



EFFECT OF PARENTAL OCD ON CHILDREN

SAKSHEE AHUJA
STUDENT

DEPARTMENT OF PSYCHOLOGY
PANJAB UNIVERSITY, CHANDIGARH
NEW DELHI, INDIA

Abstract:

This research was conducted to study the effect of parental OCD on children. For this particular research, data was collected from previously conducted researches from year 2003-2020. A number of 15 studies were taken. The findings showed that there is a positive link between offspring of parents have obsessive compulsion disorder.

Key words: Obsession, compulsion, children, controlling parents, not social children.

Introduction

Obsessive-compulsive disorder (OCD) features a pattern of unwanted thoughts and fears (obsessions) that lead you to do repetitive behaviours (compulsions). These obsessions and compulsions interfere with daily activities and cause significant distress.

You may try to ignore or stop your obsessions, but that only increases your distress and anxiety. Ultimately, you feel driven to perform compulsive acts to try to ease your stress. Despite efforts to ignore or get rid of bothersome thoughts or urges, they keep coming back. This leads to more ritualistic behaviour — the vicious cycle of OCD.

OCD often centres around certain themes — for example, an excessive fear of getting contaminated by germs. To ease your contamination fears, you may compulsively wash your hands until they're sore and chapped.

If you have OCD, you may be ashamed and embarrassed about the condition, but treatment can be effective.

Everyone has habits or thoughts that repeat sometimes. People with OCD have thoughts or actions that:

- Take up at least an hour a day
- Are beyond your control
- Aren't enjoyable
- Interfere with work, your social life, or another part of life

Parental OCD

Accommodation is an intuitive way in which family members try to provide support to the person with OCD, but inadvertently this response reinforces the fears that underlie rituals. Accommodation can be defined as readiness to assist or appease others. In terms of OCD, Waters and Barrett (2000) identify the family context as a potential risk factor in the development and maintenance of the disorder. Storch et al. (2007) have published extensively about pediatric OCD and the role of family accommodation with regard to functional impairment and OCD symptom severity. With regard to adults, Van Noppen and Steketee (2009) identified family accommodation as the largest contributor to predicting OCD symptom severity in a series of path analyses. Despite what we know about how parents, spouses, and other family members accommodate OCD, there is almost no discussion of what happens for children trying to cope with OCD

demands for a parent. Our aim is to get the dialogue going to understand what is happening, and to develop effective family interventions.

The Family Accommodation Scale (FAS-IR Calvocoressi et al. 1999) is a 13-item clinician-administered measure of the extent to which family members accommodate OCD symptoms in specific ways. The original scale was designed to assess the extent to which adults accommodate a loved one's OCD by avoiding certain triggers, participating in rituals, providing excessive reassurance, and modifying personal and family routines. We have recently revised this measure so that it can be used to assess the extent to which children accommodate a parent's OCD symptoms. We will begin to use this measure to identify children and families that need interventions to decrease accommodation and to improve parenting practices, which if left uncorrected may have a negative impact on a child's development.

Children can accommodate a parent's OCD symptoms in a variety of ways. The following is a series of clinical vignettes each of which describes a different type of accommodation:

- **Children may offer reassurance to their parents in order to diminish the anxiety they have regarding their obsessions**

"Both of my parents are "germaphobes." My Dad is afraid of the flu and my mom is afraid of dirt. They are always sitting us kids down and lecturing us about washing our hands. As soon as we get home from school my mom leads us to the bathroom and I'm pretty sure she sprays Lysol on our school stuff and shoes. Mom expects us to use hand sanitizer at school during the day, too. When I get home that's the first thing she asks — not, 'How was your day?' but 'Did you use your hand sanitizer?' Now that I'm smarter, I just tell her yes no matter what."

- **Children may avoid doing or saying things that could trigger a parent's rituals**

"My mother was always afraid we would drown. Whenever we went near water, a pool, the ocean, or whatever she would make us wear a life preserver or she'd hold our hands tightly. She also had words she would say under her breath. Eventually the other kids and I grew to not like swimming and said no to friends' invitations to the beach. It was just easier."

- **Children may participate in a parent's rituals or complete rituals on his or her behalf**

"It used to take my Dad so long to check the windows and doors in the morning when we were trying to go to school that I just offered to do it for him one day. He was relieved, and next thing I knew I was doing it every day. It was a pain but at least I got to school on time."

