

“Let me triple check that”: Childhood Perfectionism and Bossing Back OCD

By: Brittany Lorentz & Anna Marrello
MSc School and Applied Child Psychology
University of Calgary

Overview of Session:

- Understanding OCD
- How OCD looks in Children
- Childhood Perfectionism
 - Understanding Perfectionism
 - Perfectionistic Styles
 - Benefits to Perfectionism
 - Areas Prone to Perfectionism
 - Development of Perfectionism
 - Signs and Symptoms
 - Associated Outcomes
 - Strategies
- Exposure and Response Prevention
 - Applying the Skills
- Resources

Childhood Obsessive-Compulsive Disorder

- A psychological disorder that is defined by recurring obsessions which drive an individual to repetitive compulsions.
- Obsessions:** unwanted images, urges, and/or intrusive thoughts that result in distressing feelings
- Compulsions:** repetitive behaviours or mental acts aimed at preventing or reducing anxiety/distress

Intrusive Thoughts (Obsessions)

- Contamination
- Aggression
- Religious/sexual content
- Symmetry

Most Common Intrusive Thoughts in Childhood:

- Catastrophic/aggressive (C=63%, A=69%)
- Contamination (C=52%, A=64%)
- Tie - somatic, sexual and religious (C=33%, A=36%)

Prevalence of OCD:

Childhood and Adolescence: confirmed in 2020 studies, worldwide the = 0.25-3%

DSM-V, APA: 1.5-3.5%

In Canada: 0.98% (combined prevalence, no child specific)

There are at least 1 in 200 kids and teens that have OCD

(Walitza et al., 2020)

Compulsions

- Repetitive behaviors (e.g., hand washing, ordering, checking)
- Mental acts (e.g., praying, counting, repeating words silently)
- Individual feels driven to perform in response to an obsession or according to rules that must be applied rigidly.

Cognitive-Behavioural Model of OCD

- Believe intrusive thoughts, impulses, and images are normal features within the human mind but that have certain dysfunctional cognition leading to maladaptive appraisals of intrusions
- Six types of dysfunctional beliefs associated with OCD:

Manifestation in Children:

- Perfectionism** - obsessive about details and visual qualities of their work may not hand in work, procrastination
- Germ fears** - won't go to the bathroom at school to avoid germs - leading to toileting concerns (accidents) and/or constipation or compulsively washing hands to the point hands overly dry/bleeding
- Compulsions** - may interfere with activities in the classroom if they must perform a routine in a specific way over and over or can lead to behavioural outburst or emotional reaction when compulsion is interrupted
- Time-consuming rituals can interfere with a child's sleep, quality of life, school and homework

Prevalence of Childhood Perfectionism

Lack of research

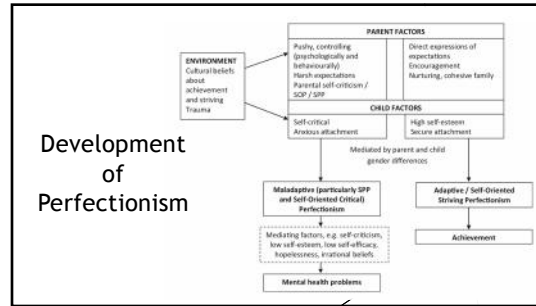
- Even more so for perfectionism in OCD
- Between 20 and 40%

Maladaptive perfectionism - 3 in 10, Adaptive perfectionism - 2 in 10

Prevalence is increasing

- Self-oriented - 10%
- Socially prescribed - 32%
- Other prescribed - 16%

(Flett & Hewitt, 2014)



Signs and Symptoms of Perfectionism in Children

- ▶ Exceptionally high expectations
- ▶ Self-critical and self-conscious
- ▶ Easily embarrassed and low self-confidence
- ▶ Exhibits persistent anxiety about making mistakes
- ▶ Highly sensitive to criticism
- ▶ Procrastination and avoiding stressful situations or difficult tasks
- ▶ Critical of others
- ▶ Difficulty making decisions and prioritizing tasks
- ▶ Somatic complaints
- ▶ **Gifted children who are accustomed to excelling may refuse to begin a new task/assignment or may not complete work

