Involving Family in the OCD Treatment Process

Presented by The Center for OCD and Anxiety, LLC

WHAT TO EXPECT TODAY

- Learn basic tools to assess family dynamics, and how to incorporate OCD into these assessments
- Understand how families can participate in OCD via accommodations and how they can participate in the OCD treatment process
- Apply what you've learned to the families you work with and the ERP process!

Fighting OCD
as a Family

FAMILY THERAPY

- Structural Family Therapy (Minuchin)--addresses patterns of interactions that create problems among members in the family; the focus of change is on the family structure rather than the individual; diagnosis is not important
- Systemic Family Therapy (Satir, Haley, Bowen; The Palo Alto Group)--works to utilize family's strengths to minimize need for disruptive behaviors amongst family members by eliminating them completely or reducing the interpersonal distress associated with them; diagnosis is not important

FAMILY SYSTEMS BELIEFS

- Systems: how things relate to one another within a larger, more complex system
- “The whole is greater than the sum of its parts”
    - Consider all the ingredients that make up a cake. If you were to lay them out on your counter and weren’t familiar with baked goods, it would be difficult to envision how everything could be combined to create a cake. That’s because no single ingredient or environmental factor—in this case, heat from the oven—would produce a baked good such as cake on its own. From the perspective of systems theory, the whole—our dessert in this example—is greater than the sum of its parts.
    - Now imagine you have just the baked good, and you’re unsure of its ingredients. You taste it and it’s sweet, so you can reasonably hypothesize it includes sugar. But what gives it its other qualities? To find out, you’d need to learn the rest of the ingredients and how they were combined to make the final product.

FAMILY SYSTEMS BELIEFS, cont'd

- Holistically examining how smaller systems come together to affect the greater complex system
- Certain characteristics of the whole cannot be easily explained or rationalized by looking singularly at any one component of the system
    - OCD can, and does, hijack family power dynamics and can create major relational strain because of how each family member interacts with OCD–the individual with OCD is not the only one experiencing symptoms of OCD.
- "Greater family accommodation of OCD symptoms is linked to greater family dysfunction, stress and rejecting attitudes towards the OCD sufferer." (Steketee & Neziroglu, 2003)

WHY FAMILY THERAPY?

“Greater family accommodation of OCD symptoms is linked to greater family dysfunction, stress, and rejecting attitudes towards the OCD sufferer.”

-Gail Steketee, PhD and Fugen Neziroglu, PhD, 2003

FAMILY THERAPY with OCD

- Step 1: Psychoeducation about OCD and ERP, OCD Assessment Tools
- Step 2: Assessing the reciprocal influences of OCD and family dynamics with family therapy assessment tools
- Step 3: Goals for change
- Step 4: Plan for change

