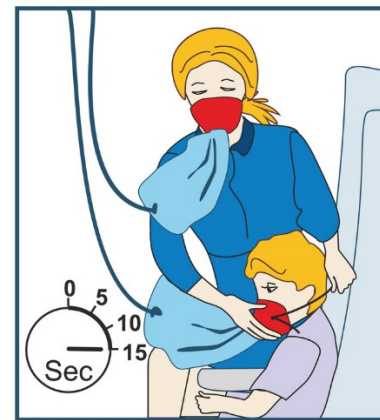
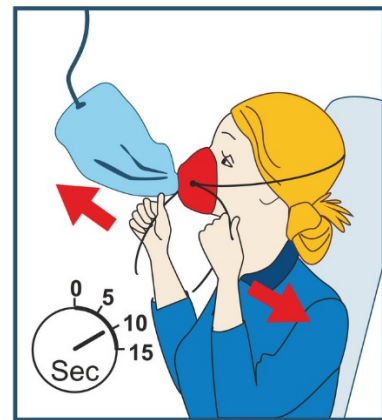
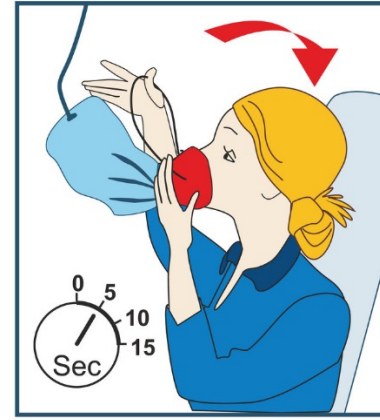
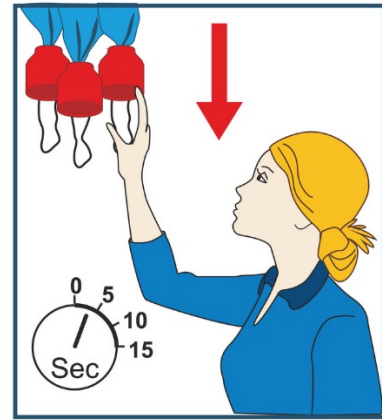


# Parenting children with OCD with & Sensory Dysregulation

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IOCDF Annual Meeting 2023





## THE OXYGEN MASK PRINCIPLE

**YOU MUST TAKE  
CARE OF YOURSELF  
BEFORE YOU CAN DO  
ANYTHING FOR  
ANYONE ELSE.**



# *Special Considerations*

- Diagnostic clarity
- Coordination of services
- Medication considerations, sequencing, duration
- Increased risk for family accommodation with sensory dysregulation
  - What to accommodate vs. not accommodate
  - Adaptive
- Distress tolerance skills
  - DBT skills
- Family support

# *Family Based CBT Components*

Many of the same ingredients!

## Psychoeducation

- Education about biology of OCD, differentiate OCD from non-OCD bx's

## Parent Training

- Behavior modification techniques and develop BM plan

## Family Treatment

- Strategies to reduce accommodation, increase positive and decrease negative interactions, and increase problem solving

## CBT Strategies

- Externalize OCD, build hierarchy, do ERP

# *Prepare for Change*

Anticipatory guidance:

Your child will NOT thank you for removing accommodations

It is likely that s/he will initially get worse when you withdraw accommodations

Anger may be expressed that you are not accommodating them

Mom, you don't love me anymore!

You're the meanest parent in the world!

Remain consistent!

Important to have someone in your corner for support!

# *Dealing with Anger*

Tend to prioritize this due to irritability and anger that can be associated with sensory issues

Proactively preparing family members for emotional dysregulation/anger when OCD and sensory dysregulation addressed

Behavior Modification strategies

Utilizing DBT skills

- Intentional distraction

- TIPP

## *Use of Activities to Manage Distress*

- ***Distraction = a first step to begin practicing distress tolerance.***
- Benefit: temporarily focusing attention away from strong, painful emotions or experiences can aid in one's ability to tolerate distress and build skills instead of responding with problematic or impulsive behaviors.

## *How is this Different from Avoidance?*

- Distraction should be **intentional** and **time limited** to prevent long-term avoidance.
- Done to **place a gap** between a strong, painful emotion and our behavioral response to that emotion.
- **Problematic avoidance**: done in response to the emotion, tends to be done for long periods of time, not done strategically to prevent impulsivity or problematic behavioral responses.
- Distraction should be strategic, short-term, and only done in the face of **very strong, painful emotions** and urges to engage in problematic behaviors (e.g., substance use, self-harm, etc.).



# TIPP

(adapted from Linehan, 2015)

TIPP skills were designed to change your body chemistry in order to **combat the effects of the sympathetic nervous system** by engaging the **parasympathetic nervous system**.

T

Tipping the Temperature

I

Intense Exercise

P

Paced Breathing

P

Paired Muscle Relaxation

# *Family Accommodation*

Why is it so important to address?

Can be more difficult to address accommodation with sensory dysregulation as component of OCD

Is it OCD related?

Parent may play a role in child being in distress (i.e., misophonia)

Sensory dysregulation can impact vital parts of functioning

Such as eating adequately....

Accommodation reduction may include more treatment team members (i.e. dietician, primary care)

# *Reducing Accommodations*

Needs to be in concert with the treatment team and the CBT goals

Important that parents and adolescent know we are working together and are in agreement

Typically, accommodation reduction occurs gradually

You should work with your therapist to prepare yourself and your child for accommodation reduction through good communication

Discuss working as a team to fight illness

Separate illness driven behaviors from child

# *Is this adaptive?*

Diagnostic clarity?

OCD vs. ASD

Environmental and social considerations

Developmental considerations

Gradual withdrawal of adaptations

What are the consequences of adaptation/not accommodating?

# *Food Sensitivities*

## Food Neophobia:

Fear of novel foods

Peaks between 2<sup>nd</sup> and 6<sup>th</sup> year of life

Common issue in “picky eating”

Can be an initial marker of ARFID



# *When do I accommodate?*

What is family eating status?

What is nutritional status of your child?

Do you need a dietician involved?

Accommodation driven by nutritional/weight concerns

Hierarchy should be developed specifically for this in addition to other OCD symptoms



## *How To Replace Reassurance?*

Nonjudgmental; acknowledging someone else's point of view; conveying understanding and empathy without trying to fix things or challenge the person.

“I want to make sure I understand. You're feeling anxious and worried because you have a test coming up, is that right?”

“I'm not surprised that you want to avoid going to school; every day is a huge challenge for you to make it through with all of the anxiety you've been having about failing or fitting in socially. Most people would want to avoid something so difficult.”

# *Reducing Reassurance: What to Say Instead*

## **Reassurance vs. Validation**

- **Reassurance:** the act of removing doubt or fear; a verbal or nonverbal action that is done in an attempt **to reduce someone's doubt, fear, or distress** (e.g., anything that artificially reduces anxiety or attempts to **offer certainty** when certainty is not available).
- **Validation:** verbal or nonverbal communication to another person that his or her emotions, thoughts, and behaviors **have causes and are understandable** given the situation or individual's learning history; verifying the facts of a situation.



## *Stress on Relationships*

Often parents/family members cope with OCD and distress of patient differently

Each family member should try to understand the other's perspective

Nurture relationships in the family as patient often becomes center of family attention

Participate in counseling if needed

# *Self Care*

Are you the target of the sensory dysregulation symptoms?

How to separate yourself from the disorder

Who's in your corner?

Important to take care of your own needs

Therapy is not just for your loved one

Demonstrating healthy coping to your child is important