

# Pediatric Psychiatry ECHO®

## Session 10 Notes and Resource Sheet



February 1, 2023

### DIDACTIC PRESENTATION

*Pediatric Sleep Disorders*  
Nick Natalizio, OMS-III

[Recording](#)

[Presentation Slides](#)

### CASE SUMMARY

We explored the complicated case of a 10yo that has OCD/Anxiety, likely ADHD and increased problems falling asleep.

### KEY QUESTION(S)

What is/are best medications to use for help w/OCD/anxiety, likely ADHD, spiraling thoughts, inability to control actions?

### CLARIFYING QUESTIONS

Are the OCD symptoms the same at school as at home?

*At school she counts repetitively and can't move on until she has completed counting, moving from activity to activity is tough, she doesn't seem to struggle as much with doorknobs at school because her friends likely open doors for her, unsure if she spits at school or if that is a behavior she only does at home. At school she has a 504 plan that allows accommodations: she is allowed to leave the classroom as needed to go to the nurse or a special ed classroom not for academic support but for space to calm herself. Her academics have not been affected.*

Is there a family history of psychiatric illness?

*There is a family history of OCD and generalized anxiety disorder. Family members have not reported using medication to manage this, they have utilized counseling and coping strategies.*

Does she have any aggressive behaviors?  
Hitting, throwing things?

*Yes, and when she lashes out, she will lash out at anyone around her. When the conversation about puberty was attempted, she escalated quickly and tore the office apart, it was very intense.*

What has the family tried in terms of sleep routines?

*The family has worked to ritualize sleep, including no screen time past a certain time, book time, a shower, cuddle time and lights out at a consistent time. In some ways the ritual of sleep can start her brain cycling or can "set her off". They have tried Melatonin, but it was not helpful.*

Can she articulate her feelings?

*Yes, she hates the way she feels but reports she can't stop it. She truly believes that if she touches certain things she will be "contaminated" with germs or illness.*

## KEY RECOMMENDATIONS: Pharmacology and Therapy

- This is a very complicated case, so do not hesitate to reach out for a consultation with Dr. Newman or refer the family to see Dr. Newman in person at Northern Light.
- Treatment and a response can “take some time.” Treatment should be a combination of medication and therapy. Therapy being the most important of the two.
  - An anti-depressant in a higher dose can attack the OCD symptoms.
    - Increase SSRI doses for OCD and anxiety.
    - Sertraline for children with OCD. Starting at a 12.5 mg with close follow up.
    - Consider Lexapro. It is less activating, easier to titrate.
    - If other medications don’t work, another option is Luvox.
  - Guanfacine can be used for patients that exhibit ADHD-like symptoms.
  - Hydroxyzine for anxiety and sleep at bedtime.
  - Consider trazadone for sleep; attacking sleep as the primary concern that may be worsening other symptoms.
- If you believe the “mania” described is due to the anxiety and OCD, leave that alone.
- Anxiety Solutions are a great agency. Also, Mclean offers residential treatment if the family ever feels it has come to that point.

## KEY RECOMMENDATIONS: Family Support

- OCD at this level of severity does impact the entire family system, so it will be important to offer support and resources to the family.
  - For the siblings
    - <https://anxietyintheclassroom.org/student/my-sibling-has-ocd-anxiety/>
    - <https://peaceofmind.com/for-siblings/>
  - Connect parents to support groups specific to managing or living with OCD.
    - <https://www.namimaine.org/supportgroups>
    - <https://gearparentnetwork.org/>

## KEY RECOMMENDATIONS: Sensory

- Consider implementing a sensory Diet.
- Determine if her eating habits are related to sensory as well with a speech evaluation to look at how she is chewing and moving food around in her mouth.

## KEY RECOMMENDATIONS: School/Home

- Include strategies to help with anxiety/ocd in the 504 plan.
- Determine the successful interventions/techniques used at school and transfer them into the home setting.

## Additional Resources

### Resources links for families as well as trainings for mental health care providers:

SPACE is a unique approach to child anxiety and OCD that focuses specifically on teaching parents' new skills and tools to respond effectively to children with anxiety or OCD while working to reduce parent behaviors that may be inadvertently worsening child anxiety symptoms.

<https://bostonchildstudycenter.com/>

<https://www.spacetreatment.net/>

Mclean Hospital Website has a library of videos, great for family resources. Especially on the topic of OCD, these are free through the Parent Education Portal.

<https://www.mcleanhospital.org/patients-families/resources>

**You may always reach out for a consult through the MPBHP access line 1-833-672-4711.**

**PLEASE NOTE:** *The recommendations in this document rely on the information provided during the relevant Project ECHO case consultation. Recommendations are provided to assist case presenters make decisions and may not be appropriate in all cases. Project ECHO® case consultations do not create or otherwise establish a provider-patient relationship between any MPBHP clinician and any patient whose case is being presented in a Project ECHO setting.*