Supporting Pediatric Patients with OCD

Presenting Problem:

A participating PCP emailed a consultation request to **WI CPCP** regarding a 7-year-old male patient experiencing worsening anxiety and distractibility. The patient also seemed to be engaging in “*stimming-type behaviors*.” Additional history revealed that the patient often gets "stuck in a loop" and cannot stop his actions. He cries and screams, "*Mama, help me, what's happening to me, why can't I make it stop?*"

At bedtime, he has a ritual of saying goodnight in a specific way and sometimes can't stop repeating it, leading to more screaming and crying. He frequently engages in repetitive behaviors like tapping, deep breathing, and snapping fingers. He must tap the car door when exiting the vehicle, always ending with his left hand. These behaviors worsen if he is restricted from asking questions multiple times (instead of 5-10 times). He often repeats questions or statements, such as "*Mom, did you know my favorite animal is a cheetah?*" or "*Well, I think so*" repeatedly.

School drop-off is also highly ritualistic, with the patient expecting specific responses from his mother. His teacher reports that he is quiet, kind, and social but struggles to accomplish tasks independently or initiate tasks in class. The PCP seeks input on how to help the patient.

Consultant’s Response:

The symptoms described are possibly consistent with **Obsessive Compulsive Disorder (OCD)**. In OCD, children often follow specific 'rules' or rituals to alleviate obsessive anxiety or distress. It's common for children to involve their parents in these compulsions, such as through verbal and behavioral routines at bedtime or school drop-off. The challenge is that the more parents comply, the more the child believes something catastrophic will happen if they resist the compulsion.

To clarify current symptoms, the child (with parental assistance) could complete a **Child Yale-Brown OCD Scale (CY-BOCS).**

If OCD is diagnosed, the gold standard treatment is **Cognitive Behavioral Therapy with Exposure/Response Prevention.** This therapy involves gradually and systematically exposing the child to their specific anxieties, so they no longer fear and avoid those objects or situations. "Response prevention" means the child is not allowed to perform a ritual to manage fears immediately. Research shows that involving parents in treatment and assigning them as “co-therapists” improves effectiveness.

For moderate to severe cases, or if therapy alone does not provide sufficient relief after several months, a Selective Serotonin Reuptake Inhibitor (SSRI) may be considered as an adjunct to treatment.

Teaching Points:

1. Family Accommodation: This refers to how family members participate in the rituals the child uses to manage anxiety and how they modify routines to accommodate the child. However, participating in rituals becomes an endless cycle, preventing the child from learning to tolerate uncertainty.
2. Stimming vs. OCD Behaviors: 'Stimming' in patients with Autism Spectrum Disorder differs from repetitive OCD behaviors. Stimming refers to behaviors the patient enjoys and wants to continue, while OCD behaviors are generally disliked, and the patient is terrified to stop them.
3. OCD and Inattentiveness: OCD can involve symptoms of apparent inattentiveness, hyperactivity, and impulsive behavior, which typically resolve as OCD is treated. It may be best to treat OCD symptoms first before considering a separate diagnosis of ADHD.

Resources:

For more information and support for parents of children with OCD, consider these helpful resources:

- **How to Help Your Child: A Parent's Guide to OCD** - Obsessive Compulsive Foundation of Metropolitan Chicago
- **For Parents and Families – What You Need to Know** – International OCD Foundation