„Udaljeni, ali i dalje povezani“ – kognitivno-bihevioralni tretman opsesivno-kompulzivnog poremećaja tijekom zdravstvene krize

/ *“Distant but Still Connected” – Cognitive Behavioural Therapy in the Treatment of Obsessive-Compulsive Disorder During a Health Crisis*

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Cilj rada je prikazati slučaj desetogodišnjeg dječaka koji boluje od opsesivno-kompulzivnog poremećaja, opisati simptome poremećaja kod dječaka te prikazati kognitivno-bihevioralni tretman uz terapiju psihofarmacima. Dječak u dobi od 10 godina i 4 mjeseca dolazi na hitni pregled dječjem i adolescentnom psihijatru zbog pogoršanja teškoća iz anksioznog kruga, te se pregledom psihijatra ustanovi dijagnoza opsesivno-kompulzivnog poremećaja. U svakodnevnom funkcioniranju dječaku se javi opsesivna misao prijetećeg sadržaja, a cilj njegovih kompulzija bio je smanjiti povišenu razinu tjeskobe te prevenirati neki zastrašujući događaj, koji nije bio specificiran. Dječak je uključen u kognitivno-bihevioralni tretman uz psihofarmakološku terapiju propisanu od strane dječjeg i adolescentnog psihijatra. Zbog pandemije korona virusa tretman je prilagođen novonastalim okolnostima te se tijekom pandemije tretman održavao putem video poziva. U tretmanu opsesivno-kompulzivnog poremećaja u dječjoj i adolescentnoj dobi od iznimne je važnosti pravovremena dijagnostika i uključivanje u tretman, kao i uključenost roditelja u terapijski proces. Kognitivno-bihevioralna terapija je pokazala uspješnost u redukciji anksioznih teškoća dječaka, što je u skladu i s mnogobrojnim znanstvenim istraživanjima, pa se kognitivno-bihevioralna terapija smatra terapijom izbora u liječenju opsesivno-kompulzivnog poremećaja kod djece i mladih. Aktualna zdravstvena kriza promijenila je način pružanja psihoterapije u svijetu što zahtijeva i daljnje prilagođavanje novonastalim uvjetima, kako terapeuta tako i primatelja psihoterapijskih usluga.

/ *The aim of this paper was to present a case of a ten-year-old boy suffering from Obsessive Compulsive Disorder, to describe the symptoms of the disorder and to present cognitive-behavioral treatment with psychopharmaceutical therapy. A boy aged 10 years and 4 months came in for an urgent examination to a child and adolescent psychiatrist due to worsening anxiety difficulties, and a psychiatric examination established a diagnosis of obsessive-compulsive disorder. An obsessive thought of threatening content came to mind in the daily functioning of the boy, and the goal of his compulsions was to reduce the elevated level of anxiety and prevent some frightening event, which was not specified. The boy was then included in cognitive-behavioural treatment with psychopharmacological therapy prescribed by the child and adolescent psychiatrist. Due to the coronavirus pandemic, the treatment was adapted to the new circumstances and during the pandemic the treatment was maintained via video call. In the treatment of Obsessive Compulsive Disorder in children and adolescents, timely diagnosis and involvement in treatment, as well as the involvement of parents in the therapeutic process are of utmost importance. Cognitive Behavioural Therapy has shown success in reducing the boy's anxiety difficulties, which is in line with numerous scientific studies, so cognitive-behavioural therapy is considered the therapy of choice in the treatment of Obsessive Compulsive Disorder in children and adolescents. The current health crisis has changed the way psychotherapy is provided in the world, which requires further adaptation to the new conditions, both for therapists and recipients of psychotherapeutic services.*

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UVOD

Opsesivno-kompulzivni poremećaj (OKP) karakteriziraju intenzivna anksioznost, ponavljajuće opsesije i/ili kompulzije (1). Osim prisutnosti opsesija, kompulzija ili obojeg, među dijagnostičkim kriterijima DSM-5 za postavljanje dijagnoze OKP-a navedeno je i da opsesije i kompulzije zahtijevaju mnogo vremena, uzrokuju klinički značajnu patnju, uzrokuju oštećenje u socijalnom, radnom ili drugom važnom području funkcioniranja. Opsesivno-kompulzivni simptomi ne mogu se pripisati fiziološkim učincima nekog psihoaktivog sredstva ili drugom zdravstvenom stanju te se ova smetnja ne može bolje objasniti simptomima drugog psihičkog poremećaja (2).

Opsesije su intruzivne i ponavljajuće misli, a osoba ih doživljava iznimno snažnim i ometajućim za normalno svakodnevno funkcioniranje. Za razliku od opsesija kod psihotičnih poremećaja, osoba je u većini slučajeva svjesna iracionalnosti svojih opsesija, zna da su „plod njenog uma“, a ne izvana nametnute misli. Osoba ih prepoznaje kao svoje te ih želi zanemariti, otkloniti ili ih neutralizirati drugim mislima (1). Opsesije mogu poprimiti različite oblike: opsesivne dvojbe, opsesivne misli, opsesivni impulsi, opsesivni strahovi te opsesivne predodžbe (3). Brojne osobe s OKP-om imaju disfunkcijska uvjerenja (nerealno veliki osjećaj odgovornosti, sklonost precjenjivanju prijetnje,

INTRODUCTION

Obsessive Compulsive Disorder (OCD) is characterized by intense anxiety, recurrent obsessions, and/or compulsions (1). In addition to the presence of obsessions, compulsions, or both, the DSM-5 diagnostic criteria for diagnosing OCD explain that obsessions and compulsions are time consuming, cause clinically significant suffering, and impair social, working, or other important areas of functioning. Obsessive compulsive symptoms cannot be attributed to the physiological effects of a psychoactive substance or other health condition, and this disorder cannot be better explained by the symptoms of another mental disorder (2).

Obsessions are intrusive and repetitive thoughts, and a person perceives them as extremely strong and disruptive to normal daily functioning. Unlike obsessions with psychotic disorders, a person is in most cases aware of the irrationality of their obsessions and knows that these are “the fruit of their mind” rather than externally imposed thoughts. A person recognizes them as their own and wants to ignore, eliminate or neutralize them with other thoughts (1). Obsessions can take many forms: obsessive doubts, obsessive thoughts, obsessive impulses, obsessive fears, and obsessive images (3). Many people with OCD have dysfunctional beliefs (unrealistically high sense of responsibility, tendency to overestimate the threat, perfectionism, intolerance of insecurity,

perfekcionizam, nepodnošenje nesigurnosti, davanje prevelikog značenja mislima te potreba za kontrolom misli) (2).

Kompulzije su ponavljana ponašanja pri čemu se osoba osjeća primoranom na izvođenje takvih ponašanja jer na taj način ublažava anksioznost te vjeruje kako smanjuje mogućnost pojave neke nesreće ili katastrofe (3). Najčešći oblici kompulzija odnose se na čistoću i urednost (npr. pranje ruku, čišćenje), a ponekad je i riječ o složenim ceremonijama (npr. ponavljanje „magijske" zaštitne mjere, brojanje, višestruko provjeravanje, složeni ritual objedovanja) (3). Osobe ne izvršavaju kompulzije radi ugode, iako neke osobe doživljavaju olakšanje od anksioznosti i patnje. Kompulzije ponavljanja radnji, pranja, provjeravanja i slaganja česta su kod djece (1), iako manja djeca ne moraju biti sposobna izreći ciljeve ovakvih ponašanja ili mentalnih aktivnosti (2).

