

ANXIETY IN THE CLASSROOM

General Information about CBT/ ERP

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GENERAL INFORMATION ABOUT CBT & ERP

Scientific studies have repeatedly shown that anxiety and OCD in youth can be successfully and safely treated with **cognitive behavioral therapy (CBT)**.

CBT refers to a group of similar types of therapies used by mental health therapists for treating psychological disorders, including anxiety and OCD.



COGNITIVE BEHAVIORAL THERAPY (CBT)

CBT is based on the idea that how we think and act both affect how we feel. By changing the way we think and behave, we can change our emotions.

For certain types of anxiety and for OCD specifically, there is a type of CBT called Exposure with Response Prevention (ERP) that works best.



EXPOSURE



The **Exposure** in ERP refers to exposing yourself to the thoughts, images, objects and situations that make you anxious and/or start your obsessions.

RESPONSE PREVENTION



The **Response Prevention** part of ERP refers to making a choice not to do a compulsive behavior once the anxiety or obsessions have been “triggered.”

EXPOSURE WITH RESPONSE PREVENTION



Exposure and Response Therapy is done under the guidance of a therapist at the beginning, and youth will eventually learn to do their own ERP exercises to help manage their symptoms.



The strategy of **purposefully** exposing a child to things that make them anxious may sound counterintuitive.

After all, why would a person ever want to intentionally make themselves anxious or afraid?

EXPOSURE WITH RESPONSE PREVENTION



- The strategy of purposefully exposing a child to things that make them anxious may sound counterintuitive. After all, why would a person ever want to intentionally make themselves anxious or afraid?
- With ERP, the choice to confront anxiety and obsessions goes hand in hand with the commitment to not give in and engage in the compulsive behavior.
- Youth will find that when they don't do the compulsive behavior, over time they will feel a drop in their anxiety level.
- This natural drop in anxiety that happens when a child learns to handle and tolerate the anxiety until they get used to it, and/or it doesn't bother them any more.

WHY DOES IT WORK?

ERP is based on the premise that OCD is maintained and made worse because compulsive behaviors/rituals and avoidance behaviors provide **temporary relief from anxiety.**

But, the anxiety and/or obsessions will come back, leading youth with anxiety and OCD in a vicious cycle of stress. ERP teaches youth with OCD to **break this cycle** by facing their fears while refraining from compulsions. It helps them realize that their fears do not come true, and that they get used to the anxiety and learn to handle it.

EXPLAINING CBT & ERP TO YOUTH

In this video, Aureen Wagner, PhD, talks about how you can explain CBT/ERP to parents and kids managing anxiety and/or OCD.



TREATMENT OBSTACLES



It is estimated that the majority of youth with anxiety and/or OCD do not receive ERP due to the limited number of clinicians with expertise in ERP for OCD in kids and teens.

TREATMENT OBSTACLES



- Therapists who treat children and adolescents with anxiety and/or OCD must understand the unique needs and cognitive capabilities of children. Often, the therapist may be challenged by a child's reluctance to engage in ERP because he or she thinks that facing fears without performing rituals will simply be too scary and impossible.
- Children who are not properly prepared for how ERP works and what it entails are more likely to become ambivalent or afraid, withdraw from exposures, and refuse to practice.

The therapist must find a way to help the child get past the discomfort of giving up rituals that seem to protect him or her against overwhelming fears.

TREATMENT OBSTACLES



- In order to help the child get past the discomfort, the ERP therapist must use a child-friendly approach that cultivates treatment readiness before rushing into ERP.
- An important part of treatment readiness is helping children and families understand how compulsive behaviors and avoidance strengthen anxiety and OCD, that both are overcome by confronting fears (exposure), learning that they are false alarms, and experiencing habituation (getting used to the anxiety).

TREATMENT OBSTACLES



Metaphors, analogies, and games can be useful in helping children understand these concepts. When youth understand how exposure and habituation work, they are more willing to tolerate the initial anxiety experienced during ERP because they know it will increase and then subside.

Active parent involvement in the child's treatment is also important. ERP is a collaborative treatment, with the therapist, parents, and child working together as a team to overcome anxiety and OCD.

WHAT TO TELL STUDENTS & THEIR FAMILIES.

If students and/or their families are coming to you with questions about how they should proceed with anxiety and/or OCD treatment, remind them that their first choice should be evidence-based treatment.

For anxiety and OCD, evidence-based treatments are CBT (specifically ERP) and/or psychiatric medication – CBT/ERP therapy should always be considered as the first-line of treatment for children and adolescents with anxiety and/or OCD, either on its own or with medication.



WHAT TO TELL STUDENTS & THEIR FAMILIES.

- Medication should be considered when children are experiencing moderate to severe anxiety or OCD-related impairment or distress, and/or when therapy is unavailable or only partially effective.
- Given the potential of medication side effects, it is preferable to begin treatment with therapy alone among youth with mild illness and among those opposed to medication use. For more information about medication for pediatric anxiety and OCD, visit: anxietyintheclassroom.org/medication-nurses.

EXPLAINING CBT TO KIDS

In this video, Aureen Wagner, PhD, talks about how you can explain CBT/ERP to kids with anxiety and/or OCD.



THANK YOU.

QUESTIONS ?

International OCD Foundation

55 Court St. #310
Boston, MA 02108
(617) 973-5801
iocdf.org | info@iocdf.org

AnxietyInTheClassroom.org



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