

The Brown University Child and Adolescent Behavior Letter



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Bradley Hospital
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Published in cooperation with Bradley Hospital

November 2023

Vol. 39, No. 11 • ISSN 1058-1073

Online ISSN 1556-7575

Highlights...

Our lead articles this month look at comorbid OCD and ADHD, and at challenges to diversity in private education.



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- Using EHRs to identify mental health risks in children
- The continuing increase in pediatric firearm deaths

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Free Parent Handout...

- Recovery housing guideline from federal government: A safe place to live for people with substance use disorders



Monthly reports on the problems of children and adolescents growing up

CABL

ADHD, OCD

Comorbid OCD and ADHD in youth: Clinical implications and treatment recommendations

By Marika Marklin, B.S., Bryana Killion, Ph.D., Erin O'Connor, Ph.D., Kathrin Renschler, M.A., Jennifer B. Freeman, PhD.

Obsessive compulsive disorder (OCD) affects up to 4% of children and adolescents (Nazeer et al., 2020). Childhood OCD impairs overall quality of life, particularly in familial, social and academic settings. For individuals with OCD, obsessions — unwanted, intrusive thoughts, images, or impulses that cause distress are subsequently reduced by compulsions — behaviors that are designed to assuage the distress of the obsessions, according to set rules or senses of completion (American Psychiatric Association, 2013). Common obsessions surround core fears of harm

avoidance, disgust and/or a sense of incompleteness, leading to common compulsions of repeating, checking, avoidance, and/or other rituals.

OCD is treatable and a robust body of research has demonstrated the effectiveness of cognitive behavioral therapy (CBT), specifically exposure with response prevention (E/RP), in the meaningful reduction of OCD symptoms. Nevertheless, some OCD cases remain difficult to treat, and many youth do not achieve remission following treatment (Farrell et al., 2020). See [ADHD, OCD, page 3...](#)

Diversity

Diversity in private education: The impact of racial discrimination on students' mental health

By Kiany Proberherbs, B.A., and Jennifer Freeman, PhD

Historical and Social Context

Minority students and their families have viewed attending private schools as a way to increase their social and financial mobility. The Supreme Court case of *Runyon vs McCrary* (1976) prohibited private schools from excluding students based on race or ethnicity which led to increased access to quality education for racial and ethnic minorities. Private schools generally have more funding, resources, and due to smaller class sizes, students typically have more access to their teachers than students who attend public schools. Long-standing neglect of many racial and ethnic minority communities has resulted in their public schools being understaffed and

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ADHD, OCD

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Although many factors are implicated in the suboptimal treatment response of some youth, research has demonstrated poorer response in youth with attention-deficit/hyperactivity disorder (ADHD). ADHD is a neurodevelopmental disorder characterized by excessive inattention and/or hyperactivity (American Psychiatric Association, 2013) that affects roughly 10% of children and adolescents between the ages of 4 and 17 years. It is marked by dysfunction and dysregulation in a myriad of settings, including deficits in social, familial, and school arenas and is comorbid in up to 30% of OCD cases.

While both ADHD and OCD alone cause considerable interference in functioning, children with these comorbid conditions have greater impairment than their OCD only counterparts (Farrell et al., 2020) and demonstrate poorer treatment response (Storch et al., 2008). Specifically, children with comorbid OCD and externalizing disorders — including ADHD — have earlier OCD onset, greater OCD symptom severity, exacerbated school and social impairment, and elevated levels of anxiety and depressive symptoms than their OCD only counterparts. Youth with comorbid OCD and ADHD have poorer treatment response and remission rates at post-treatment (Storch et al., 2008) and 6-month follow-up (Farrell et al., 2012) compared to youth with only OCD.