OCD PSYCHOEDUCATION

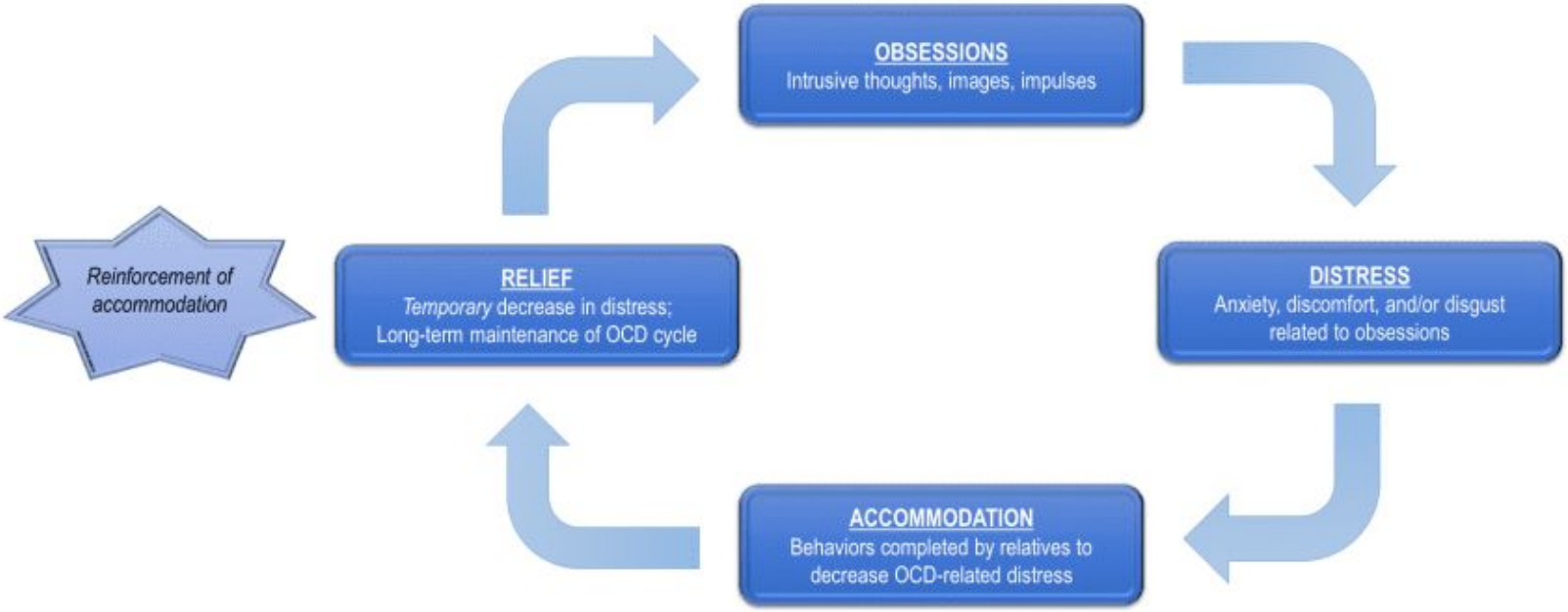
- Families are often looking for direction and support
- Start with building their knowledge around the OCD diagnosis and what is it
- Help them learn and understand what the ERP process is for an individual
- Introduce the idea of accommodations (more slides coming!)
- Focus on differentiation–OCD and your family member are not the same person, OCD is often a challenge for them, too
- Provide greater clarity related specifically to their family member

ACCOMMODATIONS

- One of the major ways family members can affect OCD
- Estimated that 60-97% of family members accommodate OCD
- Over 80% of family members believe that OCD is unreasonable and 66% do not believe that accommodating relieves OCD symptoms, however, accommodation still occurs
- Examples: reassurance providing, waiting for rituals to be completed, completing rituals on behalf of family member, provision of required items, changing your routine for family members

INFORMATION v. REASSURANCE

An information-seeker:	*A reassurance-seeker:*
Asks a question once	Repeatedly asks the same question
Asks questions to be informed	Asks questions to feel less anxious
Accepts the answer provided	Responds to an answer by challenging the answerer, arguing, or insisting the answer be repeated or rephrased
Asks people who are qualified to answer the question	Often asks people who are unqualified to answer the question
Asks questions that are answerable	Often asks questions that are unanswerable
Seeks the truth	Seeks a desired answer
Accepts relative, qualified, or uncertain answers when appropriate	Insists on absolute, definitive answers whether appropriate or not
Pursues only the information necessary to form a conclusion or make a decision	Indefinitely pursues information without ever forming a conclusion or making a decision


OBSESSIONS
Intrusive thoughts, images, impulses
DISTRESS
Anxiety, discomfort, and/or disgust related to obsessions
ACCOMMODATION
Behaviors completed by relatives to decrease OCD-related distress
RELIEF
Temporary decrease in distress;
Long-term maintenance of OCD cycle
Reinforcement of accommodation

OCD // FAMILY ASSESSMENT TOOLS

- Use OCD family assessments to help them recognize their role in OCD
  - Family Accommodation Scale (FAS): measures family member's symptoms and family's response to these symptoms
- There are other measures to assess family functioning, but the above one is free!!