I zdrava djeca ponekad pokazuju ritualistička ponašanja, no simptomi OKP-a se razlikuju od razvojno primjerenih ritualističkih ponašanja po visokom intenzitetu nelagode koju djeca iskazuju kada ih se u tome pokuša spriječiti. Često osobe s ovakvim ponašanjem razviju izbjegavajuća ponašanja – izbjegavaju ljude, mjesta i stvari koje započinju opsesije i kompulzije (2). Prevalencija opsesivno-kompulzivnih simptoma u populaciji djece i adolescenata je 1-2 % (4).

U SAD-u je prosječna dob početka OKP-a 19,5 godina, no u 25 % oboljelih poremećaj počne do 14. godine života (2). S obzirom na dob, kod dječaka se javlja ranije nego kod djevojčica, no djevojčice češće imaju teži oblik poremećaja s više simptoma i poteškoća u funkcioniranju (2). Najčešći je početak poremećaja između 10. i 12 godine, mada se može javiti i ranije, u dobi od 7 g. Kod mlađe djece (6-8 godina) učestaliji su rituali bez opsesija, dok su kod djece za razliku od odraslih učestalije opsesije bez kompulzija. Opsesivno-kompulzivni poremećaj često se javlja u komorbiditetu s drugim anksioznim

overemphasis on thoughts, and need to control thoughts) (2).

Compulsions are repetitive behaviors where a person feels compelled to perform such behaviors because it alleviates anxiety and is believed to reduce the possibility of an accident or catastrophe (3). The most common forms of compulsion are cleanliness and tidiness (e.g. hand washing, cleaning), and sometimes complex ceremonies (e.g. repetition of a "magic" protective measure, counting, multiple checking, complex dining ritual) (3). People do not perform compulsions for pleasure, although some people experience relief from anxiety and suffering. Compulsions of repetition, washing, checking, and arranging items are common in children (1), although younger children may not be able to articulate the goals of such behaviours or mental activities (2).

Healthy children also sometimes show ritualistic behaviours, but the symptoms of OCD differ from developmentally appropriate ritualistic behaviours in the high intensity of discomfort that children show when they are prevented from doing so. Often people with this behaviour develop avoidant behaviours - they avoid people, places and things that trigger obsessions and compulsions (2). The prevalence of obsessive-compulsive symptoms in the population of children and adolescents is 1-2% (4).

In the United States, the average age of onset of OCD is 19.5 years, but in 25% of patients the disorder begins by the age of 14 (2). With regard to age, it occurs earlier in boys than in girls, but girls are more likely to have a more severe form of the disorder with more symptoms and difficulty in functioning (2). The most common onset of the disorder is between the ages of 10 and 12, although it can occur earlier, at the age of 7. In younger children (6-8 years), rituals without obsessions are more frequent, while in children, unlike adults, obsessions without compulsions are more frequent. Obsessive Compulsive Disorder often occurs in comorbidity with other anxiety disorders (GAP, SAP, specific phobia) and depres-

poremećajima (GAP, SAP, specifična fobija) i depresijom, a kod ranog početka i s ADHD-om. Istraživanja pokazuju kako 5-7 % mladih s OKP-om zadovoljava kriterije za dijagnozu Tourettovog sindroma (1).

Kognitivno-bihevioralna terapija (KBT) u kombinaciji s medikamentnom terapijom ili bez nje pokazala se terapijom izbora u liječenju OKP-a. Istraživanje March i sur., kao i niz drugih dostupnih istraživanja (5) upućuje da se kognitivno-bihevioralna terapija provođena samostalno ili u kombinaciji s farmakoterapijom pokazala sigurnom, prihvatljivom i učinkovitom za djecu i adolescente s OKP-om. U KBT-u se primjenjuju razne tehnike kod tretmana OKP-a: psihoedukacija, poučavanje tehnikama disanja i relaksacije, te ostale kognitivne i bihevioralne tehnike, ali tek primjenom terapije izlaganja i prevencije odgovora (prevencije izvođenja rituala) dolazi do značajnijeg poboljšanja u tretmanu. Mnoga istraživanja upućuju na učinkovitost izlaganja s prevencijom odgovora u tretmanu OKP-a (6). Tijekom izlaganja s prevencijom odgovora osoba se izlaže (u imaginaciji ili *in vivo*) situacijama koje izazivaju kompulzivni čin (npr. dodirivanje prljave zdjele), pa se uzdržava od uobičajenog rituala (npr. pranja ruku), a ponavljanjem postupka dolazi do habituacije na određeni podražaj.

PRIKAZ BOLESNIKA

Dječak u dobi od 10 godina i 4 mjeseca dolazi na hitni pregled dječjem i adolescentnom psihijatru zbog pogoršanja teškoća iz anksioznog kruga, predominantno opsesivno-kompulzivnih simptoma. Dječak je učenik 4. razreda osnovne škole, živi s majkom te unazad godinu dana s majčinim partnerom. Roditelji dječaka rastavljeni su unazad više godina, komunikacija među roditeljima je adekvatna, dječak s ocem ima redovne susrete i viđanja. Kao razlog dolaska majka navodi kako je kod dječaka primijetila smetnje na planu pažnje i koncentra-

sion, and in early onset also with ADHD. Studies show that 5-7% of young people with OCD meet the criteria for the diagnosis of Tourette's syndrome (1).

Cognitive-behavioural therapy (CBT) in combination with or without drug therapy has proven to be the therapy of choice in the treatment of OCD. The study by March et al., as well as a number of other available studies (5), suggests that cognitive-behavioural therapy conducted alone or in combination with pharmacotherapy has been shown to be safe, acceptable, and effective for children and adolescents with OCD. CBT uses various techniques in the treatment of OCD: psychoeducation, teaching breathing and relaxation techniques, and other cognitive and behavioural techniques, but only the application of exposure and response prevention therapy (prevention of ritual performance) leads to significant improvement in treatment. Many studies point to the effectiveness of exposure with response prevention in the treatment of OCD (6). During the exposure with response prevention, the person is exposed (in imagination or in vivo) to situations that provoke a compulsive act (e.g., touching a dirty bowl), so they abstain from the usual ritual (e.g., hand washing), and repeating the procedure leads to habituation to a particular stimulus.

