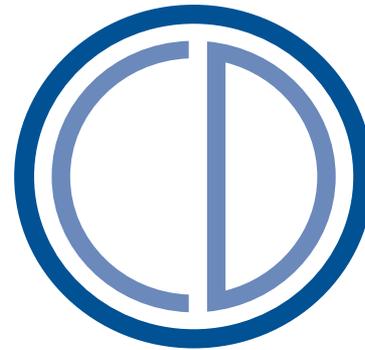


OCD in Children & the Impact of COVID-19

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B4Stage4



International
OCD
Foundation



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Research. Resources. Respect.



Normal Development

- Common developmental phenomena in childhood.
- Similar in form and content to OCD but different in frequency, intensity, and feared consequences.

Diagnostic Criteria

- Obsessions:
 - persistently recurring thoughts, impulses or images that are intrusive, inappropriate, distressing.
- Compulsions:
 - repetitive behaviors or mental acts that a person feels driven to perform to reduce distress or prevent a dreaded outcome.
- Cause marked distress, are time consuming (>1 hr/day), or cause significant interference in functioning.



Common Obsessions in Children

- Fear of dirt, germs, or serious illness
- Fear for personal safety or safety of parents
- Feeling that things have to be “just right”
- Disturbing and unwanted thoughts or images about hurting others



Common Compulsions in Children

- Excessive washing
- Touching or tapping
- Excessive checking
- Counting
- Repeating actions until “just right”
- Ordering or arranging
- Confessing or apologizing



Epidemiology

- 1 in 200 young people.
- 1/2 of adults with OCD had onset prior to 15 years of age.
- May occur early in life, early onset is more common in boys and in those with family history of OCD or tics.
- Even with treatment there are often persistent functional difficulties.

Etiology

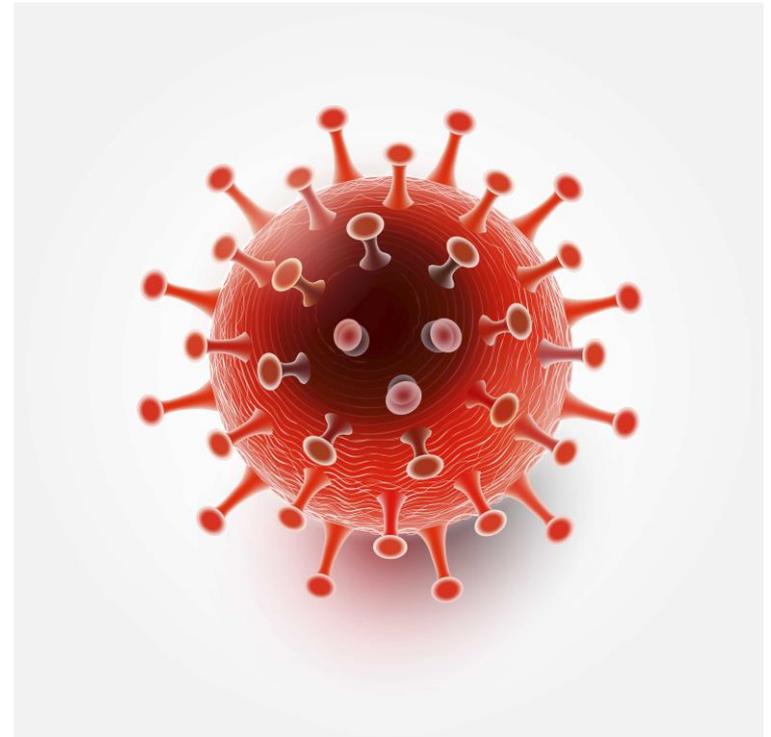
- Brain differences
- Immunologic: Pediatric Autoimmune Disorders Associated with Strep (PANDAS) or Pediatric Acute-Onset Neuropsychiatric Syndrome (PANS)
- Genetic

OCD Clinical Presentation

- Children with OCD vary with regard to:
 - Type of onset
 - Age at onset
 - Course of illness
 - Comorbid diagnoses
- Content of obsessions and compulsions tend to change over time.

