# "Taboo" Symptoms in Pediatric OCD

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## Icebreaker!

- *"I can't stop thinking about killing myself."*
- *"I keep getting images of making out with my brother."*
- *"What if I just suddenly kick my dog?"*
- *"I think I should be punished."*

## Today's Game Plan!

- 1. Identify symptoms of OCD that are less well-known to clinicians, such as symptoms with taboo content (e.g., aggressive, sexual, religious content), and other common symptoms.
- 2. Assess taboo symptoms in pediatric OCD, including use of developmentally-appropriate methods when working with youth.
- 3. Provide an overview of "gold standard" evidence-based treatment strategies: Cognitive-Behavioral Therapy (CBT) with Exposure and Response Prevention (ERP), for presentations of taboo symptoms in pediatric OCD.

## OCD: "Taboo" Symptoms

- Contamination, Washing, Cleaning
- Ordering, Organizing, Arranging
- Repeating, Counting
- Checking
- Hoarding/Saving
- "Just right" Symptoms, Symmetry/Exactness
- Aggressive Obsessions
- Sexual Obsessions
- Religious Obsessions
- Morality & Scrupulosity

## "Taboo" Symptoms are Common in OCD!

- Studies show a high frequency of "taboo" symptom content (Delorme et al., 2006; Geller et al., 2001; Stewart et al., 2007; Stewart et al., 2008; Storch et al., 2008).
  - Aggressive symptoms: 32.6%-75%
  - Sexual symptoms: 11%-36%
  - Religious Symptoms: 4.6%-38%
- Aggressive, sexual, & religious obsessions commonly occur together:
  - Adults (Bloch et al., 2008)
  - Children and adolescents (Stewart et al., 2008; Storch et al., 2008).

## "Taboo" Symptoms: Barriers to Treatment

- Limited awareness of OCD symptom presentations
  - Misdiagnosis by Primary Care Physicians (Glazier et al., 2015)
  - Misidentification of OCD symptoms by Mental Health Professionals (Glazier et al., 2013)
- Feelings of stigma & shame by patient
- Child's fear of getting in trouble and/or upsetting parents
- Limited availability of trained therapists
  - Pediatric OCD experience + comfortable with "taboo" content
  - Clinicians may overlook the associated compulsions (e.g., mental rituals).
  - Clinicians may have difficulty determining appropriate exposures to use in treatment

## Assessment

## Recommendations for Assessment with Youth

- Normalize symptoms:
  - Use Symptom Checklists
  - Describe themes commonly present in OCD
    - Provide examples
  - "I see lots of kids 'just like you' with thoughts about _____."
- Review that they are not in trouble
- Consider meeting alone with child in case they are hesitant to discuss in front of parents or family members (e.g., sexual thoughts)
- Parents may be good source of information (especially if confessing rituals/reassurance-seeking)

## Recommendations for Assessment with Youth

- Ask developmentally-appropriate questions:
  - Do you get pictures in your head of scary things?
  - Do you have thoughts that involve you or other people getting hurt?
  - Are you bothered by thoughts that you find embarrassing or gross?
  - Do you worry a lot about doing the wrong thing?
  - Do you have worries when you are around certain people?
- Don't react with alarm
- Don't assume a history of physical or sexual abuse
- National Institute for Health & Clinical Excellence (NICE) Guidelines:
  - *"Consult a mental health professional with specific expertise in OCD if uncertain about risks associated with intrusive sexual, aggressive or death-related thoughts. (These themes are common in OCD and are often misinterpreted as indicating risk.)"*

## Assessment: Pediatric OCD

- **Children's Yale-Brown Obsessive-Compulsive Scale (CY-BOCS-II)**
  - Fear might harm self or others on impulse
  - Fear of doing something embarrassing or inappropriate
  - Violent, horrific, or repulsive images
  - Excessive concern with right/wrong or scrupulosity
  - Concern with sacrilege or blasphemy
  - Excessive fears of Satan or demonic possession
  - Forbidden or improper sexual thoughts or images
  - Experiences unwanted sexual impulses
  - Excessive concerns about sexual orientation or gender identity
- **Anxiety Disorder Interview Schedule-Child Version (ADIS-CV)**
  - Thoughts over and over about hurting yourself, someone else, or wanting to break or throw things?
  - Worries about G-d or the devil, about being good, or saying prayers perfectly so that you won't upset G-d?
  - Thoughts or pictures in your mind about sex that make you feel ashamed or uncomfortable?

