

## **Shining with ADHD by The Childhood Collective**

### **Episode #149: Understanding Obsessive Compulsive Disorder and ADHD with Therapist, Natasha Daniels**

Natasha: OCD is basically having an intrusive thought or feeling that gets stuck in your brain, you know, an obsession. And the compulsion is the need to do or avoid something to get that brief relief. That's the foundational structure of OCD.

Katie: Hi there. We are The Childhood Collective, and we have helped thousands of overwhelmed parents find joy and confidence in raising their child with ADHD. I'm Katie, a speech language pathologist.

Lori: And I'm Lori.

Mallory: And I'm Mallory. And we're both child psychologists.

Lori: As busy mamas ourselves, we are on a mission to support ADHD parents on this beautiful and chaotic parenting journey.

Mallory: If you are looking for honest ADHD parenting stories, a dose of empathy with a side of humor and practical tools, you are in the right place.

Katie: Let's help your family shine with ADHD.

Mallory: I once worked with a family who was frustrated over their ADHD child's Jekyll and Hyde personality. Most of the time, their child was a sweet, happy kid, but at the smallest request, he could flip to an hour-long meltdown. After walking on eggshells for years, the whole family was super stressed, and his parents found themselves arguing constantly about how to best discipline him.

Katie: If you can relate to this family's situation, you are not alone.

Lori: That's why we created our online course, *Creating Calm*, to give you practical strategies to address challenging behaviors that are incredibly common in ADHD.

Mallory: And as a bonus, these tools will help the whole family get on the same page so there's less arguing in your home.

Katie: Here's what Kate had to say after taking the course: "Creating calm has helped me really understand ADHD and given me so many practical tools to support my son and make our days not such a battle. I've read so many books, but they just didn't give real life examples and tools. This course has been so worth the investment and something I'll keep coming back to revisit."

Lori: A year from now, you're going to wish you had started today. Head to [thechildhoodcollective.com/yes](https://thechildhoodcollective.com/yes) and enter the exclusive code **PODCAST** to get 10% off our course when you enroll today. You can also grab the link and code in the show notes.

Today I'm here with Katie and we're so excited to be talking with Natasha Daniels on the podcast. Natasha is an anxiety and OCD therapist with over two decades of experience. She combines both her clinical expertise with her lived experience raising her own three kids with anxiety and OCD.

Katie: Natasha is also the author of several books and the creator of the website, *AT Parenting Survival*. She's also the host of the *AT Parenting Survival* podcast and the YouTube channel, *Ask the Child Therapist*. Her work has been featured in various places, including *Huffington Post*, *Scary Mommy*, *Psych Central*, the *Child Mind Institute*, and the *Mighty*.

Lori: And Natasha, I personally have been watching all of your Instagram videos, listening to your podcast for my own child, who got a recent diagnosis of OCD and has kind of gone through treatment. So I personally, again, have learned so much from you, and I'm just really grateful for your resources.

Natasha: Oh, I'm glad that you were able to access them.

Lori: Yes. And I send so many of my patients to you, too, just to get more information on anxiety and OCD, because it's just not something a lot of people have information about.

Natasha: Yeah, definitely. Especially OCD.

Lori: Yes.

Katie: Exactly. So, before we jump into talking more about OCD, can you first tell us a little bit about yourself and how you decided to focus your work on anxiety and OCD?

Natasha: Yeah, I'm not exactly sure how that happened, actually. I started off as a child therapist, then I wrote a book, *How To Parent Your Anxious Toddler*. And then I started a platform because of the book. And then, at the same time, I had a private practice, and I was really enjoying the kids with anxiety and OCD more than anything. And so I just started to niche down more and more that I really felt like it was a different, it was skill building. And that was in 2015. And since then, it's just been more and more about anxiety and OCD. More books about anxiety and OCD.

Lori: And your training and some of your work is with adults, too, but you kind of felt like you liked seeing kids or that was more of your focus.

Natasha: My degree was kind of general, but they accidentally kept putting me in practicums with kids. And I would go down to the office and I'd be like, why do you keep doing this? It's not going to treat kids and I think that the world had other plans. And so I didn't have a specialization for kids until after graduate school because I had all these practicums that were around kids. And then I fell in love with helping kids versus adults.