- **Children may help a parent avoid triggering stimuli**

"My mother used to bring me into the bathroom with her in public places. Usually she avoided going but if she needed to, she would ask me to clean the toilet seat with a special spray she carried in her purse and wipe down the door handles. I didn't like doing it, but if I refused, she would get really upset."

- **Children may make decisions for parents, to avoid a parent's anxiety of not knowing the right choice**

"In restaurants my step-dad would take so long trying to decide what to eat. He would ask everyone what he should have and sit staring at the menu for a long time. The waitresses would get impatient. One day my brother just ordered for him and he said that dinner was the best one he ever had. My brother was proud that he helped and then started making food choices for him more often."

- **Children may modify their schedules or responsibilities to accommodate their parent's OCD**

"I clean the bathrooms at home now because my mom just can't do it. She washes her hands over and over when she even stands in the bathroom never mind touches anything."

- **Children may complete household tasks for their parent with OCD**

"My Dad fears trash day. My mom says he has to take out the garbage and you can tell by the look on his face he is really afraid. They yell sometimes and if my Dad can't do it, my mom ends up taking it out. She stomps her feet and mumbles angry things under her breath. I feel really bad sometimes and if I get home early enough from school, I try to take it out before any of that happens."

Some research suggests that children of parents with OCD may be at higher risk of having anxiety OCD or OCD-like disorders or behavioural disturbances due to a genetic-environment interaction. That is the vulnerability to develop OCD is likely heritable, yet not all kids with parents express OCD. Thus, there must be other factors that affect an individual's biology. Further research has revealed the resiliency that many children demonstrate when raised under adversity. There is much interest in understanding what promotes resilience, which is a process that guides people to "bounce back" from stressful situations (Dyer and Mc Guinness 1996). If we could better define protective factors that reduce the likelihood of children exposed to extreme conditions due to the demands of OCD, and develop interventions to assist families with these difficult circumstances, then we would certainly make public health strides.

OCD Types and Symptoms

OCD comes in many forms, but most cases fall into at least one of four general categories:

- **Checking**, such as locks, alarm systems, ovens, or light switches, or thinking you have a medical condition like pregnancy or schizophrenia
- **Contamination**, a fear of things that might be dirty or a compulsion to clean. Mental contamination involves feeling like you've been treated like dirt.
- **Symmetry and ordering**, the need to have things lined up in a certain way
- **Ruminations and intrusive thoughts**, an obsession with a line of thought. Some of these thoughts might be violent or disturbing.

Obsessions and Compulsions

Many people who have OCD know that their thoughts and habits don't make sense. They don't do them because they enjoy them, but because they can't quit. And if they stop, they feel so bad that they start again.

Obsessive thoughts can include:

- Worries about yourself or other people getting hurt
- Constant awareness of blinking, breathing, or other body sensations
- Suspicion that a partner is unfaithful, with no reason to believe it

Compulsive habits can include:

- Doing tasks in a specific order every time or a certain "good" number of times
- Needing to count things, like steps or bottles
- Fear of touching doorknobs, using public toilets, or shaking hands

SAMPLE AND DATA COLLECTION

The data was collected from 15 previous researches. All the studies were taken to see the effect of parental OCD on children and later whether the children acquire the same or not.

REVIEW OF LITERATURE

Storch., Geffken, Merlo., Jacob, Murph, Goodman, & Grabill, K. (2007)- Stated that despite the importance of the family in the treatment of pediatric obsessive-compulsive disorder (OCD), relatively little empirical attention has been directed to family accommodation of symptoms. This study examined the relations among family accommodation, OCD symptom severity, functional impairment, and internalizing and externalizing behaviour problems in a sample of 57 clinic-referred youth 7 to 17 years old ($M = 12.99 \pm 2.54$) with OCD. Family accommodation was a frequent event across families. Family accommodation was positively related to symptom severity, parent-rated functional impairment (but not child-rated impairment), and externalizing and internalizing behavior problems. Family accommodation mediated the relation between symptom severity and parent-rated functional impairment.

