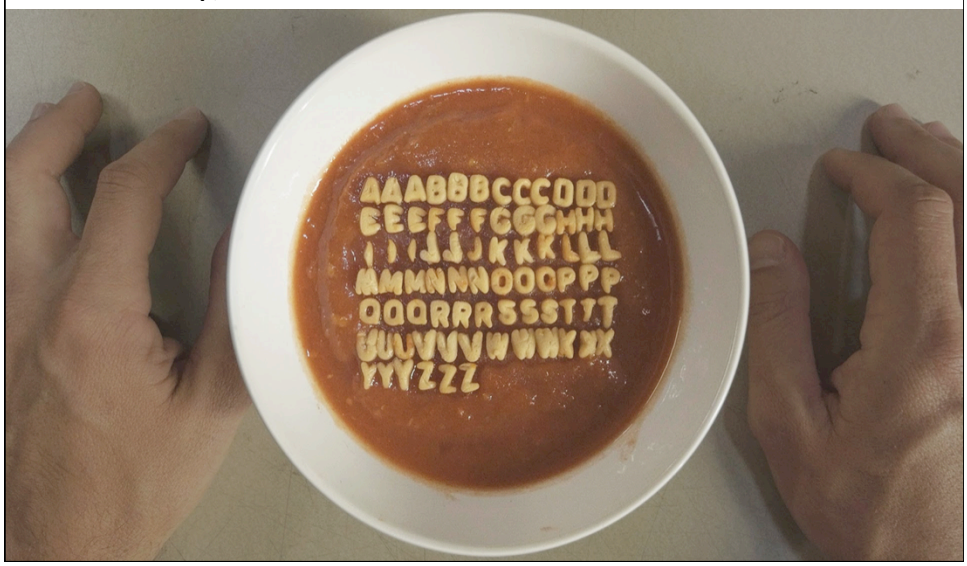
Pediatric OCD

Daniel Chorney, Ph.D.

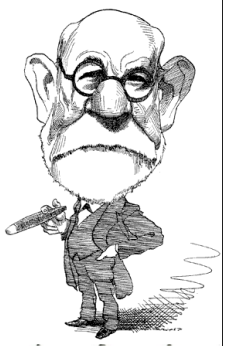


Topics Covered

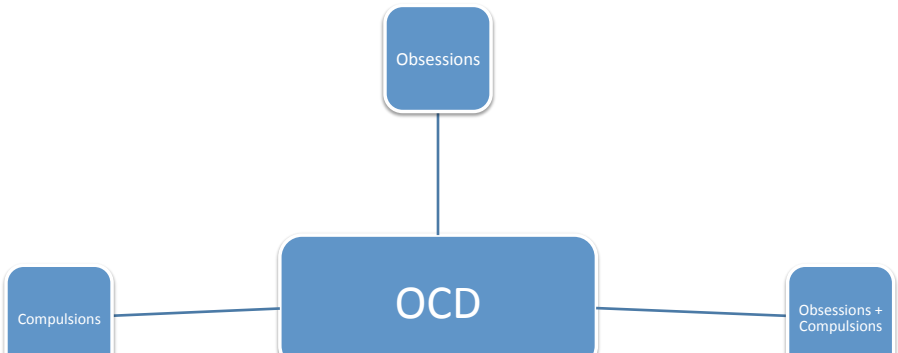
- What is OCD
- Prevalence, Onset, Course
- Theories and Causes
- Overview of CBT for OCD
- Related Disorders
- Questions

Why Me?

- **University of British Columbia**
  - B.A. Psychology (2004)
- **West Virginia University**
  - Ph.D. Clinical Psychology (2009)
- **Brown University**
  - Clinical Internship/Residency (2009)
- **IWK Staff Psychology & Anxiety Team** (2009-2012)
- **Dr. Daniel Chorney & Associates** (2012 – present)



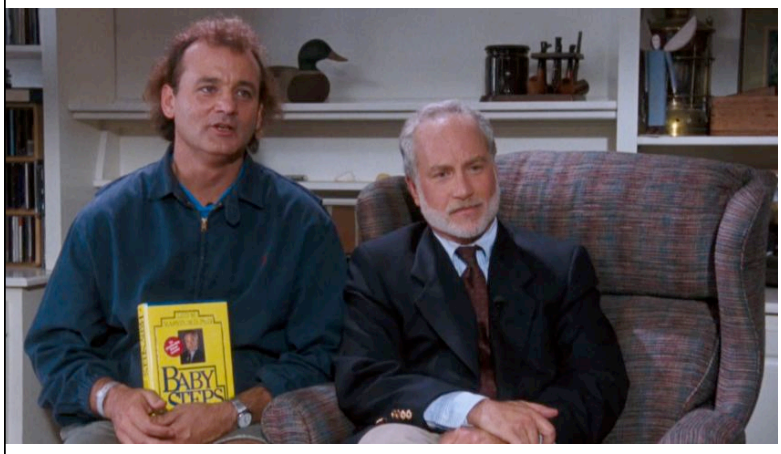
What is OCD?



