

Presence of obsessions, compulsions, or both: Obsessions: Recurrent and persistent thoughts, urges, or images that are experienced as intrusive and unwanted, and that in most individuals cause marked anxiety or distress. The individual attempts to ignore or suppress such thoughts, urges, or images, or to neutralize them with some other thought or action (i.e., by performing a compulsion).	
Comtulitions: Repetitive behaviors (e.g., hand washing, ordering, checking) or mental acts (e.g., praying, counting, repeating words silently) that the individual feels driven to perform in response to an obsession or according to rules that must be applied rigidly. Aimed at preventing or reducing anxiety or distress, or preventing some dreaded event or situation; however, these behaviors or mental acts are not connected in a realistic way with what they are designed to neutralize or prevent, or are clearly excessive.	
OCD DSM-5 CRITERIA B. Obsessions or compulsions are time-consuming (e.g., take more than I hour per day) or cause clinically significant distress or impairment in social, occupational, or other important areas of functioning. C. The symptoms are not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition. D. The disturbance is not better explained by the symptoms of another mental disorder	

COMMON SYMPTOMS

Obsessions

- Contamination
- Harm
- Losing control
- "Taboo" or Sexual
- Health Related
- Religious/Scrupulosity
- Related to perfectionism
- Relationship

Compulsions (physical or mental)

Cleaning/Washing

Checking

Reviewing

eassurance

- ouching/tapping
- redoing/Repeating
- Counting
- Avoidance

EARLY ONSET OCD: SOME BASIC FACTS

- 1 2 in 100
- Early onset (before puberty) is more common in boys and in those with family history of OCD or tics
- Often associated with other anxiety disorders, ADHD, and tic disorders
- Onset is typically gradual, yet can be sudden (PANS or PANDAS)
- Waxing and waning course

COMORBIDITY OF OCD AND TIC DISORDERS

- Genetic link
 - Up to 60% of TS sufferers have been reported to have OCD symptoms, 50% of children with OCD are reported to have had tics, and 15% met criteria for TS.
- Tic-related OCD is characterized by
 - an earlier age of onset,
 - an overrepresentation in males
 - symptomatology that tends to include touching, tapping and rubbing
 - a concerns about symmetry and exactness.

http://www.behaviortherapycenter.com/tourettic-ocd

"TOURETTIC OCD"

Presenting with blended features of both OCD and Tourette's Syndrome.

- Compulsions typically involve "just right" requirements w/ emphasis on $symmetry, arrangement, positioning, evening \ up, ordering, touching, and \ numbers.$
- Treatment involves a modified approach to ERP and incorporates complimentary techniques such as PRM, diaphragmatic breathing, imagery, and competing responses like in the treatment of TS.

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PANDAS/PANS

PediatritcAutoimmuns NeueopsychiatrictDisordersAssociated with with Streptococcal infections (5°PAMPASA)s")

Pediatnic Acute Obsest Neuropsychiatria (Syndrondec ("PANSA) NS")

- \mbox{OCD} symptoms caused by an autoimmune reaction within the brain. Immune system attacks basal ganglia instead of infection (PANDAS).
- Sudden/rapid onset
- Other PANDAS/PANS-specific symptoms may include:
 - Severe separation anxiety
 - Irritability/aggression
 - Emotional lability/depression
 - Anorexia or severely restrictive eating

 - Behavioral (developmental) regression - Tics and/or purposeless motor movements

 - Acute handwriting difficulty

https://kids.iocdf.org/professionals/md/pandas/

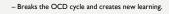
OBSESSIVE-COMPULSIVE CYCLE Obsessions Repetitive Distress negative Images, thoughts, or impulses Anxiety, fear, disgust or shame Compulsions Relief Distress subsides Repetitive thoughts, images, or actions

Negative Reinforcement

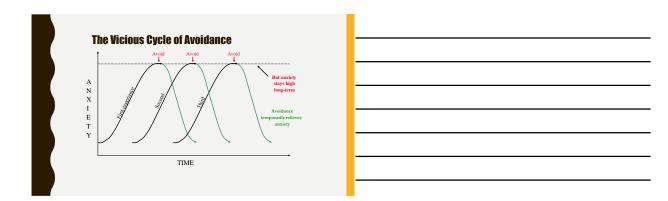


EXPOSURE AND RESPONSE PREVENTION (ERP)

- Exposure to the thoughts, images, objects and situations that creates anxiety/discomfort and/or start your obsessions.
- Response Prevention refers to resisting compulsive behavior that decrease anxiety or "neutralizes" obsessions once the anxiety or obsessions have been "triggered"







The Adaptive Cycle of Approach Anxiety Peaks I E T Y

Inhibitory Learning Model

- Current approach to ERP based on recent research on how the brain learns and remembers information related to fear.
- Rather then focus on habituation, focus on building tolerance of anxiety/discomfort.
- ERP exercises are designed to disconfirm expectations!
 - The aim of ERP is to provide the person with new knowledge that (a) obsessional fears are
 less probable or severe than predicted, (b) anxiety and obsessional thoughts themselves are
 safe and tolerable, and (c) compulsive rituals are not necessary for safety or to tolerate
 anxiety.
- To be most effective, ERP goal is to help person learn that the feared stimulus is safe in such a way to block out, or inhibit, the existing obsessional fear.



TREATMENT CONSIDERATIONS: KIDS

- -Psychoeducation: OCD is conceptualized as neurobehavioral problem.
 - It is not anyone's fault! Medical analogies are used (e.g., diabetes, asthma)
- -Increase awareness of OCD symptoms.
- -Help kids and parents understand connection between obsessions and compulsions.
- -Shift focus from anxiety reduction to resisting compulsions and better tolerance of anxiety/discomfort.



TREATMENT CONSIDERATIONS: KIDS

- Use age appropriate metaphors and language
 - Concrete, specific, and child friendly
- Externalize OCD
 - Drawing Worry Monster
 - · Naming OCD as bully to "boss back"
 - "Islands of OCD" on map
- Reading books or videos about other kids w/OCD
 - "Unstuck" movie



Creating book about child's OCD

KID FRIENDLY ANALOGIES

- Dog at the dinner table
- Bully at the playground
- Weeds in the garden
- Jumping in the pool
- Learning an instrument/practicing a sport