Wu, Guire, J., Martino, ., Phares, , Selles, ., & Storch, (2016) Study aimed to check the Family accommodation in obsessive-compulsive disorder (OCD) is characterized by myriad behaviors, such as modifying family routines, facilitating avoidance, and engaging in compulsions to reduce obsessional distress. It has been linked to various deleterious outcomes including increased functional impairment and poorer treatment response for OCD. Although extant literature suggests a linear relationship between family accommodation and OCD symptom severity, the magnitude and statistical significance of this association has been inconsistent across studies, indicating that moderators may be influencing this relationship. The present study examined this relationship using meta-analytic techniques, and investigated sample-dependent (age, gender, comorbid anxiety/mood disorders) and methodological (administration method and number of items used in family accommodation measure, informant type, sample size, publication year) moderators. Forty-one studies were included in the present meta-analysis, and the overall effect size (ES) for the correlation between family accommodation and OCD symptom severity was moderate ($r = .42$). Moderator analyses revealed that the number of items on the family accommodation scale moderated the ES. No other sample-dependent or methodological characteristics emerged as moderators. In addition to being the first systematic examination of family accommodation moderators, these results highlight the moderate relationship between family accommodation and OCD severity that is influenced by measurement scales. Findings may be used to guide clinical care and inform future investigations by providing a more nuanced understanding of family accommodation in OCD.

Palma, , Farriols, , Aliaga, , Navarro, ,Solves, (2020) This study aimed to check the delineate distinctive parenting attitudes in people with obsessive-compulsive disorder (OCD), specific emotional symptoms in their children, and the association between them. Forty OCD parents and their children were compared with 37 parents with adjustment disorders and their children by using standardized clinical questionnaires. Children of OCD parents exhibited significantly greater (subclinical) emotional symptoms when compared with children of non-OCD parents. After controlling for parents' and children's depression and anxiety symptoms, OCD parents reported significantly poorer parenting attitudes overall relative to non-OCD parents. The presence of sexual/somatic obsessions in OCD parents predicted anxiety symptom severity among their children, but both relationships were mediated by parental involvement. These findings indicate the importance of addressing and treating the distinctive parenting attitudes among people with OCD and its influence on their children's emotional symptoms.

Challacombe, Salkowski's, , Woolgar, , Wilkinson, , Read, & Acheson,. (2016) Study aimed to check the Maternal mental illness is associated with negative effects on the infant and child. Increased attention has been paid to the effects of specific perinatal disorders on parenting and interactions as an important mechanism of influence. OCD can be a debilitating disorder for the sufferer and those around them. Although OCD is a common perinatal illness, no previous studies have characterized parenting and mother infant interactions in detail for mothers with OCD. 37 mothers with postpartum OCD and a 6-month-old infant were compared with 37 community control dyads on a variety of measures of psychological distress and parenting. Observed mother-infant interactions were assessed independently. Maternal postpartum OCD is a disorder that can affect experiences of parenting and mother-infant interactions although this may not be driven by OCD symptoms. Longitudinal studies are required to assess the trajectory and impact of maternal difficulties as the infant develops.

Albert,, Baffa, , & Maina, . (2017) Study aimed to check the term accommodation has been used to refer to family responses specifically related to obsessive-compulsive (OC) symptoms: it encompasses behaviours such as directly participating in compulsions, assisting a relative with obsessive-compulsive disorder (OCD) when he/she is performing a ritual, or helping him/her to avoid triggers that may precipitate obsessions and compulsions. At the opposite side, family responses to OCD may also include interfering with the rituals or actively opposing them; stopping accommodating OC symptoms or actively interfering with their performance is usually associated with greater distress and sometimes even with aggressive behaviours from the patients. This article summarizes progress of the recent research concerning family accommodation in relatives of patients with OCD. Family accommodation is a prevalent phenomenon both among parents of children/adolescents with OCD and relatives/caregivers of adult patients. It can be measured with a specific instrument, the Family Accommodation Scale, of which there are several versions available for use in clinical practice. The vast majority of both parents of children/adolescents with OCD and family members of adult patients show at least some accommodation; providing reassurances to obsessive doubts, participating in rituals and assisting the patient in avoidance are the most frequent accommodating behaviours displayed by family members. Modification of routine and modification of activities specifically due to OC symptoms have been found to be equally prevalent. Specific characteristics of patients (such as contamination/washing symptoms) and of relatives (the presence of anxiety or depressive symptoms or a family history positive for another anxiety disorder) are associated with a higher degree of family accommodation; these family members may particularly benefit from family-based cognitive-behavioural interventions. In recent years, targeting family accommodation has been suggested as a fundamental component of treatment programs and several interventions have been tested. Clinicians should be aware that family-based cognitive-behaviour therapy incorporating modules to target family accommodation is more effective in reducing OC symptoms. Targeting family accommodation may be as well relevant for patients treated pharmacologically.

