

When Helping Hurts : What To Do When Your Child Has OCD

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Learning about the two parts to obsessive compulsive disorder can help you help your child.

Obsessive-compulsive disorder (OCD) is a form of anxiety that occurs in as many as one in 200 children and adolescents. But this number may be much higher because many kids go undiagnosed or misdiagnosed while other children might feel scared or embarrassed by their symptoms and hide them from families, friends, and teachers. In addition, school personnel or healthcare providers may not recognize symptoms, and falsely attribute them to the child's personality or assume a child is "acting-out." Although OCD in children is usually diagnosed between the ages of 7 and 12, kids as young as 3 have been seen with full-blown symptoms. The reality is that OCD and anxiety disorders may be more common than many chronic childhood illnesses like diabetes and asthma.

How do you know if your child has OCD?

As the name implies, there are two parts to OCD: obsessions and compulsions.

Obsessions are unwanted, intrusive thoughts or images that a person can't stop thinking about. Essentially, obsessions resemble nightmares that replay in the mind over and over again like a broken record. The content of the obsessions is often frightening, repulsive, and simply unpleasant. Because these uncomfortable thoughts induce the feeling that something bad will happen, they result in intense anxiety, worry, and fear.

Compulsions are physical or even mental reactions that a person feels driven to perform in order to keep bad things from happening and escape from unpleasant feelings. The relief is only temporary, so the person must repeat the compulsion to feel better. They can feel like bad habits that are impossible to stop even when it takes up an excessive amount of time.

The problem is, whenever someone feels better from a compulsive behavior, it only gets worse. Each time the intrusive obsession returns, a person with OCD will feel intensely anxious and will need to engage in another compulsive behavior to feel better. Eventually, this bond becomes stronger and more resistant to change. Many kids will demand other family members to help them perform compulsions. They may have specific rules of what others can and cannot do. Or they may refuse to go places or do

things with family members in an attempt to avoid the dreaded fears. Family members may involuntarily comply in order to avoid conflict and maintain peace. However, that is how parents and others get trapped in the sufferer's vicious cycle of obsessions and corresponding compulsions.

Common obsessions, compulsions, and family accommodations:

These are only a few common OCD symptoms. Although some obsessions and compulsions are related, such as a contamination obsession and a washing compulsion, this doesn't have to be the case. In fact, many compulsions can be completely incompatible with the obsession. With an OCD expert, you can begin to solve the puzzle.

Common Obsessions	Common Compulsions	Family Accommodations
Contamination fears of germs, dirt, etc.	Washing/Cleaning	Keeping self, home, "clean" according to the sufferer's requirements.
Doubts about safety or harm to self and others.	Checking	Checking locks, fires, or anything that can be potentially harmful on the sufferer's behalf.
Need for symmetry, exactness, order, having things "just right."	Ordering/Arranging	Excessive organizing or cannot touch items belonging to the sufferer.
Sexual/Aggressive/Inappropriate Thoughts	Repeating	Allowing the sufferer to go back and repeat routines or sequences.
Scrupulosity/Religiosity/Forbidden Thoughts	Praying	Praying in rigidly ritualistic ways with the sufferer, or giving the sufferer ample space and time to pray excessively.
Superstitious good vs. bad numbers	Counting	Helping the sufferer do things to specific good numbers while avoiding bad numbers.
Need to tell, ask, confess	Reassurance Seeking	Responding to the sufferer in definitive 'yes' or 'no' answers, or lying to help them feel better.
Making mistakes, imperfection	Making mental lists/ Retracing past memories	Giving the sufferer excessive time and space in attempt to reach perfection.

Parents are often at a loss when their child is afflicted with OCD. Symptoms are rarely contained to just the sufferer.

The child will often have temper tantrums or emotional meltdowns if family members don't comply with their accommodation requests.

Unfortunately, many parents give in at this point in order to reduce the child's distress, because they don't know what else to do. And it's heartbreaking for parents to see their child suffer and not be able to help. However, when it comes to any OCD rule or demand, helping and accommodating will be more harmful than good, especially in the long run.

What can you do to be supportive without enabling your child's OCD?

1. *Stick to normal routines.* When a loved one is distressed by OCD, family members often change their usual interactions in order to accommodate the sufferer's needs. This only validates and encourages irrational fears and therefore, we go around "walking on eggshells" and giving in to the demands of OCD sufferers.

2. *Avoid avoiding.* The more we avoid, the more power we bestow to the irrational fear and the easier it is to keep avoiding. This is one of the ways OCD rules become entrenched. Before you know it, the whole family is trapped in a prison of what you can and cannot do. Breaking free from fears and OCD rules will require the sufferer to face the fears.

3. *Set clear expectations.* Having OCD is not a reason for a child to ignore responsibilities. It is crucial to be clear in your expectations that chores and other tasks remain the responsibility of the child. Not assuming familial responsibilities will only give the child more time and mental energy to obsess and perform compulsions.

4. *Be honest.* It is never OK to lie to a child to help him or her feel better. It's natural to be afraid, and children need to learn how to tolerate discomfort rather than escaping from it. Relieving a child from anxiety basically implies that the child doesn't have the strength to bear it.

5. *Entertain the doubt.* Life is full of uncertainties. When an OCD sufferer repeatedly asks questions for reassurance, respond with vague uncertainty rather than absolute yes or no.

6. *Reward to motivate.* Facing a fear is no easy task, and it doesn't hurt to use small rewards to increase a child's motivation to tackle OCD fears. Keep the rewards small and reasonable with the goal of defeating OCD by facing the avoided fears. Sometimes, a simple phrase is rewarding enough to motivate a child to keep up the hard work.

Some red flags to look for when symptoms require treatment:

- Constant tantrums, emotional meltdowns, anger outbursts, and irritability
- Obvious signs of worries and fears
- Repetitive, ritualistic, or extreme avoidance behaviors
- A continual fear that something terrible will happen to themselves, loved ones, or random strangers
- An exceptionally long time spent getting ready for bed, leaving for school, or using the bathroom
- Requests for family members to repeat specific phrases, behaviors, or keep answering the same questions
- Sudden drop in academic performance or avoiding peers
- Excessive, unproductive hours spent doing homework
- Raw, chapped hands from constant washing
- Unusually high rate of soap, cleaning products, or paper towel usage
- Holes erased through test papers and homework
- A persistent fear of illness and diseases, or constant checks of the health of family members

These are only a few signs that your child may be suffering from OCD. If you are concerned, it's always best to have them checked by an OCD expert who will assess for specific triggers to the fears and the corresponding escape behaviors or ritualistic compulsions. If it's determined that your child has OCD, the specialist will develop an individualized treatment plan to help your child begin confronting those fears and breaking those behaviors.

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