Family Treatment in Child and Adolescent Psychiatry

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Session 4
Obsessive Compulsive Disorder

The request to “fix” the child

Continued

- Families bring their child to a Child and Adolescent Psychiatrist with the hope and expectation that the doctor will eliminate the child’s problem
- Parents are hoping that their child can behave in a socially acceptable and successful manner
- This may include the child’s behavior in the home
- The referral may occur because of failure in school or problematic behaviors with peers or authority

- The behavior can be troublesome to others, interfere with learning, or impact family relationships negatively
- Parents are frequently frustrated and at a loss, and their relationship with the child may be negative, hostile and further reinforce problematic behavior
- Based on their experience of failure and helplessness parents are hoping that the doctor can eliminate the problem through talking with the child and/or the use of medication

- The doctor may feel pressured by the family to take responsibility for finding a solution
- Although it may be tempting for the doctor to propose a remedy this approach is usually ineffective and not helpful
- The parents may hope that their child will be normal and not have unique differences
- We believe that the doctor's role is to help parents be effective in raising their child regardless of differences or difficulties

- It is the doctor's responsibility to understand each child in a comprehensive fashion
- The doctor must recognize the aspects of the child which cannot be changed and are inherent to that unique person
- The doctor also will need to accept the child as he or she is and demonstrate care and compassion for that child the way they are
- This communicates to the parents that they also have to accept the child the way they are

- We recommend that the doctor not engage in any argument with the parents about how the child is
- By engaging the parents in working with the doctor to achieve the best possible developmental outcome for the child, the doctor both deflects the parents' wish for dramatic change and engages them in effective treatment
- This creates the treatment team that enlists the child in achieving the best outcome
- We see the doctor as working with the parents and the child rather than working with the child alone

Obsessive Compulsive Disorder and the Family

- Symptoms of OCD
  - Repeated worries that become obsessions
  - These can be worries about safety, cleanliness/contamination, illicit behavior, or patterns that must be followed
  - These worries must be offset by compulsions that can appear irrational but must be followed
  - The intensity of the obsessions and demand to complete the compulsions varies, often influenced by stress
  - Adhering to the compulsions can interfere with normal functioning
  - Symptoms are often secretive and the patient is often embarassed by their behavior

Impact of OCD on Family Interactions

- Family members are often confused and perplexed by the symptoms
- Simple parental direction is not helpful and parental frustration is common
- Parents may find themselves having to engage in the compulsions
- The child can be demanding and frustrated if the parents do not comply
- The parents may become polarized as they try to figure out how to respond or help their child
- Family may be confused by the waxing and waning course of the illness

- Living with a child with OCD can be extremely frustrating and distressing
- Siblings may be concerned, angry and feel neglected by the attention required by the child with OCD
- Extended family may be alarmed and uncertain about how to be helpful
- The OCD may or may not impact school, activities and peer relationships
- As the disorder persists everyone can become demoralized

- Evidence based treatment for child and adolescent OCD includes:
  - Training in relaxation
  - Hierarchically based exposures without pursuing compulsions
  - SSRIs especially Sertraline can be very helpful

Family Interventions for OCD

- Accurate diagnosis and clear explanation of the disorder
- Ensuring that all family members agree with the OCD description
- Developing cohesive family engagement in promoting exposure and response prevention
- Enlisting the parents in encouraging the child's motivation to pursue treatment

- Parents may have different approaches to their own anxiety and distress about their child's OCD
- One parent may feel sympathetic and unable to expect the child to resist their compulsions, while the other parent may feel frustrated with the lack of support for the child's treatment
- One parent may experience extreme distress, anxiety and despair about the child's difficulties and the other parent may become critical of the other parent's reaction
- This can create family arguments and disconnection among family members including the child with OCD and siblings

- The doctor must engage the parents in resolving their differences and developing a united approach to treatment
- This can be difficult and may require a series of sessions with just the parents or with a parent individually
- Depending on the severity of the disagreements and relationship problems between the parents there may be a need for couple therapy
- Only when parents are able to work together to support the child's treatment is that treatment likely to be successful

- Parents assist the patient in listing obsessions in order from least concerning to most demanding
- The doctor and the parents support the child learning relaxation techniques and utilizing them in their day to day life
- Once the child is able to relax successfully they begin to expose themselves to their worry and not engage in the compulsions. The parents must ensure that this takes place.
- Again treatment must be enacted in the family's day to day life

- Throughout treatment the doctor will need to help the family view the child as having strengths and abilities outside of OCD
- The doctor can also help the family recognize strengths and positive attributes of the child and the family itself

- The doctor will need to strongly support and reinforce the family members' participation in treatment
- Small improvements will need to be recognized
- Planning for relapse or recurrence of OCD symptoms is often important
- Decreasing the negative impact of the chronicity of OCD can be very helpful
- The doctor will also want to strongly reinforce normal participation in education and occupation for the young person and support development of normal family life for the family