Public Perception

- Who or what comes to mind when you think OCD?
- Movies, TV shows, famous folks?

Bob Wiley – What About Bob? (1993)



Howard Hughes – The Aviator (2004)

Melvin Udall – As Good As It Gets (1999)

TV - Hoarders

What is OCD?

- **Obsessions**
  - Recurrent, persistent thoughts, images, and/or impulses that are ego-dystonic, intrusive, and senseless
  - Accompanied by negative affect
    - Fear, disgust, doubt, distress, etc

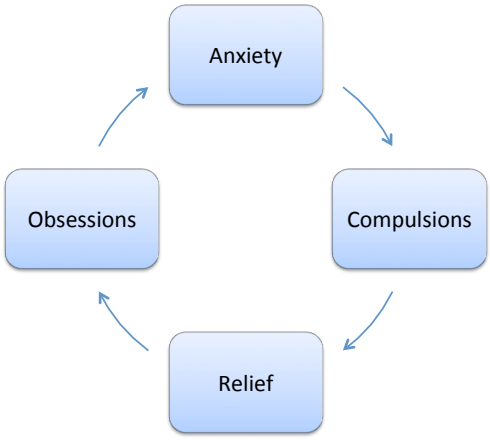
What is OCD?

- **Compulsions**
  - Repetitive, purposeful behaviors done in response to an obsession, often according to specific rules or in a stereotyped fashion
  - Purpose is to ignore, neutralize, or suppress the obsessive thoughts
  - Can be observable (e.g., washing, tapping) or covert/mental (e.g., counting, thinking)

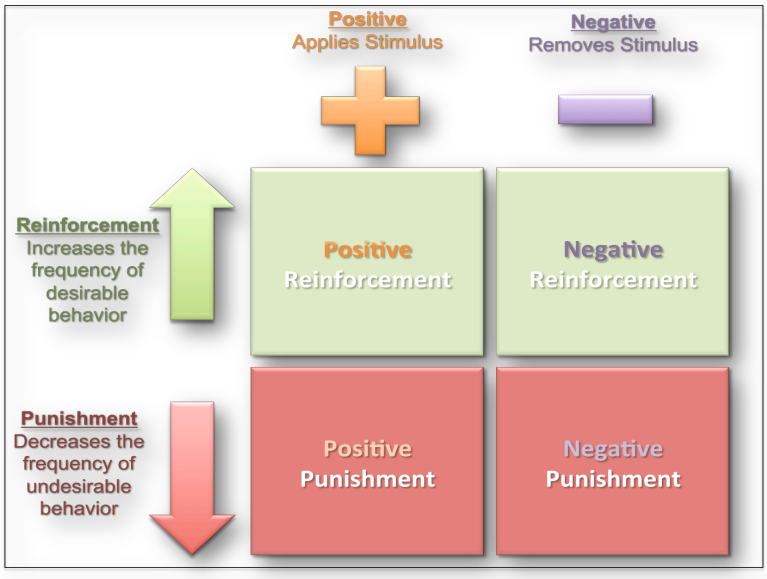
Prevalence & Onset

- Between 0.5% – 1% of children and adolescents suffer from clinically significant OCD (Flament et al., 1988)
- 30-50% initially develop the disorder during childhood/ adolescence (Rasmussen & Eisen, 1990)
  - Females > males (adulthood), males > females (childhood)
- Some believe the disorder is under-diagnosed for a number of reasons:
  - OCD-specific factors (secretive, lack of insight)
  - Healthcare provider factors (lack of knowledge or willingness to diagnose)
  - General factors (lack of access to appropriate healthcare)