OCD & COVID-19

- Covid-19 does not cause OCD
- Covid-19 may exacerbate OCD
 - Contamination
 - Fear of getting sick
 - Fear of causing harm to others
 - Perfectionism





OCD Accommodation: How Families Get Involved

Examples of Family Accommodation

Participate in ritualistic behavior

- Wash hands with family member
- Check that doors and windows are locked

Assist in avoidance behavior

- Won't say certain words
- Won't drive by cemeteries

Facilitate symptomatic behavior

- Buys excessive amounts of cleaning products for them

Modifying Family Routines

- Can only eat outside the house
- After school routine
- Bathroom usage

Take on Extra Responsibilities

- Individual with OCD has no chores around the house

Offer Excessive and repetitive reassurance

- Will I be ok?
- Are you mad at me?

Modify Leisure Activities

- Vacations
- Socializing in the home

Interference in Work Functioning

- Repeated texts or calls at work

Rage Attacks

Why Does Accommodation Persist?



- In the short term, it works 😊
 - Reduces OCD sufferer and loved one distress
 - Reduces family disruption
- In the long term, it doesn't work. OCD rituals persist and potentially worsen

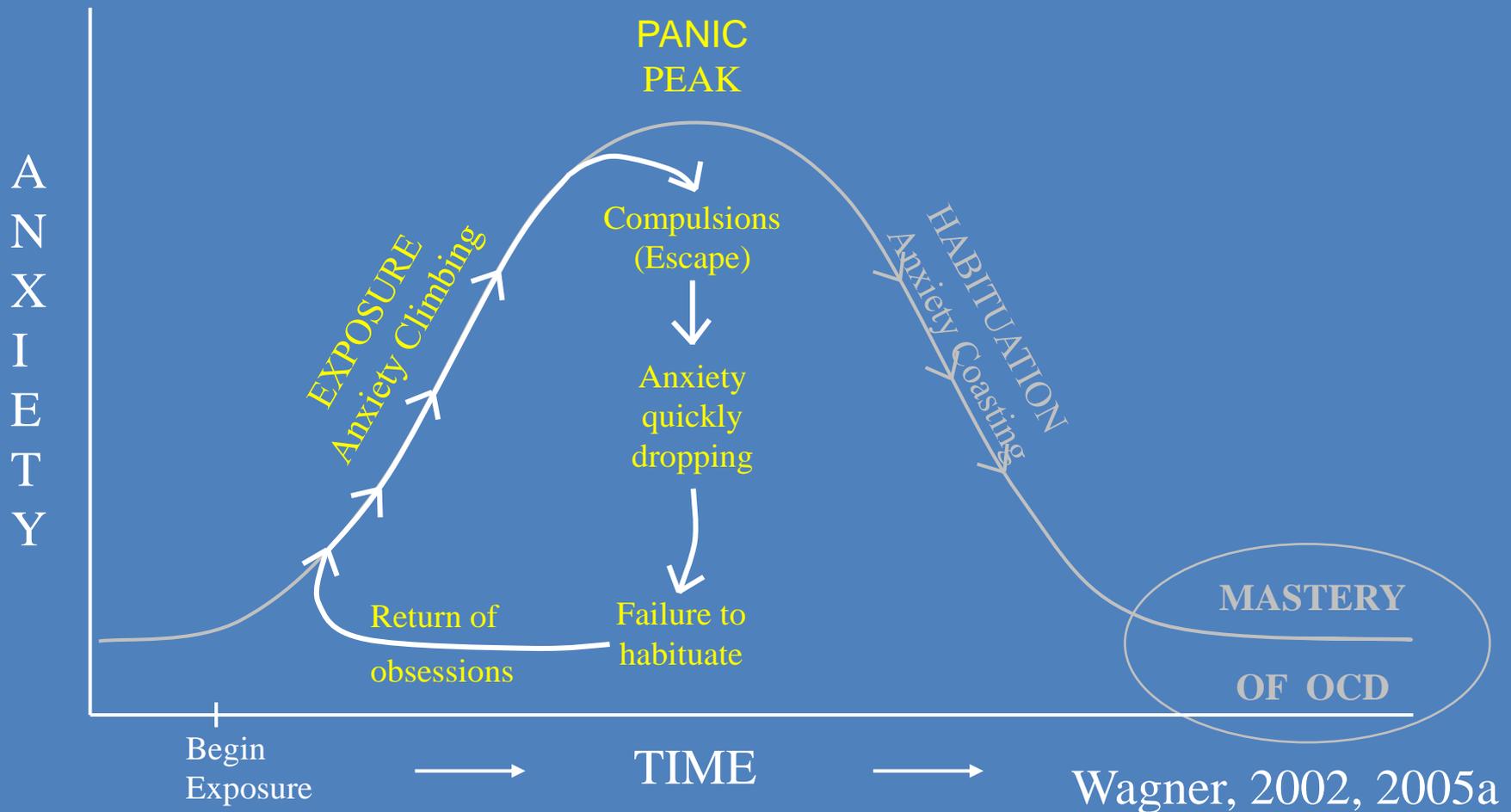


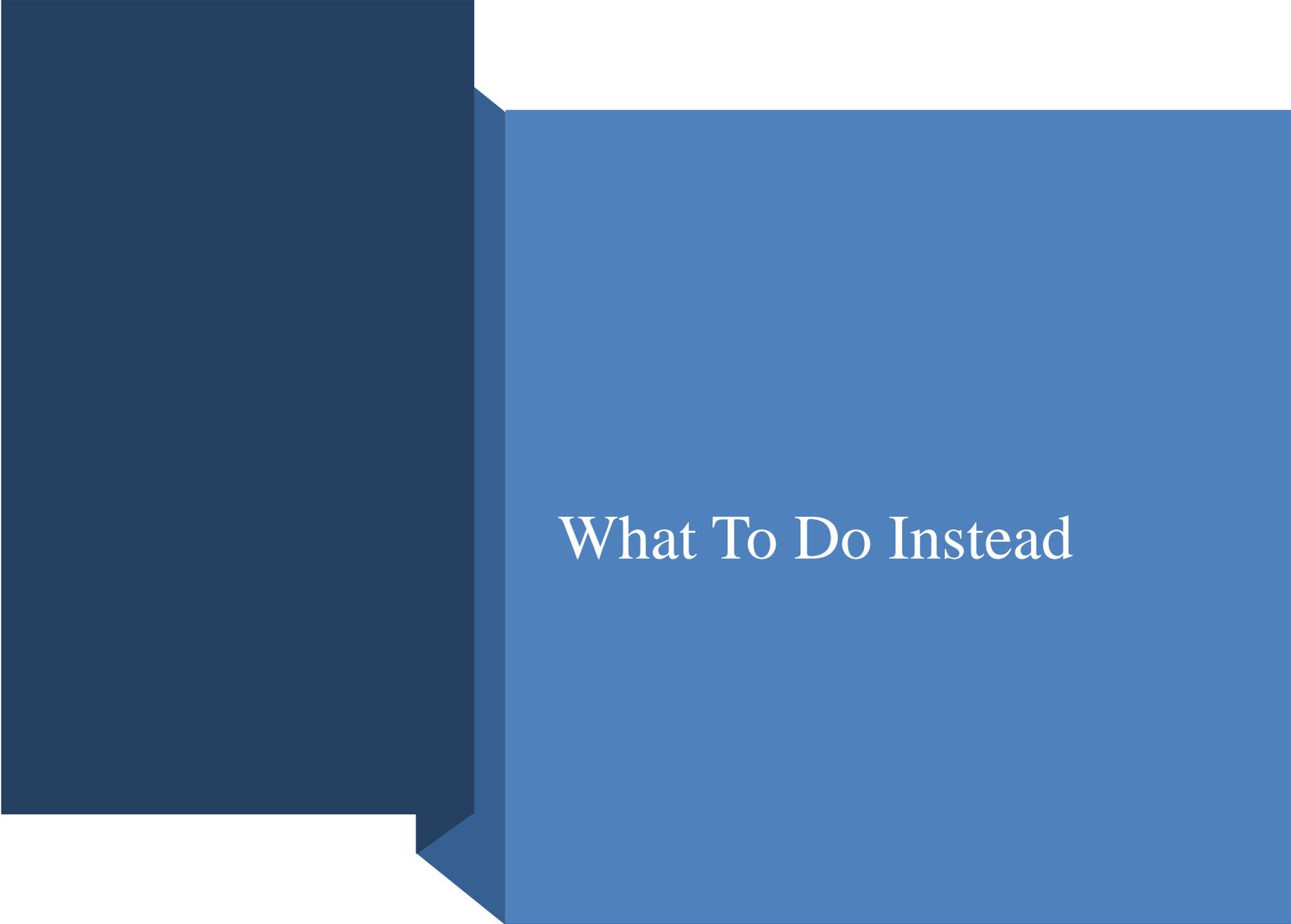
Why It Doesn't Work

Why Accommodation Doesn't Work

- Accommodating behaviors interfere with learning new information on the part of the OCD sufferer.
- Family accommodation behaviors are usually done with resentment, hostility and criticism.
- Accommodating the family member might be with the intention to “keep the peace” in the family or to alleviate one’s own guilt and anxiety. However, the solution is short lived as the anxiety returns and the need to accommodate arises again.
- Client’s with OCD report that the accommodating behaviors are usually not that helpful anyway.