Katie: It's interesting that you say that, because when I think about in my own practice, working with kids, you really are working with kids and adults, right? Like, you're working with the kids and you're also working with their parents. And so it's sort of, in my mind, the best of both worlds. I'm sure that many of my colleagues would say, no, adults is where it's at, I do not want to work with small children and that's fine. But I think that it's a very specific thing to be able to sit down with a five- to ten-year-old and keep their attention and then turn to their parent and explain what we're doing and how to carry things over and all of that. So that's pretty cool. You're straddling both, actually.

Natasha: Yeah. And actually, I found that I loved working with parents the most, and that's when I closed my private practice a couple of years ago. My real passion is teaching parents. and I would love the parent only sessions where I was teaching them how to help their own kids. That's when I would light up, so that's definitely my focus.

Lori: Yeah and you realize when you're working with kids, the vast majority of the change really happens when you're doing the training with parents, because they're the ones who are with their kids all the time, whether. And that's true for ADHD and anxiety. So many families, before we kind of jump into the nitty gritty of OCD, so many families here, they hear the word OCD and they automatically assume it's hand washing. And again, OCD stands for obsessive compulsive disorder. But we know that it's much more than just hand washing. So maybe you can talk a little bit about what OCD is and how it differs from just, I guess, general anxiety.

Natasha: I think the majority of people don't understand OCD just because it's, I think even mental health professionals sometimes don't understand OCD. Anxiety and OCD are comorbid conditions, but they're completely separate disorders. They impact different parts of the brain. And so with OCD, we're talking about the basal ganglia and the circuitry in the brain versus the amygdala. So, very different. Although a lot of people are anxious who have OCD, and the primary difference is in the most simplistic term, OCD is bossy. This is how I explain it to kids. OCD is bossy and anxiety is avoidant. And OCD is basically having an intrusive thought or feeling that gets stuck in your brain, an obsession. And the compulsion is the need to do or avoid something to get that brief relief. And that's the foundational structure of OCD, is this cyclical loop of I'm having this discomfort, this intrusive thought or feeling. And I say feeling because sometimes OCD is a feeling and not a thought. And then I have the need to do something or avoid. And I say avoid because that gets missed a lot as a compulsion to get that brief relief. But the more we do it, the more OCD grows, and the parent is stuck in that loop as well. And that's the part that a lot of times people miss too.

Lori: Yeah. And, just from my own personal experience, the reason why we went and got treatment was because I didn't know what was going on. And I've seen many kids and treated many kids with anxiety, and I talk about social anxiety, and that runs in my family. And my daughter was having all of the situations were, like, social mistakes at school that she was making, which were not mistakes at all. Maybe she accidentally pushed a kid or said something that was not even remotely offensive or a problem, but in her mind, it was a mistake, and she had to then confess to me, again it was very much bossing her that you have to confess to mom. And it was like is this a compulsion? I wasn't sure is this social anxiety? Is this OCD? But it definitely had, like, a feeling of OCD in the fact that she had to do this compulsion even though she really didn't want to. She didn't want to have to tell me that. So

that's kind of what brought us to treatment where I couldn't figure out, because you're going to address it different ways depending on what it is, right. And if you don't know what it is, you're going to address it incorrectly.

Natasha: Right. And that's such a good example and a common one, where kids have moral or scrupulosity, OCD themes where their intrusive thought is, what if I'm a bad person? Or what if I did something bad? Or what if I'm going to do something bad? And the compulsion, and this is a good example, because it's so different than what people think of as OCD, is to confess. And so the parent often is the metaphorical sink. And you're right I think a lot of times parents can feel this or something different about this because they often will process it, like, well, if you didn't mean to bump into them, why don't you just apologize the next day. So they'll first approach it rationally. That doesn't work because OCD just got scratched, and so now it wants more scratching, so then it comes back the next day. Well, I try to apologize. I think I did, but maybe I called her fat in my head, and I think I might have hurt her feelings. So it grows bigger, more confession. And so then parents are kind of like, what is going on? And you're right. If they get treatment from the wrong type of therapist who doesn't specialize in OCD, they're going to process that. Well, where does it come from that she thinks she's a bad person? Let's look at the family dynamics. Let's look at maybe it's social anxiety, maybe it's her self-identity. And so now we're actually growing OCD in session by processing it as an authentic, legitimate issue.

