Cognitive-Behavioural Therapy for Obsessive Compulsive Disorder (OCD) in Children and Adolescents

This section describes the knowledge and skills required to carry out individual cognitive behavioural therapy for children and young people presenting with OCD.

It is not a 'stand-alone' description of technique and it should be read as part of the CAMHS competency framework. Cross-referencing to the CBT competence framework (and particularly to the section outlining CBT for adult anxiety) will also be helpful.

Effective delivery of this approach depends on the integration of this competence list with the knowledge and skills set out in the other domains of the CAMHS competence framework, and with the adult cognitive behavioural therapy competence framework.

Source:
March, J.S., & Mulle, K. (1998) *OCD in Children and Adolescents: A Cognitive-Behavioural Treatment Manual.* New York: Guilford Press.

Knowledge

An ability to draw on knowledge of clinical and research findings regarding OCD in children and young people including knowledge of:
incidence and prevalence of OCD in children and adolescents
normal age-dependent obsessive-compulsive behaviours
the symptoms and course of OCD in children and adolescents, along with , typical coping styles
diagnostic criteria for OCD and common comorbidities
current knowledge of mechanisms in OCD (including neurobiological, genetic, and psychological factors)
impact of general factors such as developmental level, temperament, level of adaptive functioning, and family context

An ability to draw on knowledge of the theoretical underpinnings and rationale for interventions, including:
knowledge of cognitive and behavioural interventions and in particular exposure and response prevention
knowledge of social learning theory
knowledge of when CBT needs to be supplemented with medication e.g. severe forms of OCD and non-response to CBT

ASSESSMENT

Diagnostic assessment

An ability to carry out a comprehensive assessment which includes a focus on child/young person's problem and coping history, medical, developmental , family, and school history, and the social, and cultural context within which the child/young person presents.
An ability to integrate different sources of information regarding symptoms, including clinical interviews with the child/young person, parents, behavioural observations, questionnaires and information from school and significant others.
An ability to assess for the specific symptoms of OCD and commonly comorbid conditions.
an ability to differentiate OCD from other possible mental health and neurodevelopmental conditions such as Autistic Spectrum Disorders, and to decide on the primary diagnosis
An ability to create a formulation in which protective, precipitating, predisposing and maintaining factors in the child's history and current context are linked to the child's presentation.
An ability to judge whether a child/young person requires further specialist assessments of comorbidities e.g. cognitive assessments for comorbid learning difficulties or specialist mental state examinations for psychotic symptoms.
an ability to decide whether the child/young person requires an additional medical intervention or other additional interventions designed to address comorbidities.

Assessment of family Involvement

An ability to assess the parent's capacity to support the child appropriately in relation to their presenting problem.
an ability to assess the degree to which family members have become involved in the child/young person's rituals, avoidance behaviours, obsessions and triggers.
an ability to assess any aspects of family functioning that might interfere with the implementation of treatment (e.g. family psychopathology ,family problems or parenting problems such as displaying a punitive parenting style)

Assessment of emotions, behaviours and cognitions

An ability to explain and normalise anxiety in ordinary fear-inducing situations and in anxiety disorders such as OCD (,including information on somatic as well as emotional aspects of anxiety).
An ability to assess the child/young person's thoughts, feelings and behaviours in order to gain further understanding of how OCD symptoms are being maintained.
An ability to obtain a detailed list of obsessive ideas and rituals, by using standardised instruments (e.g. the Children's Yale-Brown Obsessive Compulsive Scale (CY-BOCS)
An ability to analyse the obsessive fears and the child/young person's insight into their validity.
An ability to help the child/young person to generate a list of triggers to their obsessional fears and resulting compulsive behaviours/rituals.
An ability to help the child/young person generate a list of situations that they avoid in order to reduce discomfort related to obsessional fears.
An ability to identify cognitive as well as behavioural rituals used to reduce the discomfort caused by obsessional fears.
An ability to help the child/young person rate their levels of anxiety when presented with OCD triggers by using age appropriate scales e.g. SUDS ratings or the 'fear thermometer'
An ability to help the child/young person rate how difficult it is to resist their different OCD symptoms

An ability to identify targets for exposure and response prevention by analysing situations in which the child/young person is already successfully resisting OCD some of the time and experiences tolerable levels of anxiety.
An ability to interest the child/young person in recording information at home in an age-appropriate manner (e.g. by likening their role to that of a detective).

INTERVENTION

Explaining OCD and the rationale for intervention

An ability to outline an understanding of OCD to parents, children and young people so that the child/young person is not blamed for their condition.
An ability to explain OCD to children/young people using age-appropriate metaphors.
An ability to define obsessive and compulsive symptoms using examples from the child/young person's presentation
An ability to explain the rationale for key therapeutic approaches such as exposure and response prevention to children/young people and parents, including:
review of information on anxiety as an ordinary emotion, and how it manifests somatically and emotionally (in the body and in the mind)
information on how exposure to a feared stimulus will ultimately reduce anxiety.
information on how effective exposure depends on stopping rituals and/or minimising avoidance behaviours which are negatively reinforced.