PATIENT REPORT

A boy aged 10 years and 4 months came in for an urgent examination to a child and adolescent psychiatrist due to worsening anxiety difficulties, predominantly obsessive-compulsive symptoms. The boy was a 4th grade elementary school pupil, living with his mother and, for the past year, also with his mother's partner. The boy's parents had been separated for several years, communication between the parents was adequate, the boy had regular meetings and visits with his father. As the reason for the arrival, the mother stated that she noticed disturbances in the boy's attention in terms of attention

cije, te je pregledom psihijatra ustanovljeno da su u pozadini teškoća opsesivno-kompulzivni simptomi. Dječaku bi se tijekom izlaganja određenim vizualnim sadržajima (dokumentarni film, određene slike, određeni objekti) pojavila opsesivna misao prijetećeg sadržaja (da će se nešto loše dogoditi), uz prateći „osjećaj da nešto nije u redu", porasla bi mu razina tjeskobe, što bi on reducirao kompulzivnim brojanjem do određenog broja te bi se tek tada umirio. Opsesivna misao pojavljivala se u obliku „da će se nešto loše dogoditi", uz prateći osjećaj tjeskobe i straha. Dječak nije mogao specificirati sadržaj opsesivne misli, no možemo ustvrditi da je cilj njegovih kompulzija (u ovom slučaju brojanje) bio smanjiti povišenu razinu tjeskobe te prevenirati neki zastrašujući događaj. Manja djeca ne moraju biti sposobna izreći ciljeve svojih kompulzija ili mentalnih aktivnosti (2). Prema Dodik-Ćurković (1) kod mlađe djece (6-8 godina) češći su rituali bez kognitivnih opsesija. Također, istraživanja pokazuju kako se simptomi opsesivno-kompulzivnog poremećaja kod dječaka češće nego kod djevojčica pojavljuju u predpubertetu (7).

Roditelji opisuju kako dječak unazad nekoliko godina pokazuje slične teškoće koje su varirale u čestini i intenzitetu; unazad dvije godine učestalo se i dugotrajno tuširao, prekomjerno prao ruke, verbalizirao je strah od obolijevanja od neke smrtonosne bolesti, te je pokazivao intenzivnu zabrinutost i strah za život i zdravlje roditelja. Majka navodi kako intenzitet i učestalost teškoća aktualno ometaju svakodnevno funkcioniranje dječaka.

Dječaku je propisana farmakoterapija od dječjeg i adolescentnog psihijatra, a nakon primjene terapije roditelji zamjećuju povećanje kvalitete usnivanja i prosnivanja, ali dječak i dalje izbjegava određene aktivnosti i situacije koje su okidači za pojavu opsesivno-kompulzivnih simptoma.

Majka navodi da je u školi učiteljica zamijetila slabiju suradnju dječaka, da je tijekom školskog

and concentration, and an examination by the psychiatrist established that obsessive-compulsive symptoms were hidden behind the difficulties. During the exposure to certain visual content (a documentary, certain pictures, certain objects), the boy would have an obsessive thought of threatening content (that something bad would happen), accompanied by "a feeling that something was wrong", his level of anxiety would increase, which he would reduce by compulsively counting to a certain number and only then would he calm down. The obsessive thought appeared in the form of "something bad would happen", with an accompanying feeling of anxiety and fear. The boy could not specify the content of the obsessive thought, but we can say that the goal of his compulsions (in this case counting) was to reduce the elevated level of anxiety and prevent some frightening event. Younger children may not be able to articulate the goals of their compulsions or mental activities (2). According to Dodik-Ćurković (1), rituals without cognitive obsessions are more common in younger children (6-8 years old). Also, research shows that symptoms of OCD in boys occur more often than in girls in prepuberty (7).

The parents described how the boy over the past few years had shown similar difficulties that varied in frequency and intensity; for the past two years he had taken frequent and prolonged showers, washed his hands excessively, verbalized his fear of contracting a deadly disease, and showed intense concern and fear for the life and health of his parents. The mother stated that the intensity and frequency of difficulties at the moment interfered with the boy's daily functioning.

The boy was prescribed pharmacotherapy by the child and adolescent psychiatrist, and after the therapy the parents noticed an increased quality of falling asleep and sleeping, but the boy still avoided certain activities and situations that triggered obsessive-compulsive symptoms.

The mother stated that the teacher noticed weaker cooperation in the school, that he was absent, pensive, deconcentrated during school hours and

sata bio odsutan, zamišljen, dekoncentriran te da izbjegava određene „okidače“ za pojavu opsesivno-kompulzivnih teškoća (npr. gledanje nekog dokumentarnog filma). Dječak opisuje kako se prisilno brojanje javlja i među prijateljima, no prijatelji to ne primjećuju. Dječak također navodi da se brojanje ne događa kada radi nešto zanimljivo (primjerice kada je išao na klizanje) što možemo shvatiti kao aktivnosti koje dječaku služe kao distrakcija. Podatci iz istraživanja pokazuju kako u osnovnoškolskoj dobi prevladavaju opsesivne misli i kompulzivne radnje vezane za školu poput brojanja u sebi i ponavljanja određenih riječi u situacijama napetosti (7).

Dječak je rođen iz uredne trudnoće, poslije porođaja je utvrđena cista na mozgu te je tijekom prve godine života bio u mutidisciplinskom praćenju. Rani psihomotorni razvoj dječaka bio je uredan. Pri procjeni rizičnih faktora važno je uzeti u obzir i faktor neurorizika kod dječaka. Psihijatrijska i psihološka procjena nije se značajno fokusirala na neurorizik, s obzirom da je dječakov rani psihomotorni razvoj bio uredan te nije bio u praćenju neuropedijatra poslije prve godine života. Dječji i adolescentni psihijatar nije indicirao potrebu neuropedijatrijske obrade dječaka.

Dječaj je pohađao vrtić od 1. godine do polaska u školu u koju je krenuo redovno, bez teškoća separacije i adaptacije. Roditelji dječaka opisuju kao emotivnog i osjetljivog na teškoće drugih. Majka dječaka opisuje kako je ona sama često tjeskobna i u strahu te se u razgovoru doznaje da je nakon porođaja imala simptome opsesivno-kompulzivnog poremećaja koji nisu liječeni niti je ikada bila u tretmanu psihijatra ili psihologa. Nakon porođaja majka navodi da su joj se anksiozne teškoće intenzivirale, a svoj odgojni stil opisuje hiperprotektivnim i pretjerano popustljivim. Među vršnjacima dječak je dobro prihvaćen i uklopljen, voli se družiti.

Majka pri davanju podataka smatra bitnim skoro rođenje polusestre po ocu o čemu dječak ne

that he avoided certain “triggers” of OCD (e.g., watching a documentary). The boy described how forced counting also occurred among friends, but friends did not notice it. The boy also stated that counting did not happen when he did something interesting (for example, when he went skating) which we could see as the activities that served as a distraction for the boy. Observational data show that obsessive thoughts and compulsive actions related to school, such as silent counting and repeating certain words in situations of tension, predominate in primary school age (7).

The boy was born after a normal pregnancy, a cyst was found on his brain after the birth, and he was under multidisciplinary follow-up during the first year of his life. The early psychomotor development of the boy was orderly. When assessing risk factors, it was important to consider the boy’s neurorisk factor. Psychiatric and psychological assessment did not significantly focus on neurorisk, as the boy’s early psychomotor development was orderly and was therefore not monitored by a neuropediatrician after the first year of life. The child and adolescent psychiatrist did not indicate the need for neuropediatric treatment of boy.

The child attended kindergarten from the age of 1 until he started school, which he attended regularly, without any difficulty of separation and adaptation. The boy’s parents described him as emotional and sensitive to the difficulties of others. The boy’s mother described how she herself was often anxious and scared, and the conversation revealed that after the birth she had symptoms of OCD that were not treated, and she had never been treated by a psychiatrist or psychologist. The mother stated that her anxiety difficulties intensified following the birth and described her upbringing style as hyperprotective and overly lenient. Among his peers, the boy was well accepted and integrated, he liked spending time with his friends.