Price, Rasmussen (2013) study was conducted to examine the association between parental obsessive-compulsive disorder (OCD) and emotional and behavioural disorders in offspring. Demographic, clinical, and diagnostic data were collected from parents with OCD, control subjects, and their respective offspring. Offspring were reassessed at a 2-year follow-up. Probands with OCD and controls were relatively well matched for age, gender, race, educational rating, and marital status. Offspring of OCD probands were at greater risk than offspring of controls for dimensionally measured anxiety, depression, somatization, and social problems. OCD offspring were significantly more likely than control offspring to have lifetime overanxious disorder, separation anxiety disorder, OCD, or 'any anxiety disorder'. Female

gender in the parent with OCD, evidence of family dysfunction, and high symptom levels in offspring were predictive of broadly defined OCD at follow-up. Children having a parent with OCD are more likely than control offspring to have social, emotional, and behavioural disorders.

Maybery., Reupert ., Patrick, , Goodyear, & Crase,. (2009) Study was conducted to check Australian literature has indicated that 21-23% of children have at least one parent diagnosed with a mental illness, with varying levels of risk. However, there is limited research on the experiences of those who have grown up with a parent with Obsessive-compulsive Disorder (OCD). Accordingly, the present research aimed to provide an in-depth understanding of the subjective and retrospective experiences of adults whose parents have OCD. Within a qualitative approach called Interpretative Phenomenological Analysis (IPA), semi-structured telephone or face-to-face interviews were employed. Four inter related themes were identified by eight adults between the ages of 19 and 46 years, with a parent who has OCD. According to participants, having a parent with OCD meant a highly controlled home environment characterised by frequent arguments, social isolation, a negative impact on schooling, assuming aspects of the parenting role and participating in their parent's rituals. Participants emphasised the need to distance themselves and establish boundaries in the relationship with their parent. Furthermore, some participants expressed concern about the secrecy around OCD in their family. Participants indicated that they were not able to access adequate treatment services during their childhood and adolescent years. The paper concludes with implications for clinical practice and suggestions for future research.

Griffiths., Norris, , Stallard, & Matthews, (2012). Study conducted to check the parental mental health problems can lead to adverse consequences for their children. However, few studies have examined the subjective experiences of these children. Several parental mental health problems have been studied, but obsessive-compulsive disorder (OCD) has primarily been considered in relation to adult relatives of the sufferer only. This study aimed to explore the experiences of young people with a parent with OCD, including the impact of parental OCD and their understanding of it. Semi-structured interviews were conducted with ten 13- to 19-year-olds with a parent with OCD. The data were analysed using inductive thematic analysis. Five themes were identified: 'Control and boundaries'; 'Doing what I can to help'; 'Telling: embarrassment and pride'; 'Do I have OCD?'; and 'Getting the right help for me'. Parental OCD presented challenges to participants and placed burden upon them, for which they did not receive adequate support. The issues raised by parental OCD seemed similar to other parental mental health problems, but the results suggested that the child's developmental stage may be a significant influence.

Challacombe,& Salkovskis, (2009) This study conducted to evaluated three groups of mothers with at least one child aged 7–14, defined in terms of maternal obsessive-compulsive disorder (OCD; $n = 23$), panic disorder ($n = 18$), and healthy controls ($n = 20$). Parental perceptions and symptomatology, general and disorder-specific child symptoms and mother–child interactions were investigated using self-report, informant report and independent assessment. Mothers with OCD and panic disorder expressed high levels of concern about the impact of their anxiety disorder on their parenting. Group differences in terms of child anxiety were subtle rather than clinically significant. In interactions, anxious mothers were less warm and promoting of psychological autonomy than healthy controls, and they exhibited elevated expressed emotion. Overall, the results suggested a mix of effects including trans-diagnostic and disorder-specific issues. Implications for future research are discussed.

