
Psychotherapy for OCD

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Exposure and Response Prevention (ERP)

- Strong evidence for this type of Cognitive behavioral therapy
- Pediatric OCD Treatment Study (POTS) – *JAMA 2004 Oct 27: 292 (16) 1969-76*
 - Recommendation was to treat OCD with a combination of ERP and an SSRI or ERP alone
 - Effect sizes
 - CBT (ERP) alone – 0.97
 - Sertraline alone – 0.67
 - Combination – 1.4

All therapies are not the same

- Much of what is provided when a child is in therapy or counseling is supportive psychotherapy or counseling which is generally not effective in treating OCD
- Other interventions that families may pursue that have no proven effectiveness in treatment of OCD
 - Neurofeedback
 - Play therapy
 - Nutritional/Diet based interventions
 - Occupational Therapy based interventions

What are the steps involved in ERP?

- Education
- Externalizing OCD
- Building a map or hierarchy of OCD
- Learn to talk back to the OCD
- Begin exposure tasks
- Continue exposures
- Do more exposures
- Talk about how to catch and manage OCD when it returns

Education

- Obsessive thoughts
 - Talk about “stuck thoughts”, “glitches”, etc. that stay stuck even when the person knows they don’t make sense
 - Glitchy “sorter” – can’t just toss “junk thoughts” like someone without OCD can
 - Can’t just reason your way out of OCD
- Compulsions
 - Efforts to try to make the stuck thoughts go away
 - Keep doing them (or insisting others do them) because they partially work in the moment to reduce distress, but the distress keeps coming back, and the compulsions keep morphing and growing in a quest to try to find the “perfect” solution

Labeling and Externalizing OCD

- Label it as “other” rather than “self” – a thing you can control, rather than part of you
- Younger kids may want to name it – we name things we are in charge of (pets, children, etc.)
- Helps parents/others put blame for OCD related hassles on OCD rather than on the child
 - That OCD is slowing you down this morning
 - Now that OCD is trying to get me to do stuff

Building the hierarchy or map

- Identify the theme(s) of the OCD (e.g. contamination, “just right”, safety)
- Build a hierarchy or map for each theme
 - List triggers for the OCD
 - The thought that goes with each trigger
 - The compulsive behavior that goes with each trigger
- Rate how hard it would be to not do the compulsive behavior on a 0-10 scale

Talking Back to OCD

- Pick out a couple of items with very low (easy) ratings which probably means the child can sometimes resist the OCD
- Have them practice “bossing back” or “talking back” to the OCD in these selected situations all or almost all the time and not doing what it wants
 - Encourage them to have some fun with this
 - Can be bossy (e.g. “zip it OCD!), just keep the language reasonably clean
- Be sure parents know the child CAN’T do this with all of their OCD symptoms!

Planned Exposures

- These will typically be necessary for items rated 4 or 5 or higher.
- Involves deliberately triggering the OCD and not doing the compulsion
- Selecting the first item
 - Pick something around a 4-6 to start; let the child have a big say in deciding which item to start with
 - May need to break items into pieces/steps to make them realistic or may need to start with other ways to “break OCD’s rules” other than completely eliminating the response all at once.
 - Try very hard to start with an exposure that can be done in session

Key Components of Exposure

- No use of distraction – idea is to remain “in the exposure” and to experience the distress rise and then fall without engaging in the compulsion
- It is OK to talk back to OCD during the exposure or use deep breathing or muscle relaxation without imagery
- Be on the look out for “white-knuckling” approach to exposures
- Repeat repeat repeat the same exposure exercise until the trigger is no longer a trigger – exposure is not a “one and done” exercise
- The more the child practices, the faster/better treatment works; if families are not practicing at home, try having them schedule practice times.
- If the child is reluctant to practice, try adding a positive reinforcement system.

What to Expect

- As easier items are mastered, harder items will start to drop in terms of ratings making them more realistic to tackle
- Some items may drop off entirely on their own
- OCD is sneaky...sometimes it will talk people into substitute or “stealth” compulsions...be on the lookout for that...cognitive compulsions are one of the particularly sneaky tricks of OCD

When is treatment done?

- If OCD is not keeping the person from doing things they need to do or want to do, treatment is done!
- OCD isn't "cured", so the goal can't be complete absence of symptoms
- OCD tends to wax and wane and so helping families think in terms of managing the condition before discharge from care is helpful
 - What are the clues that a new habit/ritual is OCD?
 - Is it making me more or less efficient?
 - Can I mess up the ritual without feeling really stressed?
 - What can I do if I think the OCD is making me do something?
 - Try messing up the ritual and talking back to the OCD
 - If that doesn't work, try creating your own planned exposure since you have developed expertise in this area!
 - If you are stuck, come back for a booster session sooner rather than later!

Resources

- For parents and kids:
 - March, J., and Benton, C. (2007) *Talking Back to OCD*. Guilford Press
 - Huebner, D. (2007) *What to Do When Your Brain Gets Stuck*. Magination Press.
- For professionals:
 - March, J.S., Mulle, K. (1998) *OCD in Children and Adolescents: A Cognitive Behavioral Treatment Manual*. The Guilford Press, New York, NY.
 - Freeman, J.B., Garcia, A.M. (2009) *Family Based Treatment for Young Children with OCD: Therapist Guide* Programs that Work Series, Oxford University Press, New York, NY.

Resources

- International OCD Foundation
 - <https://iocdf.org/>
- Society of Clinical Child and Adolescent Psychology – Effective Child Therapy
 - <https://effectivechildtherapy.org/concerns-symptoms-disorders/disorders/obsessions-compulsions-and-ocd/>