

LET & ABLE Newsletter

Issue 92 ... September 2022

This is a reminder! Now is not the time to quit. I repeat! Now is not the time to quit. While there are all sorts of things going on in the world and in our lives, the decision to quit is probably not the solution. Perhaps a time-out or break is what is needed and not the finality of quitting.

If you are thinking about quitting something, here is what I want you to do! First, take a good look at how much further you need to go in order to secure what you are tempted to quit pursuing. Second, take a long look at how far you have come. Why do this? Because sometimes we have come too far to quit now.

Third, determine if quitting will really solve the problem or create more problems. Ask yourself, if quitting will get you what you need or want. Fourth, imagine and think for a few minutes about what your life would be like if you quit/do not quit. Lastly, develop a pros and cons list or a decision making tree regarding your decision to quit/do not quit. After you have taken to heart the fore-mentioned and still desire to quit, then you should quit.

There is nothing wrong with quitting if that is the path that seems best for us. If you and I are to quit, it should be for the right reason and for better future outcomes that are feasible and within our eventual reach. In other words, when we quit, it should be with a purpose and not out of fear and frustration.

I'm not ready to quit, though I will quit. Perhaps the real issue at hand is that no matter how I slice it, I'm ready to re-tool, re-vamp, re-examine and re-try before and after my next quit. Are you ready to do the same?

Dr. Recco

Inside This Issue

Dr. Recco's Corner
(p. 1)

Flyer: Counseling Services
(p. 2)

Article: Childhood OCD
(p. 3)

Flyer: Child Discipline, The Video Of The Month
(p. 4)

OCD Causes & Solutions
(p. 5)

Flyer: Family Living Video Series
(p. 7)

How To Contact Us
(p. 13)

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Meet Our Interns



Ciara Crandon-Marsh, MS



Brenda Georges, MS

Ciara Crandon-Marsh currently is a Mental Health Counseling graduate school student at Hodges University. During her practicum and internship, she endeavors to help children, teens, and adults overcome their presenting concerns. For as long as she can remember, it was important for her to help others. Ciara graduated from University of Michigan-Flint with a Bachelor's degree in Psychology. She also previously graduated from Capella University with a Master's degree in Clinical Psychology (specialized in Applied Research). Ciara utilizes cognitive behavior therapy and other traditional approaches to counseling.

Brenda Georges currently is enrolled in the Master's in Counseling, Clinical Mental Health program at Liberty University. Her academic training also includes earning a Bachelor's degree in Accounting from the University of Bridgeport, a Master's degree in Special Education from Grand Canyon University and an Education Specialist certification in School Leadership from Columbus State University. Brenda has 18 years of classroom teaching experience with K- 12 students. During her internship, she will provide cognitive behavior therapy and other approaches to children, teens, and adults.

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Obsessive-Compulsive Disorder in Children and Adolescents

Ciara Crandon-Marsh, MS, Master's Level Counseling Intern & Recco Santee Richardson, Ph.D. LPC

Introduction

Mindspring Mental Health Alliance is wonderful resource to our communities. They provide a variety of webinars/trainings regarding mental health disorders. Recently, they offered a webinar about childhood/adolescent Obsessive-Compulsive Disorder (OCD). Definitions, causes, treatment options and resources were some of the key points of the session.

OCD & The DSMV

When it comes to diagnosing and parenting OCD children, it is important to understand the symptoms that they might experience. Years ago, it was thought that children with OCD were rare, but it turns out, it is one of the most common diagnoses for pediatric disorders (Mindspring, 2022).

With this being the case, mental health professionals, educators, coaches, and parents should understand the best treatment options for helping children to overcome their OCD.

The Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5) is used by mental health therapists to diagnose clients. To qualify for an OCD diagnosis, the manual clearly reports and explains that the obsessions and compulsions must significantly impact a person's daily life, be excessive in nature, cause distress that is difficult to manage, last more than an hour, and feature no real danger.

