

Introduction:

An Important Message for Parents

OBSESSIVE-COMPULSIVE DISORDER (OCD) is a brain illness. Kids and teenagers with OCD have mental “hiccups” (obsessions) that make them feel anxious or uncomfortable, and their illness tricks them into trying to eliminate that feeling by performing certain rituals over and over (compulsions). The obsessions that bother your son or daughter and the compulsions your child obeys to try to feel better don’t seem to make much sense. So you and your child have probably tried hard to find a way to stop OCD. The trouble is, you’ve probably also found that sensible measures don’t work too well against nonsensical OCD. If you’re like most families, you probably feel confused and frustrated because you don’t know where to turn.

That’s where this book comes in. In Part II are eight steps that those ages 4 and up can use to get rid of the obsessions and compulsions that may be ruling your family’s life. I devised this plan 15 years ago and have helped many hundreds of kids and teens use it to get rid of OCD and get on with their lives. Lots of other doctors use it, too, so we know it works. And now what we’ve been seeing in our offices has been confirmed by a large 5-year research study: This approach is the most effective way to get rid of mild to moderate OCD, and even kids who are bothered with more severe OCD do really well with this program. They might need lots of help from a therapist, might sometimes need to take medications as well, and might not get rid of obsessions and compulsions altogether. But any child or teen with OCD who uses this program stands an excellent chance of getting well enough to go on with school, friendships, sports, and the rest of normal life.

If this sounds good to you, read on.

What It Means to “Talk Back to OCD”

The program that we’ve found so successful in treating kids with OCD is based on cognitive-behavioral therapy (CBT), now considered to be the most successful general approach to eliminating OCD in both children and adults. In particular, the program is a type of exposure and response prevention (EX/RP) treatment. Put simply, it’s a way of helping kids learn, very gradually, that if they resist the urge to perform the rituals that OCD demands, their obsessions and the anxiety or discomfort that comes with them will go away, little by little, over time.

We call this “talking back to OCD,” because kids with this illness might feel as if they are being bossed around by OCD, forced to think about things they don’t want to think about and then forced to complete certain actions to silence the thoughts and ease their discomfort. Our program gives them the confidence to boss OCD back. As they see that they can, in fact, shut OCD up, their confidence increases and they make more and more progress toward eliminating OCD from their lives.

If you’ve been trying to deal with OCD on your own for a while, you probably already know that “obeying” OCD only seems to make things worse. Maybe obsessions have been bothering your child more than ever, and it seems to take more and more hand washing, counting, arranging, or other rituals to make your son or daughter feel better. Using the tools we provide in this book will give you a proven way to turn OCD around.

How to Use This Book

My use of the kid-friendly term “talking back to OCD” to name this program is no accident. You may be surprised to know that your child will essentially be in charge of working his or her way toward eliminating OCD. We’re talking to you parents right now because we know you’re the ones who buy books like this. And you’re the ones who are trying to find a way to help your child get rid of OCD. That’s great. But in this program your child will be in charge and you’ll play a supporting role rather than the lead. Here’s a rundown of how it works:

Part I is essentially for parents, although some children and most adolescents would benefit from reading this part of the book as well. Read Part I first, to gain a working knowledge of what the illness called OCD is, what it looks like, what causes it, and how it can be treated effectively. Part I includes a lot of important concepts and principles on which the kids’ program is based. Understand those and you’ll have what you need to support your son or daughter in eliminating OCD.

Next, read through the program in Part II to get an understanding of what your child or teenager will be doing. Understanding the basic concepts and framework of the program will help you decide whether your son or daughter seems likely to be able to follow the eight steps and, if so, how much help he or she might need.

This book has been designed essentially to be used as a self-help manual,

because I've found that kids with mild or moderate OCD and no other complicating illnesses can often follow the instructions for each step on their own. They still need their parents to be there to support, cheer, and provide help when asked, but many kids in middle school and up can essentially do the work independently.

If you have any doubt that your child can do this and that you too will be comfortable in the self-help mode, talk to a therapist who is willing to follow the program in our companion guide for therapists, *OCD in Children and Adolescents: A Cognitive-Behavioral Treatment Manual*, also published by The Guilford Press. (If you don't already have a therapist with experience in treating children with OCD, page 259 will help you find one.) The therapist should be able to help you figure out what will work best for your family—self-help, guided self-help (checking in with a therapist through regularly scheduled appointments), or just having the therapist “on call” for consultation as needed. I recommend that you consider having a therapist in the wings to help if needed, because just knowing a professional is there to back you up can boost your own confidence. And knowing who to call in advance means that you won't waste any time figuring out what to do if your child and you get stuck at some point in the program.

The instructions in Part II are adaptable. You can use them regardless of the level of help you plan to enlist and whatever your child's needs and abilities may be. The instructions for each step speak directly to your son or daughter. If your child is, say, age 10 or older, she can read and follow them on her own. (We've provided separate suggestions for teenagers in recognition that they are, and insist on being treated as, a different group from younger kids.) The kids' instructions for each step are followed by a section for parents (on the tabbed pages) that help you carry out your part. In these sections you'll find tips for providing the extra help that younger kids may need, clues to when to call in a therapist if your child gets stalled, and creative ideas for being the best cheerleader and coach you can be.