OCD Simplified



Psych 101 Review



Course/Prognosis

- **Average age of onset 10** (Swedo et al., 1989) – DSM-V = age 19.5
  - Boys earlier - typically prepubertal
  - Girls during adolescence
  - Overall ratio male/female 1:1 by adolescence
- **CBT + Pharmacotherapy is gold standard**
  - Effective at disrupting the natural history/course
  - Most effective when used in combination (POTS study)
    - Relapse can often follow med d/c (Leonard et al., 1991)
      - Adding CBT may limit this relapse (March et al., 1994)

Diagnosis

- **Obsessions, Compulsions, or Both**
- **Must be either:**
  - distressing
  - time-consuming (more than 1+hour per day)
  - Impairing functioning
    - School/work, home/family, social/peer relations
- **Insight**
  - Must realize obsessions are not just excessive worries of real life problems and are senseless
  - Compulsions should be seen as excessive and unreasonable
  - "Lack of insight" modifier given to children with limited/no insight
- **Thoughts should independent of other comorbid Axis I disorder**
  - Obsessed about eating (eating disorder), negative-self talk (depression), delusions (schizophrenia), stereotypic thoughts and behavior (autism spectrum)

Diagnosis Challenges

- **Many 'normal' behaviors resemble OCD symptoms/behaviors (thus 1hr+ qualifier)**
  - How much is TOO much?
- **What is "excessive and unreasonable?"**
  - What do we teach daily to kids?
    - Wash hands
    - Superstitions
    - "Don't think that!"
    - "Get that out of your head!"

Diagnosis - Overview

- **Current and past OCD symptoms/behaviors**
  - Onset tied to an event, spontaneous, or health
- **Severity and associated functional impairment**
  - Time and distress
- **Comorbidity with other disorders**
  - Habit disorders, tics, disruptive behavior disorders, other anxiety disorders
- **Differentiation b/w typical rituals of childhood and obsessive/ritualistic behaviors**
  - Remember, kids are sometimes just weird
- **Multiple informants across environments**
  - Parent
  - Child self-report if possible
  - Teacher

Diagnosis Tools

- **CY-BOCS**
  - Children's Yale-Brown Obsessive Compulsive Scale
    - Helps determine severity and where to focus efforts
  - Semi-structured clinician rated interview
  - Assesses OCD symptoms and severity
  - Can be used in children as young as 6 years old
  - Adapted from adult version (Y-BOCS)

Sample CY-BOCS Questions

Repeating Compulsions

____ Rereading, erasing, or rewriting (e.g., taking hours to read a few pages or write a few sentences because of concern over not understanding or needing letters to be perfect)

____ Needing to repeat routine activities (e.g., getting up and down from a chair or going in and out of a doorway, turning the light switch or TV on and off a specific number of times)

____ Other repeating compulsions (Describe)_____

_____

Counting Compulsions

____ Counts objects (e.g., floor tiles, CDs or books on a shelf, his/her own steps, or words read or spoken)

Arranging/Symmetry

____ Arranging/ordering (e.g., spends hours straightening paper and pens on a desktop or books in a bookcase, becomes very upset if order is disturbed)

____ Symmetry/evening up (e.g., arranges things or own self so that two or more sides are "even" or symmetrical)

____ Other arranging compulsions (Describe)_____

_____

Hoarding/Saving Compulsion (do not count saving sentimental or needed objects)

____ Difficulty throwing things away; saving bits of paper, string, old newspapers, notes, cans, paper towels, wrappers and empty bottles; may pick up useless objects from street or garbage

Common O+C's

Obsessions	Compulsions
Contamination	Washing
Harm to self or others	Repeating ('just right')
Aggressive themes	Checking
Sexual ideas/Urges	Touching
Scrupulosity/religiosity	Counting
Symmetry/Evenness	Ordering/Arranging
Need to tell/Confess	Hoarding/Praying

Perpetuating Factors

- **Driven by negative/dysphoric affect**
  - Fear, doubt, guilt, disgust, urge, 'just so' feelings
  - "Ego syntonic vs. dystonic" – consistent with self-image or inconsistent with who you are/want to be
- **Examples:**
  - Fear of contamination driven by **fear** (cognitive)
  - Feeling "sticky" driven by **sensory** distortion ("dysesthesia")

Changing Face of OCD

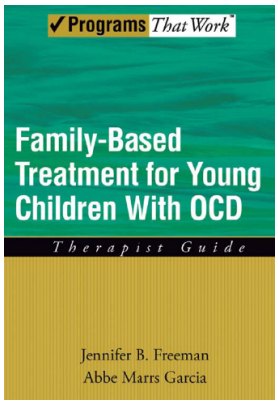
- **OCD symptoms frequently change over time with no clear progression/pattern**
  - Can be extremely frustrating for children, teens, and parents/caregivers!

