







OCD DSM-5 CRITERIA

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).

OCD DSM-5 CRITERIA

Compulsions:

- 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 1 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
- Reassurance
- Touching/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/tourette-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.

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

PANDAS/PANS

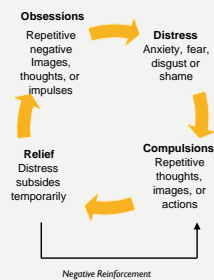
Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections ("PANDAS")

Pediatric Acute-Onset Neuropsychiatric Syndrome ("PANS/PNS")

- 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
 - Urinary frequency
 - Behavioral (developmental) regression
 - Tics and/or purposeless motor movements
 - Acute handwriting difficulty

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

OBSESSIVE-COMPULSIVE CYCLE



EXPOSURE AND RESPONSE PREV ENTION (ERP)

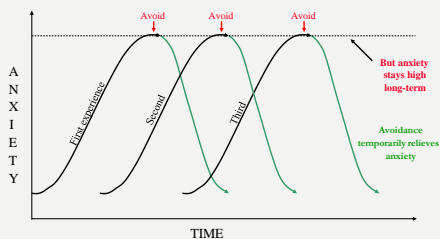
EXPOSURE AND RESPONSE PREVENTION (ERP)

- **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"

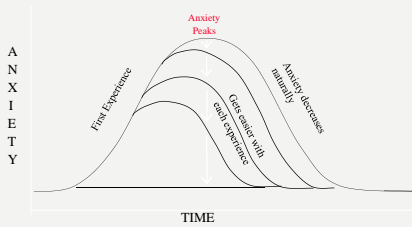
– Breaks the OCD cycle and creates new learning.



The Vicious Cycle of Avoidance



The Adaptive Cycle of Approach



Inhibitory Learning Model

- Current approach to ERP based on recent research on how the brain learns and remembers information related to fear.
- Rather than 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.

OCD IN CHILDREN

SOME SLIDES TAKEN OR ADAPTED FROM DIANA ANTINORO BURKE, PSY.D

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.



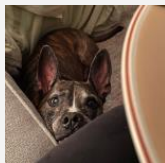
TREATMENT CONSIDERATIONS: KIDS

- 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

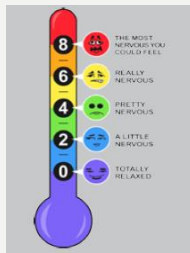


ERP FOR KIDS

- Parents are large part of ERP treatment.
- Greater use of goal setting and reinforcement
 - Sticker chart for exposure work
 - Reward/prize menu
- Make exposure fun and creative!
- Go Fish OCD
 - Go Fish Cancer
- “Taboo” Mad Libs
- OCD Harm Bingo
- Hangman
- Connecting exposure to real-life fun and natural contingencies
 - Playing on a “contaminated” playground



The Fear Thermometer



- How anxious do you feel in that situation?
- How anxious would you feel if...

OCD IN CHILDREN: SYMPTOMS

- Content of obsessions
 - Higher rate of fear of catastrophic events or fears of death/illness in self or parent –
 - More hoarding behaviors
- Insight and cognitive processing
 - Younger children may lack insight about irrationality of their actions. May not perceive obsessions or compulsions as excessive or unreasonable.



PARENT RESPONSES

- Overprotection
 - “She can’t handle this and it is my job is to protect her”
 - Accommodations/participation in rituals
 - Examples: Reassuring child nothing bad will happen every time they ask. Washing or showering when child requests to avoid spreading “contaminate”
- Overdemanding
 - “This is not frightening. You are just acting like this for attention”
 - Invalidating experience of fear, pushing them to approach something too difficult for them.
- Supportive
 - Validating child’s fears but encouraging child to withstand anxiety
 - “This is scary for you, but I think you can get through it”

Introduction to the SPACE Program Eli Lebowitz, Ph.D

OCD IN ADOL ESCENTS

OCD SYMPTOMS IN ADOLESCENTS

- Content of obsessions
 - Tend to have higher rates of sexual and religious obsessions than children.
- Insight typically greater
 - Compare behaviors to peers and observe what is “normal.”

