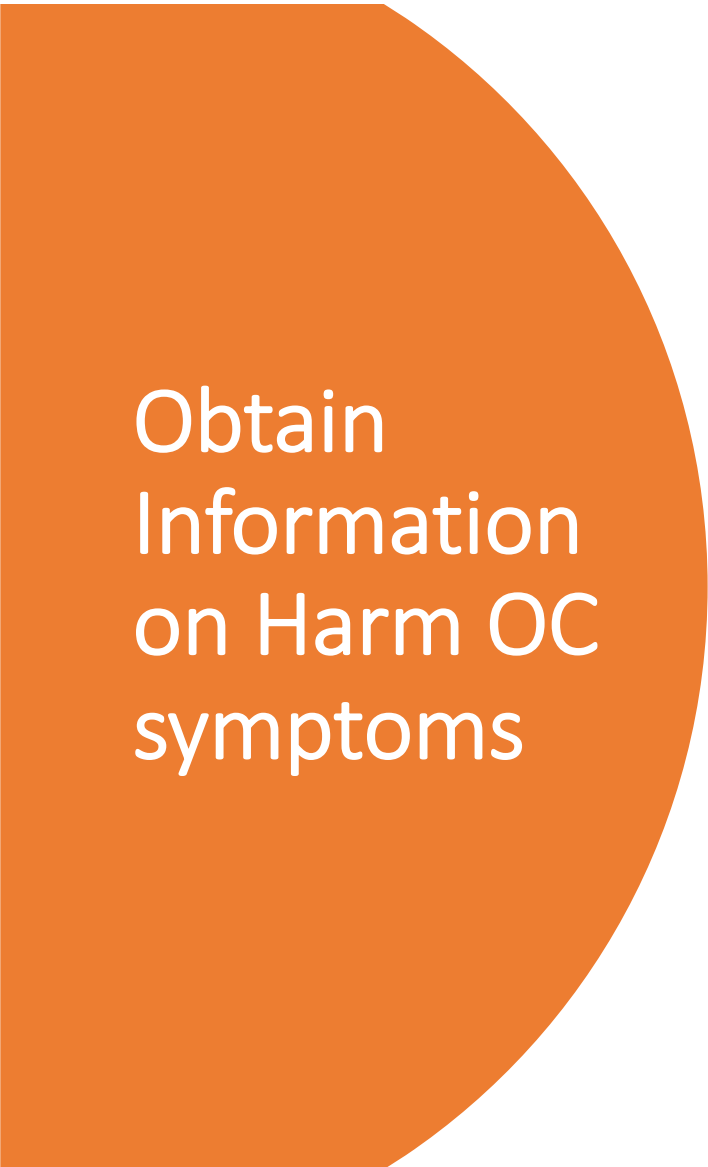
- What if God/religious leader becomes upset with me because I did not listen to Mum?
- What if I don't believe there is a God?
- What if I hurt God's feelings because I did not pray long enough or do it properly?

Common Compulsions with Scrupulosity


- Need to tell or confess
- Excessive apologizing
- Excessive or ritualized praying
- Reassurance seeking from parent/others
- Avoidance of feared content
- Mental review of events and interactions
- Hyper-responsibility actions

Disturbing Content Obsessions - Ask the Right Questions

- Use a matter-of-fact/neutral tone when gathering information
- Normalize the symptoms
- Get the obsessions in the youth's words
- Interview both youth and parent
 - Separate interviews
 - Together

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Obtain Information on Harm OC symptoms

- Ask about specific details
 - Ask about avoidance
 - Ask about how the intrusive thoughts make the youth feel
 - Ask if there is a history of violence
 - Ask youth if the thoughts are shared with anyone
- 
- A decorative yellow dashed line in the bottom right corner, consisting of several short, curved segments.

Obtain Information on Sexual OC symptoms

- Use child friendly and developmentally appropriate terms
- Ask the youth to explain in own words
- Assess youth's understanding of sexuality
- Misinformation needs to be addressed – psychoeducation regarding sexual thoughts, if necessary, can occur ONE time
- If teen – ask about relationship history and sexual activity
- Ask questions related to sexual orientation
- Ask questions related to arousal fears

Obtain Information on Scrupulosity OC symptoms

- Ask questions to obtain a level of understanding of youth's and parents' beliefs
- Do not judge the appropriateness of obsessions
- Ask youth to describe in own words the images/thoughts/urges experienced
- Obtain information from parents
- Easily missed – viewed as a “good kid
- Psychoeducation (based on family beliefs) may be needed ONE time to help with understanding differences between OCD and typical moral/religious behaviour

Implementing ERP with disturbing content obsessions – why is it hard?

