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Obsessive-compulsive disorder in children and adolescents: Parental understanding, accommodation, coping and distress

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ABSTRACT

Parental accommodation of pediatric OCD is common and is associated with negative affect in parents. Qualitative accounts of caring for a child with OCD are limited and no studies have assessed differences between mothers and fathers in accommodation, coping and distress. The current study used a mixed methods approach to understand parental accommodation, negative affect and coping. Forty-one mothers and 29 fathers of 43 children with OCD were asked to write narratives about their understanding and management of OCD and to complete measures of accommodation, coping, and distress. Symptom accommodation was high with almost half of the parents watching the child complete rituals or waiting for the child on a daily basis. Analysis of parental narratives indicated a distressing struggle between engaging in and resisting accommodation in order to manage their own and their child's anger and distress. *T*-tests and correlation analysis indicated that accommodation did not differ significantly between mothers and fathers but was more strongly associated with negative affect in mothers. Analyses indicated that mothers reported using all types of coping strategy more often than fathers, particularly escape-avoidance, taking responsibility and using social support. Escape-avoidance coping was positively correlated with accommodation and negative affect in both mothers and fathers. Interventions that target parental constructions of OCD and their behavioural and emotional responses to it may assist in reducing the occurrence of accommodation, avoidant coping and parental distress.

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1. Introduction

Obsessive-compulsive Disorder (OCD) is a condition marked by the occurrence of persistent negative intrusive thoughts (obsessions) and overt or covert neutralizing strategies (compulsions) aimed at reducing distress or nullifying threat. OCD is potentially a debilitating condition that can cause marked distress and disruption to social, familial and academic functioning (Allsopp and Verduyn, 1990). OCD can occur throughout the lifespan, but typically first emerges in childhood and adolescence (Geller et al., 1998). Epidemiological studies estimate a lifetime prevalence of pediatric OCD of up to 4% (Keeley, Storch, Dhungana, & Geffken, 2007).

Parents tend to find OCD symptoms in their child distressing to observe (Amir, Freshman, & Foa, 2000; Cooper, 1996; Peris et al., 2008) and so it is unsurprising that a number of studies indicate high rates of symptom accommodation (e.g. participating in rituals, providing reassurance, changing family routines) amongst parents of children with OCD in an effort to reduce the child's distress and the parents' own emotional reactions towards it (Allsopp and Verduyn, 1990; Peris et al., 2008; Shafran, Ralph, & Tallis, 1995; Storch et al., 2007). Family members are also motivated to engage in accommodation in order to avoid angry reactions from the relative with OCD if they do not accommodate and to reduce the duration of compulsive activity (Calvocoressi et al., 1999). Accommodation, therefore, is both a response to the impact of OCD on the child, and of the child's distress and emotional responses on the parent and the family. However, accommodation hinders therapeutic potential because it directly contradicts exposure-based approaches to treatment which aim to facilitate habituation to the anxiety provoked by obsessions through preventing compulsive activity and avoidance. These are aims which accommodation behaviours, such as providing reassurance, impede. A number of authors highlight the detrimental effect of accommodation and emphasize the need for families to be involved in pediatric OCD treatment to avoid counter-therapeutic effects (Amir et al., 2000; Peris et al., 2008; Storch et al., 2007). Accommodation has been shown to be

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positively related to OCD severity (Peris et al., 2008; Stewart et al., 2008; Storch et al., 2007) and to parent-rated child functional impairment (Storch et al., 2007), although cross-sectional designs preclude causal inferences. However, Merlo, Lehmkuhl, Geffken, and Storch (2009) showed that reductions in family accommodation, achieved through family-based cognitive-behavioural therapy, were associated with positive response to treatment in the affected relative.

It is evident then that parents find themselves in a bind that is likely to affect their wellbeing: they report symptom accommodation to be distressing (Amir et al., 2000; Cooper, 1996; Peris et al., 2008), do not believe it is helpful (Calvocoressi et al., 1999) and yet often face aggressive outbursts or distress from their child when they refuse to accommodate (Storch et al., 2007). Accommodation is positively correlated with relatives' anxiety and depression (Amir et al., 2000) and can affect family relationships in that the burden imposed, either by engaging in accommodation or attempting to resist it, can lead to feelings of blame towards the child (Peris et al., 2008).