(Center for Parenting Education)

Associated Outcomes with Perfectionism

SOCIAL

- inability to maintain relationships
- seen as controlling/irritable
- socially 'mature'
- role model
- leader

ACADEMIC

- poor grades
- teacher-student difficulties
- burn-out
- high-achieving (honor roll)
- determination
- various extra-curriculars

Perfectionism, Anxiety & Depression

Childhood Perfectionism and Mental Health

- ▶ Obsessive Compulsive Disorder
- ▶ Depression
- ▶ Anxiety
- ▶ Eating Disorders

- ▶ Socially prescribed and self-oriented perfectionism has high correlation with depressive and anxious symptoms (Flett et al., 2004).
- ▶ Evidence has supported the associated of negative emotionality and perfectionism in child and adolescents (Huggins et al., 2008).
- ▶ Albert Ellis (2002) suggested that perfectionists are likely characterized by high anxiety based on their all-or-none approach.
- ▶ Self-oriented perfectionism - positively correlated with anxiety and depression but not with anger or stress measures.
- ▶ Socially-prescribed perfectionism - positive correlations with depression, anxiety, externalizing behaviours, anger-out, and social stresses were identified.
- ▶ In addition, achievement stress was associated with both self-oriented and socially-prescribed perfectionism (Hewitt et al., 2002)

Outcomes to Perfectionism and Mental Health

Increased suicide risk

- Socially prescribed perfectionism as risk factor
- Public Health Inquiries
- Poor treatment outcomes

Perfectionism and Eating Disorders

- ▶ perfectionism predisposes, precipitates, and prolongs eating disordered behaviours
- ▶ link between disordered eating and self-oriented perfectionism
- ▶ Signs and Symptoms
- ▶ Restrictive eating/purging - related to body dysmorphia
 - ▶ "only healthy food"
- ▶ Obsessively counting calories
- ▶ Not allowing food to touch one another
- ▶ Over exercising
- ▶ Shy eating (not eating in front of others)

CELESTE SCHELL, Treatment manual for Child Perfectionism

The Impact of Perfectionism: At Home


- ▶ Need for cleanliness, organized bedroom and personal belongings
 - ▶ Or disorganized personal space
- ▶ Emotional outbursts
- ▶ Telling family members they are "wrong" or they are "not doing it right"
- ▶ Late nights working on school/studying
- ▶ Social withdrawal due to hyper focus on school related tasks or extra curriculars (Music)
- ▶ Excessive organizing & list making
- ▶ Difficulty making decisions
- ▶ Hoarding
- ▶ Avoidance

Drs. Anthony Martin & Richard Swinson

Strategies to Support at Home


Concept of Family Accomodation - family members participate in the rituals their child uses to manage their anxiety and modify personal and family routines to accommodate the child.

- ▶ Don't want to constantly reassure
- ▶ Don't avoid certain words, sounds, activities
- ▶ Remind your child of the coping skills developed in treatment
- ▶ Provide unconditional caring and respect.
- ▶ Avoid comparing children.
- ▶ Failure is OKAY
- ▶ Limit showing frustrations



(Child Mind Institute)

The Impact In the Classroom



- ▶Rearranging classroom objects
- ▶Reassurance-seeking
- ▶Getting stuck on tasks
- ▶Obsessive erasing or retracing
- ▶Distraction
- ▶Slow to complete tasks
- ▶Tapping and touching symmetrically
- ▶Complaints of anxiety and fatigue
- ▶Emotional outbursts

(Child Mind Institute)

Strategies to Support in the Classroom

- ▶ Become aware of their triggers
- ▶ Seating arrangement
 - Planning an escape route
- ▶ Extended time for assignments and tests
- ▶ Laptop for writing
- ▶ Skip reading aloud/use audiobooks
- ▶ Private space for tests
- ▶ Break assignments into chunks - create a schedule
- ▶ Prioritization
- ▶ Advance notice of changes in schedule
- ▶ Involve peers
- ▶ For those who procrastinate, change the goal from perfection to completion.
- ▶ Assign biographies of successful people who overcame failure
- ▶ Use terms such as "admirable work" rather than "perfect" or "brilliant."