Black , Gaffney, Schlosser, & Gabel (2003) This study aimed to examine the association between parental obsessive-compulsive disorder (OCD) and emotional and behavioural in offspring. Demographic, clinical, and diagnostic data were collected from parents with OCD, control subjects, and their respective offspring. Offspring were reassessed at a 2-year follow-up. Probands with OCD and controls were relatively well matched for age, gender, race, educational rating, and marital status. Offspring of OCD probands were at greater risk than offspring of controls for dimensionally measured anxiety, depression, somatization, and social problems. OCD offspring were significantly more likely than control offspring to have lifetime overanxious disorder, separation anxiety disorder, OCD, or 'any anxiety disorder'. Female gender in the parent with OCD, evidence of family dysfunction, and high symptom levels in offspring were predictive of broadly defined OCD at follow-up.

Rees, Valentine & Anderson, (2018) Study was conducted to check the hoarding disorder is associated with significant impairment for the individual such as lower rates of employment and social isolation. However, less is known about the impact of this condition on the children of people with hoarding disorder (HD). No qualitative research to date has focussed exclusively on the experiences of adult offspring of parents with hoarding difficulties. The present qualitative study set out to investigate the experiences of adult offspring of parents with hoarding difficulties, exploring the present, and longer-term impacts of parental hoarding. Seven females between the ages of 35 and 62 years were interviewed using a semi-structured format; all reported parental hoarding within the clinically significant range. Interpretative phenomenological analysis was utilised to analyse interview transcripts. Four superordinate themes were extracted from the data: psychological and emotional outcomes, coping strategies, perceptions of parental hoarding, and impact on relationships.

Zarrindast, (2019) Study was aimed to check the family, adoption and twin studies have highlighted the significant role of heritable influences on individual differences in opioid addiction. Meanwhile, obsessive-compulsive disorder (OCD) is a disorder wherein the individual experiences recurring thoughts that cause irrational fears and anxiety. In the present study, adult male and female rats received morphine solution for 21 days and were drug-free for 10 days. Offspring were used in 4 distinct groups; (1) paternal morphine-exposed, (2) maternal morphine-exposed, (3) maternal and paternal morphine-exposed, and (4) drug-naïve subjects. We assessed the grooming behaviour and marble burying test as an indicator of obsessive-compulsive behaviour. To clarify the mechanisms underlying these changes, the mRNA level of BDNF, the phosphorylation level of CREB and the protein level of D2 dopamine receptor (DR) were evaluated in the nucleus accumbens (NAc). The grooming behaviour in male offspring with one or two morphine-abstinent parent(s) increased compared with the offspring of drug naïve rats. In addition, the offspring of morphine-exposed parents buried more marbles when compared with the offspring of drug-naïve parents. Also, the BDNF mRNA was down-regulated in the NAC. However, the levels of phospho-CREB and D2 DR were elevated.

Chen, Bienvenu, Krasnow, Wang, Grados, Cullen & Rasmussen, (2017). study aimed to check Hoarding behaviour may indicate a clinically and possibly etiologically distinct subtype of obsessive-compulsive disorder (OCD). Empirical evidence supports a relationship between hoarding and emotional over-attachment to objects. However, little is known about the relationship between hoarding and parental attachment in OCD. The study sample included 894 adults diagnosed with DSM-IV OCD who had participated in family and genetic studies of OCD. Participants were assessed for Axis I disorders, personality disorders, and general personality dimensions. The Parental Bonding Instrument (PBI) was used to assess dimensions of perceived parental rearing (care, overprotection, and control). We compared parental PBI scores in the 334 hoarding and 560 non-hoarding participants, separately in men and women. We used logistic regression to evaluate the relationship between parenting scores and hoarding in women, adjusting for other clinical features associated with hoarding. In men, there were no significant differences between hoarding and non-hoarding groups in maternal or paternal parenting scores. In women, the hoarding group had a lower mean score on maternal care (23.4 vs. 25.7, $p < 0.01$); a higher mean score on maternal protection (9.4 vs. 7.7, $p < 0.001$); and a higher mean score on maternal control (7.0 vs. 6.2, $p < 0.05$), compared to the non-hoarding group. The magnitude of the relationships between maternal bonding dimensions and hoarding in women did not change after adjustment for other clinical features. Women who reported low maternal care/high maternal protection had significantly greater odds of hoarding compared to women with high maternal care/low maternal protection (OR = 2.54, 95% CI = 1.60–4.02, $p < 0.001$). Perceived poor maternal care, maternal overprotection, and maternal overcontrol are associated with hoarding in women with OCD. Parenting dimensions are not related to hoarding in men. These findings provide further support for a hoarding subtype of OCD and for sex-specific differences in etiologic pathways for hoarding in OCD.