When providing information, the mother considered the birth of a paternal half-sister to be important, which the boy refused to talk to his

želi razgovarati s majkom, rastuži se te bude plačljiv kada se spomene ta tema. Sukladno mnogobrojnim istraživanjima, posebno stresni životni događaji mogu dovesti do pogoršanja simptoma i intenziviranja teškoća. Rođenje sestre po ocu možemo u ovom slučaju smatrati precipitirajućim faktorom koji je okidač ili pridonosi intenziviranju teškoća.

Dječaka je u hitnoj ambulanti pregledao dječji i adolescentni psihijatar te je postavio dijagnozu opsesivno-kompulzivnog poremećaja. Dječak je zatim upućen na psihologijsku obradu. Psihologijskom obradom utvrđeno je da se radi o dječaku neverbalnih intelektualnih sposobnosti na razini prosjeka kod kojeg dominiraju simptomi opsesivno-kompulzivnog poremećaja koji ga ometaju u svakodnevnom funkcioniranju. Nakon obrade, dječak je uključen u ambulantno praćenje dječjeg i adolescentnog psihijatra, uz adekvatnu farmakoterapiju i psihologijski tretman jednom tjedno, prema principima kognitivno-bihevioralne terapije. Uvidom u nalaze dječjeg i adolescentnog psihijatra, već pri prvom pregledu uvedena je farmakološka terapija, i to inhibitor ponovne pohrane serotonina (fluvoksamin) te anksiolitik (diazepam). Početna doza fluvoksamina bila je 50 mg, a nadležni dječji i adolescentni psihijatar bilježi u nalazu da je povećanjem doze na 100 mg uočeno i od strane psihijatra, majke dječaka i samoga dječaka značajno poboljšanje u obliku redukcije opće razine anksioznosti te intenziteta i čestine opsesivnih misli i kompulzivnih radnji.

RASPRAVA

Tijek tretmana

Dječak na inicijalni pregled dječjeg i adolescentnog psihijatra, psihologijsku procjenu i uključenje u tretman dolazi na inicijativu majke, koja je primijetila intenzivne teškoće pažnje i koncentracije, koje su utjecale na njegovu školsku i opću efikasnost, a u podlozi čega su

mother about and got sad and cried every time this topic was mentioned. According to numerous studies, particularly stressful life events can lead to worsening of symptoms and intensification of difficulties. The birth of a paternal half-sister can in this case be considered a precipitating factor that is a trigger or contributes to the intensification of difficulties.

The boy was examined by a child and adolescent psychiatrist in the emergency room and was diagnosed with OCD. The boy was then referred for psychological treatment. Psychological examination revealed that he was a boy with non-verbal intellectual abilities at the average level, dominated by symptoms of obsessive-compulsive disorder that interfered with his daily functioning. After examination, the boy was included in the outpatient follow-up by the child and adolescent psychiatrist, with adequate pharmacotherapy and psychological treatment once a week, according to the principles of cognitive-behavioural therapy. Based on the findings of the child and adolescent psychiatrist, the pharmacological therapy was introduced upon the first visit, specifically a serotonin reuptake inhibitor (fluvoxamine) and an anxiolytic (diazepam). The initial dose of fluvoxamine was 50 mg, and the competent child and adolescent psychiatrist found that increasing the dose to 100 mg showed a significant improvement, which was acknowledged by the psychiatrist but also by the boy's mother and the boy himself, in the form of reduction of general anxiety and intensity and frequency of obsessive thoughts and compulsive actions.

DISCUSSION

The course of treatment

The boy came in for an initial examination by a child and adolescent psychiatrist, psychological assessment and inclusion in treatment at the initiative of the mother, who noticed intense attention and concentration difficulties, which affected his school and general efficiency, and

bile opsesivno-kompulzivne teškoće. DSM-5 dijagnostički kriteriji ne zahtijevaju da djeca prepoznaju opsesije i kompulzije kao pretjerane i nerazumne, a najčešće su upravo roditelji ti koji opažaju simptome kada oni počnu ometati funkcioniranje djeteta ili obitelji (1). Iako je dječakova kompulzija bila „nevidljiva“, odnosno bila je u mentalnoj formi, značajno je utjecala na svakodnevno funkcioniranje dječaka i kvalitetu života, što je zatim majci postalo vidljivo.

Na početku psihoterapijskog tretmana usvojeni su sljedeći ciljevi s dječakom i roditeljima: usvajanje tehnika suočavanja s opsesivnim mislima, usvajanje tehnika suprotstavljanja kompulzivnim radnjama te reduciranje anksioznosti u svakodnevnom životu, kao i osnaživanje i educiranje dječaka i roditelja u svrhu boljeg nošenja s teškoćama te podršci dječaku tijekom tretmana. Tijekom tretmana OKP-a kod djece nužna je uključenost roditelja ili skrbnika u tretman, što naglašavaju i rezultati istraživanja. Istraživanja pokazuju kako se čak 99 % roditelja uključuje u određena kompulzivna ponašanja djeteta, dok ih 77 % u svakodnevnim aktivnostima sudjeluje u OKP ritualima ili pomaže djetetu u izbjegavanju situacija koje izazivaju anksioznost (8). Obiteljske intervencije koje pomažu razvoj OKP simptoma mogu dovesti do ozbiljnog narušavanja svakodnevnih obiteljskih rutina (9) što naglašava važnost uključenosti roditelja u tretman OKP kod djece (10).

Prvi korak u tretmanu dječaka bila je psihoedukacija roditelja i dječaka o opsesivno-kompulzivnom poremećaju. Nakon psihoedukacije i postavljanja terapijskih ciljeva s dječakom je izrađena hijerarhija situacija koje izazivaju opsesije i kompulzije kako bi se započelo postupno izlaganje. Prema kliničkim smjernicama NICE (11) tehnika izlaganja s prevencijom odgovora (sprječavanje kompulzija) uvrštena je među preporuke o tretmanima koji se smatraju uspješnima za liječenje OKP-a, i kod djece i mladih i odraslih. Specifične smjernice i preporuke

which stemmed from his OCD. DSM-5 diagnostic criteria do not require children to recognize obsessions and compulsions as excessive and unreasonable, and most often it is the parents who notice the symptoms when they begin to interfere with the functioning of the child or family (1). Although the boy's compulsion was "invisible", i.e., it was in mental form, it significantly affected the boy's daily functioning and quality of life, which then became visible to the mother.

At the beginning of psychotherapeutic treatment, the following goals were adopted both with the boy and his parents: adoption of techniques for coping with obsessive thoughts, adoption of techniques for counteracting compulsive actions and reducing anxiety in everyday life, as well as for empowering and educating the boy and his parents to better cope with difficulties and to provide support to the boy during treatment. During the treatment of OCD in children, the involvement of parents or guardians in the treatment is necessary, which is emphasized by the results of the research. Research shows that as many as 99% of parents engage in certain compulsive behaviours of the child, while 77% of them participate in OCD rituals in daily activities or help the child avoid situations that cause anxiety (8). Family interventions that help develop OCD symptoms can lead to serious disruption of daily family routines (9), emphasizing the importance of parental involvement in the treatment of OCD in children (10).