Patient variables

- Not comfortable telling details of bad thoughts
- Scary to do ERP with triggers
- Thought action fusion beliefs
- Mental rituals occurring during ERP

Therapist variables

- Negative beliefs about ERP
 - Belief that “bad thought” obsessions are inappropriate for ERP
 - Patient unable to tolerate the distress
- Patient needs arousal reduction techniques
- Challenge the content
- Scare patient away with poor ERP
- Not include parents in treatment

ERP Treatment with Disturbing Content Obsessions

- ERP treatment is the same because
 - Goal is to retrain the amygdala
 - The content of the obsessions is irrelevant
 - Fear of killing a family member is the same as fear of germs
- Negate any mental rituals by bringing back the uncertainty and possibility of the fear
- More creativity with ERP tasks
- Go beyond what is typical when using triggers in ERP
- More distress tolerance may be needed (slow down hierarchy progression)
- ERP reduction of anxiety (50% for higher anxiety provoking triggers)
- Psychoeducation for the family and consent from parents in trigger choices and ERPs is important

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



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Case Presentation (Harm Obsessions)

“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 – 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
- 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 for 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 (Sexual Obsessions)

“Tom”

14-year-old who came back to treatment as OCD targeted a different type of sexual obsession

Obsessions

- Fear that act sexually inappropriately with younger children
- Fear that evil and a pedophile

Compulsions

- Reassurance seeking from parents
- Telling self that good person and would never do it
- Avoid younger kids

Fear Hierarchy

Examples of Trigger Items for Fear of Pedophile	Anxiety Level
Watch Dr Phil episode that initially triggered fears	10
Purposely talk to younger kids at school	9
Not tell/confess to Mom when have a "bad thought"	8
Watch you tube stories of teen pedophiles (factual)	7/8
Look at pictures of teen pedophiles	6
Look at pictures of pedophiles	5
Reduce number of times that tell Mum when have thoughts	4
Look at pictures of young children	4
Look at, write feared words	3

Tom's Sample Planned ERP tasks

- Look at pictures of younger children
- Go to playground when younger children there
- Be alone with younger brother and cousins
- Look at pictures of teen pedophiles
- Write feared words

RAPE



TOUCH

Pedophile



Tom's Sample Day to Day ERP tasks

- Random triggers of feared words throughout day
- Create a comic strip of feared content
- Look at pictures and draw pedophiles
- Create collage of teen pedophiles
- Smile and say hi to younger kids at school

When see a younger kid – agree that *“yeah, maybe I will try to touch the kid inappropriately and that means I am a pedophile”*

Case Presentation (Scrupulosity Obsessions)

“Anne”

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

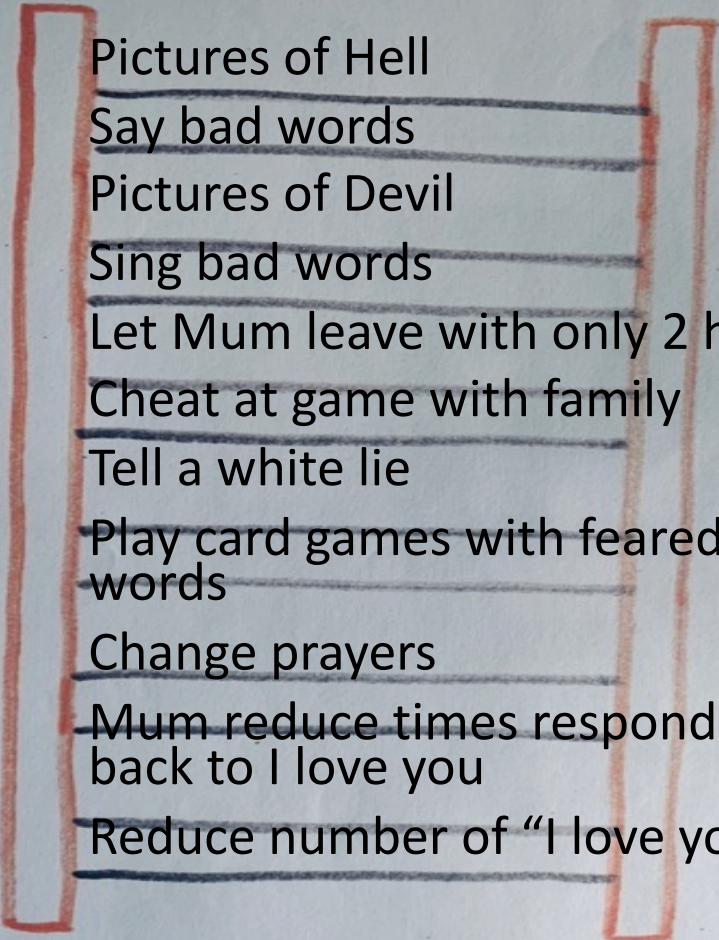
Obsessions

- 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

- 
- 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. Bygh (2012).