Filer, & Brockington (2016). The study aimed to check the access Maternal Obsessions of Child Sexual Abuse, very few cases exist in the literature of maternal obsessional thoughts of child sexual abuse. Two such cases are described of mothers who experienced obsessional thoughts in the puerperium which concerned sexually abusing their own children. Obsessional thoughts of a sexual nature have been shown to occur commonly – in over 25% of those diagnosed with obsessive-compulsive neuroses. These obsessional thoughts concern actions which are usually identified as going against the sufferer's own value systems or involving sexual perversions. Obsessional thoughts of sexually abusing family members are rarely documented; there are no reports of obsessional thoughts experienced by a mother in the puerperium concerning sexual abuse of her own children. We report two cases of mothers suffering from obsessions of this nature at The Mother and Baby Unit (MBU), Queen Elizabeth Psychiatric Hospital, Birmingham.

Steketee, (2017). This study was conducted to reviews 2 aspects of obsessive-compulsive disorder (OCD): impairment in functioning and family burden associated with OCD. Impairment is evident from epidemiological and clinical studies in several areas, particularly in occupational and social maladjustment. Clinic outpatients show a range of impairment associated with OCD, while hospitalized patients exhibit consistently severe disabilities that rival those of patients with schizophrenia. Although behaviourally and medication-treated patients improve in adjustment levels, there is some evidence of persistent impairment, particularly in social and work functioning. Several studies support extensive family involvement and accommodation of OCD symptoms, as well as the considerable burden placed on families who reduce their social activities and increase their isolation and distress. Findings are equivocal regarding OCD and marital distress. Predictors of treatment outcome do not include marital dissatisfaction, but may include expressed anger and criticism. With regard to treatment, family support groups are popular but untested interventions, and family-assisted individual and group behaviour therapy have demonstrated good outcomes in limited trials.

DISCUSSION

The offspring of parents with Obsessive Compulsive Disorder possess an increased risk of suffering from social, emotional and anxiety-related disorders as compared to offspring with normal parents. All anxiety disorders are based on an overactivation of the fear system in our brains – this fear involves unwanted thoughts, impulses, or images and the attempts to suppress or neutralize them with compulsive behaviours or mental acts. Anxiety in turn is not a fear of a thing; it is a fear of the way we think about a thing. People with OCD start to imagine greater and greater probabilities that the things they fear might actually happen, despite the true probability of their happening. These thoughts are indeed illogical, nevertheless patients feel overwhelmed by them. A response to such obsessions includes a person performing compulsive behaviours in an attempt to somehow get rid of or neutralize the obsessions. Additionally, OCD is not a communicable disease; it is a disorder hence it develops based on how an individual's brain processes information from his or her environment and that individual's resulting actions. One without OCD may touch a garbage can and think nothing of it, while one with OCD may touch it and develop fear of being contaminated to the point of obsession. It is not influenced purely by our genes; if it were, every time an identical twin developed OCD, the other twin would as well. Therefore, it is the interaction of our environment and our brain that leads to the development of this disorder. More commonly, parental, school, or religious expectations are considered to be the root of the obsessive-compulsive behaviors. The ritual or avoidance behaviors conducted by patients are what affects others the most. OCD however, is a disorder that can be treated. Patients of OCD can therefore learn to live healthy and productive lives in the future. Their high levels of general anxiety and low mood can thus be combated against. An environmental aspect is further present that encourages the development of OCD behaviors in children of parents with OCD. Yet if this was the only factor, then these children would most likely have the same obsessions and compulsions as their parents, but this is rare. Statistically, males tend to develop OCD earlier than females; otherwise, the course and prevalence of OCD appear the same across genders. It is important to note that OCD may spring from abuse, illness, death of a loved one, relationship problems, or changes in living situation. While the exact cause of this disorder is still not clear, it is likely to be caused by a combination of biological and environmental factors.