Participation in symptom related behaviors in the past month

		Never	1-3 times a month	1-2 times a week	3-6 times a week	Daily
1	How often did you reassure your child?	0	1	2	3	4
2	How often did you provide items needed because of anxiety?	0	1	2	3	4
3	How often did you participate in behaviors related to your child's anxiety?	0	1	2	3	4
4	How often did you assist your child in avoiding things that might make him/her more anxious?	0	1	2	3	4
5	Have you avoided doing things, going places or being with people because of your child's anxiety?	0	1	2	3	4

FAMILY THERAPY ASSESSMENT TOOLS

- Genogram: visual family tree; can track symptoms across generations
- Ecomap: examines social supports/lack thereof for the family/individual
- Timeline: written historical account of the family to show when/how symptoms presented
- Structure Map: a way to visualize roles/boundaries within the family

FAMILY THERAPY & OCD ASSESSMENT TOOLS

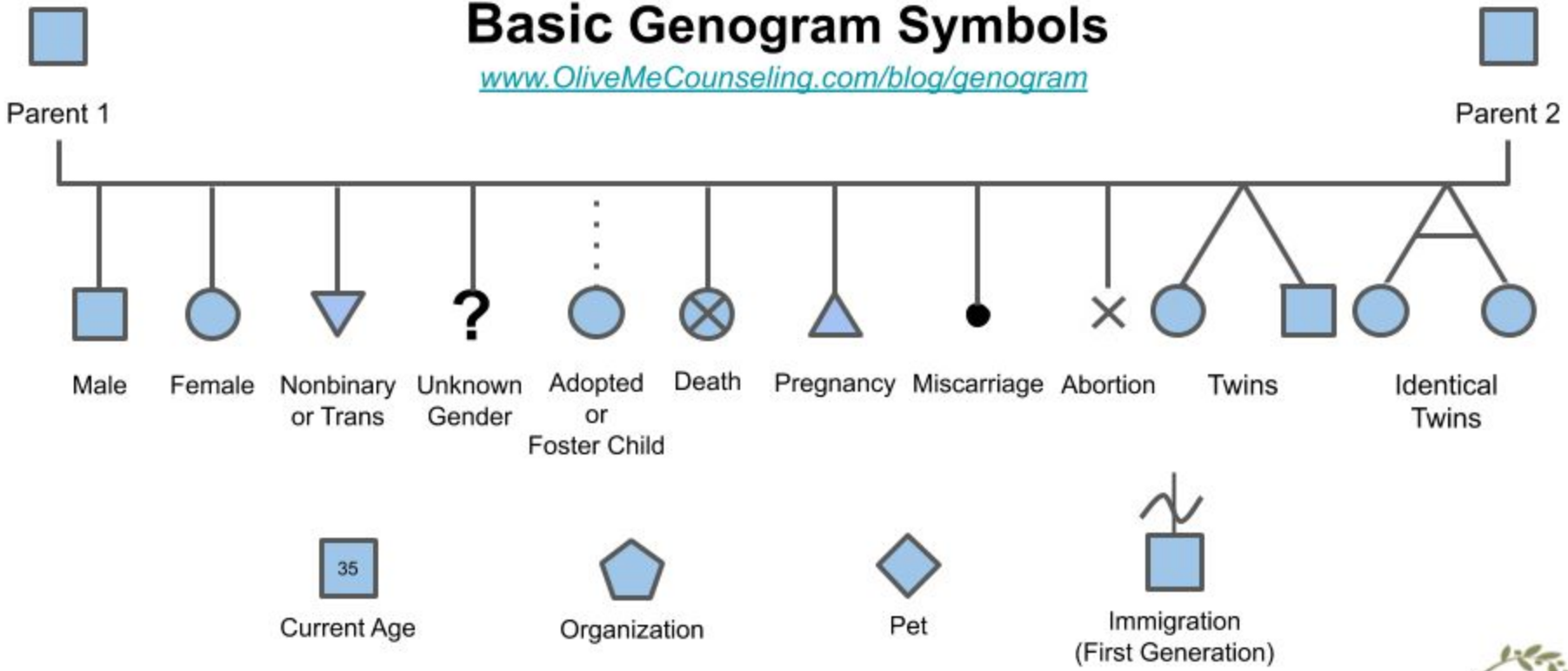
- Genogram: visual family tree; can track symptoms across generations; is there a family history of OCD/anxiety disorders (diagnosed or not)?
- Ecomap: examines social supports/lack thereof for the family/individual; have OCD rules limited individual and family connections?
- Timeline: written historical account of the family to show when/how symptoms presented; is there evidence of symptoms waxing and waning?
- Structure Map: a way to visualize roles/boundaries within the family; how would OCD show up in the structure map?

