

Raising Resilience: 25 Tips for Parenting Your Child with Anxiety or OCD

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If you are a parent or guardian of a child that is struggling with anxiety or OCD, we are speaking directly to you. Keep these tips in a spot where you will remember to look and be ready to share them with other caregivers in your child's life.

1. **Parents, please remember: You are not the problem... but you're a big part of the solution.** Watching your child suffer from anxiety can be painful, frustrating, and confusing. Every parent has wondered at one time or another if they are the cause of their child's struggles. Recognizing how influential and positive you can be in your child's recovery is the first step towards getting them proper care and support.
2. **You are not alone.** Whether through a support group, social media, or your local and state resources, there is strength in numbers. Finding other caregivers who have children with anxiety and OCD can help you connect with resources, build a sense of community, and recognize that you are not alone — and neither is your child.
3. **It's OK to not be OK.** It's one of the hardest lessons for us to learn, and it's something anxiety specialists truly believe. Sending the message to children that their meltdowns or terrifying moments signify that something is wrong keeps them stuck in the loop of false alarms. You have the opportunity to model acceptance by letting them know that it's okay to not be okay. The same applies to you: it's ok to not be ok as a parent.
4. **Be aware of how your own stress impacts your parenting style and expectations.** While there will be amazing moments to witness, parenting a child with anxiety or OCD can be exhausting. If you find yourself feeling frustrated, take a break. Explain to your child you want to be helpful and do not think that you can do that without taking a break. This does not make you a bad parent, it makes you a more capable one and gives you the chance to model healthy distress tolerance.
5. **Confidence is something you show AND tell.** Research is clear: communicating confidence in your belief that your child can effectively cope and use their skills is crucial. Additionally, your reactions and behaviors are often heard louder than your words. Anxious children pay extra attention to non-verbals as they are constantly assessing threats and uncertainty. By validating their feelings and their ability to cope with them, rather than the feared outcome, you emphasize resilience and independence.
6. **Teach your child to live with fear, not in fear.** Everyone can benefit from coping skills, meditation, calm breathing, and healthy distraction at the right moment; but know that effective anxiety treatment and maintenance centers on facing fears head-on and living with uncertainty. Unfortunately, relaxation or distraction activities only work short-term and may reinforce the idea that the emotional experience was too difficult. This will teach avoidance or escapism, keeping your child in a loop.
7. **Know the difference between "scary safe" and "scary dangerous."** Anxiety treatment and management doesn't aim to shut down our fear centers, but rather to recalibrate the false alarms of the anxious brain. Helping a child reframe these non-dangerous situations as "scary, but safe" provides a foundation that teaches them to move towards situations that normally would cause them to freeze, get stuck, or avoid.

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8. **Be ready for conflict from your child — but know your job is to de-escalate.** The only thing anxiety and OCD want is certainty or absolution. Though parent-child conflict is a common experience, the anxious brain feeds on conflict because conflict ALWAYS ends. It doesn't always end kindly or immediately, but it always ends. Using punishment in moments when OCD or anxiety flares up conveys that this moment is your child's fault while putting you on opposite teams. When you take the bait to escalate or punish the conflict, OCD or anxiety wins. You and your child lose.
9. **Don't underestimate the importance of education and understanding.** When parents show up for that first session, they are often looking for the quick fix, understandably. However, the first few sessions are intentionally all about educating you and your child about anxiety or OCD. It's critical to learn the ins and outs of bodily responses, false alarms, rituals, and avoidance. Don't overlook its value and don't rush through it. Psychoeducation IS the first treatment phase.
10. **Know what you are fighting for.** Helping your child identify healthy goals and values-based behaviors that honor their belief system will keep everyone focused and motivated when times get tough.
11. **Learn the vocabulary of an anxiety specialist, starting with the BIG three: T's, O's, and C's.**
 - *T's are the triggers. Triggers are the internal or external things that bother us; T's elicit the initial fear response. Almost any thought, thing, or experience can be a trigger.*
 - *O's (which can also be F's) represent obsessions or fears. These are the worries, images, feelings, beliefs, or physical sensations that are unwanted, unintentional, and make the person feel nervous, guilty, fearful, disgusted, and more.*
 - *C's (which can also be R's or SB's) are called Compulsions, Rituals, or Safety Behaviors. These are intentional actions and thoughts (the latter are called mental rituals) that are used to temporarily avoid distress. These actions are the fuel that's maintaining anxiety or OCD.*

