# Tips for Parents

You and your child are about to embark on a time-limited treatment program for children and adolescents with OCD developed in the Program for Child and Adolescent Anxiety Disorders at Duke University. This treatment pack­age, which in research studies has shown itself to be an effective treatment for OCD in young persons, has been used by thousands of clinicians around the world to help children and adolescents do away with OCD.

Your child's treatment will consist of 12-20 sessions of cognitive-behav­ioral psychotherapy (CBT). The BT in CBT stands for behavior therapy. Behavior therapy means that you can change your thoughts and feelings by first changing your behavior. In OCD, behavior therapy means exposing oneself to feared situations (exposure) and refraining from performing rituals (response prevention). Cognitive therapy (CT), which is usually added to exposure and response prevention (E/RP), addresses the catastrophic thinking and exaggerated sense of personal responsibility commonly seen in patients with OCD. Thus, behavior therapy (the BT in CBT) more properly refers to E/RP, while CT + E/RP is termed CBT.

As the name suggests, obsessive-compulsive disorder (OCD) is charac­terized by both obsessions and compulsions. Obsessions are unwanted, persist­ent thoughts, images, or urges that are accompanied by unpleasant feelings such as anxiety, disgust, or guilt. Common examples include contamina­tion/germ fears, fear of harming self or others, aggressive or sexual thoughts, and "just so" worries. "Just so" OCD usually involves a felt need for exactness or symmetry rather than an idea about perfectionism. Compulsions, which are sometimes termed rituals, are acts that are performed to reduce the uncom­fortable feelings, thoughts, and urges involved in obsessions. Compulsions, which include cleaning, washing, checking, ordering/arranging, counting, repeating, and hoarding or collecting, are usually performed in a rule-bound manner and are often bizarre. For example, an 8-year-old boy with "just so" OCD and counting rituals may have to trace and retrace his letters eight times or more, making it hard from him to complete his school work.

OCD in children and adolescents is more common than was once thought. Between 1 in 100 and 1 in 200 young persons is affected at any given time. This means that there are 3 or 4 youngsters with OCD in the average-size elementary school and up to 20 in a large urban high school. Since most of us don't know that many children with OCD, researchers believe that a large number must be suffering in silence. Although there is a great deal of overlap between boys and girls with OCD, research has also shown that OCD on average looks a bit different in boys and girls. Boys have more "just so" feelings, and are more likely to have tics and attention-deficit/hyperactivity disorder (ADHD). Boys' OCD symptoms are more likely to begin during the elementary school years. Girls exhibit more fears and anxiety, are more likely to be depressed, and their OCD symptoms are more likely to start during early adolescence.

While OCD in children looks like OCD in adults, and responds to both behavioral psychotherapy and to specific anti-OCD medications, OCD in kids poses a unique treatment challenge because young persons: (1) typically have more trouble seeing obsessions as senseless and compulsions as excessive, especially in the middle of an attack of OCD; (2) tend to be embarrassed by their obsessions and compulsions, and so try to keep them secret; (3) not uncommonly have more difficulty tolerating anxiety; and (4) more frequently involve family members in rituals. Thus, the treatment program we have devised includes strategies for sharpening insight, managing anxiety, and working with families, along with the techniques-mainly exposure and response prevention (E/RP)-necessary to eliminate OCD symptoms. During these sessions, you and your child will receive information about OCD, instructions about how to "boss back" OCD, and a "tool kit" for coping with anxiety, and will have an opportunity to practice these strategies with the therapist. In addition, your child will choose a series of homework assignments that help him or her "boss back" OCD.

Parents often ask, "How can we help?" First, the program includes two parent sessions. In addition, we prepared the following instruction sheets (coaching tips) to help explain particular elements of the treatment program. These parent coaching tips offer practical information and suggestions on how you can best participate in your child's treatment process.

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# SETTING THE STAGE FOR TREATMENT

## Tip 1 - What Is OCD?

While experts still aren't sure about how OCD gets started, most agree that OCD is a neurobehavioral disorder, that is, a brain and behavior problem that affects a child's thoughts, feelings, and behaviors in a very specific fashion. As a neurobehavioral illness, OCD cannot, in any way, be viewed as your child's "fault," or as something your child could stop "if he or she just tried harder." Rather, OCD is best viewed as a "short circuit," "hiccup," and/or "volume control" problem in the brain's "worry computer" that your child cannot stop by himself or herself. This "worry computer" inappropriately sends fear cues that do not deserve such attention. These fear cues are what we call obsessions.

Tip 2 - What Are Obsessions? Obsessions are unwanted thoughts, urges, or images that are accompanied by negative feelings. A common obsession is the fear of contaminating oneself or someone else by touching something "germy." Not surprisingly, you can't see obsessions, but you may notice that your child appears distracted or inattentive. When the brain gives these unwanted fear cues, the child's responses show up as ritualized behaviors called compulsions.