The first step in the treatment of the boy was the psychoeducation of parents and the boy about OCD. After psychoeducation and setting therapeutic goals, a hierarchy of situations that provoked obsessions and compulsions was created with the boy in order to begin gradual exposure. According to the NICE clinical guidelines (11), the technique of exposure with response prevention (prevention of compulsions) is included among the recommendations on treatments considered successful for the treatment of OCD, both in children and adolescents and adults. NICE's specific guidelines and recommendations (11) for the

NICE (11) za liječenje OKP-a kod djece i mladih sugeriraju aktivno uključivanje obitelji ili skrbnika djeteta u planiranje liječenja i u postupak liječenja, posebno vezano uz tehniku izlaganja s prevencijom odgovora, u obliku pomoći djetetu/mladoj osobi u provođenju tehnike kao i poticanju primjene ERP-a (*Exposure Response Prevention*) ako se nakon liječenja pojave novi ili različiti simptomi.

U izlaganju su korišteni video i slikovni materijali koji su dječaku izazivali opsesivne misli i kompulzije brojanja te su hijerarhijski poredani od one koja je dječaku potencijalno najmanje do one koja je najviše stresna. Tijekom gledanja navedenih materijala inzistiralo se od terapeuta da dječak opisuje što vidi na ekranu na glas, kako istovremeno ne bi izvodio kompulzije (brojanje). Osim određenih crtanih filmova te crno-bijelih filmova, kod dječaka su okidač za opsesije bile i stare slike u kući bake i djeda te stara kuća u ulici u kojoj živi. Za domaću zadaću, roditelji i dječak trebali su se izlagati starim slikama kod kuće prema pravilima postupnog izlaganja o čemu su roditelji detaljno educirani. Upravo je uključenost roditelja u cjelokupan tretman bila od izrazite važnosti, budući da i sva relevantna istraživanja upućuju na potrebu da roditelj (barem jedan) prisustvuje seansama te bude savjetovan od terapeuta kako voditi dijete tijekom procesa izlaganja izvan terapijskog *settinga* (kod kuće). Roditelji su detaljno educirani kako adekvatno reagirati na djetetove simptome OKP-a te primjenjivati strategije upravljanja nepredviđenim situacijama, kao i potkrepljivanju pozitivnih pomaka u ponašanju (pohvala, mala nagrada) (12).

U tretmanu opsesivno-kompulzivnog poremećaja kod dječaka primijenjene su i kognitivne tehnike. U literaturi se navodi metoda 4 koraka kao vrlo uspješna kognitivna tehnika u tretmanu opsesivno-kompulzivnog poremećaja, a koja se sastoji od preimenovanja, pripisivanja, preusmjeravanja pažnje i ponovnog procjenjivanja (13).

treatment of OCD in children and young people suggest the active involvement of the family or caregiver in treatment planning and procedure, especially in relation to exposure response prevention techniques, in the form of assistance to the child/young person in the application of the technique, as well as in encouraging the use of ERP (Exposure Response Prevention) if new or different symptoms appear after treatment.

The exposure techniques involved video and pictorial materials that provoked the boy's obsessive thoughts and compulsions of counting and were hierarchically arranged from the one that was potentially the least stressful for the boy to the one that was the most stressful. While watching the above materials, the therapist insisted that the boy describe what he saw on the screen aloud, so as not to perform compulsions (counting) at the same time. In addition to certain cartoons and black-and-white films, the boys' triggers for obsessions were old paintings in their grandparents' house and an old house in the street where he lived. For homework, the parents and the boy had to be exposed to old paintings at home according to the rules of gradual exposure, about which the parents were educated in detail. The involvement of parents in the overall treatment was extremely important, as all relevant research suggests the need for a parent (at least one) to attend sessions and be advised by a therapist on how to guide the child during the exposure process outside the therapeutic setting (at home). Parents were educated in detail on how to adequately respond to the child's symptoms of OCD and apply strategies to manage unforeseen situations, as well as to support positive behavioural shifts (praise, small reward) (12).

Cognitive techniques were also used in the treatment of the boy's OCD. The 4-step method is cited in the literature as a very successful cognitive technique in the treatment of OCD, which consists of renaming, attributing, redirecting attention, and re-evaluating (13).

The boy named the disorder "Zloćko" ("Meanie") and was taught how to apply the first two steps of

Dječak je poremećaju dao ime „Zloćko“ te je poučen kako primjenjivati prva dva koraka iz navedene metode. Naučio je opsesije i kompulzije prepoznavati samo kao misli koje se pojavljuju i koje ne utječu na stvarni razvoj događaja te je naučio opsesije i kompulzije pripisivati poremećaju, a ne samom sebi. Primjerice, kada bi se javila opsesija dječak je naučio sam sebi reći *„To je samo moj Zloćko, to nisam ja, evo ga opet, baš je dosadan“.*

Dječak je od početka tretmana pokazivao dobar uvid u svoje teškoće, što je prema DSM-u 5(2) definirano na način da „osoba prepoznaje da uvjerenja opsesivno-kompulzivnog poremećaja sigurno ili vjerojatno nisu točna ili da mogu, ali i ne moraju biti točna“. Prema istraživanju slabiji uvid u teškoće povezan je s lošijim ishodom tretmana (14).

Nakon što se na seansi uspješno izlagao dokumentarnom filmu o Nikoli Tesli i njegovim izumima, dječak je sam predložio da s ocem za domaću zadaću ode u Tehnički muzej. Posjet muzeju je prošao odlično – otac daje podatke da nije primijetio napetost kod dječaka, navodi da je dječak cijelo vrijeme s njim razgovarao te da nije primijetio da je obuzet brojanjem, što potvrđuje i sam dječak, koji navodi da se poriv za kompulzivnim ponašanjem javio, no da mu se pomoću usvojenih tehnika uspio oduprijeti.

Roditelji su educirani da pohvaljuju dječaka kada primijete da se uspio oduprijeti brojanju ili kada nije primjenjivao izbjegavajuće ponašanje, te se uspio suočiti sa stresogenim situacijama ili objektima, a dječak je podučen da napiše popis uspjeha koje je postigao tijekom terapijskih susreta, a za koje je prije mislio da neće nikako moći te da taj popis spremi i pohvali se svaki put za uspješno suočavanje.

Roditelji suočeni s opsesivno-kompulzivnim poremećajem kod djece izražavaju teškoće u razumijevanju poremećaja, osjećaj bespomoćnosti u kontroli simptoma (9) te izražavaju nesigurnost u načinima nošenja i odgovora

this method. He learned to recognize obsessions and compulsions only as thoughts that arose and did not affect the actual development of events, and he learned to attribute obsessions and compulsions to disorder, rather than to himself. For example, when an obsession arose, the boy learned to say to himself “*It’s just my Meanie, it’s not me, here it is again, it’s really annoying.*”

From the beginning of the treatment, the boy showed a good insight into his difficulties, which according to DSM 5 (2) is defined in such a way that “a person recognizes that obsessive-compulsive disorder beliefs are certainly or probably incorrect or may or may not be correct”. According to research, poorer insight into difficulties is associated with a poorer treatment outcome (14).

After successfully exposing himself to a documentary about Nikola Tesla and his inventions, the boy himself suggested that he go to the Technical Museum with his father as part of homework. The visit to the museum went great - the father said that he did not notice tension in the boy, stated that the boy talked to him all the time and that he did not notice that he was obsessed with counting, which was also confirmed by the boy himself. The boy also explained that the urge for compulsive behaviour occurred, but he managed to resist it with the help of the adopted techniques.