## Assessment: Pediatric OCD

Self-Report

- Obsessive-Compulsive Inventory – Children's Version (OCI-CR)
  - *"I think about bad things and cannot stop"*
  - *"I get upset by bad thoughts that pop into my head when I don't want them to"*
- Children's Florida Obsessive-Compulsive Inventory (C-FOCI)
  - *"Bothered by unpleasant thoughts or images of death or other horrible events?*

## Aggression/Harm-Related OCD Symptoms

## Aggression/Harm-Related Symptoms: Obsessions

- Fear might harm self
  - Stab self with knife/scissors, hit self in head with hammer
  - Run into street, throw self in front of bus
  - Jump off roof/bridge
  - Overdose on medication
  - Inhale or ingest chemicals/cleaners (e.g., bleach) or toxic substances
  - Suffocate/drown self
- Fear might harm others
  - Stab others with knife/scissors
  - Strangle/suffocate or physically harm others
  - Poison family members
  - Push sibling(s) in front of car

## Aggression/Harm-Related Symptoms: Obsessions

- Violent or horrific images (e.g., blood, violence)
- Fear of blurting out obscenities or insults (e.g., writing curse words in a school paper, blurting out curse words, yelling "fire" in public, saying something inappropriate, offensive, or insulting)
- Fear of doing something else embarrassing (e.g., showing private parts, taking off clothes in public)
- Fear will act on unwanted impulses (e.g., stab a friend, break/destroy things)
- Fear will steal things
- Fear will harm others because not careful enough (e.g., accidentally poisoning sibling/parent)
- Fear will be responsible for something else terrible happening (e.g., fire, burglary)

## Aggression/Harm-Related Symptoms: Compulsions

- Mental checking/reviewing, doubting, & analyzing
  - Reviewing intrusive thoughts to check emotional reaction
- Monitoring of mood symptoms (e.g., depression, anger)
- Thought Suppression or Neutralization
- Hypervigilance to movements, urges, & sensations
  - *"Did I almost just lunge forward"*
- "Testing" self

## Harm OCD: Compulsions

- Reassurance-Seeking
  - Questioning others to try to determine level of risk
- Researching
  - Reviewing stories/people who acted on thoughts for comparison
- Confessing
- Avoidance:
  - Refusal to be alone
  - Difficulty separating from parents

## Aggression/Harm-Related Symptoms: Avoidance & Safety Behaviors

- Avoiding use of sharp objects (e.g., scissors, knives)
- Locking up or removing access to items of potential risk (e.g., pills, ropes)
- Avoiding chemicals or toxic substances
- Not wanting to be alone
- Avoiding reading about or watching triggering content (e.g., news, TV shows)
- Subtle avoidance/safety behaviors (e.g., staying away from ledges, turning body away, keeping hands in pockets)

## Aggression/Harm-Related Symptoms

OBSESSIONS: What if I impulsively, accidentally, or purposely:

- "Stab myself with a kitchen knife"
  - Avoidance of knives and other sharp objects
- "Take all of my medication at once"
  - Give medication to parent to oversee
- "Grab the steering wheel and veer into ongoing traffic"
  - Sit in back seat when passenger of car
- "Throw myself in front of a train or bus"
  - Stays far away from the curb or the street, holds onto family members while walking
- "Drink the bottle of bleach under laundry sink"
  - Smelling/checking drinks before drinking them

## Example: Aggression/Harm-Related Symptoms

Situation: Cutting watermelon with family member nearby

- Person WITHOUT OCD
  - *Ex. Passing thought of stabbing them.*
    - *"Nah - I wouldn't do that"*
- Person WITH OCD
  - *Ex. Passing thought of stabbing them.*
    - *"Why did I have that thought. Does it mean that I want to stab them? What if I just did it, any second? Did I just move closer towards them to do it? I should leave the kitchen, just in case."*

## Distinguishing Suicidal Ideation from Intrusive Thoughts of Self-Harm in Pediatric OCD

**Risk Assessment**

- Suicidal Ideation: *"I'm having thoughts of killing myself."*
- Suicidal Intent: *"Maybe. "I'm not sure."*
- Suicidal Plan: *Yes*
  - Patient has often thought of ways to kill self
  - May have intrusive images
- Access to Means: *Yes*
  - Patient often has access to some means (e.g., medication, window, car)
  - Other means may be less accessible (e.g., guns)