Engagement

An ability to engage the child /young person using age-appropriate engagement techniques (e.g. showing interest in the child/young person's hobbies, or engaging young children in games)
An ability to tailor the language and content of the sessions to suit the child/young person's developmental level, and in particular their level of cognitive functioning, social maturity, and capacity for sustained attention.
An ability to highlight progress and increase engagement with the tasks of therapy through using appropriate forms of positive reinforcement e.g. praise, rewards, and 'certificates of achievement '
An ability to establish examples when the child/young person has been successful in tackling OCD symptoms and to encourage a sense of hope in relation to therapy outcome.
An ability to engage the child/young person and family by "externalizing" the OCD. The OCD is seen as a discrete illness which is viewed as distinct from the child but the source of the OCD behaviours. Externalizing includes:
helping the child and family to view the OCD as an entity separate from the child and family, with children/young people being asked to give it a nickname.
encouraging the child and family to see themselves as being in a contest with OCD with the child/young person asked to 'boss back OCD'.
the therapist identifying himself/herself as the child's ally in fighting OCD. The therapist talks about providing strategies for fighting OCD.

Specific cognitive behavioural techniques

Preparation for exposure and response prevention

An ability to help children and young people manage their anxiety about exposure tasks by using graded exposure techniques which help the child to develop a sense of control, predictability and success.
An ability to help children and young people manage their anxiety about exposure tasks by using cognitive-behavioural techniques such as:
being an 'expert' in anxiety and how it works in the body and in the mind
constructive self-talk in which the child/young person is encouraged to replace unhelpful self-talk with realistic self-statements that emphasise their ability to cope.
cognitive restructuring in which the child/young person's unhelpful assumptions underlying the obsessions are challenged.
cultivating nonattachment in which children are encouraged to let obsessive thoughts drift into their mind without trying to suppress them. The aim is that this will eventually decrease the child's anxiety and attention to obsessive thoughts.
An ability to judge which of the cognitive-behavioural techniques will suit a particular child/young person so that an individualised step-by-step instruction for coping with exposure and response prevention can then be devised.

Exposure

An ability to work with the child/young person to develop a hierarchy (or if relevant, multiple hierarchies) for exposure, including situations in which parents are involved in the rituals.
An ability to work with the child/young person on agreed targets from the hierarchy in which the child/young person is already successfully resisting OCD some of the time, and anxiety levels are low enough to tolerate.
An ability to revise the hierarchy in relation to the child/young person's actual response to the exposure task, and as new information about anxiety becomes available during the intervention.
An ability to implement direct exposure to agreed targets, ensuring that enough time is allowed for habituation to occur.
An ability to help the child/young person rate their anxiety levels during the task by using the fear thermometer.
An ability to talk through and remind the child/young person of cognitive behavioural techniques during the exposure task.
An ability to encourage the child/young person to fully focus their attention on the exposure task and learn to monitor anxiety, and to experience it extinguishing over time.
An ability to practice exposure tasks during the session (*in vivo* exposure), including the therapist modelling behaviours when this is judged to be helpful (e.g. by touching a contaminated object.
An ability to use graded exposure within the session, including imaginal exposure, exposure to cartoons or images of the feared trigger (as appropriate for the symptoms and developmental level of the child).
An ability to agree on daily homework tasks that the child/young person sees as achievable and realistic so that the chances of success are maximised.

Ritual/Response Prevention

An ability to agree a plan for ritual prevention with the child/young person, by either eliminating them directly, or by modifying them with a view to eventual ritual elimination e.g.
by delaying the ritual
by shortening the ritual
by doing the ritual differently
by performing the ritual slowly
An ability to help children/young people to self-monitor and record rituals throughout the exposure process
An ability to work with the child/young person to identify any mental/cognitive rituals that emerge during exposure and to implement strategies to control or prevent these (e.g. implementing exposure through the use of loop tape)
An ability to help the child/young person measure their anxiety during response prevention tasks by using the fear thermometer
An ability to manage complications which arise during ERP, such as the child/young person becoming stuck on a particular target, failure to habituate, undetected avoidance, mental rituals, or the emergence of new obsessive fears.
an ability to judge how complications can best be managed (e.g. by altering the ERP plan, or considering additional types of intervention such as relaxation training)

Relapse prevention

An ability to explain to the child/young person and parents the distinction between “lapses” which involve a brief occurrence of a symptom and a relapse in which the full array of OCD symptoms returns over an extended time period.
An ability to work with the child/young person to rehearse, remember and use CBT techniques and plan for any future OCD symptoms.
An ability to discuss with parents how they can encourage their child to use CBT techniques as soon as OCD signs occur.

Involving family members in the intervention

An ability to tailor the level of family involvement in response the developmental stage of the child/young person, the stage of the intervention and judgments of how able the family are to support the child/young person appropriately in relation to the OCD condition.
An ability to encourage family members to align themselves with the child/young person against the OCD condition
An ability to encourage parents to refrain from punishment or unhelpful advice giving in relation to OCD
An ability to help parents distinguish between OCD behaviours and other problematic behaviours.
An ability to encourage parents to pay attention and reward engagement in non-OCD activities.
An ability to help the child/young person and family to decide jointly on how family members will stop participating in rituals in a way that is manageable for the child/young person.
An ability to help the family understand the importance of letting the child/young person progress at their own pace up the symptom hierarchy.

An ability to engage parents in a ‘cheerleader’ role in which they provide support, encouragement, positive attention and concrete rewards for completion of therapy homework tasks, to a degree that does not inadvertently create “performance anxiety” in the child/young person.
An ability to judge whether parents could helpfully adopt a ‘co-therapist’ role in which they become more active in taking a child to exposure targets and assisting with response prevention.

Working with schools

An ability to provide general information and training to school personnel that will help them understand, detect and manage OCD symptoms and related problems in the school population.
An ability to obtain consent to both obtain and give information to the school about a specific child/young person experiencing an OCD condition.
An ability to provide tailored advice to school personnel on the management of an individual child/young person experiencing an OCD condition
An ability to devise a plan for ongoing communication with the school about the child/young person’s progress.