There are several mental health disorders that are like OCD (see chart #1). If a child does not meet the full criteria for OCD, an assessment for one of the similar diagnoses should take place. A similar diagnosis often is ruled out or considered a differential diagnosis. *(cont. p. 5)*

This Article Discusses

OCD & Children

Similar Diagnosis

Causes & Impact

Solutions & Treatment

RSRC "Video" Of The Month

Child Discipline & Handling



This **Two** Topic Video Series Discusses

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"The videos are golden and a life-line" Dr. Recco

Your Host



Recco S. Richardson, Ph.D., LPC
Author, Trainer, Clinical Therapist

#1 Chart Of Similar Diagnosis

| |
|---|
| ADHD: The presence of impatience, forgetfulness, being unorganized, easily distracted, losing things, excessive talking, fidgeting, blurting out, running in inappropriate places, squirming, incomplete tasks, and driven by a motor. |
| Adjustment Disorder w/Anxiety: The short-term presence of sadness, anxiety, worry, dread, difficulty concentrating, memory loss, fatigue, trembling, trouble sleeping, loss of appetite, crying spells, and feeling overwhelmed due to a recent change or poor transitioning. |
| Autism Spectrum Disorder: The presence of social and developmental delays, fixation on objects, low tolerance, poor coordination, levels of anger, sensitivity to light and sound, rigid thinking, under-developed motor skills, inability to reciprocate attention and love, impatient, impulsive, poor decision making, and flat affect. |
| Fetal Alcohol Syndrome: Under-developed facial features, deformities of joints, limbs, vision problems, poor coordination, inadequate memory, learning disorders, low attention span, difficulty with reasoning, compromised judgement, moodiness and jitters, poor social skills, and trouble staying on task. |
| Generalized Anxiety: The presence of fast heartbeats, feeling overwhelmed, shortness of breath, dizzy sensation, poor concentration, over thinking, perceived danger, unable to let things go, being restless, feeling on edge, trouble sleeping, sweating, irritability, avoid social settings, the need for reassurance, low confidence, being a perfectionist, and public discomfort. |
| Tourette's Syndrome/Tics: The presence of unwanted movements and noises, expression of socially inappropriate comments or behaviors, self-injuring behaviors, stuttering, throat clearing, grunts, high pitched sounds, and echoing. |

**“Because it can be triggered by a variety of things, OCD should be viewed and treated with a careful eye.”
Dr. Recco**

OCD Causes

Even though OCD is a common disorder, it is still unknown exactly what causes it. Mindspring (2022) mentioned that OCD appears to be triggered by a combination of different things (see the below). As the authors of this article, we took the time to add content to their thoughts.

a). Early-Life Trauma: Mindspring (2022) reported that research suggested that having early life trauma can be an indicator of OCD. This is especially true for girls who were sexually assault before puberty. An early life sexual trauma can lead girls to feel “dirty,” which then could start the rituals that take place in OCD.

b). Genetics: Genetics plays a huge role in many mental health disorders. There is research that suggests that individuals have an increased chance of OCD when someone else in the family has it. In addition, certain genes can increase those chances as well (Mindspring, 2022).

c). Stress: When it comes to stress, our lives can change. Stress can have a massive impact on our emotions. Someone that experiences stress from relationship difficulties, problems at school, struggles at home, or illness can develop OCD (Mindspring, 2022).

d). Frontal Cortex and Subcortical Structures: Research is still taking place regarding what causes OCD. A recent focus area has been the brain. When comparing someone’s brain with OCD versus a brain without OCD, there are differences in the brain structures of someone with OCD.

Mindspring (2022) reported that research found that for individual who have OCD, there are abnormalities in the frontal cortex and subcortical structures. The abnormalities are thought to exist due to heightened activity within the frontal area of the brain.

e). PANDAS: Pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections (PANDAS) is a controversial hypothetical diagnosis for a subset of children with rapid onset of OCD or Tic Disorders. It is believed that PANDAS can cause OCD in children or worsen OCD symptoms (Mindspring, 2022). *(cont. p. 8)*

**“The addressing of
trauma and stressors
helps children manage
their OCD.”
Dr. Recco**

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A Way Called Mindfulness
Stress Tolerance Works
No More Anxiety For Me
Kicking ADHD & ODD
Learning To Love Again
Emotional Intelligence
Finding Me For Myself



Recco Richardson, Ph.D., LPC
Author, Trainer, Educator
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The symptoms of PANDAS are proposed to be caused by group A streptococcal (GAS), and more specifically, group A beta-hemolytic streptococcal (GABHS) infections. OCD and tic disorders are hypothesized to arise in a subset of children as a result of a post-streptococcal autoimmune process. The proposed link between infection and these disorders is that an autoimmune reaction to infection produces antibodies that interfere with basal ganglia function, causing symptom exacerbations, and this autoimmune response results in a broad range of neuropsychiatric symptoms (Wikipedia, 2022).