Interventions aimed at decreasing children's accommodating behaviors will help both the parent and the child. The parent will be better able to treat their OCD symptoms if they are not being accommodated by

the family, and the children will be protected from involvement with the OCD and any disruption it may cause in their day to day life and overall development. The following is a list of interventions which could be offered to support families with a parent diagnosed with OCD.

Parenting education and support. Information on effective parenting practices, and why it is important to keep children uninvolved in OCD rituals, will help to decrease the impact of OCD symptoms on the child and foster a healthier relationship between the parent and child. Ongoing support in the form of counseling or support groups will ensure that parents are able to consistently employ effective strategies and not revert back to engaging their children in their rituals.

Psycho-education. Educating children about OCD and ways to support a parent in treatment would offer children a way to help their parents in an age-appropriate manner. Children will benefit from a better understanding of a parent's behavior, and how they can help, by learning what they can say or do. With this information they will be less vulnerable to becoming engaged in OCD rituals, and will feel empowered that they are part of the helping process.

Multi-family Intervention. Multi-family behavior therapy (MFBT) can be utilized to involve whole families in the treatment of OCD in a group format. Families would receive support from each other, encouragement to stay in treatment, and perform exposure and response prevention exercises effectively, as well as ideas regarding how to minimize the impact of OCD on overall family functioning.

Creating or expanding a family's support network. Families impacted by OCD benefit from the support of a well-informed and caring support network. Working with families to develop this network and use it to get through challenging times will also help to prevent children from participating in their parent's OCD rituals.

Development of coping skills. Children in general are eager to learn and employ new ways to help themselves feel better. The introduction and reinforcement of coping skills will provide them with techniques and strategies they can use when they are experiencing anxiety, depression, or any kind of life stress (including any feelings brought on by living with a parent with OCD). The earlier these skills are introduced, the more likely the child is to embrace them and utilize them during challenging times.

CONCLUSION

In conclusion, greater understanding of the impact of parents' OCD on their children's development and mental health outcomes is necessary so that effective interventions can be developed and utilized. Further research on this topic, in conjunction with the research on resiliency factors, are imperative so that we can anticipate which youth are at risk and implement appropriate services and supports. With OCD impacting one out of every fifty adults, effective recognition and intervention practices could have a profound impact on the next generation.

Treatment for parents with OCD is much like treatment for others with OCD. Ideally, anyone with OCD would get individual therapy based on the cognitive-behavioural therapy (CBT) model. Most people respond well to a combination of Exposure and Response Prevention (ERP), a specific type of CBT, and traditional CBT to address the thoughts that drive compulsions.

ERP involves repeated exposure to the fear without engaging in the behaviour that is used to decrease anxiety. For example, a parent with postpartum OCD might be asked to observe his/her child sleeping without placing a mirror by the child's nose to ensure s/he is breathing (or any other ritual the parent may use to manage intrusive thoughts that the child might die in his/her sleep). The goal of ERP is to realize that the anxiety will fade without engaging in the rituals or behaviours one generally uses to calm the fear and/or anxiety.

Another component of therapy for parents with OCD is family therapy. It is important for family members to understand the disorder and ways they may inadvertently contribute to it. Children and spouses or partners learn how they accommodate the parent with OCD, and new strategies to disengage in that behaviour. By talking about these issues together, children and spouses/partners learn how to resist old behaviours and responses and replace them with new ones. The parent with OCD also learns from each family member how s/he feels when asked to engage in behaviours or rituals that are harmful to the parent. Medication is often used for the treatment of any type of OCD. It is necessary to work with a psychiatrist who can guide and direct your treatment, especially any medications you take. Antidepressants are often effective in the treatment of OCD.

Finding the right medication at the correct dose can take a while, so follow through because good communication with the psychiatrist and therapist is critical. It is helpful to keep a log or journal of your symptoms to share with the doctor and therapist. This allows them to see patterns over time and tweak medication as needed.

Self-help and support groups are also beneficial for parents with OCD. Groups allow the members to learn from those who share similar challenges, and to give back to others as they learn to cope with their condition.

