Family-Based Treatment of Pediatric Obsessive-Compulsive Disorder

Clinical Considerations and Application

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KEYWORDS

• Family-based treatment • Obsessive-compulsive disorder • Family accommodation • Cognitive-behavioral family-based treatment • Pediatric OCD

KEY POINTS

- Pediatric obsessive-compulsive disorder (OCD) can be effectively treated with a family-based approach.
- Family-based cognitive-behavioral therapy works by providing coping strategies, parent training practices for relevant caregivers, routine implementation of exposure and response prevention, and systematic reduction of OCD family accommodation.
- Therapists first model then coach parents in more adaptive responses to OCD symptoms, which often builds skills on how to manage their own anxiety and behavioral responses to OCD.
- Contextual family processes, including family accommodation, family dysfunction, family problem solving, and communication styles, are identified and addressed throughout treatment.
- Therapeutic goals include increased flexibility for individual and family behavioral responses to OCD symptoms.
- Humor and creativity can be extremely beneficial.

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Abbreviations

ADIS	Anxiety Disorders Interview Schedule
CBT	Cognitive-behavioral therapy
CY-BOCS	Children's Yale-Brown Obsessive Compulsive Scale
ERP	Exposure and response prevention
FB-CBT	Family-based cognitive-behavioral therapy
FIT	Family inclusive treatment
OCD	Obsessive-compulsive disorder
PFIT	Positive family interaction therapy
SRI	Serotonin reuptake inhibitor

OVERVIEW: NATURE OF THE PROBLEM

Obsessive-compulsive disorder (OCD) is a serious pediatric psychological condition, with childhood prevalence estimates between 1% and 3%.[1–4] The time-consuming and distressing nature of obsessions and compulsions observed in the context of OCD often results in significant disruption in school, social, and family functioning.[5,6] The familial context is an especially important consideration of OCD in children because family factors affect both the development and maintenance of OCD, often with deleterious effects on family relationships and interactions.[7] Family members play an integral part in the treatment of pediatric OCD, including helping children follow through with treatment tasks, extricating themselves from OCD rituals, and broadening family-based behavioral responses to OCD.[7] Indeed, both research and clinical experience indicate that to effectively treat OCD in children and adolescents, families must be involved.

A review of the current literature (**Table 1**, see later discussion) indicates that treatments with family-based components demonstrate large effect sizes. In fact, the more family-based intervention used the more improvement in symptoms and functioning.[22] This is unsurprising given that nearly all families engage in accommodation of OCD.[23–25] Accommodation is a family-based phenomenon that warrants family-based intervention to curb the negative impact on symptoms and reduce distress.

This article aims to describe the clinical application of family-based treatment of pediatric OCD. Three broad areas are discussed: (1) family factors associated with OCD in youth, (2) the current family-based treatment literature for pediatric OCD, and (3) clinical application of family-based treatment in pediatric OCD.

Family and Contextual Factors Observed in Pediatric Obsessive-Compulsive Disorder

Several contextual and family process factors have been found to contribute to the development and maintenance of anxiety and OCD symptoms.

Family accommodation

Family accommodation is characterized by actions taken by family members to either avoid OCD-related triggers or facilitate completion of compulsions. Accommodation can be achieved by actively participating in rituals, offering reassurance, or attempting to decrease the child's anxiety by yielding other family priorities to OCD demands.[25,26] Family engagement in OCD accommodation is strikingly ubiquitous, with some studies reporting more than 97% of reporters acknowledging accommodation, most occurring on a daily basis.[23–25] Despite being well-intentioned and seemingly pragmatic, family accommodation can exacerbate symptoms of OCD by reinforcing compulsive behaviors.