

## Wrong type of help from parents could worsen child's OCD

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For most parents, soothing a child's anxiety is just part of the job. But for a parent whose child has obsessive-compulsive disorder, soothing anxiety and helping with behaviors linked to the disease could lead to more severe symptoms, University of Florida researchers say.

Often, parents of children with OCD will help their children complete rituals related to their obsessions and compulsions, such as excessive bathing or checking things like door locks, according to findings recently published in the *Journal of Consulting and Clinical Psychology*. These accommodations can be anything that makes the symptoms of OCD less impairing, from reassuring a child that his hands are clean and his baby brother is OK to even doing his homework for him or buying objects that make the child feel safe.

"Parents do that because that is what a parent whose child doesn't have OCD would do," said Lisa Merlo, Ph.D., a UF assistant professor of psychiatry and the lead author of the study. "If your child is upset, you try to comfort them. But what we know is, for patients with OCD, if they get an accommodation, that reinforces the OCD to them.

"It's validating the OCD in the kid's mind, and that's what you don't want to do."

About one in 200 children and teenagers in the United States have OCD, according to the American Academy of Child & Adolescent [Psychiatry](#).

The study included 49 children between 6 and 18 with OCD and their families who came to UF for a type of treatment called cognitive-behavioral therapy. This form of therapy involves exposing children to their fears and teaching them better ways to respond and cope. During the sessions, therapists teach parents how they should deal with their child's OCD, too.

Prior to the start of the 14-session therapy, the researchers gauged how severe each child's condition was and compared it to how many accommodating behaviors parents reported. They found that the more severe the child's OCD, the more the child's family seemed to accommodate OCD behaviors.

"You would think if parents are helping, the kids would be less impaired," Merlo said. "But what we are seeing is that it snowballs and makes it worse and worse."

After the treatment, researchers noticed a significant decrease in how often families were assisting children with OCD behaviors and rituals. Children whose families had the biggest decrease in these accommodations also had the biggest improvement in their OCD symptoms, Merlo said.

What researchers don't yet know is if a family's "help" causes a child's OCD to worsen or if the severity of the disease causes parents to try to do more to help their children.

Some children, including many who come to UF's clinic, have symptoms so severe it prevents them from playing with friends or even going to school, Merlo said. In these instances, parents often feel they have to do whatever they can to help their children function, from doing their homework for them to buying specific items they feel like they need.

"If a kid is struggling a lot, parents feel like they have to do a lot to get through the day," Merlo said. "But if the child is not experiencing the natural consequences of the OCD symptoms, then they don't have any motivation to stop."

This phenomenon isn't exclusive to children and parents, said Jonathan S. Abramowitz, Ph.D., an associate professor and associate chairman of psychology at the University of North Carolina at Chapel Hill.

"We see it with adults' spouses and partners, too. In trying to be helpful to the person with OCD, they end up making the problem worse."

Although therapists have noticed this phenomenon anecdotally, there has so far been little research evidence to prove it. UF's study will help therapists and scientists address the problem, he said.

"It is very nice to have research data to back up these clinical observations," he said.

Source: University of Florida ([news](#) : [web](#))

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