Relaxation activities and mindfulness meditation are key to managing OCD and daily stress. Most researchers recommend these techniques for people suffering from this disorder.

It is also essential to take care of your health, as physical health impacts mental health. Get plenty of sleep, eat nutritious foods and try to get some exercise most days. It is also helpful to avoid caffeine as it may contribute to anxiety.

REFERENCES

- Storch, E. A., Geffken, G. R., Merlo, L. J., Mann, G., Duke, D., Munson, M., ... & Goodman, W. K. (2007). Family-based cognitive-behavioral therapy for pediatric obsessive-compulsive disorder: Comparison of intensive and weekly approaches. *Journal of the American Academy of Child & Adolescent Psychiatry*, 46(4), 469-478.
- Wu, M. S., McGuire, J. F., Martino, C., Phares, V., Selles, R. R., & Storch, E. A. (2016). A meta-analysis of family accommodation and OCD symptom severity. *Clinical Psychology Review*, 45, 34-44.
- Frías, Á., Palma, C., Fariols, N., Aliaga, F., Navarro, S., & Solves, L. (2020). Parenting attitudes in people with obsessive-compulsive disorder and emotional symptoms in their children. *Clínica y Salud*, 31(2), 91-98.
- Challacombe, F. L., Salkovskis, P. M., Woolgar, M., Wilkinson, E. L., Read, J., & Acheson, R. (2016). Parenting and mother-infant interactions in the context of maternal postpartum obsessive-compulsive disorder: effects of obsessional symptoms and mood. *Infant Behavior and Development*, 44, 11-20.
- Albert, U., Baffa, A., & Maina, G. (2017). Family accommodation in adult obsessive-compulsive disorder: clinical perspectives. *Psychology Research and Behavior Management*, 10, 293.
- Francazio, S. K., Flessner, C. A., Boisseau, C. L., Sibrava, N. J., Mancebo, M. C., Eisen, J. L., & Rasmussen, S. A. (2016). Parental accommodation predicts symptom severity at long-term follow-up in children with obsessive-compulsive disorder: A preliminary investigation. *Journal of child and family studies*, 25(8), 2562-2570.
- Maybery, D., Reupert, A., Patrick, K., Goodyear, M., & Crase, L. (2005). VicHealth research report on children at risk in families affected by parental mental illness. *Melbourne: Victorian Health Promotion Foundation, Melbourne*.
- Griffiths, J., Norris, E., Stallard, P., & Matthews, S. (2012). Living with parents with obsessive-compulsive disorder: Children's lives and experiences. *Psychology and Psychotherapy: Theory, Research and Practice*, 85(1), 68-82.
- Challacombe, F., & Salkovskis, P. (2009). A preliminary investigation of the impact of maternal obsessive-compulsive disorder and panic disorder on parenting and children. *Journal of anxiety disorders*, 23(7), 848-857.
- Black, D. W., Gaffney, G. R., Schlosser, S., & Gabel, J. (2003). Children of parents with obsessive-compulsive disorder—a 2-year follow-up study. *Acta Psychiatrica Scandinavica*, 107(4), 305-313.
- Rees, C. S., Valentine, S., & Anderson, R. A. (2018). The impact of parental hoarding on the lives of children: Interviews with adult offspring of parents with hoarding disorder. *Clinical Psychologist*, 22(3), 327-335.
- Rohbani, K., Sabzevari, S., Sadat-Shirazi, M. S., Zadeh-Tehrani, S. N., Ashabi, G., Khalifeh, S., ... & Zarrindast, M. R. (2019). Parental morphine exposure affects repetitive grooming actions and marble burying behavior in the offspring: Potential relevance for obsessive-compulsive like behavior. *European Journal of Pharmacology*, 865, 172757.
- Chen, D., Bienvenu, O. J., Krasnow, J., Wang, Y., Grados, M. A., Cullen, B., ... & Samuels, J. (2017). Parental bonding and hoarding in obsessive-compulsive disorder. *Comprehensive Psychiatry*, 73, 43-52.
- Filer, A. D. J., & Brockington, I. F. (2016). Maternal obsessions of child sexual abuse. *Psychopathology*, 29(2), 135-138.
- Steketee, G. (2017). Disability and family burden in obsessive-compulsive disorder. *The Canadian Journal of Psychiatry*, 42(9), 919-928.