(Child Mind Institute & Growing Strong Families)

Be Wary of Word Choice

What parents and teachers say	What kids hear
You learned that so fast! You're so smart!	If I don't learn something quickly, I am not smart.
Look at the drawing. Is he a Picasso or what?	I shouldn't try drawing anything hard, or they'll see I am no Picasso.
You're so brilliant! You got an A without even studying.	I'd better Stop studying or they won't think I am brilliant.


(Carol Dweck, 2006)

Appropriate Interventions

Be in charge of controlling your OCD, rather than your OCD controlling you!

Cognitive Behavioural Therapy (CBT)	Exposure and Response Prevention (ERP)
Acceptance and Commitment Therapy (ACT)	Psychopharmacology

Measuring Perfectionism



- ▶ Identifying problem areas - Diary
 - ▶ Situation
 - ▶ Thought
 - ▶ Behaviour
 - ▶ Feeling
- ▶ Identifying triggers
 - ▶ Person-related - parents or friends
 - ▶ Activity-related - school or extra-curriculars or hygiene
- ▶ Rating impairment of behaviour
 - ▶ Parents - How much are you accommodating?
 - ▶ Teachers - How is this affecting their schoolwork/social skills?

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Liam (age 9): Perfectionism

OCD puts repeated thoughts ("obsessions") in Liam's head about things needing to be perfect or "just right". To relieve his anxiety, Liam engages in rigid and ritualistic behaviour ("compulsions") so that he doesn't make mistakes and so that things turn out perfectly.

LIAM'S SYMPTOMS

School Based

- ▶ Won't use his coloured pencils because they'll change length (they MUST stay the same length); and doesn't want his markers to ever be out of order.
- ▶ Liam's writing at school must be perfect or he has a meltdown.
- ▶ Liam's spelling at school must be perfect.

Home Based

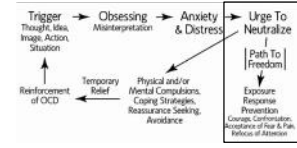
- ▶ Meal Ritual: won't eat lunch if he hasn't had breakfast; won't eat dinner if he hasn't had lunch.
- ▶ Give up on things if he can't do them perfectly. Can't enjoy (e.g. video games, skateboarding, bike riding).
- ▶ Can't decide what to eat in restaurants in case he chooses the wrong thing.

Bossing Back: Implementation of Exposure and Response Prevention


- ▶ What is ERP?
- ▶ How does it work?
- ▶ Applying techniques

What is ERP?

- ▶ A set of "experiments" that test the accuracy of anxious predictions
- ▶ Gradual process that takes time and commitment
- ▶ A component of Cognitive-Behavioural Therapy
- ▶ Goal - Alleviate the anxiety from the intrusive thoughts and stop use of compulsions



How does it work?



- ▶ 12-20 sessions
- ▶ 4 steps: Psychoeducation, Cognitive Training, Mapping OCD, Exposure and Response Prevention
- ▶ Parental Involvement

The central task in ERP is to create learned safety

- ▶ change distorted beliefs
- ▶ change behaviours associated with the beliefs

The Techniques


- ▶ Exposure: imaginal and in vivo
- ▶ Response Prevention: blocking rituals and minimizing avoidance behaviours
- ▶ Self-Monitoring
- ▶ Weekly homework

Boss Back - Externalizing OCD


Nicknames

Some favourite examples:

Organizer 3000	Pest Machine
Willie Wimpest	Master Mind
Mr. Cheesy	Micromoron
Germym	Smugly the Ugly
The Fun Vacuum	Finkelstein von Finkelberg



(not happy you're making fun of him...)



Boss Back - Coping Strategies


- ▶ That's OCD, not Me
- ▶ Think Positive
- ▶ Show Me the Proof
- ▶ Break OCD's Rules

(CPRI, 2019)

Mapping OCD: List areas of difficulty

- ▶ List perfectionistic thoughts
- ▶ Add the behaviour associated with the thought

What OCD Makes Me Do!!!