GENOGRAM

- Visual tool used in family therapy to map out a family's structure and history over multiple generations. It is similar to a family tree but includes additional information about family relationships, medical histories, and social dynamics.
- Typically use symbols and lines to represent family members and their relationships. For example, a square is used to represent a male family member, while a circle is used to represent a female family member. Lines between the symbols indicate different types of relationships, such as marriage, divorce, or adoption.
- Can include information about family members' health and medical histories, including illnesses, disabilities, and causes of death.
- Can include information about social dynamics, such as family roles, communication patterns, and significant life events. This information can help family therapists and clients to identify and understand patterns of behavior within the family that may be contributing to current issues or conflicts.

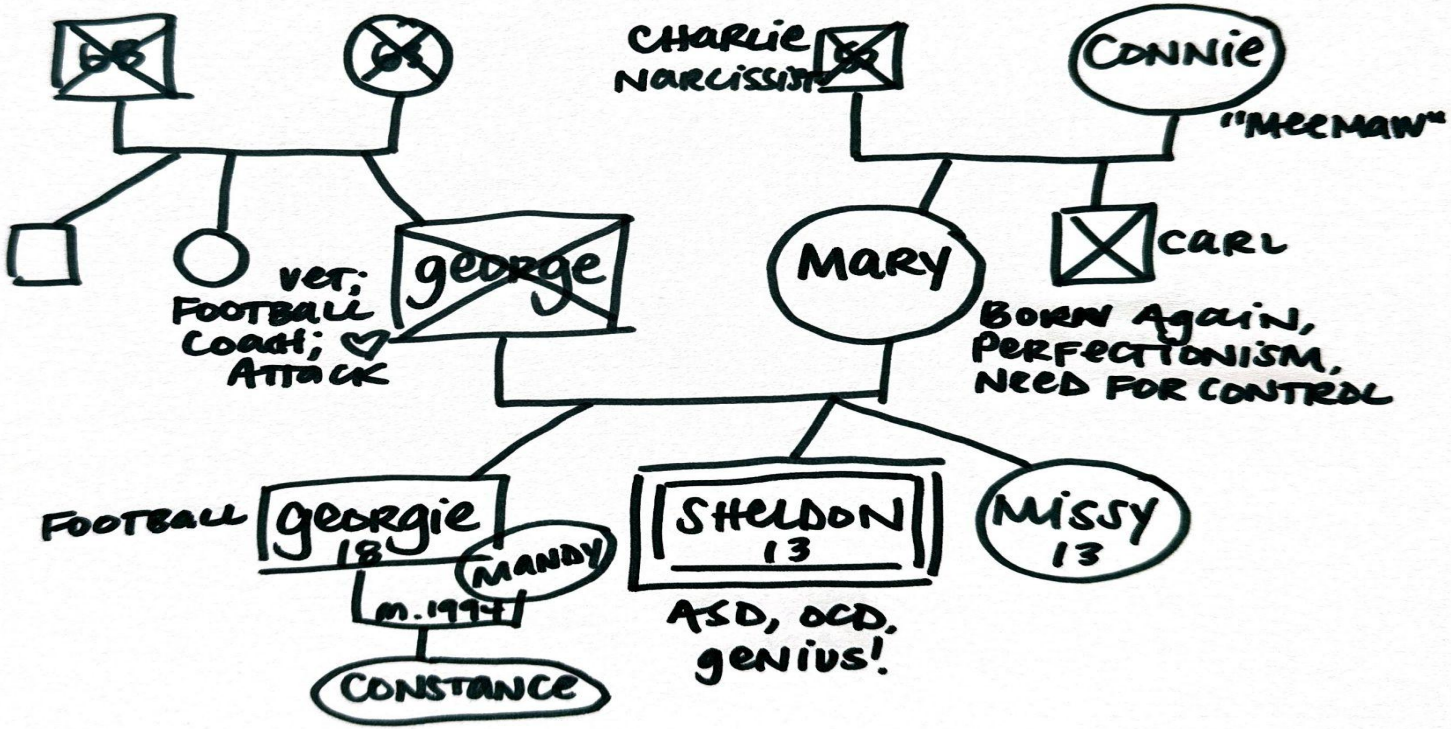
Basic Genogram Symbols

www.OliveMeCounseling.com/blog/genogram



oliveme COUNSELING

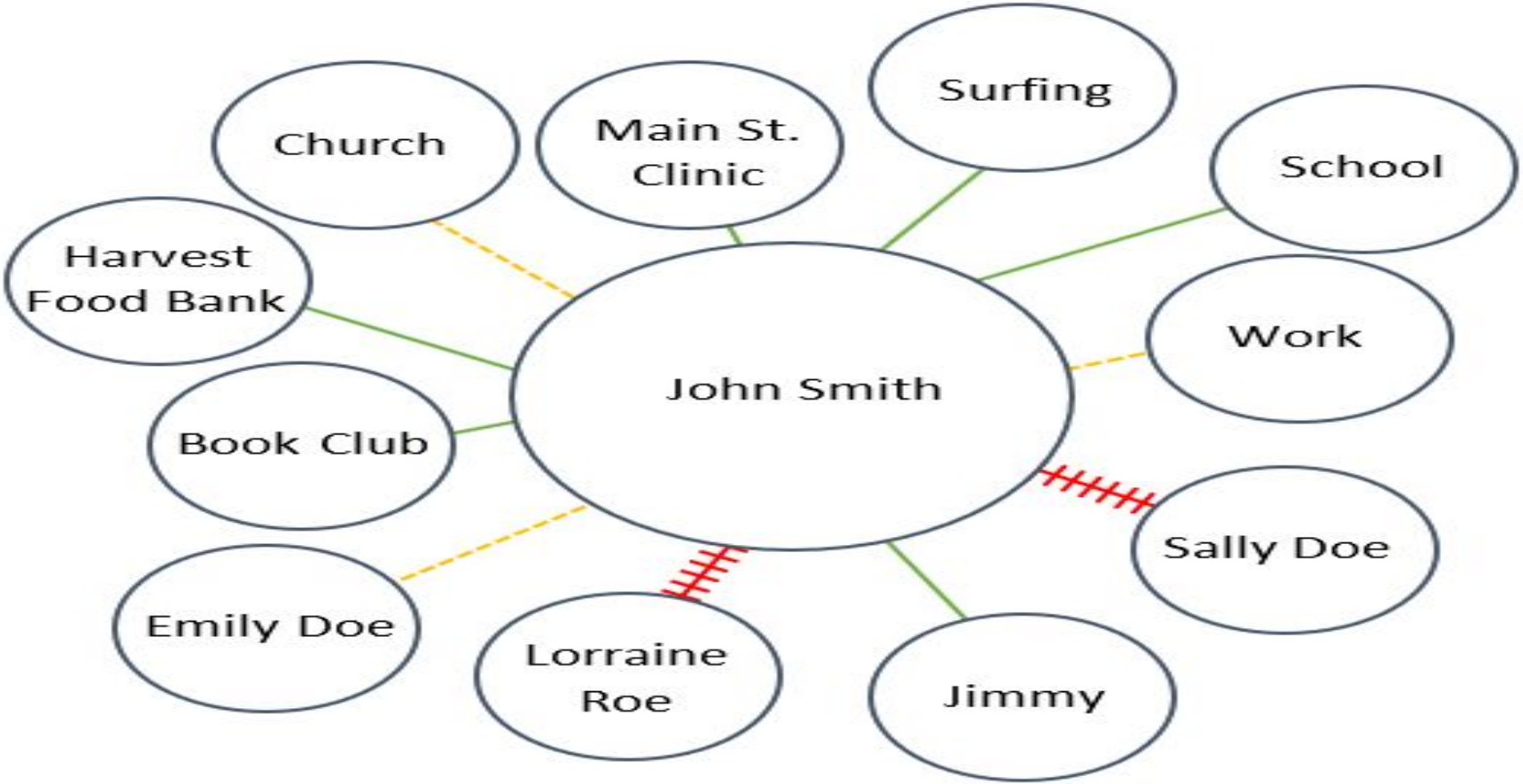
YOUNG SHELDON → GENOGRAM:



