

# OCD & Anxiety in Children

What science tells us and how we can use it to help your kids!

A presentation from  
The OCD & Anxiety Center of Cleveland

# Who am I?

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After becoming a licensed psychologist, I sought additional training and experience in the treatment of OCD & Anxiety Disorders:  
Patricia Zurita Ona PsyD: East Bay Behavior Therapy Center (Private Practice & Intensive Outpatient Program (IOP) for OCD), author

Matthew McKay PhD: Berkeley CBT Clinic, founder of New Harbinger Publications, author of many books including treatment manuals for anxiety and OCD

Walnut Creek CBT Clinic: Psychologist (Founder/Psychologist)

Gateway Institute's Intensive Outpatient Program (IOP) for OCD

Advanced consultation with Jonathan Grayson PhD: Psychologist, author of Freedom from OCD: A personalized Recovery Program for Living with Uncertainty

International OCD Foundation (IOCDF) Member

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# What is Anxiety?

Anxiety or Fear	Anxiety Disorder
Normal Emotion	Fear is experienced in situations that don't usually trigger fear
“Fight or Flight Response” Involves thoughts, sensations and urges	This fear leads to a pattern of avoidance that disrupts a persons life

# Safety Behaviors

- **Safety behaviors** are anything a person does when they feel anxious to temporarily reduce their feelings of fear.
- They are a more subtle form of avoidance.
- Safety behaviors serve to:
  - Reduce fear that something catastrophic will occur
  - Increase sense that one can cope with their anxious feelings

# Common Anxiety Disorders in Young Children

- Separation Anxiety
- Phobias
- Emetophobia (fear of vomiting)
- Selective Mutism
- “Generalized” Anxiety Disorder
- Post-Traumatic Stress Disorder (PTSD)

# Obsessive-Compulsive Disorder (OCD)

- A special type of anxiety disorder
- Recently reclassified as it's own category of disorders because of the role of distress that didn't perfectly fit under anxiety (not "just right," feeling of incompleteness)
- Anxiety/Distress in situations that don't typically cause these reactions in others
- Anxiety/Distress leads to a pattern of avoidance and repetitive behaviors (compulsions) that neutralize or disrupt the anxiety/distress and interfere with a persons life

# Defining some terms

- **Obsessions/Unwanted Intrusive Thoughts:** recurrent thoughts, accompanied by feelings of as fear, disgust, doubt, or a sense of incompleteness
- **Compulsions:** behaviors that are performed in order to *temporarily relieve* obsessions and/or the unpleasant feelings that accompany them.
  - May be observable behaviors or more subtle mental acts

# Common OCD themes in children

Common Obsessions	Associated Compulsions
Contamination	Washing, cleaning, decontaminating
Harm to self or others	Checking, counting, reassurance
Symmetry	touching, straightening



# Additional subtypes of OCD

- Health concerns (checking, reassurance)
- Sexual concerns (checking, reassurance)
- Moral or Religious Concerns (checking, reassurance)