Research suggests several factors that may contribute to youth with comorbid OCD and ADHD having poorer treatment outcomes. One important factor is deficits in executive functioning. Executive functioning is broadly defined as the ability to focus attention, plan and switch tasks, inhibit impulses, and demonstrate cognitive flexibility. Executive functioning deficits are common in a variety of psychiatric disorders, including both OCD (Ornstein et al., 2010) and ADHD (Barkley, 1997). Moreover, recent research suggests even greater executive functioning deficits in children with comorbid OCD and ADHD. For example, Farrell and colleagues (2020) found that youth with comorbid OCD and ADHD had significantly higher executive functioning deficits than their OCD only counterparts, and that executive functioning deficits in youth with comorbid OCD

and ADHD were associated with greater overall impairment and poorer treatment response in this population compared to their OCD only counterparts. Given that the gold-standard treatment for OCD is E/RP, which relies on the ability to focus on feared stimuli, deficits in executive functioning may decrease exposure effectiveness. Specifically, youth with both OCD and ADHD may particularly struggle with set-shifting, attention and cognitive flexibility, all of which are often necessary to engage with exposure-based treatment.

Another factor that may be implicated in poorer treatment response in youth with comorbid OCD and ADHD relates to family accommodation (FA) of symptoms. FA refers to modifications to a caregiver's behavior that are designed to decrease or eliminate a child's distress when exposed to feared stimuli. Common FA examples include a parent aiding in ritual completion, providing reassurance, or facilitating avoidance of feared situations. Higher FA relates to increased familial dysfunction, symptom severity (Amir et al., 2000), and poorer CBT response (e.g. Lavell et al., 2016). Although accommodation is well-intended, it results in family members inadvertently reinforcing the child's symptoms by temporarily decreasing their distress by preventing them from engaging in the learning process of habituating to the anxiety caused by OCD triggers. This contradicts the primary method utilized in E/RP, which involves approaching feared situations to promote habituation and increase distress tolerance (Bipeta et al., 2013).

Although limited, prior research suggests there are higher levels of FA in youth with OCD and externalizing symptoms, such as ADHD-symptoms. Storch and colleagues (2018) found a positive relationship between FA and symptom severity in children with internalizing and externalizing symptoms, and Farrell and colleagues (2020) demonstrated that comorbid OCD and ADHD is associated with higher FA. Similarly, comorbid OCD and disruptive or coercive-disruptive behaviors are associated with high FA. These disruptive behaviors (e.g., demands placed on parents by youth to make decisions for them) share clinical characteristics with ADHD symptomatology, and research has suggested that higher FA is associated with the avoidance of potential negative interactions if the family does not accommodate. When

families feel as though they are “walking on eggshells,” they are likely to accommodate to reduce the likelihood of triggering distress and, as such, potential negative interactions.

Given the high rate of comorbidity between OCD and ADHD and poorer treatment response in this group, there is a potential need to modify existing treatment approaches. Youth with comorbid OCD and ADHD are likely to struggle more with sustained attention. E/RP relies on one's ability to sustain attention on anxiety-provoking stimuli. We therefore recommend that clinicians incorporate strategies designed to increase attention and engagement. For instance, it may be helpful to build in breaks during treatment so that a child is better able to focus during structured exposure tasks and to make sure to repeat instructions clearly and frequently. Incorporating play into exposure work is another helpful way of engaging youth who may struggle with sustained attention. If we were to consider a child with comorbid OCD and ADHD whose OCD concerns involve worries about getting sick, a clinician may turn the exposure task into a game to increase engagement. The clinician and child could play a matching game with an illness theme. The cards may include pictures of germs, throwing up/vomit, or the doctor's office, and the child would engage with the stimuli when matching the cards and stating the name of the picture on the card. This is in contrast to an exposure practice that requires focusing for longer periods of time, such as listening to vomit sounds. By incorporating the exposure work into play, the clinician is setting the child up for success — the child will be more likely to engage in future exposure work, and the clinician will have a greater foundation upon which to build.

In that same session with an illness-themed matching game, the clinician may also structure the session so that the child plays the matching game for a specified amount of time, takes a quick break to move their body, and then returns to the matching game. Further, the clinician should pay attention to the child's non-verbal cues to know when to give the child additional breaks when attentional ability runs low, while being careful not to aid in avoidance behavior. Establishing token economy systems is also an effective way to increase engagement. For example, the

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child may earn a sticker each time they state one of the pictures' names out loud. Once they reach an agreed upon number of stickers, they may receive a small prize (e.g., slime or a small toy). While engaging in these activities, it's important for the clinician to remember that they will likely need to repeat instructions and redirect the child to the task at hand.