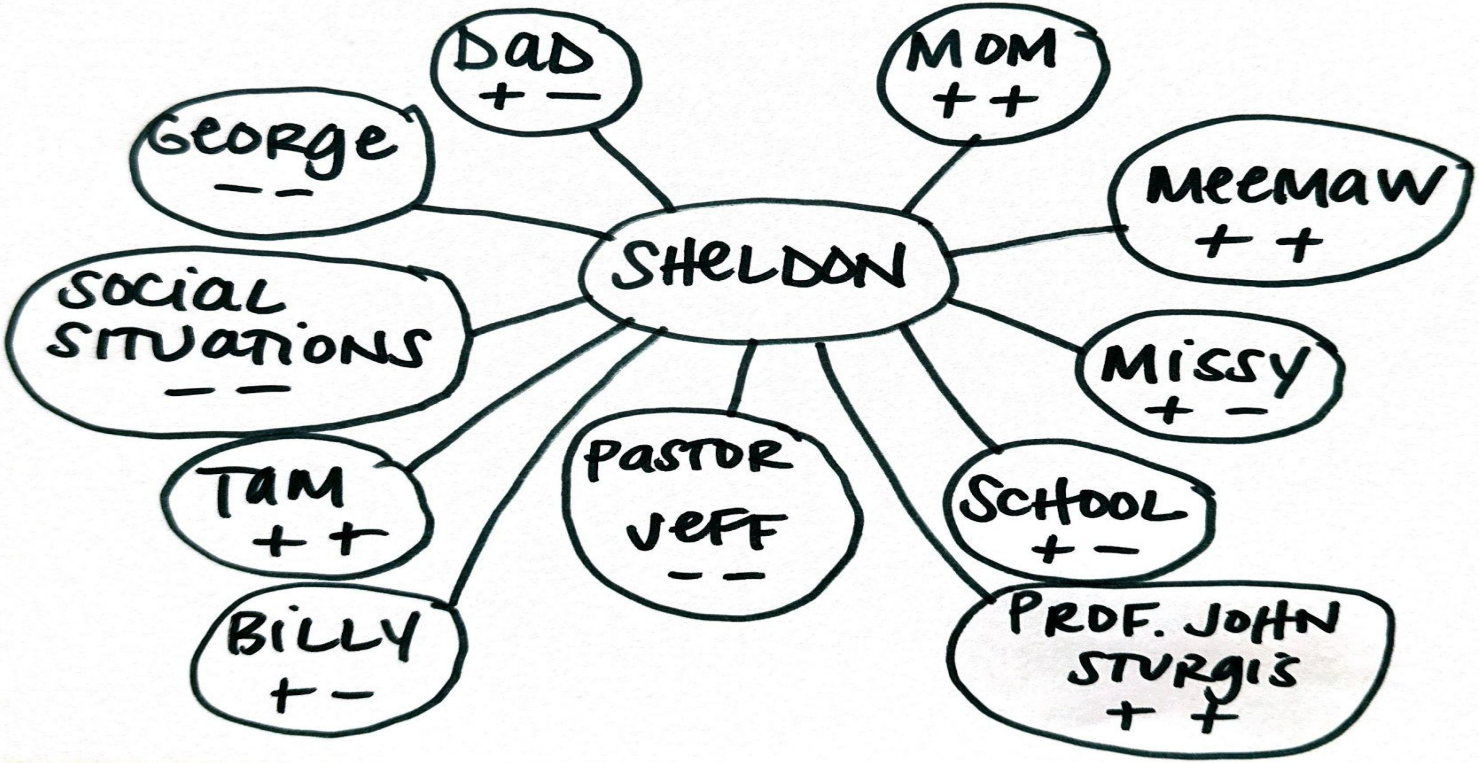
ECOMAPS

- Visual tool that is used in family therapy to help clients understand and map out the social systems that influence their lives. The ecomap is designed to provide a comprehensive view of the client's social context, including relationships, roles, and patterns of interaction with other people and organizations.
- Typically includes the client at the center and uses symbols, lines, and other visual cues to represent their connections to different social systems. These systems may include family members, friends, neighbors, work colleagues, schools, religious institutions, health care providers, and other relevant entities.
- Clients and therapists can identify the strengths and weaknesses of the client's social network and gain insight into how these systems are impacting the client's well-being. The ecomap can also help clients identify areas of potential support and areas where they may need to make changes to improve their social support network.

