



## Understanding Pediatric OCD

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# Child Mind Institute

The Child Mind Institute is an independent nonprofit that is transforming the way we treat children with mental health and learning disorders, and leading the world to a better understanding of the developing brain. We provide:

- ◆ **Gold Standard Clinical Care**
  - ▶ Treated 7,450 families from 46 states, 38 nations
  - ▶ Given away nearly \$5 million in donated care
- ◆ **Trusted Resources for Kids, Families, Communities**
  - ▶ Provided education training on mental health topics to 3,700 parents and school staff
  - ▶ Brought evidence-based trauma treatment groups and resilience-building interactive series to 5,000 students
  - ▶ Annual Children's Mental Health Report synthesizes the latest data on prevalence and the gap between need and care
- ◆ **Groundbreaking Research on the Developing Brain**
  - ▶ Open science: Researchers in 2,650 cities worldwide have accessed our shared datasets and published 1,289 articles
  - ▶ Big data: The Healthy Brain Network is collecting 10,000 brain scans and other data in NYC to understand the biology of mental illness, while providing free evaluations and referrals



*The Child Mind Institute does not accept funding from the pharmaceutical industry.*

# Comprehensive Clinical Care



Informed by the latest research, our clinicians are constantly improving diagnostics and treatment, working together to help children succeed in school and in life.

- ◆ Our field-leading experts (psychologists, psychiatrists, neuropsychologists, social workers, and learning specialists) pioneer new approaches.
- ◆ We develop novel ways to partner with those on the frontlines of children's lives – parents and teachers.
- ◆ Our financial aid program ensures that no child who needs treatment is turned away because of financial need.



7,450 families from 46 states and 38 nations received care.

# Overview of Pediatric OCD



- ◆ Approximately 3% of the population has OCD
- ◆ 1 in 40 adults and 1 in 100 children have OCD
- ◆ According to the World Health Organization, OCD is one of the top 20 causes of illness-related disability worldwide for people ages 15-44
- ◆ 45% of pediatric OCD onset by age 14. No differences in symptom presentation or treatment response for early or later onset
- ◆ No gender differences though earlier onset is more common in boys

# Obsessive Compulsive Disorder



## Obsessions

- Unwanted, intrusive thoughts, images or impulses that cause great anxiety
  - Contamination
  - Catastrophes
  - Magical thinking
  - Need for symmetry
  - Scrupulosity
  - Doubt
  - Need for right feeling

## Compulsions

- Repetitive acts that reduce anxiety caused by obsessions
  - Checking
  - Seeking reassurance
  - Counting
  - Ordering and arranging
  - Touching/tapping
  - Washing

# OCD vs. Tic Disorders



## Differentiating obsessive-compulsive behaviors from tics may be difficult

- ◆ Characteristics of OCD behaviors
  - ▶ Cognitive-based drive
  - ▶ Goal-directed
  - ▶ More complex
  - ▶ Need to perform action in a specific way, a certain number of times, equally on both sides of body, or until “just right”
- ◆ Characteristics of tics
  - ▶ Somatic-based drive
  - ▶ Premonitory urge
  - ▶ Reduces physical tension

# When is it Problem Anxiety?

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Unrealistic

Out of  
proportion

Overly self-  
conscious

Unwanted and  
uncontrollable

Doesn't go  
away

Leads to  
avoidance

# What does OCD look like?



- ◆ Constant reassurance-seeking
- ◆ Getting stuck on tasks
- ◆ Retracing steps or actions
- ◆ Obsessively arranging and lining up belongings
- ◆ Excessive checking (ex. locks, doors, windows, stove, other household appliances)
- ◆ Distraction/inattention
- ◆ Avoidance of triggering situations
- ◆ Tapping and touching symmetrically
- ◆ Complaints of anxiety and fatigue

# Common Pediatric Obsessions



- ◆ Contamination:
  - ▶ Bodily fluids
  - ▶ Germs/disease
  - ▶ Emetophobia
  - ▶ Environmental contaminants
  - ▶ Household chemicals
  - ▶ Dirt
  
- ◆ Losing Control/Harm:
  - ▶ Fear of acting out on impulse to hurt self or others, steal, curse
  - ▶ Fear of acting out on horrific images or impulses (suicide, etc)
  - ▶ Fear of being responsible for bad outcomes of others (fire, burglary, etc)
  
- ◆ Religious Obsessions (Scrupulosity)
  - ▶ Concern with offending God or committing blasphemy
  - ▶ Excessive concern with right/wrong or morality
  
- ◆ Perfectionism
  - ▶ Concern about evenness or exactness
  - ▶ Concern with a need to know or remember
  - ▶ Fear of losing information if discarded