# “Causes” of OCD and Anxiety Disorders

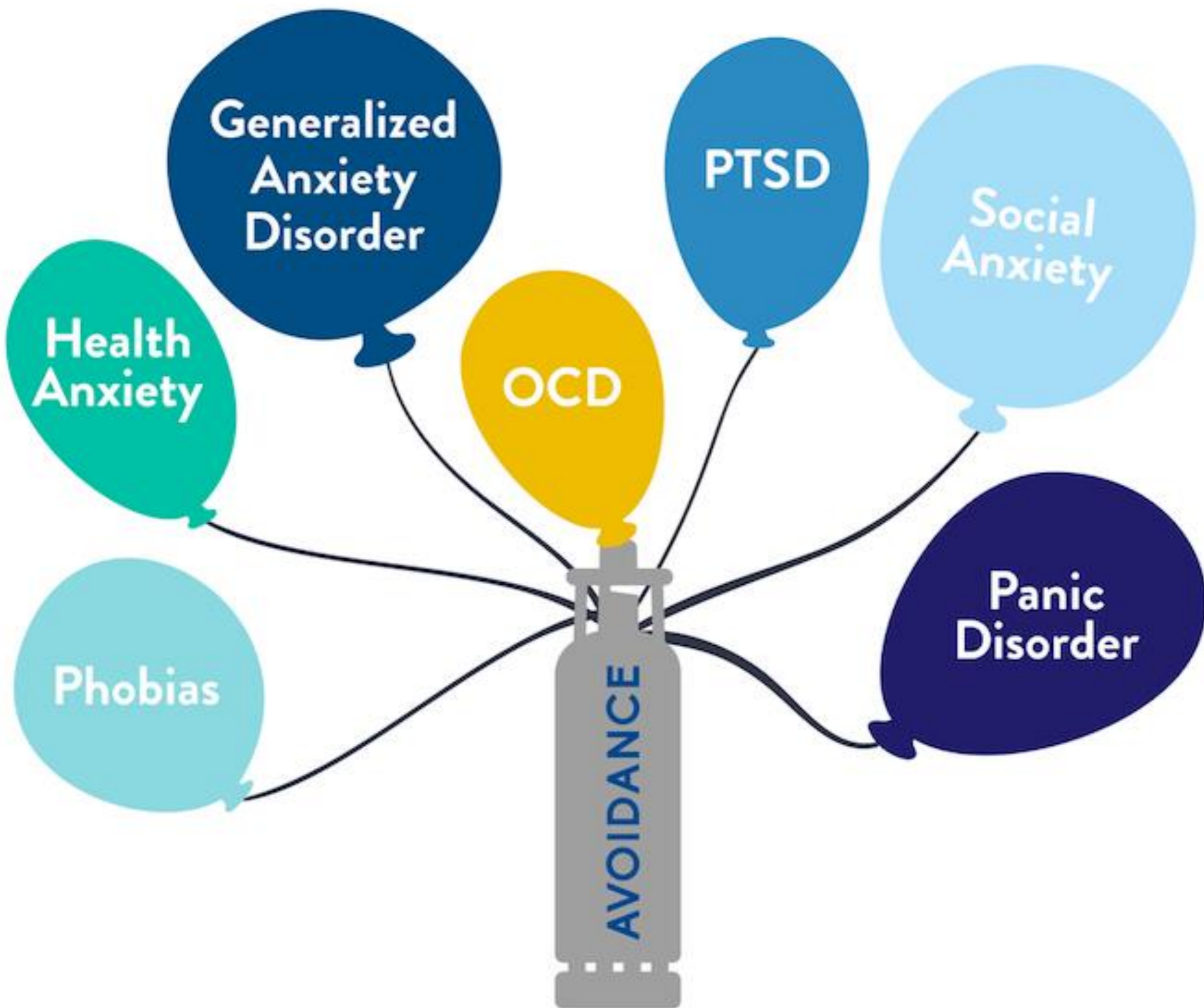
- Biological evidence is partial
  - Evidence of genetic, neurological and chemical differences in individuals with OCD (less evidence for other anxiety disorders, but still some)
  - None of these are destiny
- Pediatric Autoimmune Neuropsychiatric Disorder Associated with Strep (PANDAS)
  - Some children develop OCD symptoms acutely following a strep infection, they should be evaluated for PANDAS
  - Antibiotic treatment *may* be indicated although not always effective in treating the OCD

# Maintaining Factors are more relevant than causes

- Why does fear get worse over time? Most things fade with time, but this gets more intense
- “Why is my daughter’s fear of germs getting worse? She used to wash her hands a few extra times after using the toilet, now it seems like she washes her hands after she touches anything at all.”
- “At first, my child was just scared to go on sleepovers because he didn’t want to be away from us for the night. Now he won’t even go to school for a few hours...”

