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Book Review Section

Hope and Guidance for Parents of Children with OCD: A Review of *Freeing Your Child from Obsessive-Compulsive Disorder*

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Chansky, T. E. (2000). *Freeing Your Child from Obsessive-Compulsive Disorder*. New York: Crown Publishers, 354 pages. Hardcover, \$31.47.

One child in 200 children in the United States has been diagnosed with obsessive-compulsive disorder (OCD), and it is likely that many others remain undiagnosed (March & Mulle, 1998; Obsessive-Compulsive Foundation, 2001). OCD symptoms such as intrusive thoughts and debilitating rituals impact the daily lives of children across contexts (i.e., home, school, play) and have the power to derail academic and social-behavioral success. While there are a growing number of promising, evidence-based resources for school psychologists, physicians, and other professionals providing intervention for children with OCD (e.g., March & Mulle, 1998), resources for parents are limited. Despite research-validated techniques for gaining control over OCD symptoms through cognitive-behavioral (March, Mulle, & Herbel, 1994) and pharmacological (March, Leonard, & Swedo, 1995) intervention, many parents continue to feel helpless in their ability to support their child in managing obsessions and compulsions. Having a child with OCD forces parents to consider many critical questions: Should my child be seeing a therapist? Is medication effective? If so, how and when should it be used? What causes OCD in children and adolescents? Is it genetic or environmental? How can I help my child overcome OCD? Is there hope for my child to lead a normal life? Honest responses to these and many other questions are available in a comprehensive, consumer-friendly, compassionate book for parents, Chansky's (2000) *Freeing Your Child From Obsessive-Compulsive Disorder*.

When coupled with the support and guidance of a trained professional (e.g., school psychologist), this book provides parents with the knowledge, skills, and hope necessary to help their child break the cycle of OCD symptoms. Closely following March and Mulle's (1998) treatment protocol, this book is guided by the philosophy that an individual with OCD must "boss back" symptoms in order to break the symptom cycle. With this approach OCD is objectified (and externalized) as a "brain bully" or enemy that can be overcome with knowledge, determination, and support. Separating the child from his/her OCD symptoms is an effective, concrete technique that children and adolescents will readily comprehend. Such a tactic reminds parents that

their child is not OCD; rather, their child sometimes experiences and is challenged by symptoms of OCD. Chansky's knowledge, experience, and genuine optimism are strongly evident in this invaluable resource for parents. This "travel companion" (p. xi) for parents acting as treatment agents is organized into the following topical sections: "Defining the Problem (What is OCD? What Can be Done?); "The Parents' Role"; "Turning Points and Breakthrough Moments (Solutions for Managing Everyday Life)"; and "Appendices."

What is OCD?

The first section of the book builds a foundation of knowledge from which parents can begin to understand the often bizarre, ritualistic symptoms of OCD and helps parents support their children through an individualized course of treatment. Chansky devotes much attention to OCD-related terminology, differentiates between and provides common examples of obsessions and compulsions, and explains how biochemical imbalances in the brain are related to OCD. A major highlight of this section is the author's use of diagrams and figures that (a) promote clarity and understanding, and (b) can easily be shared with children and adolescents. Additionally, the author offers useful information regarding diagnosis, including facts about how to differentiate between OCD symptoms, symptoms related to other disorders (e.g., Generalized Anxiety Disorder), and "normal" behaviors. For assessment and initial intervention, the author encourages parents to consult with an expert therapist who understands OCD, is compassionate, and takes the time to build rapport and understanding.

Paths of Treatment for OCD

A comprehensive, straightforward narrative provides an overview of treatment options for children with OCD, including cognitive-behavioral therapy (CBT) and pharmacotherapy. This section includes candid information regarding medical intervention (e.g., using medication such as serotonin reuptake inhibitors, or SRIs), along with a balanced discussion of the pros and cons of using medication to treat OCD symptoms in children. Parents will likely be pleased by the evidence-based message that whether on or off medication, children can make progress through cognitive-behavioral intervention. In addition to describing empirically validated interventions, Chansky offers compassionate, practical guidelines for talking to children about OCD and treatment options. Although Chansky communicates to parents the efficacy of both CBT and pharmacotherapy in the treatment of children with OCD, details regarding research are not included in the text. However, March and Mulle's (1998) treatment manual (for use by mental health professionals), the CBT model from which Chansky's volume is derived, provides details regarding evidence-based interventions in a helpful section entitled, "Treatment Planning Using Expert Consensus Guidelines for the Treatment of OCD" (pp. 14-21). Concerning cognitive-behavioral intervention for children with OCD, March and Mulle conclude that CBT is "increasingly described as the psychotherapeutic treatment of choice