Parents were educated to praise the boy when they noticed that he managed to resist counting or when he did not apply avoidant behaviour and when he managed to cope with stressful situations or objects. On the other hand, the boy was taught to write a list of successes he achieved during therapeutic encounters, for which he thought that he would not be able to achieve, and to keep that list and praise himself every time he had a successful confrontation.

Parents faced with obsessive-compulsive disorder in children express difficulties in understanding the disorder, feelings of helplessness in controlling the symptoms (9) and express insecurity in the ways of carrying and respond-

prema djetetovim simptomima (15). Iz svega navedenog te uzimajući u obzir ovisnost djeteta o roditeljima ili skrbnicima jasna je važnost uključenosti roditelja/skrbnika u tretman djeteta s opsesivno kompulzivnim poremećajem (10). Kako je ranije navedeno, majka je svoj odgojni stil procijenila hiperprotektivnim, a što je u skladu i s podatcima iz literature. Istraživanja pokazuju kako roditelji djece s OKP-om rjeđe nagrađuju nezavisnost djeteta u usporedbi s roditeljima djece iz kontrolnih skupina (16). Sukladno navedenim nalazima i druga istraživanja potvrđuju visoke razine roditeljske kontrole djetetovog ponašanja u obiteljima s OKP-om (10). Također, kao što je i ranije navedeno, majka dječaka je i sama imala simptome opsesivno-kompulzivnog poremećaja koji nisu liječeni, te navodi čest osjećaj straha i tjeskobe, što upućuje i na nasljednu ulogu, ali i utjecaj okolinskih čimbenika na razvoj teškoća. Genetska hipoteza upućuje na postojanje najmanje pet glavnih gena koji imaju važnu ulogu u nastanku OKP-a, no naglašava se uloga i okolinskih čimbenika u razvoju i održavanju OKP-a, jer je malo vjerojatno da će samo genetska komponenta imati utjecaj na razvoj bolesti. U mnogim slučajevima izostaje pozitivna obiteljska anamneza (17).

Važno je napomenuti kako je tretman uživo prekinut krajem ožujka 2020. godine zbog pandemije koronavirusa i djelomične obustave rada u zdravstvenim ustanovama, odnosno prilagođavanja načina rada zdravstvenoj krizi. Zbog pandemije korona virusa, ograničeni su kontakti kada to nije nužno te je obustavljen ambulantni rad u zdravstvenoj ustanovi. Iskustva iz drugih država Europske unije pokazuju kako su se mnogi stručnjaci mentalnog zdravlja suočili sa sličnim teškoćama te je tako broj pacijenata koji su bili u tretmanu uživo značajno smanjen, dok je povećan broj psihoterapija održanih na daljinu, putem interneta i telefonske veze (18). S roditeljima i dječakom tada su dogovoreni online susreti tijekom kojih smo se usredotočili na osnaživanje dječaka i roditelja te uvođenje strukture dana i održavanje postignutih napre-

ing to the child's symptoms (15). From all the above and taking into account the child's dependence on parents or guardians, the importance of the involvement of parents/guardians in the treatment of a child with OCD is clear (10). As mentioned earlier, the mother assessed her parenting style as hyperprotective, which is in line with the data from the literature. Research shows that parents of children with OCD are less likely to reward child independence compared to parents of children in control groups (16). Consistent with these findings, other studies confirm high levels of parental control of child behaviour in families with OCD (10). Also, as mentioned earlier, the boy's mother herself had symptoms of obsessive-compulsive disorder that were not treated, and she cited frequent feelings of fear and anxiety, which suggests a hereditary role, but also the influence of environmental factors on the development of difficulties. The genetic hypothesis suggests the existence of at least five major genes that play an important role in the development of OCD but emphasizes the role of environmental factors in the development and maintenance of OCD, as it is unlikely that only the genetic component will influence disease development. In many cases, a positive family history is missing (17).

It is important to note that the live treatment was interrupted at the end of March 2020 due to the coronavirus pandemic and the partial suspension of work in healthcare institutions, i.e. the adjustment of the way of working to the health crisis. Due to the coronavirus pandemic, contacts are limited when not necessary and outpatient work at the health facility has been suspended. Experiences from other EU countries show that many mental health professionals have faced similar difficulties, significantly reducing the number of patients receiving live treatment, while increasing the number of remote psychotherapies, via the Internet and telephone (18). Online meetings were then arranged with the parents and the boy, during which we focused on empowering the boy and the parents and introducing the structure of the day and main-

daka u terapiji. Nakon ponovnog otvaranja rada u zdravstvenim ustanovama, s dječakom i roditeljima uspostavljeni su susreti uživo. Susreti *online* putem video poziva bili su novi oblik rada i za psihologinju i za dječaka i njegove roditelje te je situacija zahtijevala brzu prilagodbu novim načinima susreta. I roditelji i dječak bili su voljni održavati susrete putem video poziva, no bilo je potrebno prilagoditi materijale, vježbe i tehnike susretima *online*. Istraživanja pokazuju kako kognitivno-bihevioralni tretman putem web kamere može biti efikasan u smanjivanju opsesivno–kompulzivnih simptoma kod mladih s OKP-om (12). Prednost *online* tretmana putem web kamere je dostupnost terapeuta i u situacijama fizičkog distanciranja kada su onemogućeni kontakti uživo, dostupnost tretmana i osobama koje žive na udaljenim lokacijama te mogućnost da se putem kamere vidi cijelo lice djeteta što je u kontaktu uživo onemogućeno nošenjem zaštitnih maski, dok je mana nedostatak "*face-to-face*" kontakta, moguće poteškoće u internetskoj vezi koje otežavaju komunikaciju te ograničene mogućnosti izlaganja podražajima koji izazivaju anksioznost.

Važno je istaknuti kako je dječak uz kognitivno-bihevioralni tretman imao i propisanu farmakoterapiju od strane nadležnog dječjeg i adolescentnog psihijatra, što je u skladu s nalazima iz stranih istraživanja koja pokazuju kako su kognitivno-bihevioralna terapija uz izlaganje te psihofarmakološki tretman prve dvije terapije izbora u tretmanu OKP-a kod djece (19). Tretman s jednom ili obje navedene terapije dovodi do klinički značajnog poboljšanja simptoma kod 50 % pedijatrijskih pacijenata s OKP-om (20). Vodeći se rezultatima brojnih i recentnih istraživanja te pod pretpostavkom da psihoterapija i farmakoterapija imaju aditivne i sinergijske učinke, kao i da dva učinkovita načina liječenja koja ciljaju različite mehanizme promjene u oboljele osobe ujedinjena postaju učinkovitija od bilo kojeg pojedinačno, možemo reći i da su i farmakoterapija i psihoterapija dala svoj zasebni, ali i sinergijski dio u ishodu liječenja dječaka.

taining the progress made in therapy. After the reopening of work in health facilities, live meetings were re-established with the boy and his parents. Online video meetings were a new form of work for both the psychologist and the boy and his parents, and the situation required quick adaptation to new ways of meeting. Both parents and the boy were willing to hold the meetings via video calls, but it was necessary to adapt the materials, exercises and techniques to the online meetings. Research shows that cognitive-behavioral treatment via webcam can be effective in reducing obsessive-compulsive symptoms in young people with OCD (12). The advantage of online treatment via webcam is the availability of therapists and situations of physical distancing when live contacts are disabled, the availability of treatment for people living in remote locations and the ability to see the whole face of the child, which is not possible in live contact because of protective masks that need to be worn. The disadvantage is the lack of face-to-face contact, possible difficulties in the Internet connection that hamper normal communication and limited opportunities to be exposed to stimuli that cause anxiety.