# Common Pediatric Compulsions



## ◆ Washing and cleaning

- ▶ Washing excessively or in certain order
- ▶ Excessive showering, tooth brushing, grooming, toilet routines
- ▶ Cleaning household items or avoiding touching others to theirs

## ◆ Checking

- ▶ Did not/will not harm others
- ▶ Did not hurt self
- ▶ Nothing terrible happened
- ▶ Did not make a mistake
- ▶ Body ok

## ◆ Mental compulsions

- ▶ Mental review of events to prevent harm (conversations, sequences, etc.)
- ▶ Praying to prevent harm
- ▶ Counting while performing a task, ending a good/lucky/right number
- ▶ Cancelling or undoing (replacing a good word with a bad word)

## ◆ Repeating

- ▶ Rereading or rewriting/excessive erasures
- ▶ Repeating routine activities (going up/down stairs, in/out of rooms)
- ▶ Body movements (tapping, touching, blinking, breathing)
- ▶ Repeating in multiples (x4, x8, etc.)

# OCD vs PANDAS/PANS



## ◆ Pediatric OCD

- ▶ Onset between 8-14 years old
- ▶ Subclinical symptoms grow more severe over time
- ▶ Wide range of symptoms from previous slides
- ▶ Probable familial/genetic link and possible involvement of cortico-striato-pallidothalamic (CSPT) pathway
- ▶ Chronic avoidance of anxiety producing stimuli which strengthens OCD over time
- ▶ Treatment is CBT/ERP, possible SSRI usage depending on severity

## ◆ PANDAS/PANS

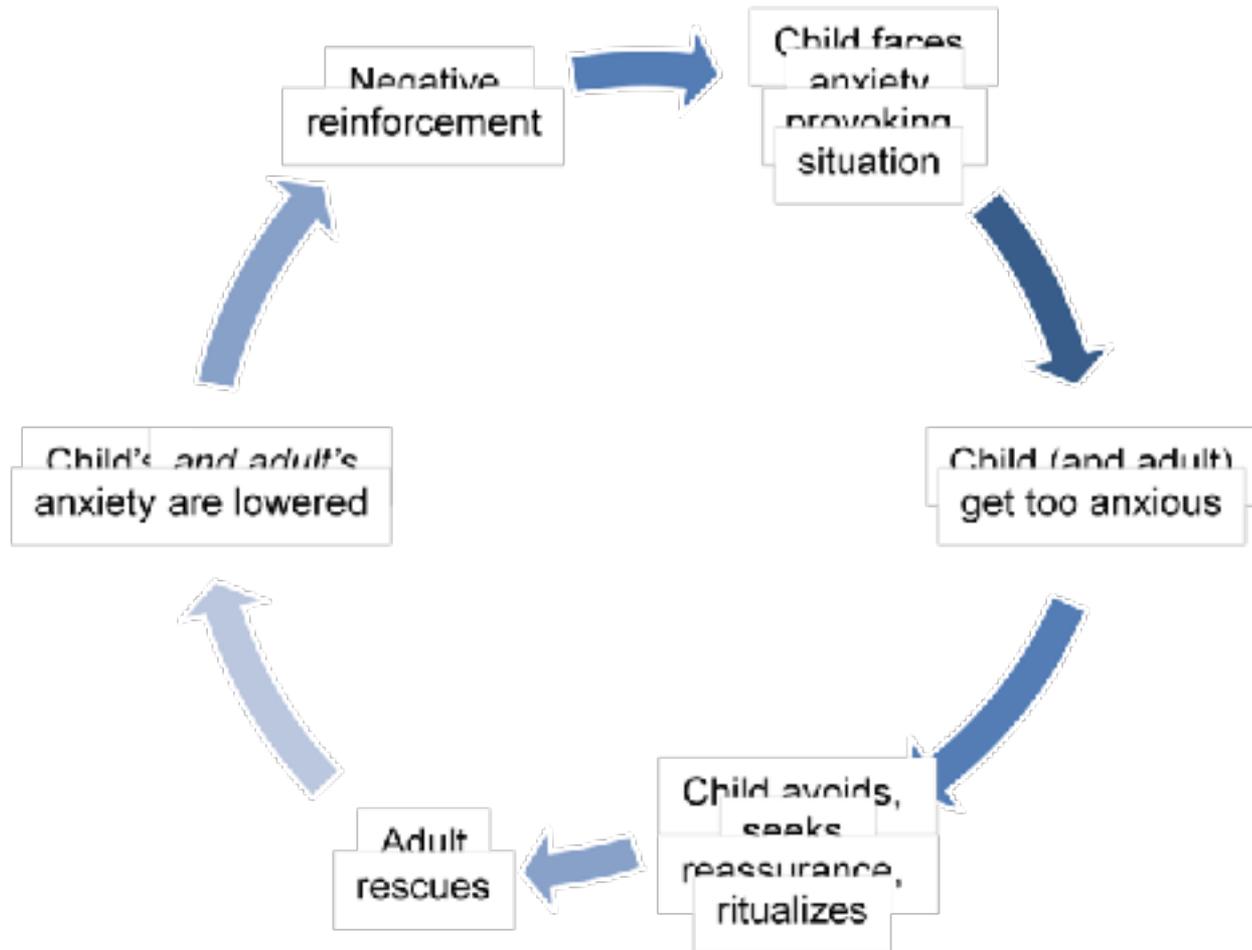
- ▶ Onset 4-14 years old
- ▶ Acute, dramatic onset of symptoms
- ▶ Sudden, rapid onset of OCD as well as other symptoms
  - Severe separation anxiety
  - Anorexia or disordered eating
  - Urinary frequency
  - Tics/purposeless motor movements
  - Acute handwriting difficulties
  - Hypothesized to be result of autoimmune antibodies mistakenly attacking basal ganglia following a Group A Strep (PANDAS) or mycoplasma, mononucleosis, Lyme or H1N1 (PANS)
  - Treatment is medical assessment for infection, then CBT/ERP

