Cognitive Behavioral Therapy
For Pediatric OCD

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Stress and Anxiety Services of New Jersey, LLC
Specializing in the Cognitive Behavioral Therapy of:

- OCD (BTTI graduates)
- Social Anxiety Disorder
- Panic Disorder
- Phobias & other anxiety-related problems
- Body Focused Repetitive Behaviors (TLC certified)
- PTSD (CPT certified/PE trained)
- Now offering telehealth services (TBHI certified)

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www.StressAndAnxiety.com
International OCD New Foundation

www.IOCDF.org

Annual conference:
July 31-August 2, 2020

Seattle, Washington
OCD New Jersey

www.OCDNJ.org

Sunday, March 15, 2020
at the Westwood in Garwood, NJ

“Clinical complexities in treating youth with OCD: Tips for parents and professionals”
and
“Determining the right level of care for people with OCD”
with
Eric Storch, Ph.D.

Also, the “Living with OCD” Panel
Dear Dr. Weg,

One day I told my mom "I wish I had a knife or gun" (it was when I was in a episode) That scares me when I look back to it now. Because if I had a knife, mom would be gone. I can't stand that thought. I get thoughts of killing and I get the thought to look up someone to kill them. I hate those thoughts. I also get the thought that someone will scan my fingerprints (I will tell the story when I get a chance.) I can't stand my thoughts. Sometimes I think I shouldn't be in my family. They would be much happier without me. I think they should throw me out. Sometimes I feel like I want to lie down and die. Other times I feel like I want to be someone else but with the same family. (I will explain) I think I
my life is ruined. I hate my life so far. Even though I am nine, my life is ruined. GOD never goes away. THAT IS NOT GOOD!!! I NEED HELP!!! I hope I can get that help from you.

Sincerely!
1. Introduction/General Review
2. Assessment/Identification
3. Motivation Building
4. Rapport Building/Psych-education- “Toolbox”
5. Cognitive Treatment
6. Behavioral Treatment (ERP- “Bossing Back”)
7. Using Drawings
8. Roles: Therapist/Parents/Schools/ Other Resources
9. Responding to Child in Distress
10. Medication
11. Treatment Planning
1. Introduction/General Review

Incidence - 1.5 - 2.5% of Children

This means that in a school of 1,000 children, 15-25 may meet the diagnostic criteria for OCD at any one time.
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%
2. Assessment/Identification
DSM 5 Diagnostic criteria for OCD

Now classified under
Obsessive Compulsive and Related Disorders
and includes body dysmorphic disorder, hoarding disorder, trichotillomania, and excoriation disorder).

Obsessions:
1) Recurrent and persistent thoughts, impulses, or images that are experienced at some time during the disturbance, as intrusive and unwanted, and that cause marked anxiety and distress
2) The person attempts to ignore or suppress such thoughts, impulses, or images, or to neutralize them with some other thought or action
Compulsions:

1) 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.

2) The behaviors or mental acts are aimed at preventing or reducing 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.

DSM V Allows for identification of level of insight.
Distinguishing OCD From “Normal” Childhood OCD-Like Behaviors

- Timing
- Content
- Severity
- Function
Differences Between Childhood OCD and Adult OCD

* Less able to identify obsessions
* Greater difficulty in functional link between Os and Cs
* More fixed beliefs regarding feared consequences
* More magical ideation
* Less significant comorbidity
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
3. Motivation Building

*How is your OCD getting in the way?*
*What can’t you do because of your OCD?*
*What is really hard to do because of your OCD?*

*How would things be better if your OCD went away?*
*What would you be able to do that you can’t do now?*
*How would things be easier for you?*
4. Rapport/Psychoeducation

Storytelling: Youtube: Stress and Anxiety Services of NJ
4. Rapport/Psychoeducation

Storytelling: Youtube: Stress and Anxiety Services of NJ

Empathy

Trust

Humor
AHHH..... IT JUST DOESN'T GET BETTER THAN THIS....

WILL STOP MY OBSESSIVE-COMPULSIVE BEHAVIOR.
The combination of compulsive behavior and dirt floors plagued many a pioneer family.
4. Rapport/Psychoeducation

Storytelling
Empathy
Trust
Humor

Toolbox:
Labeling
Anthropomorphizing
Bruise
Mr. Pushie

Roar

Swordrock

animal formation
You do what I say!

