



OCD vs. Tics: What to Expect and Strategies to Help

Jerry Bubrick, Ph.D.

Senior Clinical Psychologist, Anxiety Disorders Center
Director, Intensive Pediatric OCD Program

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.

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

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

Tic Disorders



Tics are sudden, rapid, recurrent, non-rhythmic motor movements or vocalizations

Simple

- Motor
 - Short duration
 - Uses only one muscle group or body part
- Vocal
 - Non-word sounds
 - Moving air through nose or mouth

Complex

- Motor
 - Longer duration
 - Combination of multiple simple tics
- Vocal
 - Can involve words, phrases, or sentences
 - Can occur in the middle of normal speech

Persistent Tic Disorder: only motor or only vocal tics

Tourette's Syndrome: both motor and vocal tics are present

What do tics look like?



Motor

- Eye blinking
- Tongue movements
- Head twitching or jerking
- Hopping
- Shrugging
- Grimacing
- Touching people/things
- Obscene gestures

Vocal

- Grunting
- Barking
- Hissing
- Sniffing
- Snorting
- Throat clearing
- Palilalia
- Echolalia
- Coprolalia

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

Habit Reversal Therapy



Habit Reversal Therapy (HRT) and its variations have shown to be effective and replicable in the past 40 years of research across a **spectrum of nervous habits, tics, trichotillomania and stuttering.**

It is now recommended as the **first approach to treatment of children and adolescents with mild to moderate tics.** It should be considered as an addition or alternative to **medication** therapy.

HRT consists of five main components:

1. Awareness training
2. Competing response training
3. Contingency management
4. Generalization training
5. Relaxation training

ERP vs. HRT



- ◆ Studies have found that when treating Tourette's Syndrome both Habit Reversal Therapy and Exposure and Response Prevention Treatment result in statistically significant improvements on all outcome measures
- ◆ This is based on the notion that tics are produced voluntarily, and by becoming aware of premonitory sensations, the patient can habituate to them and extinguish tics.
- ◆ Conversely, research suggests that the difference between a tic and a compulsion, is the difference between involuntary and voluntary, respectively. Therefore, tics are inextinguishable and treated through competing responses.

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!”

Helping anxious children starts with...



- ◆ Education about anxiety and mental health
- ◆ Establishing open communication
- ◆ Openness to intervention/support
- ◆ Connecting with school
- ◆ Listening without jumping to solving problems
- ◆ Modeling non-anxious coping

It's not about the nail...



How Parents Can Help



- ◆ Reinforce anxiety-fighting behaviors
 - ▶ Praise your child's efforts towards approaching difficult situations
 - ▶ Create reward systems
 - ▶ Establish reasonable consequences
 - ▶ Be a cheerleader by encouraging you child to face fears
 - ▶ Model approach behaviors, thinking through situations rationally, and staying calm

- ◆ Be prepared
 - ▶ Establish family routines
 - ▶ Create plan for your child to relax or express symptoms away from others at school/public places
 - ▶ Implement appropriate consequences
 - ▶ Manage expectations – slower pace, work in steps, role-play as practice

- ◆ Work with school faculty to establish reasonable accommodations
 - ▶ Extended time for tests
 - ▶ Extended deadlines
 - ▶ Ability to use computer for daily assignments
 - ▶ Private testing room

Be Aware of Triggering Events



◆ Somatic	◆ Environmental	◆ Mood-related
<ul style="list-style-type: none">• Fatigue• Poor nutrition• Medication side effects• Physical illness	<ul style="list-style-type: none">• Unexpected changes in schedule• Arguments with friends/peers• Noisy/crowded areas• Long car or bus rides	<ul style="list-style-type: none">• Irritability• Frustration• Sadness• Heightened negative emotions

These factors may exacerbate symptoms and make anxiety more difficult to manage.

Coping Skills



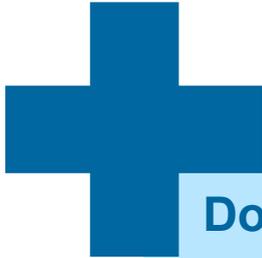
- ◆ Children (with or without anxiety) can use coping skills to help them handle tough situations

- ◆ Parents can introduce a variety of coping skills to their children such as:
 - ▶ Taking a break
 - ▶ Distracting with an activity
 - ▶ Positive self-talk
 - ▶ Bossing back anxiety
 - ▶ Mental imagery
 - ▶ Deep-breathing
 - ▶ Relaxation techniques
 - ▶ Progressive muscle relaxation

- ◆ Establishing coping plans with you child makes it easier for them to actually put their skills to use in the moment

- ◆ Parents should model using how and when to use coping skills to demonstrate effective practices and appropriate timing

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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