# CBT: Thoughts-Feelings-Behaviors

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# Negative Reinforcement Cycle of Anxiety



# Cognitive Behavioral Therapy (CBT)

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- ◆ Breaking the anxiety cycle by changing “cognitions” or thoughts and behaviors
- ◆ Uncertainty → Changing thoughts
  - “Cognitive distortions”, or irrational beliefs
- ◆ Avoidance → Facing fears
  - “Exposure”
- ◆ Practical, evidence-based approach

# Exposure & Response Prevention

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- ◆ ERP is a specific technique of CBT
- ◆ “Expose” kids to their fears – face fears head on!
- ◆ “Prevent” their compulsions, or attempts to neutralize their anxiety
- ◆ A systematic, gradual way of “getting used to” the anxiety, i.e., **habituation**
- ◆ Once you get used to the anxiety, you adapt to it, and it does not bother you anymore

# Building a Fear Ladder

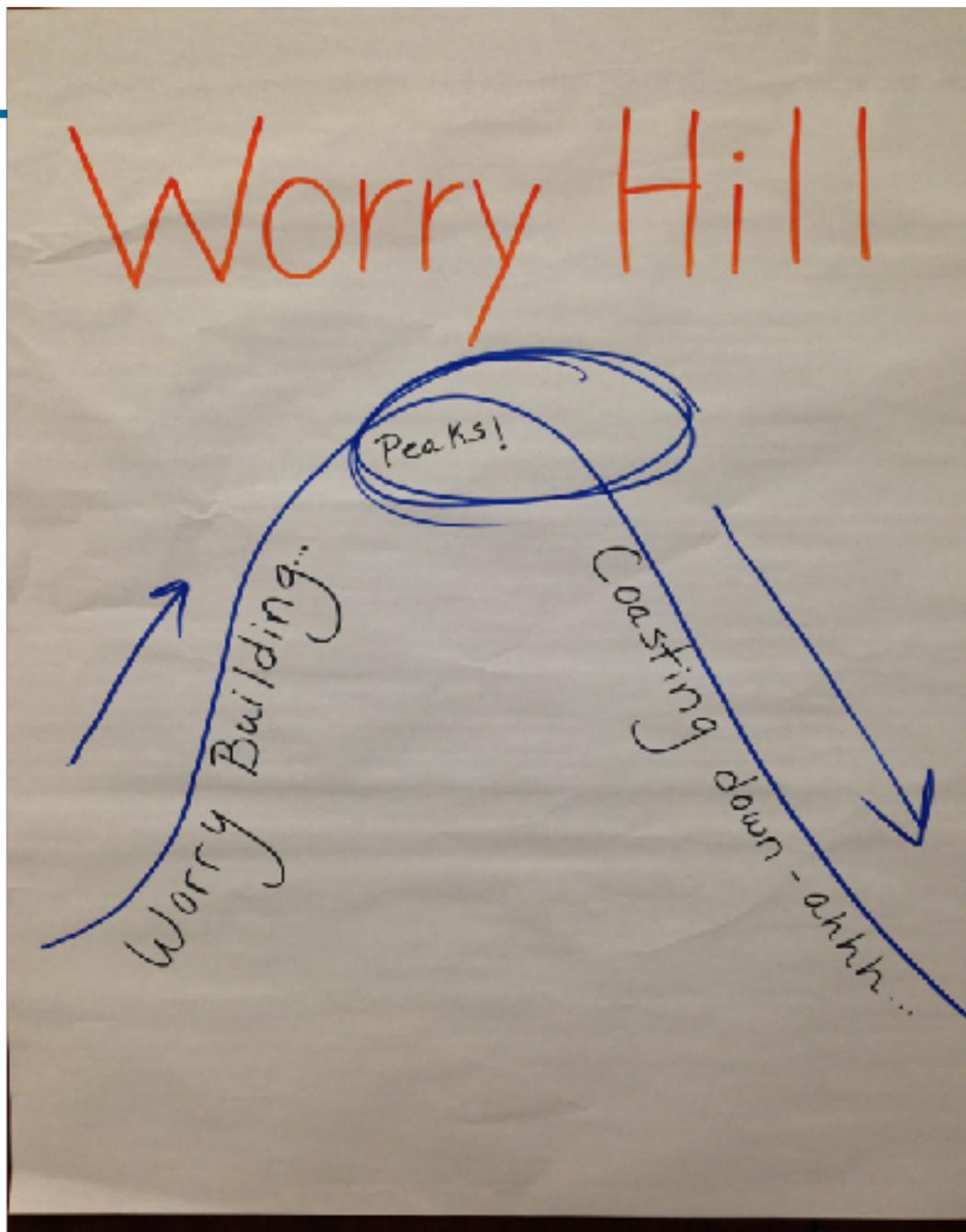
- One of the first steps of treatment is to build a fear ladder
- Children rate their fears from 1-10
  - Do the easier ones first
- They face their fears one at a time.
  - Imaginal
  - In vivo
- Kids can have several ladders, or hierarchies
  - A different ladder for each symptom category