Evidence Based Treatment of OCD

Efficacy of CBT for Pediatric OCD

- **Pediatric OCD Treatment Study (POTS) – 2004**
  - Compared (% of children showing DSM-IV symptom reduction)
    - CBT alone (39% showed improvement)
    - Medication/SSRI (21% showed improvement)
    - Combination Treatment CBT + Meds (54% showed improvement)
  - Combined treatment superior to either CBT or medication tx alone
- **Conclusion:** Children should start with COMBO or CBT alone first, not medication only

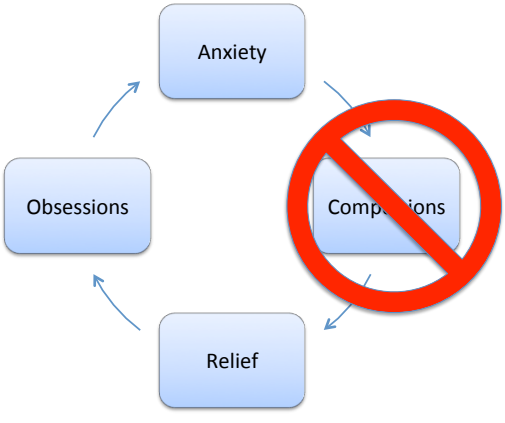
Sample Treatment Overview



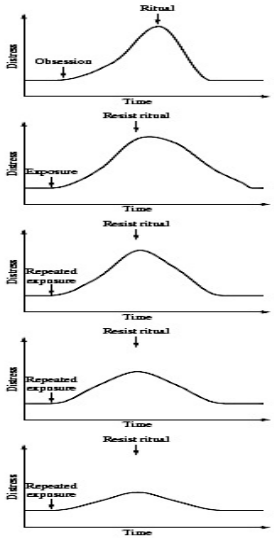
Exposure w/Response Prevention

- **EX/RP:**
  - Exposing the child/adult to a feared situation and the response (i.e., ritual or avoidance behavior) is prevented until anxiety decreases

EX/RP Overview

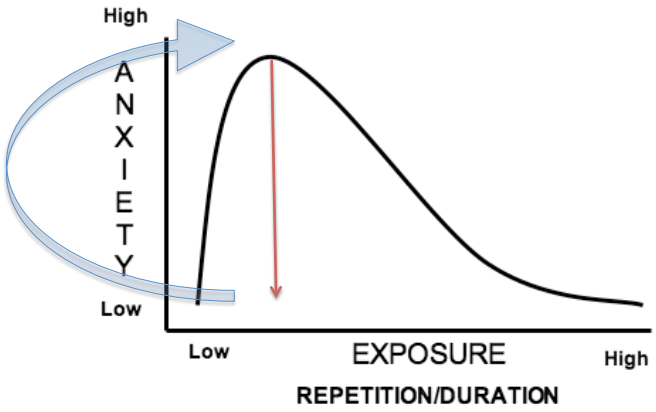


EX/RP Theory



- Anxiety / distress will reduce over time WITHOUT performing the compulsive behavior
- We are eliminating the negatively reinforced behavior (avoidance behavior)

Anxiety Curve & Negative Reinforcement



Exposure Examples

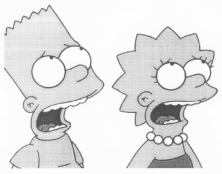
- Touching floor and eating food (germs)
- Re-arranging books out of "order"
- Tapping objects an odd-number of times instead of even-number (then tapping less overall)
- Saying feared outcomes repeatedly, on purpose, without actually doing them (e.g., "I'm going to kill my cat"
  - Helps children (and adults!) understanding that HAVING a thought is different from ACTING on a thought

Creating a Hierarchy

[redacted]'s

Fear Thermometer for Food

Rating	Description	Done?
8	Eating food that brother has touched right after brother has picked his nose	
7	Eating food right after someone has sneezed directly on it	
6	Coughing directly on food and eating that food right after	
5	Drinking from a cup with something else in the cup (like a piece of hair or lint or fruit fly)	
4	Drinking from a cup that has been laying around for at least 30 minutes (without rinsing or cleaning it)	
3	Eating food from the same place that Dad just took a bite out of	
2	Eating food after someone has coughed beside the food (coughed with a covered mouth, but repeated coughs)	
0	Eating a piece of food that quickly touched the floor	