It is important to point out that the boy, in addition to cognitive-behavioural treatment, was administered pharmacotherapy, prescribed by the competent child and adolescent psychiatrist, which is in line with findings from foreign research showing that cognitive-behavioural therapy with exposure and psychopharmacological treatment are the first two therapies of choice for the treatment of OCD in children (19). Treatment with one or both of these therapies leads to clinically significant improvement in symptoms in 50% of paediatric patients with OCD (20). Guided by the results of numerous and recent studies and assuming that psychotherapy and pharmacotherapy have additive and synergistic effects, as well as that two effective treatments that target different mechanisms of change in patients together become more effective than any individually, we can say that pharmacotherapy and psychotherapy gave its separate but also

Sudjelovanje u kognitivno-bihevioralnoj terapiji od pacijenta zahtijeva aktivan pristup, uključenost u proces terapije, predanost, uvježbavanje terapijskih tehnika naučenih na seansi kod kuće te implementiranje u svakodnevni život. Na početku tretmana su opsesivno-kompulzivne teškoće dječaka bile do te mjere izražene da bi onemogućile adekvatno sudjelovanje u terapiji bez adekvatne medikacije. Lijek je pomogao u ublažavanju simptoma mehanizmima povezanima s kemijsko-biološkim promjenama unutar živčanog sustava, dovoljno da omogući dječaku da adekvatnije sudjeluje u psihoterapijskom procesu. Teško je točno razgraničiti veličinu utjecaja pojedinog mehanizma promjene, no možemo zaključiti da je uspješno liječenje uključivalo i farmakoterapijske i psihoterapijske postupke, što znači da se najbolji rezultati postižu kombinacijom navedenoga.

Nadalje, kao prediktore uspješnosti tretmana OKP-a, istraživanja navode kako predadolescenti imaju više koristi od tretmana nego adolescenti (19). Također, kod dječaka nisu dijagnosticirana komorbidna stanja. Prisutnost komorbidnih stanja, odnosno prisutnost nekih kliničkih stanja u kombinaciji s OKP-om (depresivnost, problemi ponašanja, ADHD) predviđaju lošiju prognozu liječenja KBT-om. Primjerice, prisustvo depresivnog poremećaja uz OKP može ometati proces habituacije anksioznosti tijekom terapijske tehnike izlaganja (21).

Navedeni podatci potvrđuju važnost rane dijagnostike teškoća i simptoma kod djece te što ranijeg uključivanja u tretman u koji je potrebno uključiti i roditelje.

EVALUACIJA, PROBLEMI TE REZULTATI TRETMANA

Tretman je provodila psihologinja u edukaciji iz kognitivno-bihevioralne terapije uz ambulantno psihijatrijsko praćenje nadležnog dječjeg i adolescentnog psihijatra. Marques i sur. (22)

synergistic contribution in the outcome of the boy's treatment. Participation in cognitive-behavioural therapy requires from the patient an active approach, involvement in the therapy process, dedication, practicing therapeutic techniques learned in sessions at home and implementation in everyday life. At the beginning of the treatment, the boys' obsessive-compulsive disorders were so severe that they would have prevented him from participating adequately in therapy without adequate medication. The drug helped alleviate symptoms by mechanisms associated with chemical-biological changes within the nervous system, enough to allow the boy to participate more adequately in the psychotherapeutic process. It is difficult to accurately delineate the magnitude of the impact of a particular mechanism of change, but we can conclude that successful treatment included both pharmacotherapeutic and psychotherapeutic procedures, which means that the best results are achieved by combining the above.

Furthermore, as predictors of the success of OCD treatment, research suggests that preadolescents benefit more from treatment than adolescents (19). Also, the boy was not diagnosed with comorbid conditions. The presence of comorbid conditions, i.e., the presence of some clinical conditions in combination with OCD (depression, behavioural problems, ADHD) predicts a poorer prognosis of CBT treatment. For example, the presence of depressive disorder with OCD may interfere with the process of anxiety habituation during therapeutic exposure technique (21).

These data confirm the importance of early diagnosis of difficulties and symptoms in children and the earliest possible inclusion in the treatment in which it is also necessary to include the parents.

EVALUATION, PROBLEMS AND TREATMENT RESULTS

The treatment was performed by a psychologist (student of cognitive-behavioural therapy studies) with outpatient psychiatric monitoring by

zamijetili su da primijenjena psihoterapija za OKP kod djece i mladih često nije utemeljena na znanstvenim dokazima, nije kognitivno-bihevioralna terapija te ključni elementi terapije izlaganjem nisu uključeni. Klinička iskustva podržavaju tu tezu te upućuju na ograničenu remisiju simptoma u takvim slučajevima. Tretman je osim kognitivno-bihevioralnih intervencija uključivao i psihofarmakološku terapiju. Istraživanja jasno podupiru tezu da je za liječenje OKP-a kod djece i adolescenata terapija prvog izbora KBT (uz terapiju izlaganja i prevencije odgovora), sama ili u kombinaciji s psihofarmakološkim liječenjem (selektivni inhibitori ponovne pohrane serotonina, SIPPS) (23,24).

Tretman je trajao od siječnja do kolovoza 2020. godine, sveukupno je provedeno 22 susreta koji su se u početku odvijali jedanput tjedno, a pred kraj tretmana su prorijeđeni na jedan susret u dva tjedna te kasnije na jedan susret u mjesec dana. Dogovoreno je javljanje po potrebi. Evaluacija kognitivno-bihevioralnog tretmana pokazala je kako su ostvareni ciljevi postavljeni na početku tretmana. Dječak ne izbjegava situacije koje su ranije izazivale opsesivne misli te se suprotstavlja kompulzivnim radnjama. Dječak je evaluirao uspješnost terapije na način: „Kada sam tek došao kod vas, 'Zloćko' je bio 100 % jak, a sada je samo 30 % jak." Simptomi opsesivno-kompulzivnog poremećaja kod dječaka su znatno smanjeni, pojavljuju se povremeno, jedanput u tjedan dana, dok su ranije bili prisutni svakodnevno čime je povećan broj dana kada kod dječaka izostaju opsesivno-kompulzivne teškoće. U svrhu praćenja učinka terapije te intenziteta teškoća dječaka prisutnih u pojedinim fazama terapije, provedeni psihologijski testovi pokazuju kako su kod dječaka i dalje prisutne opsesivne misli, no one više ne ometaju dječaka u svakodnevnom funkcioniranju.