# Sample Fear Ladder (Emetophobia)



- ◆ Say the word vomit
- ◆ Make a list of synonyms
- ◆ Watch a cartoon vomit scene (Family Guy!!!)
- ◆ Watch a video of a baby vomit, then a child
- ◆ Eat foods without seeking reassurance of expiration dates
- ◆ Eat until full
- ◆ Do push ups on the ground then eat without washing
- ◆ Eat street food
- ◆ Ride the subway then eat without washing hands

# Worry H



# Externalize the Anxiety

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- ◆ One part of CBT/ERP is to externalize the anxiety
- ◆ Give anxiety a name so kids feel like it is not “them”
  - ▶ This can reduce stigma
- ◆ Anxiety can also be thought of as a “bully in the brain” that kids need to boss back
- ◆ “It sounds like ‘Mr. Bossy’ is getting the best of you right now. We’re gonna boss him back together and go inside that restaurant!”

# Family Accommodations

- ◆ Parents may inadvertently play a role in children's anxiety symptoms by:
  - ▶ Participating the child's anxiety behaviors
  - ▶ Helping the child avoid anxiety-provoking situations
  - ▶ Changing family routines to avoid triggering the child's anxiety
  - ▶ Providing reassurance
  - ▶ Taking on extra responsibilities
  - ▶ Making changes in leisure activities
  - ▶ Making changes at your job
- ◆ Accommodations help children avoid doing what they fear → Avoidance maintains anxiety in the long run because kids do not learn that their fears do not come true
- ◆ Anxious children need to learn that they can face their fears independently, using coping skills

# Reassurance Seeking



## What is it?

- A form of accommodation often seen in children with anxiety
- Seeking comfort that feared outcomes will not occur
- Repeatedly asking questions that they already know the answer to
- Provides short-term relief from anxiety
- Makes anxiety worse in the long term (negative reinforcement)

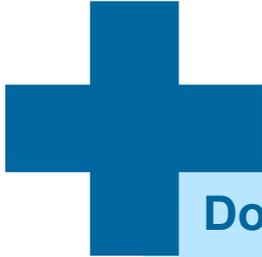
## What are some examples?

- “Am I going to get sick from eating this?”
- “Are you sure that the front door is locked? Can you check?”
- “Did you wash your hands after using the bathroom?”
- Calling parent when separated to make sure they are okay
- Asking parents or teachers to check their work repeatedly to make sure there are absolutely no mistakes

## What can I do instead?

- Encourage them to “practice being uncertain”
- Model good coping behaviors
- Use lots of praise for when your child is being “brave” and taking risks
- “You already know the answer to that question. I am not going to answer that.”
- “You can use your coping skills to help you get through this.”
- “You are being so brave by handling this situation on your own!”

# General Parenting Rules for Anxious Children



## Do:

Express positive and realistic expectations

Respect your child's feelings

Encourage your child to tolerate their anxiety

Think things through with your child

Model healthy ways of handling anxiety

## Don't:

Avoid things just because they make your child anxious

Ask leading questions

Reinforce your child's fears or avoidance

Accommodate anxiety behaviors

Give excessive reassurance

**The goal isn't to eliminate anxiety, but to help your child manage it.**



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