(not happy you're about to point him out)

Obsessions/Anxious Thoughts (itch)	Compulsions/Repetitive or Avoidant Behaviour (scratch)	Situation	Fearometer Rating

(CPRI, 2019)

The Fearometer

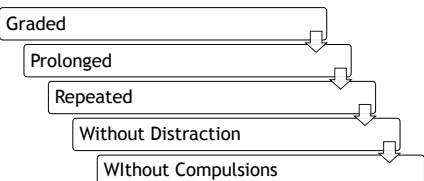


1. Piece of cake!
2. A little twinge.
3. Just a little uneasy.
4. Starting to bother.
5. Not too good.
6. Getting tough.
7. Pretty tough.
8. Really tough.
9. Can't handle it.
10. Out of control! Ballistic!

Provide a fear rating for each perfectionistic thought if you chose not to engage in your behaviour to "control it"

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ERP Conditions



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    graph TD
      A[Graded] --> B[Prolonged]
      B --> C[Repeated]
      C --> D[Without Distraction]
      D --> E[Without Compulsions]
    
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Assignment - Exposure Exercise



Don't be shy, write something to your therapist!

This week try going to Boss Back class? Or use with the fearometer to rate up to 10 or 11 or 12 or 13 or 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 or 23 or 24 or 25 or 26 or 27 or 28 or 29 or 30 or 31 or 32 or 33 or 34 or 35 or 36 or 37 or 38 or 39 or 40 or 41 or 42 or 43 or 44 or 45 or 46 or 47 or 48 or 49 or 50 or 51 or 52 or 53 or 54 or 55 or 56 or 57 or 58 or 59 or 60 or 61 or 62 or 63 or 64 or 65 or 66 or 67 or 68 or 69 or 70 or 71 or 72 or 73 or 74 or 75 or 76 or 77 or 78 or 79 or 80 or 81 or 82 or 83 or 84 or 85 or 86 or 87 or 88 or 89 or 90 or 91 or 92 or 93 or 94 or 95 or 96 or 97 or 98 or 99 or 100 or 101 or 102 or 103 or 104 or 105 or 106 or 107 or 108 or 109 or 110 or 111 or 112 or 113 or 114 or 115 or 116 or 117 or 118 or 119 or 120 or 121 or 122 or 123 or 124 or 125 or 126 or 127 or 128 or 129 or 130 or 131 or 132 or 133 or 134 or 135 or 136 or 137 or 138 or 139 or 140 or 141 or 142 or 143 or 144 or 145 or 146 or 147 or 148 or 149 or 150 or 151 or 152 or 153 or 154 or 155 or 156 or 157 or 158 or 159 or 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875 or 876 or 877 or 878 or 879 or 880 or 881 or 882 or 883 or 884 or 885 or 886 or 887 or 888 or 889 or 890 or 891 or 892 or 893 or 894 or 895 or 896 or 897 or 898 or 899 or 900 or 901 or 902 or 903 or 904 or 905 or 906 or 907 or 908 or 909 or 910 or 911 or 912 or 913 or 914 or 915 or 916 or 917 or 918 or 919 or 920 or 921 or 922 or 923 or 924 or 925 or 926 or 927 or 928 or 929 or 930 or 931 or 932 or 933 or 934 or 935 or 936 or 937 or 938 or 939 or 940 or 941 or 942 or 943 or 944 or 945 or 946 or 947 or 948 or 949 or 950 or 951 or 952 or 953 or 954 or 955 or 956 or 957 or 958 or 959 or 960 or 961 or 962 or 963 or 964 or 965 or 966 or 967 or 968 or 969 or 970 or 971 or 972 or 973 or 974 or 975 or 976 or 977 or 978 or 979 or 980 or 981 or 982 or 983 or 984 or 985 or 986 or 987 or 988 or 989 or 990 or 991 or 992 or 993 or 994 or 995 or 996 or 997 or 998 or 999 or 1000

For the best results, use your training (ERP) at least once every day. Set an appointment at least 3 or 4 times per week!

Day	Time	Preparation	Preparation	Preparation	WELL ON HIS WAY

(CPRI, 2019)