OCD Impact On Children

OCD can impact children in the following ways.

a). Quality Friendships: When it comes to friendships and OCD, sometimes the disorder can get in the way of building bonds with people. When seeking friendships, the other children might not understand the nature and routines of an OCD child. Thus, they decide they do not want to be friends. The routines of OCD children can be as simple as spending too much time worrying about their routine, thus causing them to be late for activities with their friends (Mindspring, 2022).

b). Academic Progress/Tasks Completion: Children with OCD can have a tough time getting assignments done, which can impact their academics. Many children with OCD have average to above average intelligence. However, they might have a tough time learning the same way as others due to their diagnosis (Anxiety & Depression Association of America, 2022).

c). Being On Time: OCD routines can make a child late or have a challenging time just being on time. For example, if a child is obsessed with making sure the door is locked or that they turned off all the lights, they might spend 30 minutes to an hour checking that it was done. In such instances, they will not be able to stop and at that moment, time does not matter to them.

“Being accepted & belonging are important to all children.” Dr. Recco

d). Ability To Focus: Children with OCD have a challenging time being able to concentrate (Mindspring, 2022). They can spend too much time thinking about their routines or obsessions to the point of not being able to focus on anything else. According to the Anxiety and Depression Association of America (2022) children with OCD want to do their homework and pay attention.

However, they have a difficult time concentrating due to the obsessions and compulsions they might feel while in the classroom or when at home.

e). Excessive Worrying: OCD can lead children to experience excessive worrying. With the condition, there is a constant worrying about getting routines done, worrying about if someone will judge them, or sometimes even worrying about perfection (Mindspring, 2022).

“We must not forget about the needs of parents and their efforts.” Dr. Recco

OCD Impact On Parents/Family

We would be remised to not report on how childhood OCD impacts parents/the family. The impact is as following:

a). Helpless Feeling: When it comes to OCD, most parents and family members have little knowledge and even less understanding. As a result, they can begin to feel hopeless, alone, frustrated, and angry when parenting their child.

b). Family Social Life: When out in public, the display of OCD symptoms by a child can become everyone’s focus, disrupt events, and secure glaring snarls from others. For this reason, many parents/families avoid public places and resort to an isolative life style.

c). Guilt: It is easy for parents of OCD children to experience guilt. They sometimes blame themselves for not being better and more conscious of various things related to their parenting efforts and their child’s special needs.

d). Anger: Parents want to help their children in any way possible. However, sometimes they are not sure what their child needs because of their child's inability to express their needs. This could lead to parents getting angry with their child. Because of the nature of their disorder, children with OCD are going to want their routine and rituals done a certain way. As a result, they will try to get their parents/family members involved in their routine. It is common for children to get angry with their parents for not doing their routine correctly (Mindspring, 2022).

e). Family Routines: All families have routines in their homes and lives. The stated might look a little different if their child struggles with OCD. Research has shown that family routines that are most disrupted are: night routines, meals, and morning routines. As well, disruptions can take place during but trips, school, and when eating out (Stewart et al., 2017).