# Avoidance

Food for fear



# Treatments for OCD

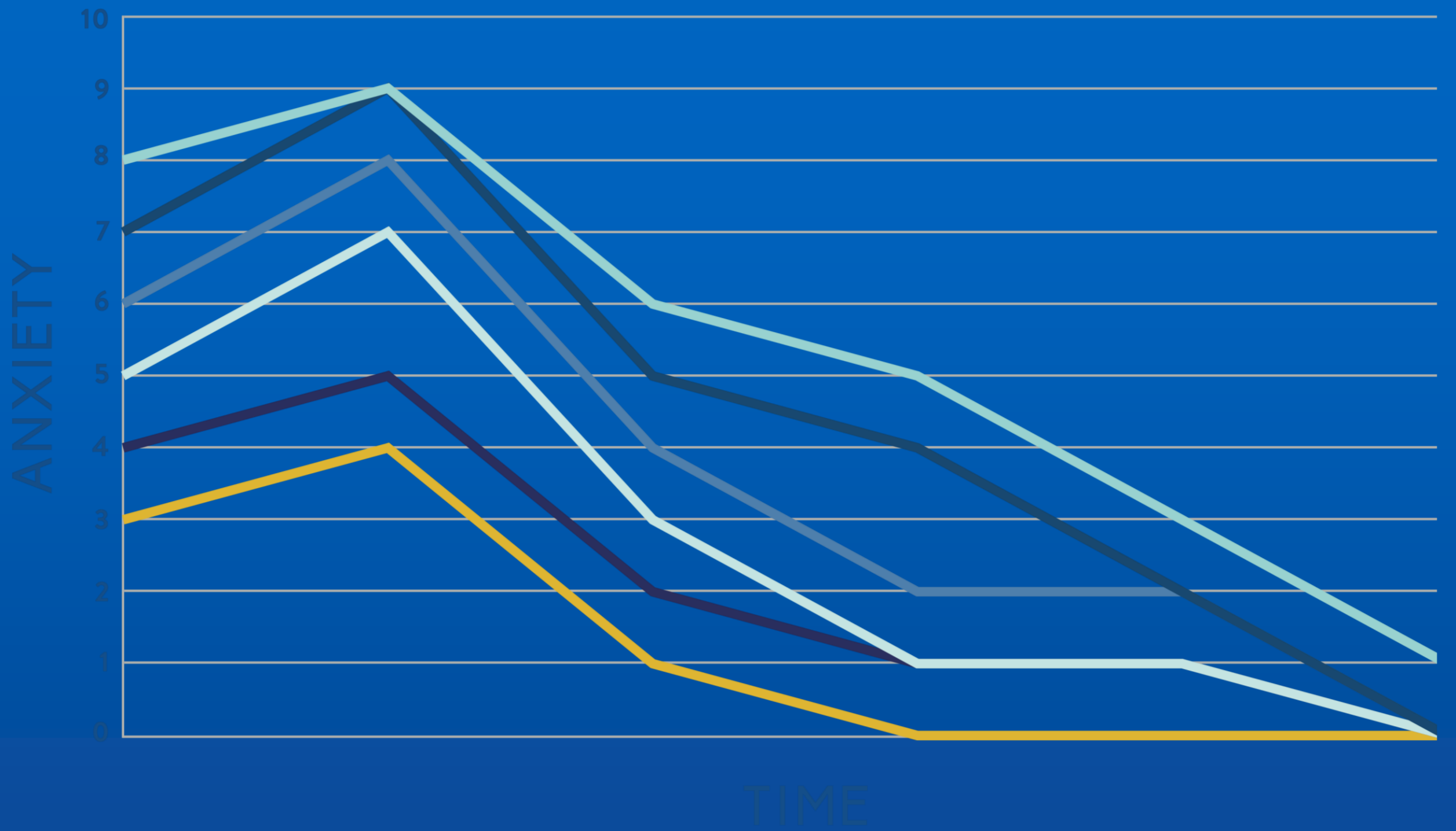
- American Psychiatric Association expert guidelines
  - Exposure with Response Prevention (ERP), a type of behavioral therapy, *always* indicated
  - Medication *sometimes* indicated
    - Selective Serotonin Reuptake Inhibitors (SSRIs) most commonly used
    - Indicated more commonly in moderate to severe cases

# Exposure with Response Prevention (ERP)

- Exposure means progressively and repeatedly facing your fears
- Response Prevention means resisting the urge to use compulsions
- Examples
  - Contamination OCD (touch contaminated items and don't decontaminate)
  - Emetophobia (eat foods that you worry may make you vomit, and don't use anything to settle your stomach)
  - Violent Harm thoughts (intentionally go into situations that trigger these thoughts, resist checking or reassurance)







- 1<sup>st</sup> exposure
- 2<sup>nd</sup> exposure
- 3<sup>rd</sup> exposure
- 4<sup>th</sup> exposure
- 5<sup>th</sup> exposure
- 6<sup>th</sup> exposure

# Learning

- ERP is based on Learning Theory. Children with OCD are basically agreeing to learn new things. At a minimum, they will learn the following:
  1. If I stay in a situation that scares me, the feeling of fear will eventually go away on its own. I do not need to do a compulsion for the fear to pass
  2. If I repeatedly face my fears, they will become far less scary
  3. Horrible things rarely happen when I face my fears
  4. Even though facing my fears is very scary, I can handle these feelings

Notice that you can only learn all 4 of these things by confronting your fears. Avoidance prevents you from learning these things and teaches you other things that are unhelpful. Let's consider an example...