## Tip 3 - What Are Compulsions?

Compulsions are actions designed to make these thoughts go away and to relieve accompanying anxiety or other bad feelings. For example, excessive handwashing is a common ritual for patients with contamination fears. Avoiding "contamination" is also common, and can produce considerable distress and dysfunction. It is easy to see compulsions as bad behavior rather than as a natural, if self-defeating, response to obsessions. On the other hand, your child almost certainly is frustrated and depressed by his or her inability to resist OCD, and adding to the burdens imposed by OCD isn't helpful. By viewing OCD as a specific brain problem, you and your child can let go of the notion that either you or your child is somehow at fault, thereby taking a first step toward effective treatment.

## Tip 4 - Make OCD the Problem, Not Your Child

Reinforce this message with your child. One way to do this is to call OCD by the nasty nickname your child chooses to give it in Session 2. (Adolescents commonly just call OCD by its medical name.) In this way, OCD becomes the "bad guy" while you and your child are the "good guys" who are working to make OCD "get out of Dodge." When you're tempted to view your child's OCD symptoms as bad behavior, remember that OCD is an illness and that your youngster is sick. Criticism and other forms of punishment make it harder to resist OCD, so work to practice generosity, kindness, and most of all, patience while you and your child's therapist implement the treatment ~trategies that will, in the long run, reduce OCD symptoms.

## Tip 5 - The Therapist Is Your Child's Coach

Once OCD is clearly identified and named as the problem, the difficult process of "bossing back" OCD begins. The nugget at the heart of "bossing back" OCD is exposure and response prevention (E/RP), with the therapist serving as "coach" to facilitate that E/RP *Exposure* occurs when the child exposes himself or herself to the feared object, action, or thought. *Response prevention is* the process of blocking the rituals and/or minimizing the avoid­ance behaviors that result from exposure. With exposure and response pre­vention, anxiety over the obsession and associated rituals decreases or even disappears. Take, for example, the child with a contamination fear about touching doorknobs. In this case, since doorknobs trigger the obsession, the exposure task would be for the child to hold the "contaminated" doorknob. Next, response prevention takes place when the child refuses to perform the usual anxiety-driven compulsion, such as washing hands or using a tissue to grasp the knob. During therapy sessions, the therapist and the child together decide on an E/R.P task to be practiced daily between sessions. Not surpris­ingly, E/RP must be carefully structured so that your child will want to stick with treatment. This treatment program includes very specific ways for ensuring that E/RP leads to decreases in OCD symptoms. Implementing E/RP is the job of your child's therapist, who coaches your child in the strategies for winning the contest with OCD. Just as you wouldn't tell your child's basketball coach how to coach basketball, the structure of CBT for OCD must of necessity remain under the control of your child's therapist. If you have questions about how things are going, please ask your therapist before a little problem becomes a big one, but remember that your job is to support your child, not to coach.

## Tip 6 - Stop Giving Advice

For the most part, children already know that OCD makes no sense. Thus, reminding the child that his or her behavior is crazy, goofy, or nonsensical usually just makes the child feel bad. Similarly, advice to "just stop it" has the same effect; no one hates OCD more than the child who has it. He or she would have stopped already, if possible. Often, OCD causes problems in some places but not others, or at one time and not another, which not unreasonably causes parents to think that OCD is willful misbehavior. For example, a child may be able to use one bathroom in the house or not another, or may be fine with bathrooms at home but not at school. Remember that it is the nature of OCD not to make sense, and don't misinterpret the unevenness of OCD symptoms as calling for well-intentioned advice or injunctions to cease and desist.

## Tip 7 - Be a Cheerleader for your Child

As a cheerleader, you can help motivate your child as he or she begins to boss back OCD. By exhibiting a supportive and confidently neutral attitude, you can help reduce your child’s anxiety during exposure tasks. Criticism or punishment invariably makes OCD worse by decreasing your child’s motivation to resist. Remember that you wouldn’t critizie your youngster for having asthma; OCD is not much different. Remember also that the tasks chosen for E/RP may seem small and insignificant, but it is important for E/RP to take place at your child’s place.

## Tip 8 - Learn All You Can about OCD

If you had asthma, diabetes, or heart disease, you’d want to know as much about your illness and its treatment as possible. The same is true for OCD. Fortunately, there are many resources that can help you with this task, including lay and professional books, the OC Foundation, the OC Information Center, and even OCD sites on the Internet. We especially encourage you to join the OC Foundation, which supports patients and families struggling with OCD, and also works to expand knowledge about OCD by disseminating information and supporting research into the cause and cure of OCD.