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

<table>
<thead>
<tr>
<th>Obsessions</th>
<th>Compulsions</th>
</tr>
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<tbody>
<tr>
<td>• Unwanted, intrusive thoughts, images or impulses that cause great anxiety</td>
<td>• Repetitive acts that reduce anxiety caused by obsessions</td>
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<tr>
<td>• Contamination</td>
<td>• Checking</td>
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<tr>
<td>• Catastrophes</td>
<td>• Seeking reassurance</td>
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<tr>
<td>• Magical thinking</td>
<td>• Counting</td>
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<tr>
<td>• Need for symmetry</td>
<td>• Ordering and arranging</td>
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<tr>
<td>• Scrupulosity</td>
<td>• Touching/tapping</td>
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<tr>
<td>• Doubt</td>
<td>• Washing</td>
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<tr>
<td>• Need for right feeling</td>
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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?

- 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

Thoughts
Create
Feelings

Behavior
Reinforces
Thoughts

Feelings
Create
Behavior
Negative Reinforcement Cycle of Anxiety
Cognitive Behavioral Therapy (CBT)

- 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

- 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 Hill

Worry Building...

Peaks!

Coasting down... ahh...
Externalize the Anxiety

・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

<table>
<thead>
<tr>
<th>What is it?</th>
<th>What are some examples?</th>
<th>What can I do instead?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• A form of accommodation often seen in children with anxiety</td>
<td>• “Am I going to get sick from eating this?”</td>
<td>• Encourage them to “practice being uncertain”</td>
</tr>
<tr>
<td>• Seeking comfort that feared outcomes will not occur</td>
<td>• “Are you sure that the front door is locked? Can you check?”</td>
<td>• Model good coping behaviors</td>
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<tr>
<td>• Repeatedly asking questions that they already know the answer to</td>
<td>• “Did you wash your hands after using the bathroom?”</td>
<td>• Use lots of praise for when your child is being “brave” and taking risks</td>
</tr>
<tr>
<td>• Provides short-term relief from anxiety</td>
<td>• Calling parent when separated to make sure they are okay</td>
<td>• “You already know the answer to that question. I am not going to answer that.”</td>
</tr>
<tr>
<td>• Makes anxiety worse in the long term (negative reinforcement)</td>
<td>• Asking parents or teachers to check their work repeatedly to make sure there are absolutely no mistakes</td>
<td>• “You can use your coping skills to help you get through this.”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• “You are being so brave by handling this situation on your own!”</td>
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</table>
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.