# The 2 most common errors in treating OCD & Anxiety

1. Thinking you can learn these 4 lessons via conversation instead of actual experience
  - Learning *must* happen through experience
  - You can't talk or think your way out of fear
2. Trying to Block anxiety during exposures
  - Anxiety has to happen for you to learn what happens when you feel anxious

# What about relaxation?

- Relaxation is not effective treatment for OCD or Anxiety Disorders
  - Relaxation is a common safety behavior or compulsion (more avoidance)
- So why is relaxation everywhere?
  - People enjoy it

# What can you do as a parent?

## Tools Part 1

- Get your child professional help for their OCD or Anxiety Disorder
  - Exposure with Response Prevention (ERP) or Exposure Therapy
- Change how you discuss and approach your own anxiety as well as your child's
  - Emphasize the importance of facing fears rather than avoiding them.
- Start the process of eliminating all forms of accommodations
  - accommodations are things that we do to help our child get through the day by *avoiding* their fears. They provide short-term relief but long-term worsening in symptoms.
    - Examples
      - Opening the door for a child whose afraid of touching the door
      - Speaking for a child with Selective Mutism

# Tools Part 2

- Modelling
  - “I am scared to go to this party tonight. I’m scared that maybe there won’t be anyone to talk to. Even though I’m scared, I will go and see what actually happens”
  - “My boss came into my office today and for a moment I felt so scared, like I was going to get into trouble. It turned out, she just wanted to ask me a question.”
- Scaffolding
  - Using small steps to eventually build to a larger one
  - “I know you want me to write a note promising I won’t die but I can’t promise that and we need to start facing this fear together. How about this week , I’ll just write a note saying “I love you” or “I will try to stay safe” and next week we’ll change what the note says and the week after that we’ll see if we can stop the notes altogether.
  - “Touching the doorknob feels too scary to you. What if I touch the doorknob and then you touch my hand with one finger? Once that gets easy, we’ll try two fingers, then three....”
  - No step is too small, so long as we keep moving forward.

# Tools Part 3

- Praise
  - Praise is an effective way to increase desired behaviors
  - Praise your child for: (1) telling you that they are scared, (2) identifying that other people seem to be having different reactions, and (3) moving forward while feeling fear
  - Do not praise your child for “not being scared” as they have no control over this, and it isn’t a behavior
- Change how we talk about goals and progress
  - The goal is to consistently move towards anxiety instead of away from it (this short-term goal will always result in long-term reductions in anxiety)
  - Although long-term reductions in anxiety is also a goal, focusing on it in the short-term is ineffective
- Try to discuss and practice possible experiments or tests with your child. Become a team.
  - “Hmmm...So you’re scared that if you eat that pizza you will throw up. How do you think we can test this idea or start to test the idea?”
  - “You’re saying that if you don’t snap your fingers 30 times, something bad will happen. I wonder if we can test that out...”
  - “So if you don’t tap the phone with your left hand after tapping it with your right, you think you won’t feel right and that feeling will last forever. Could we try waiting 5 minutes and see what happens to the feeling?”

# Tools Part 4

- Reward Programs
  - Small rewards for agreed upon tests or experiments are best
  - Free or inexpensive rewards are best (privileges, one-on-one time, candy, toys from the dollar store)
  - Can add a larger reward too if desired, but this is *in addition to*, not instead of smaller short term rewards
    - Children need short-term gratification
  - Always give reward if the child did the requested behavior. It doesn't matter if they got upset or anxious.



# Tools Part 5

- Validation and empathy
  - Acknowledge that your child feels afraid and that it's only natural to want to avoid
  - Encourage them to move forward anyways
- Approach anxiety with curiosity instead of a right/wrong mindset
  - What does it feel like in your body?
  - What are your thoughts right now?
  - What are your urges?
  - How strong is it? (0-10 or Low, Medium, High or however your child wants to describe it)



**Where  
the magic  
happens**



**Your comfort zone**