



What To Do When OCD Occurs In The Twice-Exceptional Child

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What is 2E?

- 2 E = Twice-Exceptional
 - Children who are gifted with above average abilities.
 - Who also have special educational needs:
 - ✓ ADHD
 - ✓ Learning disabilities
 - ✓ Autism Spectrum Disorder
 - ✓ Anxiety & Mood Disorders
 - ✓ Sensory Integration Disorder
 - ✓ Oppositional Defiant Disorder
 - ✓ Other emotional/behavior problems or learning challenges
- Giftedness can mask their special needs and their special needs can hide their giftedness.
 - May be labeled as "lazy" or "unmotivated"
 - Often results in misdiagnosis or undiagnosis.



What is Gifted & Talented?

- US government defines "Gifted & Talented" students as those...

"who give evidence of high achievement capability in areas such as intellectual, creative, artistic, or leadership capacity, or in specific academic fields, and who need services or activities not ordinarily provided by the school in order to fully develop those capabilities."

20 U.S.C. Section 7801(22). ([Wrightslaw: No Child Left Behind](#), Title IX, Part A, (22), p. 526)
- 3-5% of all children are gifted in ability.
- However, as many as 1/5 of gifted children have some kind of learning difficulty.



Characteristics of Giftedness

- Extreme Intensity – in their emotional response, intellectual pursuits, sibling rivalry, or power struggles with an authority figure.
 - Intensity can manifest as heightened motor activity and/or physical restlessness.
- Impatience – with oneself and with others.
- Extreme Sensitivity – to emotions, sounds, touch, taste, etc.
 - May burst into tears while watching a sad event.
 - Hear fluorescent lights
 - React strongly to smells
 - Resist wearing uncomfortable fabrics
 - Must touch everything
 - Overly reactive to touch in a tactile-defensive manner.



Characteristics of Giftedness (cont)

- Extreme Idealism – concern with social and moral issues.
 - Unwavering challenging of others who do not share their concerns.
- Questioning the Status Quo – ability to see possibilities and alternatives.
 - Drive to understand, question, and search for consistency.

** These internal qualities often create anxiety and result in depression.



CLINICAL PRESENTATION & TREATMENT CHALLENGES WHEN OCD OCCURS IN THE 2E CHILD

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Giftedness + OCD

OCD	Giftedness
Shame and embarrassment from OCD interferes with social interactions.	Asynchronous development causes problems socially and emotionally, where it's harder to relate to peers.
Detailed-oriented & meticulous.	A remarkable capacity for concentration.
Rumination/obsession on specific topics.	Persistence in pursuing a task.
Anticipatory anxiety over uncertainty of harm/safety.	Anxiety over separation or new situations.
Perfectionism, needing "just right" feeling.	Issues with over-achievement or underachievement.
Emotional outbursts/meltdowns from fears & anxiety.	Emotional intensity in relations to others.
Sensitivity to fears, bad consequences.	Sensitivity to emotions, sounds, touch, taste, etc.



Giftedness + OCD (cont)

OCD	Giftedness
Morality, scrupulosity fears.	Concern with moral & social issues.
Inattentiveness from intrusive thoughts.	Inattentiveness from boredom.
Compulsive rituals interferes with academic achievement.	Academic difficulties from lack of motivation and/or asynchronous development.
Attempt to control environment in order to control the obsessive-compulsive chaos in their minds.	Need to independently satisfy curiosities result in a strong desire to control their environment.
Low self-esteem due to the quirks of their compulsive behaviors, and feeling different from their peers.	High self-criticisms lead them to think they are not intelligent at all, which results in low-self esteem .
Morality, scrupulosity fears.	Concern with moral & social issues.
Inattentiveness from intrusive thoughts.	Inattentiveness from boredom.



Treatment Challenges of OCD & 2E

- Perfectionistic – Highly self-critical results in feelings of failure, depression.
- Low Self-Esteem – Any set-back leads to lack of motivation.
- Black & White Beliefs – Inability to entertain alternative viewpoints.
- Emotional Sensitivity – Intense meltdowns.
- Impulse Control – Behavioral outbursts.
- Highly Empathic – Depression, sensitivity to rejection.



Treatment Challenges of OCD & 2E (cont)

- Need for Equality – Difficulty being practical or accepting things as is.
- Logic Driven – Intolerance of complex emotions or easily confused by emotional experiences.
- Intense Concentration – Resists interruption, neglects duties when focused on interests, or frustrations over lack of time.
- Stubbornness – Intolerance of rules, or bossy/domineering.
- Independence – Reject other’s input, nonconformity.



ADAPTING BEHAVIORAL CONTINGENCIES INTO ERP FOR 2E CHILDREN

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Behavioral Contingencies

- Behavioral Contingencies:
 - The relationship between a behavior and its consequence.
 - ✓ Positive/Negative reinforcement, positive/negative punishment
 - ✓ Often conceptualized as "if-then" statements.
 - ✦ If you don't do your homework (behavior), then you will get a bad grade (consequence).
 - ✓ Behavioral contingencies naturally occur, or can be constructed/implemented (such as in a functional behavioral analysis).
 - ✦ If you eat too much candy (behavior), then you will feel sick (consequence).
- Important to view symptomology of 2E child with regard to environment.
 - Symptoms that are currently problematic may have once been adaptive.
 - These symptoms and behaviors have been shaped by the environment with natural reinforcement and consequences.
- Restructuring the environment with appropriate behavioral contingencies can enhance and support any patient in the treatment process.
 - 2E children have specific treatment challenges, so appropriate behavioral contingencies can support treatment success, build motivation to participate in ERP, use the strengths of a 2E child to improve upon weaknesses and address barriers to treatment success.