Scootch
4. Rapport/Psychoeducation

Storytelling

Empathy

Humor

Toolbox:
  Labeling
  Anthropomorphizing
  Mapping
Tim land

- bad thoughts
- egg on hands
- going to the bathroom by self at night
- evening out plate
- topping
- bedroom trash can
- closing bathroom door
- kitchen trash can
- no man's land

- grocery cards
- 2 pictures
- evening out plate
- toothbrush
- socks
- clock
- chair at dinner
- piano bend

OC Dragon
Tim's territory

3-13-03
4. Rapport/Psychoeducation

Storytelling
Behavioral Model
Neurobiological Model
Empathy
Humor

Toolbox:
- Labeling
- Anthropomorphizing
- Mapping
- Self/other observation and reporting
- Bossing back
- Fear thermometer
Fear Thermometer

0: Total Relaxation
1: Calm
3: Minor fears / Worry
5: Anxious / Agitated
7: High Anxiety
9: Full Panic
Cognitive restructuring

COGNITIVE

Relaxation/grounding

PHYSIOLOGICAL

Exposure/skills building

BEHAVIORAL
5. Cognitive Treatment
6. Behavioral Treatment

Exposure and Response Prevention (ERP)

Develop Hierarchy (Fear Thermometer)
Attitude shift: Bossing Back
Postponement
Do it your way, not OCD way
Remind of previous success
Modeling
Practice: frequent, repeated, prolonged
7. Using Drawings
You better pick or else.

NO I won't listen to you! I can imagine you dig or small and I can get rid of you.
NO, I won't listen to you.

Go wash your hands.
8. Roles

Parent

Therapist

School

Other
Parent Role

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 accommodations, consequences for non-OCD misbehavior
No reassuring  No new accommodations
Therapist Role

Therapist as coach
I will never ask you to do something I wouldn’t do
I will never make you do something that you refuse to do (except when safety is involved)
I determine what is OC and what is not OC
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
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
Application to the School Setting

Identify anxiety-related behaviors as a problem that the student is suffering from, not as “bad behavior” that requires punishment.

Accommodations (e.g., more time for tests, delaying homework deadlines, allowing for late arrival or early departure from school, abbreviated assignments) should be seen as a short term measure, not as a final intervention, and should be presented to student as such. They should be dependent on the student actively involved in addressing the anxiety problem with treatment interventions, regardless of source.
Other as Coach: Moves to Avoid

- Ordering, directing
- Warnings, threats
- Making too many suggestions
- Trying to be persuasive
- Criticism, blaming, labeling
- Rapid-fire questions (defensiveness)
- Reminding the student of the problem
- Ignoring when the student raises other concerns
Other Resources

Support groups
Organizational affiliation
Readings (bibliography)
Videos (IOCDF links/OCDNJ DVD list)
OCD Tips (Youtube: Stress NJ)
Internet sites
10. Medication

“First Line” Medications
Anafranil (Clomipramine) 25-250 mg/day. ECG check/blood sugar levels
Prozac (Fluoxetine) 5-60 mg/day..
Paxil (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: Risperdol/Zyprexa/Seroquel/Abilify

Other
Benzodiazepines: Klonopin/Ativan/Xanex
11. Treatment Planning

Scheduling sessions
Motivational Interviewing
Use C-YBOCs to determine foci
Use Fear Thermometer for hierarchy
Scheduling Practice (homework)
Negotiate parent involvement
Behavioral Management (rewards)
Welcome to our series of weekly videos that will focus on the treatment of Obsessive Compulsive Disorder. Connect with Stress and Anxiety Services of NJ on all of our social media platforms to get updates on when we post our weekly video, and to stay up-to-date on all things Stress and Anxiety Services of NJ.

https://Facebook.com/StressandAnxietyNJ
https://Twitter.com/SASofNJ
https://Linkedin.com/company/SASofNJ
https://StressandAnxiety.com

OCD Tips With Dr. Allen Weg

Next video
OCD Tip #7: Loosen Your Rituals
21 views  •  1 day ago

OCD Tip #6: Don't Cheat When Spreading
58 views  •  1 week ago

OCD Tip #5: Don't Cheat When Touching
31 views  •  1 week ago

OCD Tip #4: Touch and Spread Exposure Therapy
122 views  •  3 weeks ago
• OCD Resources

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

OCD New Jersey
PO Box 958
East Brunswick, NJ 08816
732-476-4021
Allen H. Weg, EdD, President 732-390-6694
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**

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  [www.StressAndAnxiety.com](http://www.StressAndAnxiety.com)

• Anxiety Disorders Association of America  
  11900 Parklawn Dr., Ste 100  
  Rockville, MD 20852-2624  
  301-231-9350  
  [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 Pediatric OCD – General


Readings in Pediatric OCD – School Setting


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