In a sense, you're getting two books in one: a child manual and a parent manual. Chapter 5, at the beginning of Part II, will help you figure out how to put them together in the best way for your family—whether you should sit down and talk about each step together before your child launches into the work, how often you should check in with each other, how you'll evaluate progress and know when to move to the next step, and so forth.

But first, once you've determined that this program might work for your child and family, you should introduce the book and the program to your son or daughter. If your child is old enough or sophisticated enough to grasp the material in Part I, by all means he or she should read it, too. If not, we've included lots of boxes that tell you how to pass on what you're reading to your child by talking about OCD in a brand-new way. This is a good way for you to lay the groundwork for your child's success with the eight steps in Part II.

Also critical to success is a mutual understanding of how long the program should take. Although progress is gradual, it's important not to take much longer than 4 months to complete the eight steps. If you stretch it out, your child won't

gain confidence quickly enough, and progress may stall. (If you need more than 4 or 5 months, you almost certainly need the help of a therapist.) Move too fast, on the other hand, and the child may find the discomfort of OCD intolerable and want to give up. You and your child should be in agreement on this ahead of time so that you're not tempted to try to control the pace once the program begins. As we explain on page 5, it's important for your child to stay in charge, and that means no "nagging" from Mom or Dad to pick up the pace or slow it down. You shouldn't feel any need, anyway; the program teaches your child how to judge when it's time to move forward and provides plenty of incentive for doing so.

What to Tell Your Child about the Program

When you do present the program and the book to your child, tell your son or daughter that you've just read a good book by a doctor from Duke University who figured out how to treat OCD in young people, and it's given you a new way to think about OCD that you think may help your child get rid of OCD once and for all. Remind your child that all of you have been doing what you can without any success, and that it's no one's fault. You've all been doing your best, but OCD doesn't come with a manual that tells you how to make it go away: This book is the guide you've been looking for. Say that the program in this book is going to put your child, not OCD, back in charge. Following this program may mean that your child won't have to be bossed around by OCD anymore. And the whole thing will be in your child's control. You'll be there to help at all times, but your child will be the boss.

Say that you know your son or daughter can do it—and, of course, that you'll love your child no matter what.

A Whole New You . . . , or Why You Have to Put Your Child in Charge

Before you get started, it's important to be aware that this program requires a parental shift in attitude and behavior that may feel really unnatural. In fact, it may even feel like an abandonment of parental protectiveness and authority. Here's why it's not—why it's essential that you change how you've been approaching OCD so the program can work the way it's supposed to work.

First, the program's success depends on your backing off from helping with rituals, but in a very specific and controlled way. You probably know what I mean: Ben says he just can't go to school yet, because his socks aren't evened up and his shoes don't feel quite right. So you offer to help get it all straightened up and balanced so he can get to school on time. The job Ben has been assigned by OCD gets done, and he gets to the bus stop in the nick of time. Or Brooke gets more and more upset if she's not 100% sure that the dishes used to set the table for dinner are perfectly clean, so she asks you over and over about individual dishes and silverware, and you spend the predinner hour saying "Yes, honey, I washed the spoons. . . . Sure, Brooke, the dishwasher got nice and hot, and the plates are all as clean as they can get. . . . No, that's not a spot on your milk glass. . . . OK, I'll wash that one again."

If you've been trying to soothe your child's anxiety by going along with rituals like these, you already know that completing rituals stops your child's discomfort for the time being but that then the obsessions come galloping back. In fact, they come back stronger and more frequently than ever. So even though it feels only natural to do whatever you can to "make it all better," you have to learn how to stop helping your child with OCD rituals. They don't help your child feel better in the long run; they only make OCD grow. Surprisingly, it'll be your child who gives you permission to stop doing OCD's bidding. Right now all that's required is patience and kindness, plus taking the program outlined in this book to heart. We'll explain how this works in Part I, and throughout Part II we'll provide plenty of ways you can ease your child's discomfort without helping her give in to OCD's demands.

Second, the program works only when the person who talks back to OCD is the child who has the illness. Parental authority is second nature, every bit as much as parental protection, and putting your child in charge of "curing" his own illness may feel like letting a 7-year-old plan and cook his own meals. Naturally, you'll want to ensure that your child gets the most he can out of this program. But the way to do that is to let him set the pace, determine what works best, and do all the talking back to OCD. It's the only way his mind can internalize the fact that the discomfort accompanying obsessions isn't intolerable and that performing OCD rituals isn't the only way to make the obsessions go away. This is how EX/RP works. Hanging in there without performing a ritual reveals to your child that the discomfort doesn't get worse, as expected, but better. But that can happen only as long as the child is the one to say no to OCD and as long as, each time he resists OCD, he is successful. Your son or daughter has to be able to say "Yeah, this isn't fun, but to beat OCD I can stand to feel this crummy for this long." With that revelation cemented in his mind, your child gains increasing confidence to keep talking back to OCD. When you're in charge, your child will never truly believe that OCD can be controlled.