THE VICIOUS CYCLE OF AVOIDANCE





What To Do Instead

What To Do Instead

- Make supportive and encouraging statements without accommodating can be helpful.
- Direct your anger and frustration at the illness rather than the person.
- Practice tolerating your own feelings in response to your family member's distress.
- More involvement isn't always better.
- Praise small gains
- Reinforce behavior you want more of
- Ignore behavior you don't want
- Try to avoid nagging and blaming



What To Do Instead

The Family Contract: make explicit agreements with your family member through calm discussion and negotiations.

- The Situation
- The Problem
- The Goal
- The Plan
- The Contract
- The Review
- The Reward

www.beyondocd.org

Real protection means teaching children to manage risks on their own, not shielding them from every hazard.

Wendy Mogel

(The Blessing of a Skinned Knee)

OCD Family Contract

Date: September 6, 2016

Obsession:

Mom has a fear that she and/or her family members will catch HIV and die.

Compulsion:

Hand Washing: Mom washes her hands hundreds of times a day when she feels “dirty”.

Avoidance: Mom avoids leaving the house and having non-family members come into the house, anything that is the color “red”, cooking, going into her oldest daughter’s bedroom, and doing laundry.

Checking: Mom checks everything brought into the house for blood.

Reassurance Seeking: Mom asks family members if they have washed their hands/avoided dirty objects.

Accommodating Behavior:

Dad and two daughters take off shoes, coats, and backpacks and leave them in the garage when coming home from school. They immediately come into the house and wash their hands. They wash their hands before touching the refrigerator or any kitchen cabinets. They all shower immediately after dinner and then do not come out of their rooms after that.

The Goal:

- Everyday next week, dad and daughters can come back downstairs after showering.
- Mom will not ask family members details about where they have been or who they were with.
- If mom does ask, family members will resist answering and instead will use supportive statements listed below.

Strategies to Use:

- Distract by watching TV or reading your book.
- Engage in self-soothing activities like petting the dog, listening to music, or eating ice cream.
- Get support from your therapist or in your online support group.
- Remind yourself about the benefits of fighting OCD and the progress you have already made.

Supportive Statements to Use:

- I love you, Mom, and I am so proud of how hard you are working!
- OCD is a bully and we will fight back together as a family!
- I'm not going to answer that question because it is OCD but I am going to give you a hug!

The Reward:

- On Friday night, the family will order Take Out food and watch a movie together

Signatures:

What To Do Instead

- Reduce your involvement in rituals/compulsive behavior.
- Limit reassurance (answering repetitive questions you've already answered).
- Give praise for small gains. Recognize and highlight improvements you've noticed.
- Encourage your family member to begin picking up chores and tasks around the house.
- Remember that relapses can be part of getting better.



Tips for Parents: Covid Exacerbation

- Be aware that times of high stress might mean an increase in or changing of your child's OCD symptoms.
- A setback or relapse is normal.
- Talk to your child about how the general public health guidelines will work with their treatment plan.
- Be mindful that not all COVID related questions are reassurance.
- If your child is obsessing about an uncertain future, then engage in activities to keep your child in the present moment.
- Consult with child's treatment provider.
- Limit exposure to media discussing coronavirus.
- Stick to routines, especially if remote-learning.
- Manage your own anxiety.
- Self care



Referring Children for Treatment

- To refer or not to refer?
 - If distressing or interfering and cannot be managed at school or home
- When to refer?
 - The longer a problem goes on the harder it may be to treat

Therapy That WORKS for OCD

- Exposure & Response Prevention (ERP)
 - Part of Cognitive Behavioral Therapy (CBT)
- Acceptance & Commitment Therapy
- Eli Lebowitz' SPACE Treatment



THANK YOU!