Child Specifics

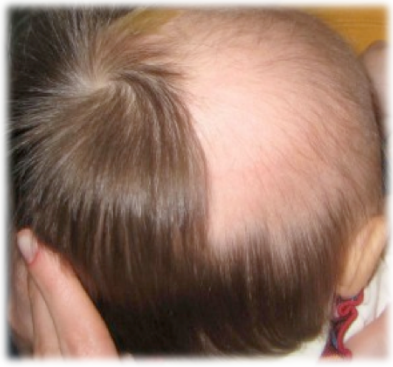
- Learn to "Boss back" Mr. OCD
- Working **WITH** the child not **AT** the child
  - Keeping motivation high (e.g., "Team Chorney vs. OCD")
  - Praise effort & work!!
- Using faces rather than number scales
  - Fear Thermometer, OCD-Meter, etc
- Detailed reward program for exposures
  - Tracking "wins vs. losses"
- Adapted relaxation

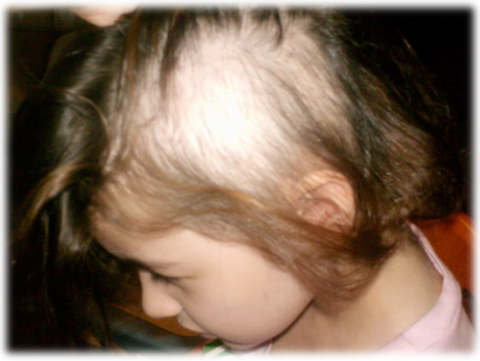
Related Disorders

- **Body-Focused Repetitive Behaviors (BFRB)**
  - Trichotillomania (hair)
  - Excoriation disorder (skin)
- **Hoarding**
- **Body dysmorphic disorder**
- ***** Pictures may be graphic *****

Trichotillomania

- "Trich" or "hair-pulling"
  - Tricophagia = eating pulled hair
  - Scalp, eyebrows/lashes, other areas





Trichotillomania

- Recurrent pulling of one's hair, resulting in hair loss

- Repeated attempts at stopping/ decreasing
- Hair pulling causes distress/ impairment

Hoarding

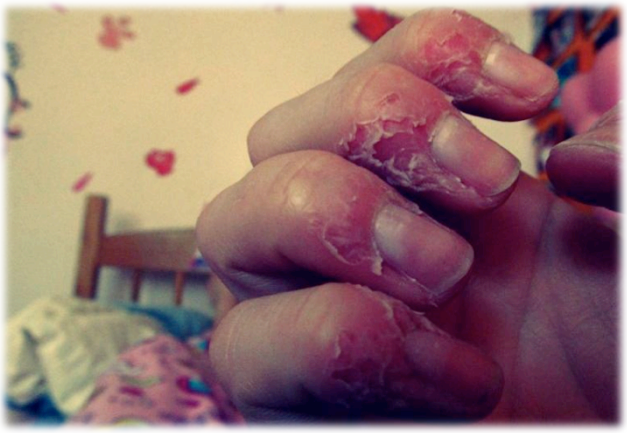
Hoarding Disorder

- Persistent difficulty discarding or parting with possessions, regardless of their actual value

- Distress with discarding items
- Accumulation congests/clutters living areas
- Causes distress/impairment in fucntioning

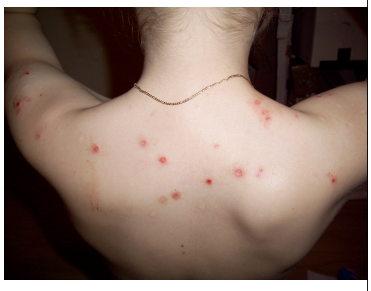
Excoriation Disorder

- AKA "Skin picking" or dermatillomania



Skin-Picking Disorder

- Recurrent skin picking resulting in skin lesions



- Repeated attempts to decrease or stop skin picking
- Causes distress/clinical impairment

Body Dysmorphic Disorder

Body Dysmorphic Disorder

- Preoccupation with one or more perceived defects or flaws in physical appearance that are not observable or appear slight to others

- Repetitive behaviors in response to appearance concerns (e.g., checking, comparing, grooming, picking)
- Causes distress or impairment in functioning

Questions