Personalization and Improvement of Patient Care for Pediatric OCD

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Disclosure

• **UpToDate** clinical decision support resource
  - Wolters Kluwer Health

• UpToDate contributions within *Pediatrics*
  - *Depression in children and adolescents*
  - *Treatment of adolescent depression*
  - *Suicidal behavior in children and adolescents*
Educational Objectives

Participants will be able to:

1. Describe current literature on predictors and moderators of treatment outcome for pediatric OCD

2. Summarize current knowledge base of mechanism underlying exposure based CBT and implications of these current advances for implementation of CBT treatment

3. Apply aforementioned knowledge into clinical decision-making and treatment planning for OCD
OVERVIEW

• Introductions
• Pertinent literature
  - Predictors and moderators
  - Exposure & new learning
• Strategies for personalizing / improving care
  - Common comorbidities & challenges
• Practice Implementation - vignettes
• Wrap Up
Introductions
Pediatric OCD

• Chronic and impairing condition

• Significant advances in evidence-base
  - POTS I, POTS II, POTS-Jr, Predictors / Moderators
  - Family Focused, Intensive, Technology

• Core Elements CBT Treatment
  - Building Engagement / Readiness (Psychoeducation +)
  - Exposure & Response Prevention / Parent Involvement
    • Collaborative Fear Ladder
    • Fading Family Accommodation
    • Between Session Practice (ERP Homework)
Predictors and Moderators*

• Symptoms
  - Baseline Severity
  - Insight, functional impairment, symptom presentation

• Family accommodation / dysfunction
  - Family conflict, blame, cohesion

• Comorbid disruptive behavior/externalizing symptoms

• First degree family history OCD*

• Tics*

• Executive dysfunction / neurocognitive impairment

• Therapeutic alliance, treatment expectancies
Clinical Guidelines

• American Academy of Child & Adolescent Psychiatry Practice Parameter for Pediatric OCD (2012)
  - CBT/ERP first line intervention for mild to moderate pediatric OCD
  - Consider combined treatment (CBT/ERP + SSRI)
    • Moderate to severe OCD symptoms (CYBOCS > 23)
    • Positive 1st Degree Family History OCD
    • Situations that could impede successful CBT

• Other Key Resources
  - JCCAP Evidence-Base Reviews (2008, 2013)
  - See Reference List
New Learning

• Updates to theory about exposure
  - NEW LEARNING as key mechanism
    • Not weakening of previous (fear) learning
    • Habituation not necessary condition
    • New (safety) learning competes with old (fear) learning
  - Successful treatment is when new learning becomes the dominant association to once feared cued
  - New learning is particularly context dependent
    • Does not generalize easily to new contexts
    • Vulnerable with passage of time (return of fear)
Implications for Exposure

• Task = Ensure that safety learning dominates
  - Across contexts (external and internal)
  - Across time

• Conduct exposures across broad range of most salient / relevant cues and contexts
  - Vary conditions and contexts for safety learning, additive cues
  - Ensure that new learning is not contingent on context
    • Monitor attributions for improvement/safety (i.e. “I am only OK because of XYZ”)

• Plan for use of recall and generalization cues
Liza’s OCD Donut
Strategies for Personalizing and Improving Care
PDSA: Evidence Based Treatment

PLAN
Case Formulation / Treatment Plan

DO
Implement Plan with Progress Monitoring

STUDY
Evaluate Progress Benchmarking / TIB

ACT
Refine Treatment Plan as Needed
Comorbidities & Clinical Challenges

• Disruptive Behavior
• Tics
• Neurocognitive / Executive Dysfunction (including ASD)
• Mood
• Somatic Concerns
• Accommodation / Family Dysfunction
• Parental OCD
• Poor Insight / Engagement
OCD & Disruptive Behavior

1. What does literature say about this comorbidity?
2. What is the potential impact of this comorbidity on implementation of effective exposure therapy?
3. What are potential strategies to personalize and improve treatment response?