SEXUAL AND AGGRESSIVE THEMES



OCD Memes by
Jon Hershfield,
MFT

<https://www.ocdbaltimore.com/>

PARENT ROLE WITH TEENS

- Can also be a large part of rituals and/or target of obsessions
- Battle against parents instead of OCD
 - Punishing inappropriate or unacceptable behavior *not* OCD.
- Psychoeducation/guidelines for parents but emphasis on teen's owning treatment
- Following through with ERP
 - Parents can act as supportive and encouraging of teen's efforts w/ ERP
 - Eliminate accommodations and increase independence with treatment
 - Rewards for attending therapy and doing ERP HW
 - Less chores, gift cards for food or games, money

TREATMENT CONSIDERATIONS: ADOLESCENTS

- More collaborative approach
 - Can't force treatment
 - Coach role
- Get buy in with how OCD may interfere with life
- Tailor to their interests and developmental stage
- Age appropriate analogies
 - Feeding dog, training muscles, creating football plays, strategy games
 - Practicing sports or musical instrument

TREATMENT CONSIDERATIONS: CONT.

- Identify how they have some degree of influence over the OCD & try to increase this influence
- More identification of feared consequence
- Discuss realistic and unrealistic risks and benefits
- Greater use of disconfirmatory evidence



OCD IN ADULTS

CLINICAL COURSE

- Prognosis is best when treated early!
- Severity of illness, need for hospitalization, early onset, and psychiatric comorbidity were linked to a greater persistence of OCD (Stewart and Geller, et al., 2004).
- A chronic course, spanning over several decades, with waxing and waning symptom severity, is typical of OCD (Sharma and Math, 2019).

ADULT ONSET OCD

- OCD can occur at any age but generally tends to first appear between the ages of 8-12 and between teenage years and early adulthood.
- Defined as "adult onset" when onset is after puberty.
- Equally common in males and females.
- Associated more with depression and other anxiety disorders.
- Onset of symptoms could tie to a specific trigger, such as death of a loved one, loss of job, or following birth of child.

COMMON OCD CONTENT IN ADULTS

- OCD symptoms may "latch onto" children, significant others, religion, sexuality, ect.
 - Examples of obsessional content:
 - Pedophilia OCD - "What if I am attracted to children or actually molest a child?"
 - Post-Partum OCD- "What if I (poison, shake violently, drown, suffocate, drop off ledge) my child?
 - Homosexual OCD- "How do I know if I am not really gay?"
 - Scrupulosity OCD - "What if I accidentally committed a sin?"
 - Hit and Run OCD- "Did I hit someone with my car?"

TREATMENT CONSIDERATIONS FOR ADULTS WITH OCD

- Support system
 - Patients tend to better with treatment when they have an healthy support system (friends, significant other, parents, family) and do not feel like they have to hide their OCD.
 - Treatment will involve eliminating accommodations and behaviors that family members are doing that reinforce the OCD cycle.
- Motivation to engage in treatment
 - Distress associated with OCD symptoms and/or interference in functioning (work, school, relationships, daily life).

COGNITIVE TRAINING (TEENS/ADULTS)

- Recognize and re-label fears/intrusive thoughts as OCD
 - "My chances are good that I won't get sick, its my OCD talking"
- Learn to tolerate uncertainty
 - "Bad things do happen, just not as often as my OCD says"
 - "I can sit with this feeling longer then I think"



Cognitive strategies or mental compulsions?

- patient's use of cognitive strategies to **guarantee safety**

ACCEPTANCE OF UNCERTAINTY

OCD Memes
by Jon
Hershfield,
MFT

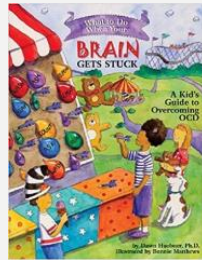
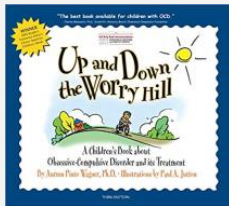
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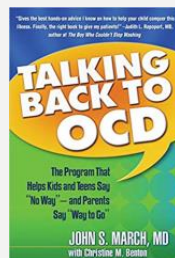
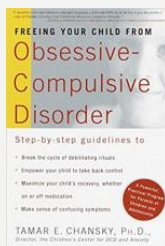
COGNITIVE TRAINING (TEENS/ADULTS)

- Mindfulness-based approaches
 - Accept the experience of OCD but regain control of your life
- Reduce emotional valence given to thoughts
 - Thoughts are just thoughts
- Reduce thought suppression efforts
- Thought \neq Action

Books for Kids



Books for parents



ONLINE RESOURCES

- www.abct.org
- www.iocdf.org
- www.trich.org
- www.njcts.org
- www.worrywisekids.org



Jacquelyn Gola, Psy.D.
Licensed Psychologist

The Center for Emotional Health of Greater Philadelphia, LCC



1910 Route 70, East, Suites 7 & 5
Cherry Hill, NJ 08003

601 Ewing Street, Suite C-2
Princeton, NJ 08540

jacgola@thecenterforemotionalhealth.com

<https://thecenterforemotionalhealth.com/>

(856) 220-9672