* Need to ask other questions to *obtain thorough assessment!*

## Distinguishing Suicidal Ideation from Intrusive Thoughts of Self-Harm in OCD in Pediatric OCD

- **Risk Assessment** (Consequences of Misdiagnosis)
  - 911/Police
  - Hospitalization (negative experience + costs)
  - Feelings of fear/anxiety, shame, depression, hopelessness
  - Rupture to therapeutic alliance
  - Legal ramifications

## Differential Diagnosis: Harm OCD vs. Homicidal Ideation

- Both involve strange, bizarre, sometimes aggressive/violent thoughts

**OCD**

- Typically aware of their symptoms, recognize them as unwanted
- Thoughts are experienced as ego-dystonic (e.g., inconsistent with who they are as a moral person)
  - Attempts to resist obsessive thoughts, dismiss them, or neutralize them
- Symptoms are maladaptive, time-consuming, cause functional impairment
- Sufferer is terrified of committing harm and they engage in safety-seeking behaviors & take precautions to avoid acting on them

## Intrusive Sexual Thoughts

## Intrusive Sexual Thoughts: Common Obsessions

- Forbidden or perverse sexual thoughts, images, or impulses
  - Ex. Images of genitals
- Content may involve children or incest (e.g., parents, siblings, cousins)
- May involve friends, family members, teachers, co-workers, animals, cadavers, objects.
- For teens, content may involve aggressive sexual behavior towards others
  - Ex. thoughts of experiencing or perpetrating sexual assault; using inappropriate objects sexually)

## Intrusive Sexual Thoughts: Common Obsessions

- Obsessions related to puberty
- Obsessions related to sexual orientation
- Obsessions related to gender identity
- Thoughts/images related to therapist

## Intrusive Sexual Thoughts: Common Compulsions

- Checking
  - Ex. Checking body for signs of arousal / testing self
- Confessing
  - Ex. Reporting thoughts to parent, significant other, clergy
- Reassurance-Seeking
  - Ex. Asking others, "Do you think this is weird?"
- Avoidance
  - Ex. Staying away from stimuli that trigger thoughts
- Researching
  - Ex. Reading stories about incest for comparison purposes

## Differential Diagnosis: Sexual Obsessions & Paraphilias

| Sexual Obsessions in OCD | Sexual Paraphilias & Addiction |
|---|---|
| Experience intrusive sexual thoughts as unwanted, repugnant, & threatening | More likely to experience thoughts as wanted, erotic, and not too distressing |
| Thoughts are accompanied by negative emotions such as shame, guilt, embarrassment, & disgust | Thoughts are accompanied by excitement/pleasure |
| Often involves avoidance and/or compulsions to neutralize sexual thoughts | Often involves performing the sexual activity that is thought about |

## Sexual Obsessions: Considerations

- Arousal:
  - Not best indicator of disorder status
  - Individuals with OCD may experience doubt & uncertainty about whether they are aroused
  - Physiological manifestations of anxiety may be misinterpreted as arousal
  - People may simply react sexually to sexual content (Penzel, 2012)
  - Arousal is not necessarily predictive of sexual status (Ogas & Gaddam 2011)
- Thorough assessment is key!
  - Look for avoidance & compulsions (e.g., checking, confessing, reassurance-seeking), which are suggestive of OCD.

## Religious Obsessions & Scrupulosity

## Religious Obsessions & Scrupulosity

- **Scrupulosity**: obsessions & compulsions center on religious or moral fears
  - Religious themes
  - Cultural or religious practices
  - Themes of morality
- Examples
  - Excess concern with right/wrong & morality
  - Fears of dying and not going to heaven
  - Concerned with sacrilege and blasphemy
  - Concerns about immoral thoughts & engaging in immoral behavior
  - Disobeying or offending religious figure or G-d
  - Not being forgiven for sins
  - Honesty/telling the truth
  - Fears that combine sexual & religious content

## Religious Obsessions & Scrupulosity

- **Christianity**
  - Fears associated with the devil, Satan, or going to hell (Huppert & Siev, 2010)
- **Judaism**
  - Dietary restrictions, family purity, praying correctly, observing the Sabbath, following commandments, religious observance, studying correctly (Greenberg & Shefler, 2002)
- **Islam**
  - Cleanliness, fears of impurity, strict rules, and doubts about proper engagement in prayers (Ghassemzadeh et al., 2002).
- **Muslims**
  - Concerns about cleanliness, purity, dietary laws, prayer, repeating behaviors that involve religious practice (Huppert & Siev, 2010)