Lori: Yeah. And as a parent, I think when you think about a parent, and I wasn't feeling this because we've talked about it's okay to make mistakes literally her whole life. Her whole life. I could go back and say, oh, my gosh, it's because I communicated that she has to be perfect and she can't make a mistake, right. Whereas I know in my mind that is not the reason this is coming up. But the issue was, I knew she shouldn't be confessing. Like, at some point I figured out, oh, she shouldn't be confessing. We had to talk about how anxiety grows, but she would sneakily tell me things. And that's where we had a hard time, because it was like, no, she needs the education because she can tell me her confessions and I don't even know that's what she's doing, right.

Natasha: Right.

Katie: Yeah you're having to teach the parents then to identify that. Like, oh, that's the OCD. So you talked a little bit about the moral piece. What are some of the other types of OCD that parents might be seeing in their children?

Natasha: OCD has many different disguises, and I think it's a good caveat to say that it morphs and it shifts and not to get too stuck in your theme. So themes are really helpful in that you want to be able to identify, oh, that's OCD and that's OCD and so is that. But then not get stuck. Like, OCD is OCD and it's treated the same way and it will morph and shift. But some other common OCD themes are like contamination that's the one that we all kind of recognize. Although how things get contaminated and why they're contaminated can go vastly different depending on the child. There's harm OCD, which kind of relates to sometimes moral OCD, where you have an intrusive thought that you might harm someone else or you might harm yourself or someone else might harm you. There's symmetry OCD where things need to be balanced or even. There's just right OCD themes where things just need to feel just right. And that could be really in any capacity that you're wiping and wiping until it feels just right. Or, you have to write and rewrite until it feels just right. Sometimes this gets misdiagnosed as perfectionism. But, the core fear isn't, I want to be perfect and I want to impress, or I want to meet a goal for myself. It's more of this feeling doesn't feel just right. There's also disgust OCD themes where you're just overwhelmed with the feeling of disgust. And so that might be the core fear I just can't handle the feeling of disgust. And sometimes that's associated with contamination.

Lori: Yeah. And I think that's when we went in for treatment, I went in for one particular thing. And then as we're working through stuff, there's many other. There's symmetry and other types of themes, where, again, like you said, it morphs and changes. And I've even since then seen other things come up. but the theme doesn't really matter a whole lot when it comes to treatment, right.

Natasha: Right. Yeah. It's just the ability to recognize up, that's OCD, too. And educating our kids, this is the many common disguises that OCD wears. But if they understand the foundation of it, an intrusive thought or feeling and the need to do or avoid something to get that brief relief, parents and kids can start to identify themes of their own.

Katie: Okay, that makes sense. And then I know that we've kind of skimmed the surface of treatment, right. Identifying those moments and that kind of thing. So can you talk to us a

little bit about treatment for OCD and what that might look like? A lot of families, their kids might have ADHD and OCD, and obviously those are going to be separate types of treatment. So can you talk with us a little bit about the OCD side and what you might do there?

Natasha: Yeah. An OCD and ADHD are common comorbid conditions, so it's not surprising that a lot of people would have both. And the treatment is very different. OCD treatment is very different than any other mental health condition, really. Including anxiety. And so with OCD, the evidence based approach is ERP, which is a type of cognitive behavioral therapy, Exposure Response Prevention, and that is helping the child systematically sit with discomfort, through exposures, but in small increments. And I would say, like an ancillary supportive therapy would be something like space, which is, a parent only approach to help parents learn to pull back their involvement in compulsions. And so both of those approaches are really helpful.

Lori: Okay. And when you say exposures, talk a little bit about that because I don't think most parents know what that means, I guess.