BAD KID

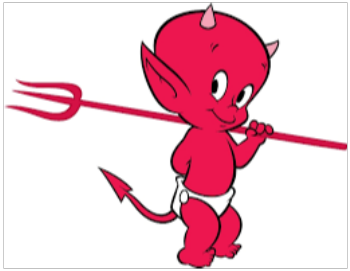
Anne's ERP tasks

Sample Planned ERP tasks

- Pictures of Devil
- Arts and crafts with “bad words” and pictures
- Purposely tell a white lie to Mum

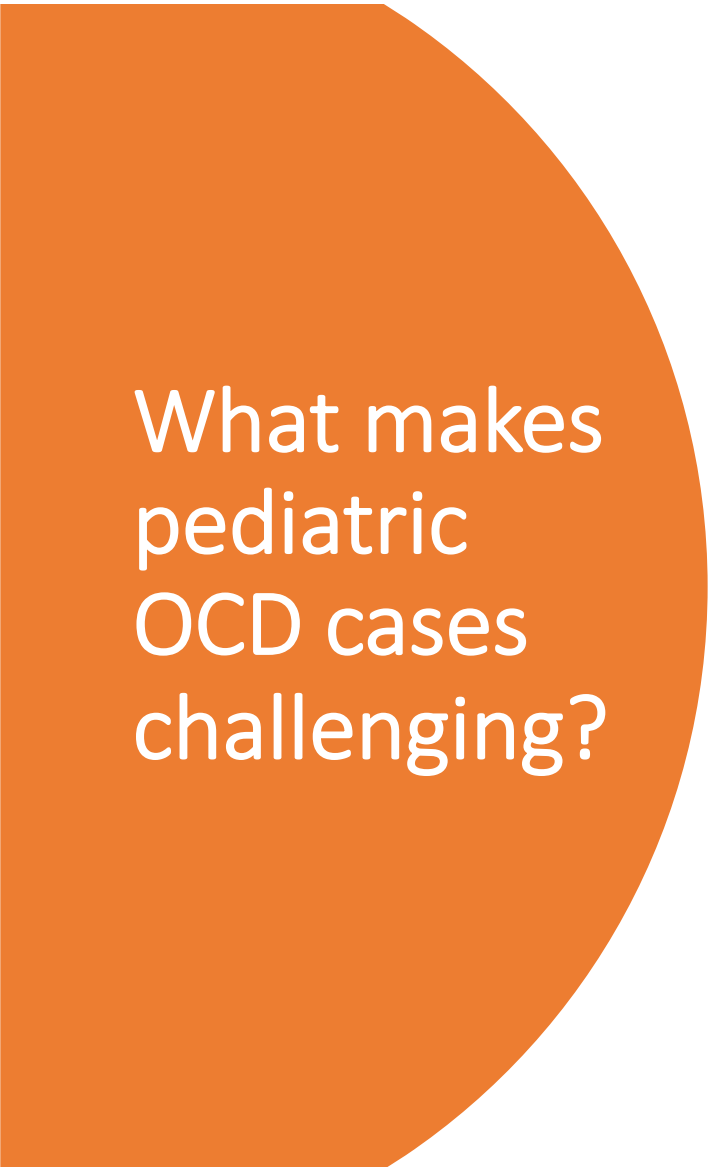
Sample Day to Day ERP tasks

- Collage of pictures and words
- Not confess when have “bad thought”
- Cheat when playing a game
- Limit and reduce apologizing
- Create a song about being a bad kid



Hell



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OCD cases
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- Comorbidities
- Disturbing content obsessions
- **Family factors**
- Resistant to treatment



Family Factors

Parent Anxiety

Negative Family Dynamics

- Hostility (anger at symptoms)
- Criticism (blaming child)
- Over involvement (accommodation, over-protection)

Family Accommodation

- 89% relatives accommodate symptoms
- 52% feel accommodation is helpful
- 69% feel distress while accommodating
- 40% expressed hostility or criticism while accommodating (Van Noppen, 2001)



Family Factors – what to do?

Parent Anxiety

- Educate parent regarding anxiety
- Child needs to learn 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 in Pediatric OCD

Any action by family members that makes it easier for youth to engage in rituals:

- Providing reassurance (tell youth everything is OK)
- Provide objects needed for rituals (soap, clean towels)
- Participate in rituals (wash own hands)
- Assist with avoidance of feared situation or object (open doors)
- Modify family routine (wait while youth completes rituals)
- Decrease the child's responsibilities (clean youth's room)
- Modify leisure activities (unable to go to gym because have to pick up child from school since unable to be on contaminated bus)
- Interfere in work responsibilities (responding to calls, texts during work)

Family Accommodation- what to do?