## Religious Obsessions & Scrupulosity: Common Obsessions

- Recurrent doubts that one has committed sins or moral transgressions by mistake or without realizing it
  - *"Was I cheating on the test when I gazed quickly around the room?"*
- Intrusive sacrilegious or blasphemous thoughts and images
  - *Image of giving Jesus the finger*
- Doubts that one is not faithful, moral, or pious enough
  - *"What if I don't really love G-d as much as I should?"*
- Fears that one didn't perform a religious prayer or ceremony properly
  - *"What if my mind wandered while I was worshipping?"*
- Persistent fears of eternal damnation and punishment from G-d
  - *"What if I'm not saved?"*

(Abramowitz & Jacoby, 2014)

## Religious Obsessions & Scrupulosity: Common Compulsions

- Repeating prayers and religious practices to ensure they're done "correctly"
- Confessing/Reassurance-seeking with religious leaders and loved ones
- Excessive cleansing and purifying rituals
- Overly strict adherence to religious rituals/practices
- Neutralizing blasphemous thoughts or images
- Avoidance of stimuli that trigger OCD symptoms

## Differentiating Religiosity from OCD

- OCD can masquerade as religion
  - Consider whether the behaviors seem more in service of faith/G-d, or OCD?
- Behavior is typically excessive compared to the rest of the faith community
- Healthy religious practice tends to be more flexible; perfect adherence may be an ideal, but not an imperative to avoid severe punishment
- OCD behavior is motivated primarily by fear & distress and leads to functional impairment.
- Excessive and rigid concerns may interfere with other aspects of religious practice/observance

(Abramowitz & Jacoby, 2014)

## Cognitive-Behavioral Therapy (CBT) with Exposure & Response Prevention (ERP) for Pediatric OCD

## Cognitive-Behavioral Therapy (CBT) with Exposure & Response Prevention (ERP)

- Commonly recognized as most effective psychosocial treatment for youth with OCD (see Freeman et al., 2014 for a review).
- **Cognitive-Behavioral Therapy (CBT)** focuses on identification of maladaptive thoughts and behaviors, in effort to implement more adaptive thoughts/behaviors and coping strategies
- **Exposure & Response Prevention (E/RP)** involves gradually exposing patients to anxiety-provoking stimuli while having them refrain from engaging in compulsions or rituals.

## Cognitive Therapy in Pediatric OCD

- Identifies and challenges anxiety-provoking thoughts and inaccurate beliefs/appraisals that lead to compulsive behaviors.
- Must consider child developmental level (e.g., cognition, maturity)
  - Being a detective and catching "thinking traps"
  - Bossing back OCD!
- Review that efforts to suppress these thoughts are counterproductive
  - Ex. Pink Elephant

## Common Cognitive Beliefs Related to "Taboo" OCD Symptoms

- *Overimportance of Thoughts / Thought-Action Fusion
  - *"These thoughts must mean something"*
- *Excessive Concern about the Importance of Controlling One's Thoughts
  - *"I can't function if I have these thoughts"*
- Overestimation of Threat
- Inflated Responsibility
- Intolerance of Uncertainty
- Perfectionism

OCCWG (1997, 2005)

## Exposure and Response Prevention: Developmental Considerations

- Goal is not to put thoughts into their head; Goal is to expose them to thoughts that they are already thinking.
- Should have solid therapeutic alliance
  - Encouragement!
  - Customize examples to child's interests
  - Incorporate humor, fun, creativity, and games!
- Incorporate rewards!
- Don't do anything illegal…duh!