• Consider
  - Monotherapy or Combined treatment
  - Adjust or augment CBT for OCD
  - Family-based approach (targeting what?)
  - Another treatment besides CBT for OCD
OCD & Disruptive Behavior

• Comorbid externalizing symptoms / disruptive behavior associated with poor treatment response and higher rate of relapse
  - Possible mechanisms?
    • Role of executive dysfunction / self-control
    • Coercive family processes

• Clinical Decision-Making
  - Prioritization / readiness for ERP
  - Augmentation / additional Treatment
OCD & Tics

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OCD and Tics

- Tics moderate treatment outcome (POTS)
  - Those with tics failed to respond to SSRI alone
    - Start with CBT or CBT + SSRI (AACAP)
    - Non-responder meds: Augmentation SSRI w neuroleptic

- Compulsion or Tic - Tourettic OCD (Mansueto)

- CBIT for tics (Piacentini, Woods, et al., 2010)
  - Whose problem is it? EF Skills?

- Monitor for additional difficulties:
  - In mathematics and written expression, graphomotor skills, deficits in executive functioning
Neurocognitive / Executive Dysfunction

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Neurocognitive / Executive Dysfunction

• Evidence suggests EF predicts attenuated outcome

• Implications of poor EF skills for New Learning:
  - Attention / organization / self-monitoring
  - Inhibitory control / self-regulation / distress tolerance
  - Mental flexibility

• Weakness in Language Skills / Understanding

• Point-of-performance supports
  - Generalization
  - Antecedent management
OCD & Mood

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OCD & Mood

• Depression (particularly if severe) has potential to interfere with CBT/ERP
  - Engagement / expectancies
  - Motivation for between session practice
  - Relational aspect of depression

• Mood disruption / disorder
  - Dysregulation = Poor tolerance for ERP
  - Medication challenges
OCD & Somatic Concerns

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OCD & Somatic Concerns

• Somatic symptoms very common
• Fear of sensations / internal cues
  - Interoceptive exposure
• Health anxiety / somatic focus
  - Literature on health anxiety
  - Shift / differential attention
  - Avoidance behaviors / communications
    • Systems of care – medical team, school, family
    • School attendance
Accommodation / Family Dysfunction

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Accommodation / Family Dysfunction

• Accommodation
  - Ubiquitous
  - Role in Maintenance of OCD

• Family Dysfunction
  - Family conflict, blame, cohesion*
  - Treatment interfering behaviors

• Potentially Promising Family Based Approach
  - Positive Family Interaction Therapy (Peris & Piacentini)
    • Adjunct personalized intervention for pediatric OCD*
Parental OCD

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Parental OCD

• Positive first degree family history of OCD moderates treatment outcome (POTS)
  - Those with 1\textsuperscript{st} degree family history responded far less well to CBT than those without such as history

• Consider combined (CBT + SSRI) treatment

• Format for treatment?

• Approach for management of:
  - Family accommodation
  - Family “just right” and “just want to be sure” issues
Poor Insight / Engagement

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Poor Insight / Engagement

• Mixed findings on role of insight in prediction of treatment response
  - Yet low insight often associated with high severity
• Engagement is key to successful ERP
• How achieve engagement when insight is low?
Vignettes
Case Formulation Activity

• Break into small groups
• Based on information provided in vignette
  1. Develop possible problem list / diagnoses
  2. Identify pertinent evidence base to guide treatment decisions
      ➢ Literature on predictors / moderators
  3. Identify potential challenges to effective CBT/ERP
      ➢ Factors that might interfere with new learning
  4. Organize a preliminary treatment plan
In Conclusion

• Personalization and improvement of care
  - Is possible for pediatric OCD
  - Is priority in current health care climate

• Recommend systematic use of clinical guidelines or algorithms to support decision-making
  - Based on predictors and moderators of outcome
  - Guided by current theory (effective exposure = new learning)
  - Hardwire processes to support quality
    • Decision-support
    • Outcome monitoring
Key References


New Learning

Key References - Continued

Predictors & Moderators


Thank you!

Questions?