Reduce family involvement in rituals and disengage in OCD behaviour through behavioural contracts

Behavioural contract – is a collaborative effort between the youth and family to work together to gradually withdraw FA

Piggyback on ERP treatment

Contract Case Example – “Anne”

Obsessions: Worries that a bad kid **Compulsions:** Asking for reassurance (~50 times per day)

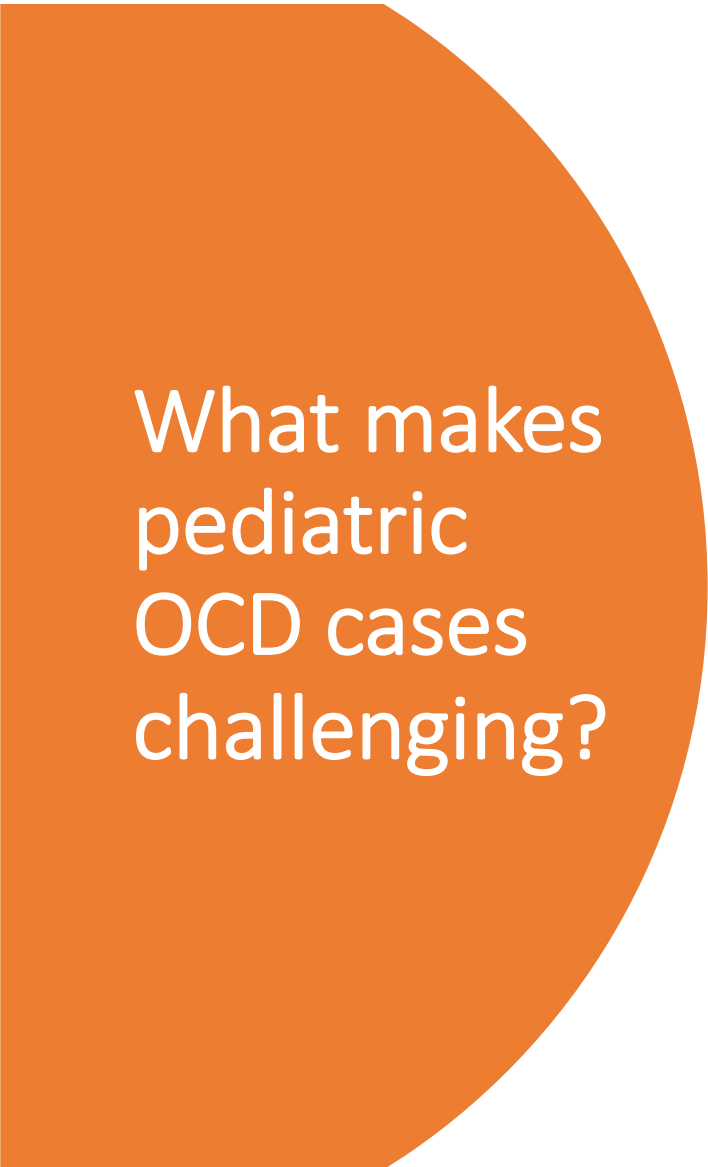
Contract: Reassurance targeted. Make agreement that these behaviors have not stopped OCD, so let's “boss back OCD” by not doing what OCD wants (reassurance seeking)

Anne's role

- 1 Tolerate discomfort, rate on fear thermometer
- 2 Reassurance log- try to answer questions by self
- 3 Delay and engage in another activity

Family's role

1. Not rescue, tolerate Anne's distress
2. Give a cheerleader response: It sounds like OCD is trying to trick you and saying I must answer you right now- let's wait 10 min. (And keep trying to delay 10 min) while we continue playing our game
3. Change response to questions: What do you think I would say?” “What would Dr. XXX say?” “Maybe that's true”

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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

Token Economy – “Anne”

An incentive program for Anne’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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Anne 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

Anne 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



Resistant to Treatment

Youth not want to be in treatment

Youth not doing assignments (even with motivators)

Youth not engaging in sessions
– ERP or sharing information

Resistant to Treatment – what to do?

Assess FA and engage parents in treatment

- If child unwilling to participate, provide treatment for the parents to address FA in a structured manner (similar to ERP)
- Creates an environment to encourage youth participation
- Invite the youth to participate and provide input in family actions targeted– periodically check in if refuses
- SPACE program (Supportive Parenting for Anxious Childhood Emotions)

Lebowitz et al 2014; 2019

Conclusion

Expect and assess for comorbidity

Don't let the content of the obsessions distract you

- ERP is the same regardless of the intrusive thought
 - *What if I get sick? = What if I am a bad kid? = What if I am attracted to my sibling?*
- Acceptance of uncertainty and willingness to risk that the fear is possible is key to winning against OCD
- Teach youth to negate any mental rituals by bringing back the fear

Assess for family factors and address appropriately

Address resistance to treatment by engaging parents, reducing accommodation and including incentives