## Exposure and Response Prevention: Parental Considerations

- Psychoeducation for parents / May have to address parental concerns about thought content (e.g., "Is my child a psychopath")
- Consider cultural, religious, & family values
- Good practice for clinicians to review rationale for exposures with parents and/or get OK from them
  - May depend on their knowledge of child's symptoms
  - Focus generally on symptom domains without discussing specifics
- Have plan for removal of family accommodation (*"When you ask XX, mom will ____"*).
- Teach parent(s) how to respond

## Sample Hierarchy: Harm

| Exposure | SUDS |
|---|---|
| Holding a knife to mom/dad/sister's throat | 10 |
| Holding pencil against mom's throat | 9 |
| Holding a knife to Dr. J's throat | 9 |
| Holding knife on lap with mom close | 9 |
| Standing behind person with hands on shoulders ready to push (balcony) | 8 |
| Pushing your brother's head under water in pool | 7 |
| Holding pencil against Dr. J's throat | 7 |
| Mother cooking dinner while leaving knives out | 7 |
| Holding a handful of medication that could kill | 7 |
| Holding knife to wrist | 7 |
| Sitting with regular knife | 6 |
| Script about killing mother | 5 |
| Being near a knife in a room | 5 |
| Seeing a picture of a knife | 4 |
| Playing b-ball with brother | 3 |
| Sitting with butter knife | 2 |
| Seeing a picture of a knife | 1 |

## Sample Hierarchy: Sexual Thoughts

| Exposure | SUDS |
|---|---|
| Sharing bed with same-sex friend at sleepover | 9 |
| Writing script of sexual activity with siblings/parents | 9 |
| Writing script of sexual thoughts towards baby cousin | 8 |
| Be around young children (e.g., at playground) | 7 |
| Rub pet's belly | 7 |
| View pictures of cute boys and girls in bathing suits | 6 |
| Rate pictures of how cute models are | 5 |
| View pictures of cute males and females that I know | 5 |
| Watch PG13 movie that implies sex scene (no nudity) | 5 |
| Sing Salt-n-Pepa's, "Let's Talk about Sex, Baby" | 4 |
| Say the word "sex" aloud | 2 |

## Sample Hierarchy: Child Patient Sexual Thoughts

| Exposure | SUDS |
|---|---|
| Writing script about sexual activity | 9 |
| Watch PG13 movie that implies sex scene (no nudity) | 7 |
| Draw picture of people having sex | 6 |
| Draw picture of people kissing | 4 |
| Write sentences using the word "sex" | 3 |
| Read story that has the word "sex" in it | 4 |
| Say the word "sex" | 2 |

## Sample Hierarchy: Scrupulosity

| Exposure | SUDS |
|---|---|
| Not going to confession after having blasphemous thoughts | 9 |
| Wipe genitalia without "apology" ritual | 8 |
| Use bidet | 7 |
| Say prayer once, even if it is "imperfect" | 7 |
| Go to church on day that she had "immoral" thoughts | 7 |
| Look at other people without avoidance of "looking down" | 6 |
| Say prayer once, even if it is "imperfect" | 6 |
| If has blasphemous thoughts, refrain from "apology" or neutralizing rituals | 5 |
| Write script about engaging in the blasphemous act and the consequences of it | 4 |
| Write "666" | 2 |
| Say "666" | 1 |

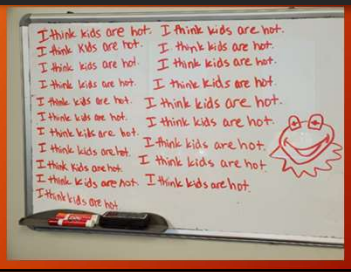
## Imaginal Exposures

- Helpful when fears are impossible/inappropriate to simulate
- Guide patient though feared consequence in detail consistent with CBT model
- Can the patient vividly imagine the feared scenario?
- When working with kids:
  - May be shorter than with adults
  - May use statements
    - "I may be a killer"
  - Audiotape
  - Keep child engaged
    - Draw the intrusive images, singing, etc.
  - Combine with situational exposures

## Imaginal Exposure Script: Example

*"I'm walking past a little child and notice that his parents are not nearby. As I watch him play, I suddenly feel a sense of love towards him that I can't control. I'm unable to think of anything other than kissing and touching him. The next thing I know, I have my hands around him and am kissing his face all over. I hear his mother come screaming "Stop that!" and then feel myself being pinned on the ground and handcuffed by two policemen. I am pushed into the back of a car and taken to jail. My first night there I realize what I've done and how my life has changed forever…"*