Dječak je naučio bolje detektirati opsesivne misli (što je rezultat usvajanja tehnike samoopažanja – koji može utjecati na mjere samopro-

a competent child and adolescent psychiatrist. Marques et al. (22) noted that applied psychotherapy for OCD in children and adolescents was often not based on scientific evidence, was not cognitive-behavioural therapy, and key elements of exposure therapy were not included. Clinical experience supports this thesis and suggests limited remission of symptoms in such cases. In addition to cognitive-behavioural interventions, the treatment also included psychopharmacological therapy. Research clearly supports the thesis that for the treatment of OCD in children and adolescents, CBT is the first-choice therapy (with exposure and response prevention therapy), alone or in combination with psychopharmacological treatment (selective serotonin reuptake inhibitors, SIPPS) (23,24).

The treatment lasted from January to August 2020, a total of 22 meetings were held, which initially took place once a week, and towards the end of the treatment, these were diluted to one meeting in two weeks and later to one meeting in a month. It was agreed to report as needed. The evaluation of cognitive-behavioural treatment showed that the achieved goals were set at the beginning of treatment. The boy stopped avoiding situations that used to provoke obsessive thoughts and started to oppose compulsive actions. The boy evaluated the success of the therapy in the following way: "When I first came to you, "Meanie" was 100% strong, and now he is only 30% strong." Symptoms of obsessive-compulsive disorder were significantly reduced, occurring occasionally, once a week, while previously they had been present daily thus increasing the number of days when the boy did not present obsessive-compulsive disorder. In order to monitor the effect of therapy and the intensity of the boy's difficulties present in certain phases of therapy, conducted psychological tests showed that obsessive thoughts were still present in the boy, but they no longer interfered with his daily functioning.

The boy learned to better detect obsessive thoughts (as a result of adopting self-perception techniques - which can affect self-assessment

cjene, pa se može činiti kako u tijeku terapije njihov intenzitet i čestina ne opadaju dovoljno, a zapravo dijete se nauči boljem samoopažanju vlastitih kognitivnih procesa). Dječak procjenjuje da je usvojio adekvatne tehnike nošenja s opsesivnim mislima, bez obzira što se one i dalje pojavljuju. Roditelji su educirani o opsesivno-kompulzivnom poremećaju, načinima suočavanja s njim te su poučeni da njihov odnos prema simptomima OKP-a može imati važnu ulogu u održavanju samog poremećaja. Roditelji nerijetko u cilju smanjenja vlastite anksioznosti ili anksioznosti/patnje djeteta „sudjeluju" u kompulzijama, razuvjeravaju djecu, izvode „rituale" umjesto djeteta, no nažalost takav „angažman" jača i održava djetetove simptome te značajno utječe na živote svih članova obitelji (24). U ovom slučaju roditelji su bili partneri u tretmanu te nisu imali navedenih teškoća, pa je samim time i prognoza za uspješnost terapije bila veća, što je i u skladu s istraživanjima (26).

Simptomi nisu sasvim nestali, ali se pojavljuju rjeđe te kada se jave, dječak broji do broja četiri, umjesto do troznamenkastih brojeva, te je u mogućnosti promatrati OKP kao poremećaj s kojim se može suočiti.

Očekivana prepreka bila je i sama priroda opsesivno-kompulzivnog poremećaja u kojem se opsesije i kompulzije javljaju u sadržajno drugačijim oblicima. Ovisno o okidaču za pojavu opsesivnih misli (kasnije su to bili sadržajno neki drugi podražaji, npr. odjeća od tek rođene polusestre po ocu), iznova je rađena hijerarhija izlaganja, no pokazalo se s vremenom kako su kognitivne tehnike dječaku bile korisne te ih je naučio koristiti i primjenjivati neovisno o sadržaju, a tehniku izlaganja su usvojili i roditelji i dječak te su je mogli primijeniti u slučaju pojave novih oblika opsesija i kompulzija.

Roditelji su tijekom terapijskih susreta bili suportivni, spremni na sudjelovanje u terapijskom procesu, adekvatno su međusobno komunicirali, razmjenjivali informacije te su podjednako često dolazili na susrete u pratnji dječaka.

measures, as it may seem that their intensity and frequency did not decrease enough during therapy, in fact the child learnt better self-perception of own cognitive processes). The boy estimated that he had adopted adequate coping techniques with obsessive thoughts, regardless of the fact that they still appeared. Parents were educated about obsessive-compulsive disorder, ways to deal with it, and were taught that their attitude toward OCD symptoms could play an important role in maintaining the disorder itself. Parents often "participate" in compulsions, dissuade children, perform "rituals" instead of the child in order to reduce their own anxiety or the child's anxiety or suffering, but unfortunately such "engagement" strengthens and maintains the child's symptoms and significantly affects the lives of all family members (24). In this case, the parents were partners in treatment and did not have these difficulties, so the prognosis for the success of therapy was higher, which is in line with research (26).

The symptoms did not completely disappear, but they appeared less frequently, and when they did, the boy counted to number four instead of three-digit numbers and was able to view OCD as a disorder he was able to face.

The expected obstacle was the very nature of obsessive-compulsive disorder in which obsessions and compulsions occur in different forms. Depending on the trigger for obsessive thoughts (later these were some other stimuli, such as clothes from the new-born paternal half-sister), the hierarchy of exposure was redesigned, but over time it turned out that cognitive techniques were useful to the boy and he taught how to use and apply them regardless of the content. The exposure technique was also adopted by both parents and the boy and they were able to apply it in case of new forms of obsessions and compulsions.

During the therapeutic meetings, the parents were supportive, ready to participate in the process, they adequately communicated with each other, exchanged information and came to the meetings equally often to accompany the boy.

ZAKLJUČAK

U tretmanu opsesivno-kompulzivnog poremećaja u dječjoj i adolescentnoj dobi od iznimne je važnosti pravovremena dijagnostika i uključivanje u tretman te adekvatna suradnja s roditeljima. Roditelj djeluje kao koterapeut, uz psihoedukaciju o samim teškoćama djeteta te kako se adekvatnije nositi s njima, osvještava svoju ulogu u mogućem održavanju samog poremećaja te olakšava provođenje naučenih terapijskih tehnika kod kuće. Kognitivno-bihevioralna terapija je pokazala uspješnost u redukciji teškoća dječaka, na što upućuju i mnogobrojna istraživanja, pa se KBT smatra terapijom izbora u liječenju opsesivno-kompulzivnog poremećaja kod djece i mladih. Aktualna zdravstvena kriza s COVID 19 promijenila je način pružanja psihoterapije u svijetu, u obliku smanjenja osobnog kontakta te povećanja broja tele-terapije te pružanja psihoterapije putem interneta, što zahtijeva i daljnje prilagođavanje novim uvjetima, kako terapeuta tako i primatelja psihoterapijskih usluga.

CONCLUSION

In the treatment of obsessive-compulsive disorder in children and adolescents, timely diagnosis and involvement in treatment and adequate cooperation with parents are extremely important. The parent acts as a co-therapist, with psychoeducation about the child's difficulties and how to deal with them more adequately, becomes aware of his/her role in the possible maintenance of the disorder and facilitates the implementation of learned therapeutic techniques at home. In this case, cognitive-behavioural therapy has shown success in reducing the boy's difficulties, as is also evidenced by numerous studies, so CBT is considered the therapy of choice in the treatment of obsessive-compulsive disorder in children and adolescents. The current COVID-19 health crisis has changed the way psychotherapy is provided in the world, reducing personal contact and increasing the number of teletherapy and online psychotherapy, which requires further adaptation to new conditions, for both therapists and psychotherapists.

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