



EQUIPPING ADOLESCENTS TO OVERCOME OCD

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Dr. Nicole Bosse guides an OCD patient through a session focusing on her obsession with superstitions.

Suicide ideation or a form of Obsessive Compulsive Disorder (OCD)?

The factors that differentiate the two mental health issues were impossible for Darby's (not her real name) distraught parents to ascertain. But an intense 14-day assessment by clinicians at Lindner Center of HOPE's Williams House in Mason was integral in securing an accurate diagnosis and, several weeks later, the successful treatment of, Darby's OCD.

In fact, in the two years prior to her stay at Williams House, Darby had been hospitalized at psychiatric units five times due to a misdiagnosis. Thanks to the establishment of a strong collaborative alliance with Williams House clinicians, Darby was able to engage fully in and complete the challenging – but not impossible – work it took to overcome her OCD. Darby, now a

college student who receives traditional outpatient therapy, has not required hospitalization since completing treatment.

“This is why it is so important that OCD gets diagnosed correctly, and people get the specific care they need,” says Jennifer Wells, LISW, a therapist at Lindner Center of HOPE. What is often diagnosed as adolescent depression or a child's continuous irritable and angry outbursts can actually be a severe anxiety disorder or OCD.

What exactly is OCD?

Simply put, it is characterized by obsessions and compulsions. Obsessions are disturbing thoughts, images or impulses that increase feelings of anxiety, explains Charles Brady, PhD, a staff psychologist and director of Lindner Center of HOPE's OCD and



From left: Nicole Bosse, Psy.D.; Charles Brady, Ph.D., and Jennifer Wilcox, Psy.D., members of the OCD/ Anxiety Treatment Team at Lindner Center of HOPE.

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– Kathleen Neher, LISW-S

Anxiety Treatment Program. Compulsions, or rituals, are the strategies that people use to reduce the anxiety associated with their obsessions.

Rituals might seem to serve as effective short-term coping strategies because they result in a rather rapid decrease in anxiety. But that anxiety reduction is short-lived, Dr. Brady says. And rituals only increase the likelihood that obsessions will return, reinforcing one’s obsessions. So the OCD circle continues to spin.

“OCD can really wreck people’s lives, and their families,” Dr. Brady adds. “The good news is our treatment program works.”

Despite the fact that OCD is common, there are few treatment programs as intense as the residential regimen offered at Williams House, Dr. Brady says. What makes the program unique is the three hours of scheduled group Exposure and Response Prevention (ERP), and one hour of individual ERP with an OCD specialist at a minimum of five days a week.

The exposure component refers to a patient willingly entering situations that will most likely trigger their obsessions – Darby reading stories or statistics about teen suicide, for example. Response prevention would inhibit Darby’s rituals that she uses to calm the anxiety caused by her obsessive unwanted thoughts of suicide. In other words, she was allowed to feel the anxiety brought on by her obsessive thoughts, and then guided through learning how to let the anxiety dissipate on its own. She stopped using rituals such as repeatedly asking her parents hundreds of reassurance questions or constantly checking to make sure knives and scissors are well hidden instead of being accessible.

Once rituals are inhibited and one’s obsessions are no longer reinforced, an eventual decrease in the frequency and intensity of obsessive thoughts and accompanying anxiety ensues.

The family’s role in treatment

“The family education component of the adolescent treatment

program is absolutely crucial to a patient’s success,” says Nicole Bosse, Psy.D, a staff psychologist and a member of the OCD and anxiety treatment team. “It’s imperative we teach and guide families, helping them wean their loved ones off their rituals,” she says.

While intuitive parents might want to comfort their children and help reduce their distress, phasing out parental accommodation of their children’s compulsive rituals will help conquer the inherent distress. The adult OCD treatment program offered at Lindner Center of HOPE’s Sibcy House also offers a family education component, but focuses more on ERP.

Also, Williams House has an educator on staff to help make sure their school-age patients keep up with their studies during their stay.

“Each person’s experience with Obsessive Compulsive Disorder is unique,” says Kathleen Neher, LISW-S, admission and referral coordinator at Lindner Center of HOPE. “It’s the individualized care residents receive here that makes the difference.”

A phone call can start an adolescent on the road to recovery. No referral is required.

Other services offered

In addition to adolescent OCD treatment, Williams House serves patients ages 11 to 17 (18 if still in school) who are suffering:

- Mood problems
- Disordered thinking
- Disordered eating
- Maladaptive coping skills
- Family or relationship problems
- Neurodevelopment issues
- Learning differences or problems with school
- Substance use

The Lindner Center of HOPE is located at 4075 Old Western Row Road, Mason, OH 45040. You can reach Williams House by calling 513.536.0537, or visit www.williamslindner.org.