## Imaginal Exposure Script: Example




## It's All Fun & Games!

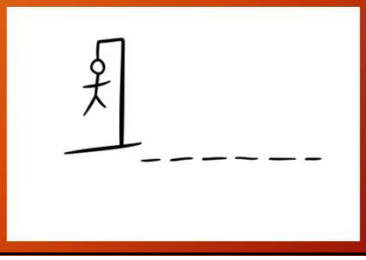
## Word Search

**Trigger Words**

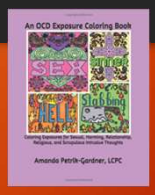
| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| G | G | L | R | L | H | I | T | O | M | Z | P | L | M | J |
| G | W | I | E | N | D | H | E | L | L | V | S | M | H | Q |
| R | Y | X | Z | A | O | J | G | O | A | S | E | P | A | W |
| W | X | Z | E | K | B | Z | E | S | C | Q | X | O | D | S |
| V | B | G | F | E | P | M | K | O | R | S | T | I | V | O |
| O | H | V | Y | D | M | E | M | X | S | I | U | S | V | F |
| I | K | N | I | F | E | X | S | U | M | D | R | O | W | N |
| E | C | B | K | K | Q | U | G | W | P | K | T | N | I | D |
| Z | B | R | A | C | S | E | U | H | P | E | D | S | O | S |
| S | R | G | L | A | P | G | D | X | J | J | I | N | B | H |

SEX
NAKED
UNDERWEAR
BRA
BUTT
KNIFE
SUFFOCATE
POISON
DROWN
HELL

## Hangman



## Arts & Crafts!






## Thought-Action Fusion Matching

Mom toe → Stubs
Dad bird → Gets pooped on by
Brother tucked into undies → Leaves home with clothes
Sister → Gets uncontrollable hiccups
Aunt Susie mud → Falls into puddle of

## Thought-Action Fusion Matching

Mom → Gets robbed
Dad → Gets 20 bee stings
Brother into car accident → Gets
Sister → Ends up in hospital
Aunt Susie → Is arrested
Uncle Bob → Gets snake bite

## Clinical Vignette (Harm to Others): Elizabeth

- Elizabeth gets violent thoughts of doing harmful things to those she loves, such as stabbing her parents with a knife or scissors, or suffocating them with a pillow in their sleep. She won't use knives while cooking or scissors if family members are near her. If she has a violent thought about her parents, she feels that she has to cancel it out by saying "I love my parents and don't want anything bad to happen to them." If she sees things that trigger intrusive thoughts (e.g., violence on TV shows), she also has to say this phrase. When she has intrusive thoughts, she will feel the urge to do something nice for her parents to show that she loves them.

## Clinical Vignette (Harm to Self): Luca

- Luca is a 14-year-old male who presented for treatment due to OCD, Anxiety, and Depression. He thinks about suffocating himself with a pillow, so he won't sleep alone. He also worries about drowning himself in the bathtub, so he won't take baths alone. He thinks about death frequently, and he'll analyze how he feels about it, and he'll get anxious if he thinks death sounds like a good option. He'll constantly talk about these thoughts and seek reassurance about them, just to make sure his therapist know the extent of them. He researches risk factors for suicide to see if he has those markers. He frequently reports to his therapist that he was "suicidal" last night and almost killed himself.

## Clinical Vignette (Morality): Zion

- Zion experiences obsessive thoughts about whether or not he is a good person. If he has a mean thought, he feels that he needs to apologize to G-d. He strives to always do the "right" and "moral" thing, as otherwise, he feels that he is failing G-d's tests for him. If he has a blasphemous thought, he confesses it to family and friends to ask whether they think he is a bad person. He stays away from anything resembling ghosts, the paranormal, or the devil, as he views these things as one way that G-d is testing him. He prays compulsively before bed each night, and if he messes up, he feels that he has to start over so that he does it right.

## Clinical Vignette (Sexual):

- Fletch is a 15 y/o boy who is worried he will have sex with his dog Princess. After all, she seems a pretty good partner - she is always happy to see him, watches whatever he wants on TV, and shares his love of pizza (NY style, maybe Jersey). Whenever he plays with her, he worries did he touch her privates or did they have sex (he has a general sense of sex). Fletch now avoids being near her alone as well as touching her at all. He seeks constant reassurance from parents, keeps his hands in his pockets if she is around, locks his door at night, and prays compulsively that he won't act on his fears.

## What Can We Do?

- Use Evidence-Based Treatment
  - Misdiagnosis and inappropriate treatment recommendations wouldn't be tolerated in other disciplines of medicine
- Dissemination!
  - Mental Health Professionals
  - Health Professionals
  - Schools
  - Religious Organizations/Places of Worship
- Thorough assessment to guide diagnosis and safety measures
- Break the Stigma!

## Questions?

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