OCD in Children and Adolescents: Guidelines for Parents and Educators

Webinar for NJCTS
February 29, 2012
Allen H. Weg, Ed.D.
Stress & Anxiety Services of NJ, LLC

Stress & Anxiety Services
of New Jersey, LLC

East Brunswick, NJ
www.StressAndAnxiety.com

The International OCD Foundation (IOCDF)
www.OCFoundation.org

OCD New Jersey
the New Jersey Affiliate of the IOCDF
www.OCDNJ.org
1. Epidemiology
2. Assessment/Identification
3. Rapport Building/Psych-education- “Toolbox”
4. Using Drawings/War Map
5. Roles: Therapist/Parents/Schools/Other Resources
6. Medication
7. Resources

Slide 5

1. Epidemiology

Slide 6

Comorbidity
26% Alone
30% with Tic Disorder
26% with Depressive Disorder
24% with Developmental Disabilities
17% with Specific Phobias
11% with Oppositional Defiant Disorder
10% with Attention Deficit Disorder

Types
Washing 85%
Repeating 51%
Checking 46%
Touching 20%
Counting 17%
Hoarding 11%
1. Epidemiology
2. Assessment/Identification

DSM IV-R Diagnostic criteria for 300.3 OCD
(abbreviated)

**Obsessions:**
- Recurrent and persistent thoughts, impulses, or images that are experienced at some time during the disturbance as intrusive and inappropriate, and that cause marked anxiety and distress

**Compulsions:**
- Repetitive behaviors (e.g., hand washing, ordering, checking) or mental acts (e.g., praying, counting, repeating words silently) that the person feels driven to perform in response to an obsession, according to rules that must be applied rigidly

Distinguishing OCD From “Normal”
Childhood OCD-Like Behaviors

Timing
Content
Severity
Function
Pediatric Autoimmune Neuropsychiatric Disorders Associated with Strep (PANDAS)

Presence of OC or tic symptoms
Onset 3-12 years old
Dramatic onset
Onset associated with strep infection
Neurologic soft signs are present

School-Related OCD Symptoms

High requests for bathroom breaks
High Need to arrange/order belongings
Dry, cracked, bleeding hands
Repeated seeking of reassurance
Excess checking for mistakes
Repeated checks on locker
Hoarded materials in locker, desk
Lateness in handling in assignments
Repeated routine actions
Incompletion of tasks
Length of time reportedly engaged in doing homework
Observed behaviors while doing homework

1. Epidemiology
2. Assessment/Identification
3. Rapport Building/Psych-education-
   -Storytelling, use of the “Toolbox”
Exposure Therapy

The Horror Movie

Slide 13

Slide 14

Slide 15
“Habituation”
(habit)

“Desensitization”
(sensitive)
The Swimming Pool
Tools for the “toolbox”

Fear Thermometer

1. Epidemiology
2. Assessment/Identification
3. Rapport Building/Psych-education- “Toolbox”
4. Using Drawings/War Map
1. Epidemiology
2. Assessment/Identification
3. Rapport Building/Psych-education- “Toolbox”
4. Using Drawings/War Map
5. Roles: Therapist/Parents/Schools/ Other Resources

Parent Role (also teachers)
1. Label the problem as OCD
2. Empathize: reflect what your child is feeling
3. Remind about Show and Tell (do the opposite/boss back)
4. Refocus on preferred activity
5. Reinforce your child’s efforts

- Encourage: DO NOT Discourage
- Gentle firm reminders: DO NOT Punish
- Emotional support: DO NOT Blame
- Positive reinforcement for fighting OCD: DO NOT Nag

Set limits and boundaries- Parental accomodations, consequences for non-OCD misbehavior
- No reassuring
- No new accommodations

Therapist Role
Therapist as coach
1. I will never ask you to do something I wouldn’t do
2. I will never make you do something that you refuse to do (except when safety is involved)
3. I determine what is OC and what is not OC
4. Involve the child in hierarchal constructions: “If you can’t do this, what can you do?”

- Collaborative effort
- Use of humor
- Anthropomorphize the OCD
- Take “us against it” stance
School Role

- Have informed/educated staff (www.OCDNJ.com)
- Learn to ID OCD, possible Rx side effects
- Make appropriate referrals (school counselor, child study team)
- Implement school-based interventions (teacher/school MH prof)
- Make appropriate short-term accommodations
- IDEA- Individuals with Disabilities Education Act of 1997
- 504 Plan- Section 504 of the Rehabilitation Act of 1973

“Other” Role

- Support groups
- Organizational affiliation
- Readings (bibliography)
- Videos (IOCDF/OCDNJ DVD list)
- Internet sites

1. Epidemiology
2. Assessment/Identification
3. Rapport Building/Psych-education- “Toolbox”
4. Using Drawings/War Map
5. Roles: Therapist/Parents/Schools/
   Other Resources
6. Medication
Medication

"First Line" Medications
Anafranil (Clomipramine) 25-250 mg/day. ECG check/blood sugar levels
Prozac (Fluoxetine) 5-60 mg/day...
Paroxetine (Paroxetine) 10-30 mg/day
Luvox (Fluoxamine) 25-250 mg/day
Zoloft (Sertraline) 50-150 mg/day
Celexa (Citalopram) 20-60 mg/day
Lexapro (Escitalopram oxalate) 10 mg/day

Augmenting Medications
Mood Stabilizers: Lithium/Lamictal
Ritalin
Antipsychotics: Risperdal/Zyprexa/Seroquel/Abilify

Other
Benzodiazepines: Klonopin/Ativan/Xanex

1. Epidemiology
2. Assessment/Identification
3. Rapport Building/Psych-education- “Toolbox”
4. Using Drawings/War Map
5. Roles: Therapist/Parents/Schools/ Other Resources
6. Medication
7. Resources

OCD Resources

International OCD Foundation, Inc.
PO Box 961029
Boston, MA 02196
(617) 973-5801
www.OCDFoundation.org

OCD New Jersey
60 MacAfee Rd
Somerset, NJ 08873
In Spero 732-828-0099
www.OCDNJ.org

The New Jersey Association of Cognitive Behavioral Therapists
(NJ-ACT)
PO Box 2202
Westfield, NJ 07091
www.NJ-Act.org
**OCD Resources, continued**

- Stress and Anxiety Services of New Jersey, LLC
  A-2 Brier Hill Ct
  East Brunswick, NJ 08816
  732-390-6694
  [www.StressAndAnxiety.com](http://www.StressAndAnxiety.com)

- Anxiety Disorders Association of America
  11900 Parklawn Dr., Ste 100
  Rockville, MD 20852-2624
  301-223-9350
  [www.ADAA.org](http://www.ADAA.org)

- The Association for Behavioral and Cognitive Therapies (ABCT)
  307 7th Ave, 16th Floor
  New York, NY 10001-6008
  212-647-1890
  [www.ABCT.org](http://www.ABCT.org)

---

**Readings in OCD**


---

**Students with OCD: A Handbook for School Personnel.**