Reinforcements

- Skinner contended that reinforcement is more effective than punishment in shaping behavior.
 - Giving a reward as reinforcement can be effective.
 - ✓ Goal is for adaptive behaviors to generalize across many settings.
 - ✓ Consistent reinforcement is the most effective way to generalize the behavior. However, it is difficult to ensure that a reward is always given when the adaptive behavior is performed.
 - Reinforcement (and punishment) is optimal when it is naturalistic.
 - ✓ Natural reinforcers are logically related to the behavior, and are inherently rewarding.
 - ✦ E.g. Holding the door open for a stranger walking behind you (behavior) often results in a smile and a "thank you" from the stranger. The other person's expression of appreciation is inherently rewarding for most people, and you are likely to continue to engage in this behavior in the future to achieve a similar positive response.
 - ✦ E.g. Experiencing a sense of mastery is a powerful, natural reinforcer. Studying and doing well on a test (behavior) results in a good grade, and a sense of competence and mastery, which is inherently rewarding (consequence).



Behavioral Contingencies Applicable to ERP

- As exposures become more difficult, motivation & participation decline.
 - Sense of mastery/competence is a powerful source of natural reinforcement.
 - Structure exposures to begin with an activity that the 2E child has mastered/does well with (e.g., teaching family/therapist the process of ERP).
- Patients sometimes demonstrate significant "acting-out" behavior.
 - If a child is very argumentative during treatment, it is important to not engage in an argument/negotiation with them. Doing so shifts the treatment away from the exposure and into a negotiation/argument, which is reinforcing because it allows the child to escape the exposure.
 - Attention (which is naturally reinforcing) is only given to behaviors that demonstrate effort or cooperation with treatment. A lack of attention to acting out behavior acts as an appropriate, naturalistic consequence.
 - ✓ Ignoring attention seeking or acting out behaviors may cause an extinction burst, in which the behaviors increase before being extinguished.
 - ✓ Attention seeking or acting out behaviors that potentially put the child or another person in harm's way must be addressed and not ignored.



ERP Behavioral Contingencies Specific to the 2E Child

- 2E students may be easily frustrated with a task that is difficult, yet are able to persist, tolerate, and persevere on a difficult task when given positive support and encouragement. (Vespi & Yewchuk, 1992; as cited by King, 2005.)
 - Practical behavioral application:
 - ✓ Reinforce persistence during exposures with praise and support.
- 2E children experience "frustrating dichotomies" of being very good at some tasks, and less adept at others. They may have an increased sensitivity to perceived failure, and must prove their abilities. (King, 2005.)
 - Practical behavioral application:
 - ✓ Construct behavioral contingencies to reward effort, rather than "success".
 - ✓ Normalize the fact that ERP is difficult for all patients, and allow the child to identify the things that will be difficult and the things that will be easiest for them.
 - ✓ Allowing the child to take the lead in this discussion allows them to take the inherently reinforced "expert" (competence/mastery) role, and minimizes feelings of failure.
 - ✦ When an exposure is difficult for them, they can be directed back to the list to see that they were accurate in knowing that the task would be hard for them.



ERP Behavioral Contingencies Specific to the 2E Child (cont)

- 2E children may cope with a difficult task by shifting their attention elsewhere. (King, 2005.)
 - Practical behavioral application:
 - ✓ A sense of control/mastery/leadership is inherently reinforcing.
 - ✓ Allow the 2E child to take more control over their treatment, helping to design exposures and explaining the process others.
 - ✓ The more interactive format requires their attention to be focused on the activity.



INTEGRATING THE 2E CHILD INTO DYAD GROUPS

LAUREN STUTMAN, PSY.D.



Dyad Groups

- What is a dyad?
- Benefits of dyad vs. group therapy/instruction.
- 2E children and group size:
 - Large classrooms can lack necessary challenges.
 - 2E children can get lost and under-stimulated.
 - 2E children are attending to something

**Clinical case example.



Social Skills Training

- Dyadic therapy builds social skills for 2E children.
 - Large groups can stigmatize 2E children who are frequently aware that they are with a group of kids that have “problems” leading to lower self-esteem.
- Dyad is more tailored.
 - Small group has more freedom for 2E children to discuss more sophisticatedly about themes that other children would not be developmentally ready to use in a meaningful way.



Building Self-Esteem

- Use each child's strengths to illicit growth from the other child.
- Foster close interactions with peers who can relate to advanced themes in a therapeutic environment.
- Teach using topics that appeal to strengths or circumscribed interests.
- Create positive interactions with same-aged peers by using these interests with another child as motivator and a way to encourage participation from both children.

** Clinical case example.



ONE PARENT TO ANOTHER

TIPS & TOOLS FOR WORKING WITH PARENTS OF 2E CHILDREN

MICHELLE WITKIN, PH.D.



Tips & Tools for Working with Parents

- Empathy.
- Recognize that they may need support themselves.
- Educate them about their child's diagnoses and symptoms.
- Help them deal with the loss of the child they might have had.
- Help them identify their child's true strengths.



Tips & Tools for Working with Parents (cont)

- Recognize that they may be dealing with reactions of siblings without special needs.
- Teach them to follow their instincts with professionals (while keeping an opened mind).
- Encourage them to educate themselves.
- Help them identify an alternative path.
 - Home School, Online School, etc.
 - Alternative Extra-curriculars



Resources for 2E & OCD

<http://www.sengifted.org/>

http://www.wrightslaw.com/info/2e_index.htm

<http://2enewsletter.com/>

<http://www.ocfoundation.org/>
