

## Compassion Project 10/20 Anxiety and OCD

### Myths

- Isn't normal to have anxiety
- Anxiety is a woman/girls disorder
- It's a character flaw
- Don't do the thing that
- Just calm down
- just breathe into a paper bag
- It's all in your head
- It'll pass
- You will grow out of it
- Just calm down

### Questions in the chat:

How does conversion disorder fit into these categories?

Is it possible to treat conversion disorder with mindfulness? how?

How would we interact/deal-with people that have the high reaction, a 10 instead of a 5?

Do panic disorders always have triggers or sometimes not?

if you are predisposed to ocd, will you always be susceptible.

Any tips for a getting a teen with OCD to accept help and treatment?

As I understand, DBT involves balancing opposites. How is DBT applied for OCD?

### DSM-5 Classification Anxiety Disorders:

Separation Anxiety

Selective Mutism

Specific Phobia

Social Anxiety Disorder (Social Phobia)

Panic Disorder

Agoraphobia

Obsessive-Compulsive Disorder

Post Traumatic Stress Disorder

Generalized Anxiety Disorder

Other specified and Unspecified Anxiety Disorder-

### Fear and Anxiety:

- Normal responses to threats
- Associated with physical symptoms-  
Fear: Heart palpitations, hyperventilation  
Anxiety: muscle tension
- Can become associated with maladaptive cognitions and behaviors

### **Common Criteria for Anxiety Disorder:**

- Persistent ( 4+ weeks for children, 6+ weeks for adults)
- Identified triggers almost always provoke fear/ anxiety
- Causes clinical significance distress or impairment in functioning
- situation/object are avoided or endured with intense fear/ anxiety
- Fear or anxiety is out of proportion to the actual threat posed by the trigger
- Fear or anxiety is not better explained by another mental disorder, influenced of a substance

### **Prevalence:**

- Most common class of mental disorders in general population
- 15% lifetime prevalence
- 25.1% of 13- 18 years (5.9% severe)
- Over 10% for 12 month prevalence rates - adults
- Woman 6-% more likely than men to be diagnosed
- Generally in higher developed countries
- Is treatable but only 1/3 receive treatment

### **Anxiety in children/ adolescents**

- Being very afraid when away from parent( separation anxiety)
- Having extreme fear about a specific thing or situation
- Being very afraid of school + other places where there are people (social anxiety)
- Being very worried about the future and about bad things ( general anxiety)
- Having repeated episodes of sudden, unexpected, intense fear that come with symptoms like heart pounding, trouble breathing, feeling dizzy, shaky, or sweaty ( panic disorder)

### **IMPORTANT**

- Anxiety may present as fear or worry, but can also make children irritable and angry
- Anxiety symptoms can also include trouble sleeping, as well as physical symptoms like fatigue, headaches, or stomach aches
- Some anxious children keep worries to themselves and, thus the symptoms can be missed

### **OCD**

- Obsessive Compulsive Disorder (OCD)
- Body Dysmorphic Disorder
- Hoarding Disorder (new)
- Trichotillomania
- Excoriation Disorder
- substance/ medication induced OCD
- Other

### **Definition**

#### **Obsessions**

- Recurrent, persistent, intrusive thoughts or images which are unwanted and which the person has difficulty controlling

#### **Compulsions**

- Repetitive behaviors an individual feels compelled to perform in response to an obsession

### **Normal VS Pathological**

Everyone experiences intrusive, strange and strange thoughts and most people are able to dismiss the thoughts.

For some people these thoughts get stuck and become the docs of obsessions.

Previously ODC we covered under Anxiety Disorder.

### **OCD DSM-5**

Recurrent obsessions or compulsions

- Obsessions: persistent ideas, thought, impulses, or images- intrusive and inappropriate
- Compulsions: repetitive behaviors or mental acts with goal to reduce anxiety

Time consuming

Person recognizes excessive and unreasonable nature but can not stop

Thoughts and behaviors often kept a secret for a long time

### **Causes:**

We don't know- several theories

1. Neurobiological: different brain chemistry and brain function- serotonin
2. Genetics: 25% have immediate family members with OCD. Twin studies 45-65
3. Psychodynamic theory: Symptoms are the result of anxiety related to a servant in the past of which the person is not consciously aware.
4. Cognitive theory: people with ocd misinterpret dtrance, random, intrusive thoughts as being important, leading to obsessional thinking and compulsive behavior

### **ODC in children**

Acute onset of symptoms

- Abrupt onset
- Hand writing, drawing, severe separation anxiety, bed wetting, possibly suicidal thought
- Pediatric autoimmune Neurpscartic disorder associated with streptococcus
- PANS- broader applications-ongoing research

### **Onset children/ Adolescente**

OCD can start at any time for preschool- adulthood. There are generally two ranges when OCD tends to first appear

8-12 years old

Between late teens to early adulthood

Common Compulsions in Adolescents:

- Excessive Checking
- Excessive washing or cleaning
- Repeating actions until they are just right
- Ordering of arranging things
- Mental compulsions
- Frequent Confessing or apologizing
- Saying lucky words or numbers
- Excessive reassurance seeking

**Distracting:**

With...

- activities
- Contributing
- Comparisons
- Different emotions
- Pushing away
- Other thoughts
- Other sensations

Self soothing

With...

- Visions
- Hearing
- Smell
- Taste
- Touch