for children, adolescents, and adults with OCD” (p. 10), and that there is evidence to suggest that behavioral therapy prevents relapse when medical intervention is terminated. With regard to medical intervention, in a study investigating the efficacy of pharmacological intervention for children with OCD, DeVeugh-Geiss et al. (1992; as cited in March & Mulle, 1998) found that although some symptom relief resulted, fewer than 20% of the child participants fell outside the clinical diagnosis range, post-intervention. March and Mulle interpret this to suggest that medication is “not the panacea for most children” (p. 11).

If the goal of the first section of Chansky’s book is to provide parents with a breadth of user-friendly information, the author has achieved this endeavor. A major strength of this book is its candor in describing the potentially debilitating nature of OCD, coupled with the equally powerful message that children can overcome OCD symptoms (i.e., the author prescribes a “hope for the best but prepare for the worst” approach). Parents who are ready to accept that treatment will take time, patience, and energy will likely respond favorably to the overall message of this guidebook for parents. With regard to the parents’ role in treatment, Chansky offers compassionate advice about coping with an OCD diagnosis, coupled with the prescription that parents must take care of their own needs; not only for their own mental health (a worthy cause in and of itself), but also because they cannot provide effective guidance and support if they are not living a balanced, healthy life themselves.

The second section of Chansky’s book is devoted to (a) helping parents understand their role in the treatment of OCD and (b) offering practical skills parents can employ to foster therapeutic gains in their child (e.g., advanced planning, symptom ratings, gradual exposure, reinforcement, and extinction). As a means of helping parents understand their role in helping their child overcome OCD, Chansky introduces the reader to the developmental psychology term “scaffolding,” explaining that if a parent’s level of involvement is placed on a continuum with the polar opposites of encouraging/witnessing (i.e., little involvement) and protecting/doing (i.e., never giving his/her child an opportunity to learn and/or grow from acting independently), the ideal is somewhere in the middle. The author suggests that scaffolding should be applied to treatment the same as it is to education; that is, parents might provide children with “selective help” by seeking and highlighting opportunities for learning and growth, asking questions, directing attention, and giving hints about strategies a child might use to overcome an obstacle (e.g., in the case of OCD, “shutting off” a thought or not performing a ritual). Based on Vygotsky’s (1978) theory about child development and learning, the author employs a theoretical foundation to explain to parents, clearly and concisely, how best to help their child overcome OCD. The author’s inclusion of theoretical foundation in a comprehensible, relevant manner should be applauded. In another metaphor elucidating how parents may be of assistance to their child, the role of the parent is likened to that of a coach whereby parents show support and understanding through encouraging their child to use strategies in the face of intrusive OCD symptoms, hence developing and *enhancing skills in the child* rather than *fixing and/or doing for* their child (i.e., providing constant “protec-

tion”). Chansky’s identification of the parent’s role as coach is analogous to that of the therapist’s role as coach (Kendall, 2000). Although a parent may not act as a diagnostician, he/she can offer valuable developmental and historical information during the diagnostic phase of the therapy process. Further, a parent can act as a supportive educator to his/her child at home and in other settings, and consultant when working with his/her child’s educational team in the school setting. If parents are able to (a) successfully assume the role of coach and (b) seek the assistance of an experienced therapist, the parent-child-therapist team is likely to make a significant change in the life of the child coping with OCD symptoms.

Specific Examples of OCD in Youth

Section three of this guidebook takes the reader into a deeper level of understanding, with chapters devoted to specific symptoms (e.g., contamination fears, doing things “just right,” and intrusive thoughts). Case examples in the words of children, adolescents, and parents reach out to the reader, offering realistic messages and touching testimony about coping with OCD. Finally, section four provides many useful resources including contact information for a variety of organizations devoted to OCD diagnosis, treatment, and research; categorized listings of books related to OCD (e.g., books about medication, educational implications, etc.); books for children and adolescents to read about OCD (e.g., books that may be useful as therapy tools); and samples of assessment instruments (e.g., Children’s Yale-Brown Obsessive Compulsive Scale).