Natasha: Yeah. And I think we kind of understand it when we think of germs. If I'm avoiding doorknobs and avoiding light switches, then I might do exposures where I'm touching things like my OCD says I can't touch. OCD has a list of rules, and the more those rules are followed by the child or the parent, the more the OCD grows. So getting kids to understand that, parents to understand that. And then exposures, they look different for each theme. So that it's hard to give you a generalization. But if we were doing moral OCD, for example, and there'd be two parts, perhaps. So maybe their compulsion is, I'm afraid I'm going to lie, and so I'll tell my parent, I think I might have lied, or maybe I'll say things like, I guess, or maybe at the end of every sentence just so that I'm not lying, just in case. And an exposure for that, just to use this as an example, might be, let's play a game, two truths and a lie. So I'm going to say two truths and I'm going to say a lie and we're going to go around and we're going to figure out which one's the lie. For someone with moral OCD with a lying theme, that'd be very overwhelming for their OCD because the OCD is very black and white. And so what you're doing is you're physiologically triggering that anxiety or that discomfort, and then you're helping the child learn how to sit with it without scratching that itch. Because when kids learn how to sit with the discomfort, the power and the impact of OCD diminishes.

Katie: Okay.

Natasha: Scientifically, those neural pathways aren't being, they're not being fired. And so it's like triggering it and then not firing it. We're not going to write down that neural pathway highway.

Lori: Yeah. I think when we went through treatment, there were lots of different things, again, that came up, but a lot of it was not getting her to not confess, which she had to understand and do, but also she would have to go to school and make, quote unquote, social mistakes during the day, which for me were even overwhelming, it was like walking into the wrong classroom or raising her hand and answering a question incorrectly or just things that she came up with that would make her feel really anxious, that she would feel the need to confess about. She kind of systematically worked on some of those things, which, in having gone through social anxiety treatment, those are things that I would have to do in social anxiety treatment, too. So I think it kind of helped with both. But, yeah, it's really like facing those things that you're really afraid of.

Natasha: Right. And knowing that even though it's not fun, that you can handle the discomfort.

Lori: And I think that's what OCD tells you. You can't handle this. You can't cope with this. It's too much for you to cope with. So you have to do this compulsion.

Natasha: And physiologically, as long as people in general are completing the loop, physiologically, the OCD will be solid. And so disrupting that loop in the brain reduces OCD symptoms. So that is really the key to. Is it's reducing the hold OCD has.

Lori: For my kids, the last thing they want to do when they get home from school is homework.

Katie: Totally and the last thing I want to do after a long day of work is deal with the stress of meal planning, grocery shopping, cooking, and cleaning up the kitchen.

Lori: Same here. We tried Hungryroot grocery service to help us eat balanced meals while saving time and money every week. It's been a game changer for our weekly meals and



snacks, and I love that you can customize groceries based on your kids or your family's dietary restrictions.

Katie: Yes! My husband eats gluten free and I love that I can customize groceries based on our family's needs. And not only can I get complete meals delivered, but I can also order my weekly groceries through them. And I'm always amazed at how my kids will try new things just because they came out of our Hungryroot box.

Lori: Yes! It's easy to customize your box each week and you can skip weeks whenever you want. For a limited time, Hungryroot is offering our listeners 40% off your first box, which is amazing. Just be sure to use the code: CHILDHOODCOLLECTIVE40 so you can get the discount.

Katie: We also have the link and the code in the show notes, so you can try Hungryroot today.

Lori: Over the past year, my oldest has really struggled with anxiety, especially at night. As soon as it was time for sleep, she'd be crying for me to stay and worrying about all the things. I was talking to another therapist about our bedtime battles and she said the Zenimal, a screen free meditation device, had been a game changer for her daughter with ADHD and anxiety. I immediately purchased the Zenimal and can confidently say it was the best tool to help my daughter get better sleep. She was able to fall asleep an hour earlier using it.

Katie: Yes, it's actually really helped my kids to be able to calm their busy bodies at night.

Mallory: What we love about the Zenimal is that it combines two of our favorite bedtime recommendations, using a relaxation strategy and removing screens from the bedroom.