Knowing the difference between a T, O, or C is foundational for a child (and the parent) to gain insight and have a better understanding of what is being addressed through treatment.
12. **Rituals, compulsions, and safety behaviors come in many shapes — don't be fooled.** Worries and obsessions are A problem, but THE problem is avoidance, compulsions, rituals, and safety behaviors. In OCD and anxiety disorders, the problem is not the content of the worry, but the repetitive cycle of endless actions (mental or behavioral). Naming and reducing rituals is critical for your child to succeed in managing anxiety or OCD.
13. **Mental rituals are not obsessions.** Although you can't see your child do these invisible rituals, mental rituals (MR) have the same effect as compulsive hand washing, checking, confessing, or other observable rituals: they keep your child stuck. MR examples include excessive repeating of words in their head or replaying events in their mind, over-monitoring their bodily reactions, wondering if they were misunderstood, and many other mental actions that are used to reduce negative feelings associated with the core fears. Naming and reducing them can be difficult, but with skills and practice, it will help break the cycle of repetitive mental actions.
14. **Family accommodations (FA) keep the family stuck.** Family accommodations, also known as FA, are the actions, gestures, or statements we use as loved ones to rescue anxious children from uncertainty or distress. Over 90% of families with anxious children report offering FA. While the intent is to stop the distress, these actions actually make the problem worse (and leave families feeling exhausted and manipulated!). Being able to identify and shift away from accommodations is one of the first and most important steps to changing the cycles parents unknowingly engage in with their anxious children.
15. **Reassurance seeking (RS) is tricky, we know!** When your child is curious, asking questions is a great way to explore. But when your child is getting stuck, believes their own terrifying thoughts, or can't find a way to accept uncertainty, reassurance seeking (RS) becomes the quickest way to get through the moment, creating a ritual cycle. As the caregiver, being able to differentiate between RS and genuine questions is difficult, so in an active phase of treatment with your child, assume that most questions around topics that are triggering are nothing more than RS.
16. **Naming the OCD or worry monster can bring you and your child together.** Personifying your child's

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worry allows them to create distance from it while also creating a common enemy you can fight together. Encouraging a discussion of your child's worries, in limited doses, can be helpful. Create a daily "Worry Time" that lasts about 5-10 minutes, if necessary. Ignoring worries doesn't help, so creating a worry character can help acknowledge the worry without indulging it.

17. **Allow for corrective experiences.** Your child is more resilient than you might think! If we rescue them from scary safe experiences, we rob them of the ability to see their own bravery and resilience.
18. **Though all beliefs are thoughts, not all thoughts are beliefs.** With some anxiety themes, the content may feel taboo, embarrassing, or perverse. Most people have these kinds of thoughts, whether they admit it or not, but there is often significant shame associated with them. An open discussion about these tough topics is validating, normalizing, and increases a sense of hope and acceptance. Accepting the presence of thoughts that evoke shame or disgust is not the same as endorsing them or acting on them.
19. **All family members are affected by a child's anxiety/OCD.** If there are other children or family members in the home, your child's O's and C's are affecting them as well. This gives you a chance to have an open family discussion about the OCD or anxiety plan with all family members. This will create space for questions or concerns and it will reveal if anyone else in the family needs support in the process of getting your child proper care and support.
20. **The anxious brain doesn't always make much sense, so be prepared to encourage your child to do the opposite.** Even when no danger is present, the anxious brain still reacts to the flight-fright-freeze response. Brain chemistry tricks us into taking actions that are not only unhelpful, but create more problems. Be ready to support your child in making decisions that seem opposite to what feels like the right thing to do. With practice, this gets easier.
21. **Exposure therapy is not harmful; in fact, it's the MOST effective treatment for OCD and most anxiety disorders.** There are many wonderful therapists and therapy approaches for children, but if your child has OCD or anxiety, finding a therapist who is knowledgeable and trained in exposure and response prevention (ERP) gives you access to effective treatment for your child's struggles. Exposure therapy is not only safe, it is the most evidence-supported treatment for anxiety disorders and OCD.
22. **Consider involving your medical care team.** Medication can be an effective part of the treatment solution when anxiety or OCD is severe or frequent. Consult with your child's physicians for medication treatment options and openly share your concerns about medication with them. In certain situations, OCD or anxiety shows up so quickly, almost out of the blue, that it might indicate an underlying medical condition. This might require a medical evaluation and treatment before starting psychotherapy.
23. **Look for and praise big and small successes.** This applies not only to the brave moments that you see in your child, but also in the patience and compassion that you and other family members provide to your child. Frustration and fatigue are expected, so look for those small wins and breakthrough moments in your child's newly learned skills as well as in your own parenting moments.
24. **Be ready to apply parenting skills and ERP to the next OCD problem area.** Throughout childhood, anxiety and OCD shapeshifts, morphs, and latches onto the next "theme of the week." Most of the skills you and your child learn will apply to any new themes that arise down the road. Don't get caught thinking every crisis requires a completely new plan. When you chase symptoms, it will look like a game of Whack-a-mole. Symptom morphing/hopping is expected, so be prepared.
25. **There are key ingredients to effectively treating pediatric OCD or anxiety, whether your child sees a therapist or not.** Your job as the parent or caregiver is to provide a plan that gives you, your child and your family the best chance at taking back control. Facing fears, tolerating distress, living with uncertainty, and taking active steps that are aligned with your healthy values is the complete package to beating anxiety, but it does take practice and patience. Take brave actions with your child, use humor when appropriate, and be compassionate to yourself and your child in the process of beating anxiety together. You can do this! 🕒