From the foregoing discussion, it is evident that parents not only need to cope with the impact of OCD on their child but they also need to manage the personal and familial consequences of engaging in accommodation or resisting it. Enquiring about relatives' coping in relation to OCD, therefore, will encompass how they cope with the consequences of OCD, including accommodation. Although several aspects of OCD in a family member are likely to lead to appraisals of threat and challenge, coping strategy use amongst relatives has received very little attention in the OCD literature to date (Geffken et al., 2006). Lazarus and Folkman (1984) defined coping as "changing cognitive and behavioural efforts to manage external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (p. 141). Lazarus and Folkman (1984) drew a distinction between 'problem-focused coping', which incorporates processes directed at addressing the situation causing stress, such as developing a plan of action; and 'emotion-focused coping' which incorporates processes that aim to regulate emotions associated with the stressful situation, such as avoidance and seeking social support. Lazarus and Folkman did not conceptualize that these processes were used independently of each other or that one type is more superior to the other, arguing instead that their context of use was important. Congruent with this, Austenfeld and Stanton (2004) caution against the use of 'emotion-focused processes' as a broad categorization since this encompasses a range of diverse strategies; instead, it is conceptually clearer to focus on discrete processes (e.g. seeking social support, denial).

In a sample of sixty-seven primary caregivers/spouses of children and adults with OCD, Geffken et al. (2006) found that active coping (i.e. strategies aimed at changing the problem) was inversely correlated with depression as was degree of social support utilized. Further, family accommodation and denial/disengagement coping were positively correlated with depression and with each other. In a questionnaire study of parents of children with OCD, children with other anxiety disorders, and non-clinical children, Derisley, Libby, Clark, and Reynolds (2005) found that the OCD group parents reported significantly greater avoidant coping than parents of non-clinical children although the OCD group parents did not differ from parents of children with other anxiety disorders. This latter finding would suggest that avoidant coping may be a function of parental distress rather than child diagnostic status given that the mental health of the parents of children with OCD and other anxiety disorders was significantly poorer than the mental health of parents of non-clinical children. In a similar vein, accommodation has been found to be significantly and positively correlated with relatives' own level of obsessive-compulsiveness, raising the question of whether accommodation is an extension of the caregivers' own symptoms (Calvocoressi et al., 1999; Peris et al., 2008).

Taken together, the above studies suggest that symptom accommodation is part of the parental experience of a child's OCD, that it occurs frequently within the families of children with OCD, and that it is a process that is associated with cognitive dissonance and distress in parents. Few studies have assessed the coping strategies used by parents and how they relate to parental distress. Additionally, if accommodation is used as a way to manage parental distress from witnessing OCD and distress in their child, then it is reasonable to propose that it may be related to more emotion-focused ways of coping, such as denial/disengagement and avoidance. The current study utilizes a mixed-methods approach to understand how parents construe, accommodate and cope with OCD symptoms in their children. The extant literature on family accommodation in OCD primarily utilizes quantitative assessments of the extent to which accommodation occurs. Such studies are helpful in showing correlations between accommodation and symptom and family variables. However, they provide only a partial picture of the experience of caring for a child with OCD and managing the tension to accommodate symptoms. Additionally, studies have not illuminated how responses might differ between mothers and fathers. This seems crucial given the importance of the family context in pediatric OCD treatment.

We examined the experiences of mothers and fathers caring for a child with OCD in a number of ways. Through thematic analysis of narratives written by parents, we sought to discover how they understand their child's condition, how they respond to it, and how they experience caring for their child. Using computerized linguistic analysis, we further sought to assess the emotional and cognitive features of these narratives, and whether there were quantifiable differences in the content of mothers' and fathers' narratives. Additionally, we sought to establish levels of distress, symptom accommodation and coping processes in parents and whether mothers and fathers differed on these variables. Previous literature led us to hypothesize that level of accommodation would be positively correlated with parental anxiety, depression and stress. We also hypothesized that emotion-focused coping strategies, such as avoidance, would be positively correlated with depression and with family accommodation. Given the lack of literature on parental differences in distress, accommodation and coping process use in OCD, directional hypotheses were not formulated for these analyses

2. Method

2.1. Design

A cross-sectional design using mixed methodology was implemented. Parents were invited to hand-write or type two narratives, one describing what it is like to care for a child with OCD and the other describing how they understand their child's disorder. Parents were not given any restriction on the length of the narratives and were advised to take as long as they needed. The specific questions used to focus each narrative were: What is it like to care for a child with OCD? How do you understand your child's difficulties? These written narratives were subjected to thematic analysis (Braun & Clarke, 2006). The narratives were also analysed using the Linguistic Inquiry and Word Count (LIWC; Pennebaker & Francis, 2007), to explore parents' emotional and cognitive word usage in written text. The LIWC also allowed us to make a gender comparison for emotional and cognitive word usage. Parents also completed standardized measures to assess their levels of stress, depression and anxiety, coping strategies and accommodation of obsessive-compulsive symptoms.

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