“There are myriads of solutions and ways to treat OCD.” Dr. Recco

OCD Solutions & Treatment

There are many options for treating childhood OCD. The solutions and options are:

a). Cognitive Behavioral Therapy: Cognitive Behavioral Therapy (CBT) is a commonly used treatment option for various disorders. The overall goal of cognitive behavioral therapy involves making a change to a client's behaviors and feelings through adjusting their thoughts. For OCD, there are many techniques within CBT that could be used. Some of these techniques include exposure, disrupting irrational beliefs, progressive muscle relaxation, and cognitive restructuring.

b). Exposure Therapy: This proven technique presents the child with their fears. The hope is that the child will secure the ability to decrease tendencies to give in to their compulsions (Mindspring, 2022).

c). Psychotropic Medication: Along with counseling being the first option, psychotropic medication can be used to help with the symptoms of OCD. Selective serotonin reuptake inhibitors (SSRI) are the medication options often used for OCD (Avasthi, 2019).

d). Being Active & Relaxation: Being active makes a dramatic difference in a child’s mental health status. This is thought to be true because being active encourages and allows individuals to decompress themselves from the stress they may be feeling. It also places their focus on something else. Relaxation is a great option for overcoming OCD. There are a variety of relaxation techniques that can be used to overcome negative urges.

e). Neuromodulation: The neuromodulation is a device that is implanted in the brain. It helps with symptoms of OCD because it promotes changes to the electrical activity in the brain (Mindspring, 2022). For this type of treatment, Transcranial Magnetic Stimulation was approved by the Federal Drug Administration as a treatment option.

f). Psychoeducation Classes/Groups: Psychoeducation classes/groups can help clients and their family members understand OCD. The delivery of psychoeducation programming can instruct children and their parents about what OCD is, the common symptoms, the causes, treatment options, and what everyone is expected to do during treatment.

Specifically, during psychoeducation classes/groups, children and their family members learn expectations, identify symptoms and behaviors of OCD, secure information about how they can help stop the routines, gain insight regarding myths associated with the disorder, and discuss the treatments that are effective (Avasthi, 2019).

“Medication and psychoeducation classes can help OCD children.” Dr. Recco

g). Family Counseling: Family involvement is an essential part of helping a child learn ways to cope with their OCD. Family counseling sessions allows everyone to be on the same page and to practice various skills together during the session. Family counseling can also help the child realize that they have support during crucial times. Counseling sessions also allows families to have a safe environment to disclose their concerns and receive guidance.

How Parents, Counselors & Others Can Help

The best help for children diagnosed with OCD is as follows:

a). Assessment: A proper assessment of the child and their abilities is necessary. The established baselines and data outcomes can offer important guidance.

b). Services/Treatment/Research: The securing and participating in services, treatment, and utilizing resources is immensely helpful to children. The services and treatment help children and their parents develop coping skills, manage symptoms, promote resilience, encourage effort, and monitor progress.

c). Support: It is not often that children understand why they feel a certain way. Thus, it is essential to support them. The support helps them to understand that their life might be difficult. Support helps children when they feel they have lost control and it helps them utilize the techniques learned in counseling.

d). Celebrate: A child with OCD is going to take a while to make changes. When a change or improvement takes place, some sort of celebration should happen, No matter how big or small the changes are, it is important to recognize levels of growth and celebrate. By celebrating, it lets the child know that their bravery and facing of their fears is not going unnoticed (Mindspring, 2022).

References

American Psychiatric Association's (2013) Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5)

Anxiety & Depression Association of America. (2022). OCD at school. Retrieved from <https://adaa.org/understanding-anxiety/obsessive-compulsive-disorder/ocd-at-school>

Avasthi, A., Sharma, A., & Grover, S. (2019). Clinical Practice Guidelines for the Management of Obsessive-Compulsive Disorder in Children and Adolescents. *Indian journal of psychiatry*, *61*(Suppl 2), 306–316. https://doi.org/10.4103/psychiatry.IndianJPsychiatry_554_18

Mindspring. (2022). Why can't I just stop? Understanding obsessive compulsive disorder in children and adolescents. Eventbrite. <https://www.eventbrite.com/x/why-cant-i-just-stop-understanding-ocd-in-children-and-teens-free-tickets-391976832257>

Stewart, S. E., Hu, Y. P., Leung, A., Chan, E., Hezel, D. M., Lin, S. Y., Belschner, L., Walsh, C., Geller, D. A., & Pauls, D. L. (2017). A Multisite Study of Family Functioning Impairment in Pediatric Obsessive-Compulsive Disorder. *Journal of the American Academy of Child and Adolescent Psychiatry*, *56*(3), 241–249.e3. <https://doi.org/10.1016/j.jaac.2016.12.012>

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