Katie: The Zenimal is an adorable screen free turtle with nine guided meditations your kids can choose from. And our absolute favorite part of the Zenimal is that every meditation ends with the most important message, 'you're a good kid.'

Lori: To grab your own Zenimal and get your child and yourself some better sleep, head to [Zenimals.com](https://zenimals.com) and use our code: TCC for a discount. You can also find the link in the show notes.

What are some common mistakes that you see parents making, when they're talking to their kids about OCD?

Natasha: That's a good question. I think parents sometimes don't educate themselves first, and so they see that their child is metaphorically on fire, and they're like, I don't know what to do with this. And they learn a little bit here and there, and then they jump into the fire without really fully understanding what OCD is, how it shows up, how it works, their part in it, and then purposely teaching their child about OCD or giving them tools to learn about OCD. And also, I think sometimes parents are reactive, which I totally get as a parent myself, because I'm raising three kids with anxiety and OCD, which happened after I went into this. So there's irony in that.

Katie: You were very prepared.

Natasha: Yeah, unfortunately, very prepared. It runs in my family, so it's not really that surprising. But a lot of times, we'll just put out fires, like, oh, my gosh okay, so now they're confessing to me. Now they have to go in and out of the door frame. And so they see the tip of the iceberg, and they just try to tackle it instead of being proactive, slowing it down a bit, learning, getting the right support if they can, and then teaching their kids systematically how to handle it.

Lori: Yeah. And I feel like just with families that I've worked with a lot of times, they also have anxiety. Again, like you said, it runs in families, right. And so when they see their child anxious, it causes anxiety in them where they want to reassure. I think that there's a lot of, as parents, we're trying to reassure our kids, oh, you didn't make a mistake. This wasn't a mistake. This wasn't a problem. And kind of focusing on reassurance for their kids and what happens when they do that.

Natasha: Yeah, it's really hard not, it's very counterintuitive to not give your child the reassurance. And that's why those preliminary things need to be set up as far as having a plan with your child. When you ask me this, I know I'm talking to Mr. O, and I love you, so I'm not going to respond. How should I respond instead? And if you can collaborate, but then doing your own work, because I know as a parent, for myself, this actually just happened this morning. So anxiety producing when your child is anxious or when your child is sitting with discomfort, and you know that all you have to do is say a couple of words and you can reduce

that anxiety or that discomfort. And so doing your own grounding, the apple doesn't fall far from the genetic tree. I often say that. And so a lot of times us, as parents are anxious, have our own anxiety disorders, our own OCD. And it is equally, I think, hard for us to not offer that solution, that in that brief moment is going to give them that relief. That's so hard.

Lori: Yeah. And so many parents actually, I think, think that they're helping their kids by doing that, right. They think that they're doing the right thing by reassuring them and don't really understand that that's actually causing that worry to grow.

Natasha: Yeah. And then when they find out that they're part of the loop, a lot of times parents reactively pull back all accommodations because they're like, oh, my gosh, I didn't know that this was growing the OCD. And that's too much, too. It didn't happen typically overnight, and it's not going to be removed overnight. And so that's, why I try to tell parents, and I get this because when it's my own issues, it's hard for me to follow my own advice, but to slow down. Like, slow down and you're going to pull back your involvement in OCD compulsions one step at a time. And you're not going to go cold turkey, you're not going to do it without explaining it to your child. And so there's all these steps to take.

Katie: So a lot of what I'm hearing you describe, it really seems like if you suspect that your child does have OCD or is exhibiting some of these signs, most likely their parents are going to need professional support, right. Is that kind of the general recommendation? Like you need to go see a therapist or a counselor who has specific training?

Natasha: Yes. Ideally you want to get in with an OCD therapist. And unlike a lot of other mental health conditions, finding just any therapist is better than no therapist is not the case for OCD. If you find a therapist who isn't trained in OCD, they might just do compulsions the whole session without even realizing it. Or they might problem solve it or reframe cognitive distortions. And that's not how we approach OCD. So, going to the International OCD Foundation and looking at their directory at [www.iocdf.org/find/help](http://www.iocdf.org/find/help), I quote that a lot, or NOCD at [treatmyocd.com](http://treatmyocd.com), those are two places to start. Because I've worked with a lot of parents where they'll say, we can't find an OCD therapist in my area. And so should I get just a therapist down the street? And it's better to get your own skills and wait. If you can find someone than go with someone who's not qualified.