In addition to using strategies to help with focus and attention during sessions, clinicians should be cognizant that families of children with comorbid OCD and ADHD may engage in higher levels of accommodation. In the case of the child whose OCD concerns involve getting sick, it might be that sitting down to color a picture of vomit yields yelling and marker throwing. To prevent these negative interactions, parents may be more hesitant to follow through with exposure work, which may further reinforce avoidance of OCD concerns. Examples of such avoidance behaviors are allowing their child to only eat "safe" foods or reassuring them that they are not sick. Clinicians should work with parents and equip them with tools to respond to these challenging behaviors in the context of exposure work and address any barriers or beliefs that contribute to accommodating behavior. One effective tool to respond to challenging behaviors is limit setting, which involves a parent setting an expectation and holding the line, regardless of the child's resistance. Additionally, clinicians could provide psychoeducation on how parents can differentiate between behaviors driven by OCD vs. ADHD and how to appropriately respond (e.g., we would not recommend accommodating OCD behaviors, particularly when present in an exposure context, but may introduce coping skills for behavioral dysregulation in other contexts).

While it's clear that comorbid OCD and ADHD may present additional challenges in the context of E/RP, there are many tools that clinicians may use to increase the child's engagement in treatment, support families and, ultimately, set the child up for treatment success.

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Marika Marklin, B.S. is a clinical research assistant at the Pediatric Anxiety Research Center (PARC). She started working at PARC in June 2022 after receiving her B.S. in Psychology and Spanish from Creighton University.

Bryana Killion, Ph.D. is a staff psychologist at the Pediatric Anxiety Research Center (PARC) at Bradley Hospital and a Clinical Instructor in the Department of Psychiatry and Human Behavior at Brown University. Dr. Killion received her Ph.D. from the University of Rhode Island and completed her predoctoral internship at Central Regional Hospital in North Carolina.

Erin O'Connor, Ph.D. is staff psychologist at the Pediatric Anxiety Research Center (PARC) at Bradley Hospital and an Assistant Professor (Clinician Educator) in the Department of Psychiatry and Human Behavior at Brown University. Dr. O'Connor received her Ph.D. from Boston University and completed her pre-doctoral internship and postdoctoral fellowship through the Clinical Psychology Training Program at Brown University. Her current research focuses on increasing the effectiveness of exposure-based treatment, specifically in the context of family interventions.

Kathrin Renschler, M.A., is a clinical research assistant at the Pediatric Anxiety Research Center (PARC). She started working at PARC in April 2022 after receiving her M.A. in Psychology from NYU.

Jennifer Freeman, Ph.D., is the Director of the Pediatric Anxiety Research Center (PARC), Associate Director of Research at Bradley Hospital, and Professor (Research) of Psychiatry and Human Behavior at the Warren Alpert Medical School of Brown University. Dr. Freeman provides clinical services to youth with anxiety, OCD, and related disorders. Dr. Freeman's current research is focused on health services-related questions about barriers to accessing CBT for youth with anxiety disorders.

Diversity

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overpopulated amongst other systemic issues. To break the generational cycle of unequal access to education that many minorities experience in America, families send their children to private schools and in some cases, students choose this themselves. While the increase in access to resources and quality of education is often

indisputable, it is crucial to carefully consider the experience of being a racial and ethnic minority in these settings and if this experience is like that of their white peers.

The Current Study

As a black male from the Bronx, New York, who had the opportunity to receive private education through high school and college, it was in college that I (Kiany Proberbs) began to wonder more about my academic experience. This sparked

many questions and conversations and ultimately led to an independent research study with the guidance of Sociology professor Dr. Theodore Greene. In this research study, we aimed to understand the experiences of minority students in private high schools. We wanted to comprehend whether students' private schools properly supported them, as well as, how that support or lack of support affected them. The research included semi-formal interviews with Black and/or Latino