Although this book contains invaluable information for parents, the information and guidelines will be best understood and most effectively employed when parents are consulting with a qualified psychologist. There is not enough information, nor does it appear to be the author’s intent, for this book to be used as a stand-alone intervention. As the role of the school psychologist continues to evolve, coordinating and/or providing direct intervention for children with OCD and their families is a responsibility that fits well into the school psychologist’s knowledge base and capabilities. Further, regardless of their place of employment (e.g., schools, clinics) (Sheridan, Napolitano, & Swearer, 2002), school psychologists are in a pivotal role for initiating and maintaining communication across the home and school settings to promote greater understanding, shared ownership, and joint responsibility for caring for the needs of children with OCD. Some school districts and/or agencies are more likely to endorse this role than others; however, school psychologists can still play an important role in offering guidance and support to children and families in need, whether it comes in the form of recommending a book to a parent in need, making a referral, or offering direct therapy to the child and his/her family.

As mentioned previously, resources for parents of children with OCD are scarce. To date, only one other publication might be placed in the same category as this current volume: Waltz’s (2000) *Obsessive-Compulsive Disorder: Help for Children and Adolescents*. Waltz’s book offers breadth in coverage, including sections on etiology, diagnosis (including co-morbid diagnoses), various types of intervention (i.e., medical, ther-

apeutic, and alternative), insurance issues, and schooling; however, this book lacks the solidarity and focus of *Freeing Your Child from Obsessive-Compulsive Disorder* (2000). Specifically, the form of Chansky's book is grounded in an evidence-based cognitive-behavioral treatment protocol (March & Mulle, 1998), whereas Waltz's book does not complement any particular intervention approach. Another difference between the two books is that Waltz offers insight from a parent's perspective (i.e., she and two of her children have been diagnosed with OCD), whereas Chansky offers knowledge and guidance from a psychologist's perspective. (She is a psychologist specializing in the diagnosis and treatment of OCD in children and adolescents).

Freeing Your Child from Obsessive-Compulsive Disorder is a concise and helpful resource for parents who are seeking active participation as an agent in their child's treatment of OCD. It is likely that one book alone will never be sufficient to help a child and/or parent through an entire course of treatment for OCD; rather, change appears to come through a combination of many resources, including information, books, professional support, and skill development. As part of a comprehensive intervention approach, this book provides a "roadmap" for parents seeking a helping role in supporting their child's treatment trajectory.

References

- Chansky, T. E. (2000). *Freeing Your Child from Obsessive-Compulsive Disorder*. New York: Crown Publishers.
- Chansky, T. E. (2001). *Freeing Your Child from Obsessive-Compulsive Disorder*. New York: Three Rivers Press (paperback).
- DeVeugh-Geiss, J., Moroz, G., Biederman, J., Cantwell, D., Fontaine, R., Greist, J.H., Reichler, R., Katz, R., & Landau, P. (1992). Clomipramine hydrochloride in childhood and adolescent obsessive-compulsive disorder: A multicenter trial. *Journal of the American Academy of Child and Adolescent Psychiatry*, 31, 45-49.
- Kendall, P. C. (2000). Guiding theory for therapy with children and adolescents. In P.C. Kendall (Ed.), *Child and Adolescent Therapy: Cognitive-Behavioral Procedures*, (2nd ed., pp. 3—27). New York: Guilford Press.
- March, J. S., Leonard, H. L., & Swedo, S. E. (1995). Pharmacotherapy of obsessive-compulsive disorder. In M. Riddle (Ed.), *Child and Adolescent Psychiatric Clinics of North America*, 4(1), 217-236.
- March, J.S., & Mulle, K. (1998). *OCD in Children and Adolescents: A Cognitive-Behavioral Treatment Manual*. New York: Guilford Press.
- March, J. S., Mulle, K., & Herbel, B. (1994). Behavioral psychotherapy for children and adolescents with obsessive-compulsive disorder: An open trial of a new protocol driven treatment package. *Journal of the American Academy of Child and Adolescent Psychiatry*, 33, 333-341.
- Obsessive-Compulsive Foundation 2001. www.ocfoundation.org
- Sheridan, S. M., Napolitano, S. A., & Swearer, S. M. (2002). Best practices in school-community partnerships. In A. Thomas and J. Grimes (Eds.), *Best Practices in School Psychology IV* (pp. 321-336). Bethesda, Md.: The National Association of School

Psychologists.

Vygotsky, L. (1978). *Mind in Society: The Development of Higher Psychological Processes*. Cambridge, MA: Harvard University Press.

Waltz, M. (2000). *Obsessive-Compulsive Disorder: Help for Children and Adolescents*. Cambridge, Mass.: O'Reilly and Associates.

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