Katie: That is extremely helpful advice. I feel like that's exactly how I would problem solve it. You know, the OCD therapist, I know, like Lori was seeing one who was great, but there was a really long wait list, it was hard to get in. Times were really critical. And it's expensive, so it's like, okay, I'll just go see this random person through my insurance or something. But that's so helpful for parents in this case. You can make it so much worse rather than better.

Lori: Yeah. And I know from my perspective, it was expensive, and because it's so specialized and working with kids, it is expensive. And my husband and I talked about it and we were kind of like, and I say this to parents all the time, you'd rather spend that money up front than spend your \$20 copay over ten years with no difference and your kid doing the same thing, or it even be worse, right. And honestly, I think it's true for ADHD too, where we talk about if you just go see a general child therapist and they're processing and doing talk therapy with your child for an hour a week, you're not going to see anything improve at home. You're just not. That is not evidence-based treatment for ADHD. It just isn't. But it's not harmful I think in the same way that OCD treatment could be where you're actually growing it in a session if you don't know the difference. And I think that's a good differentiation where if someone doesn't understand OCD, it could potentially do harm or make the symptoms worse. I remember talking to a dad and his son had OCD and he had struggled for over a decade. And I remember his wife saying, yeah, we wasted seven years of our lives, and it got so much worse with the wrong therapist. So again, it's so critical to find the right supports.

Natasha: It is. And they're hard to find and they are very expensive. I mean, I have two kids in OCD therapy right now, and it's crazy expensive. But going with the one that is going to be that inexpensive copay is more harm than good. That's what I try to do, is bridge the gap. Are there evidence-based tools out there that can bridge the gap while you're waiting so that you can get some, because it's a family affair and so you're going to need to know how to deal with it anyway. And you're in the trenches. And so getting that professional support is so nice, but no matter what, you're going to have to build up your own skills.

Katie: And do you have any specific recommendations for people who are trying to bridge the gap? Like maybe a book that they might look into? Obviously, you have a lot of resources. Where would you send families that maybe are waiting for therapy or they're in the middle right now?

Natasha: Yeah, that's what I do, because I recognize, just as a parent myself, that families are in the trenches. And no matter what, whether they have a therapist or not, they're going to need their own skills and they're going to want to coach their own kids in their own way. So I have online courses. I actually have an online course for parents, How to Teach Kids to Crush OCD. And I have, a new course the past year for kids, directly kids and teens, Crushing OCD for Kids and Teens. And I just came out with an OCD workbook for eight- to twelve-year-olds that is, crushing OCD, I like the word crushing, Crushing OCD Workbook for Kids.

Katie: That's great. So for families who are looking for that, I know there's just a lot of families that feel so alone raising their kids and so your community can be so helpful. Can you just let our listeners know where they can find those resources and how they can connect with you to learn more?

Natasha: Yeah. For the courses they can go to [atparentingsurvivalschool.com](http://atparentingsurvivalschool.com). I do have a podcast and a YouTube and they come out each week so if you just want know, dive into my free resources, you can go to [atparentingsurvival.com](http://atparentingsurvival.com) and my books on wherever you get books so you can go to [natashadaniels.com/OCDbook](http://natashadaniels.com/OCDbook).

Lori: Great. And we'll link all those in the show notes for everyone listening. You can go head there and get all those links.

Katie: Yeah. Thank you so much Natasha. This has been amazing and we just appreciate your expertise so much, so thank you.

Natasha: Yeah, thanks for having me on. I appreciate it.

Katie: Thanks for listening to Shining with ADHD by your hosts, Lori, Katie, and Mallory of The Childhood Collective.

Mallory: If you enjoyed this episode, please leave us a review and hit subscribe so you can be the first to know when a new episode airs.

Lori: If you are looking for links and resources mentioned in this episode, you can always find those in the show notes. See you next time!