Sample of an Ecomap for Social Work

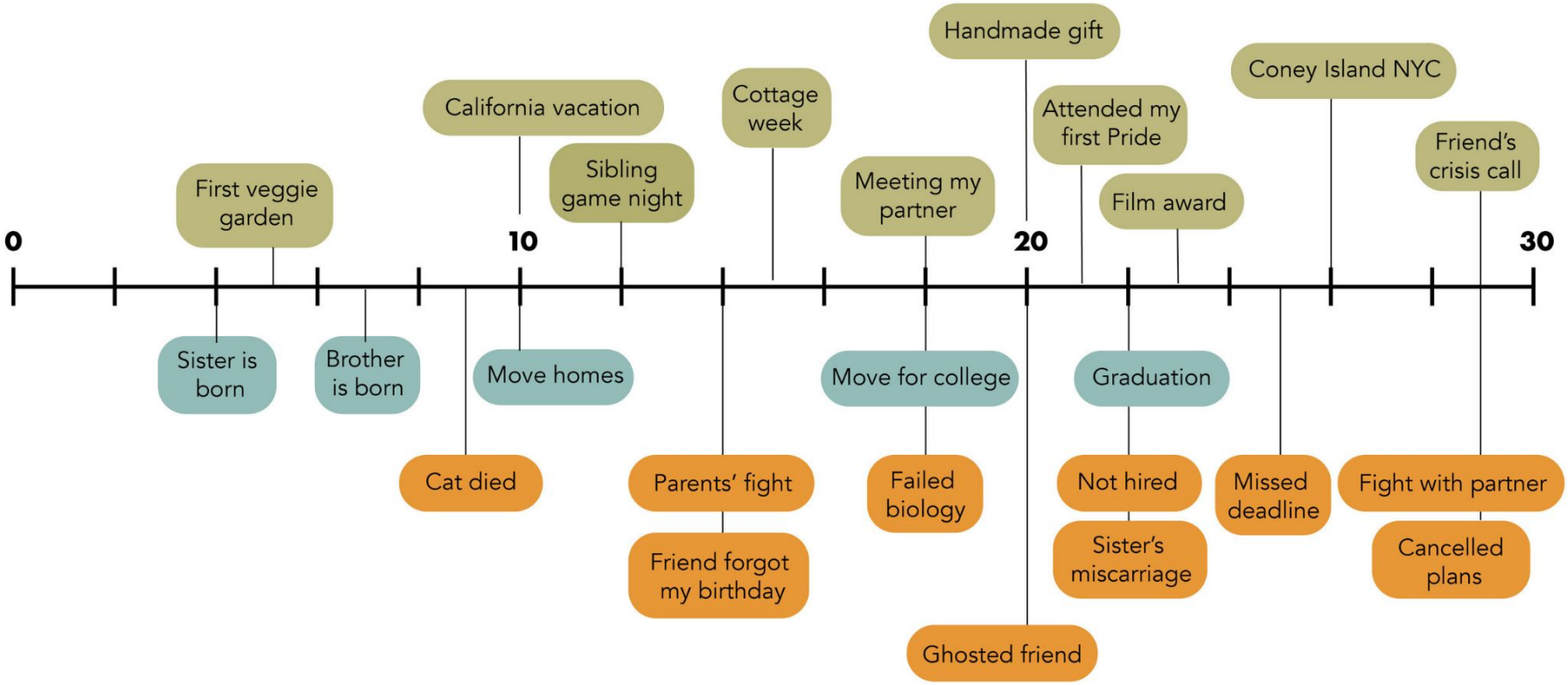


YOUNG SHELDON → ECOMAP:

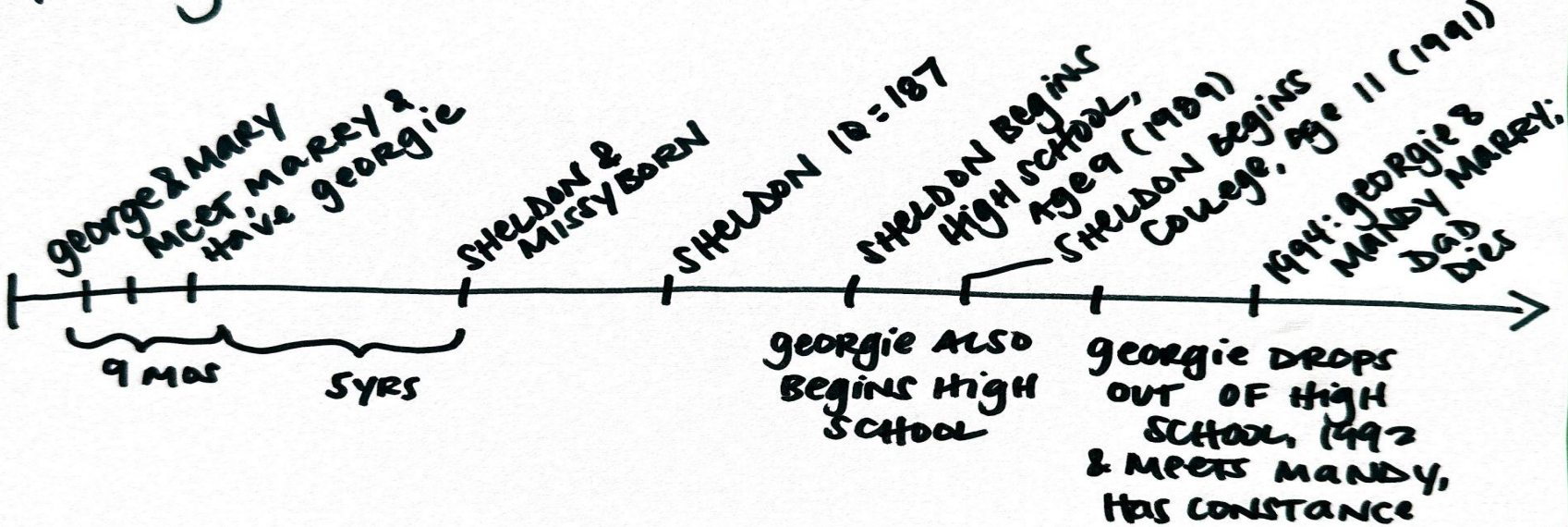


TIMELINE

- Visual tool used to map out significant events and experiences in a family's history. It is similar to a chronological list or a historical timeline, but focuses specifically on events that have had an impact on the family system.
- Includes significant events, such as births, deaths, marriages, divorces, and moves, as well as events related to the family's mental health, such as diagnoses, hospitalizations, or treatments. The timeline may also include events related to the family's social or cultural context, such as changes in laws, social movements, or economic trends.
- Can help the therapist and clients to understand how the family's history has contributed to their current issues or concerns.
- Can identify key turning points or moments of transition in the family's history. For example, a significant event or trauma may have marked a turning point in the family's dynamics or relationships.

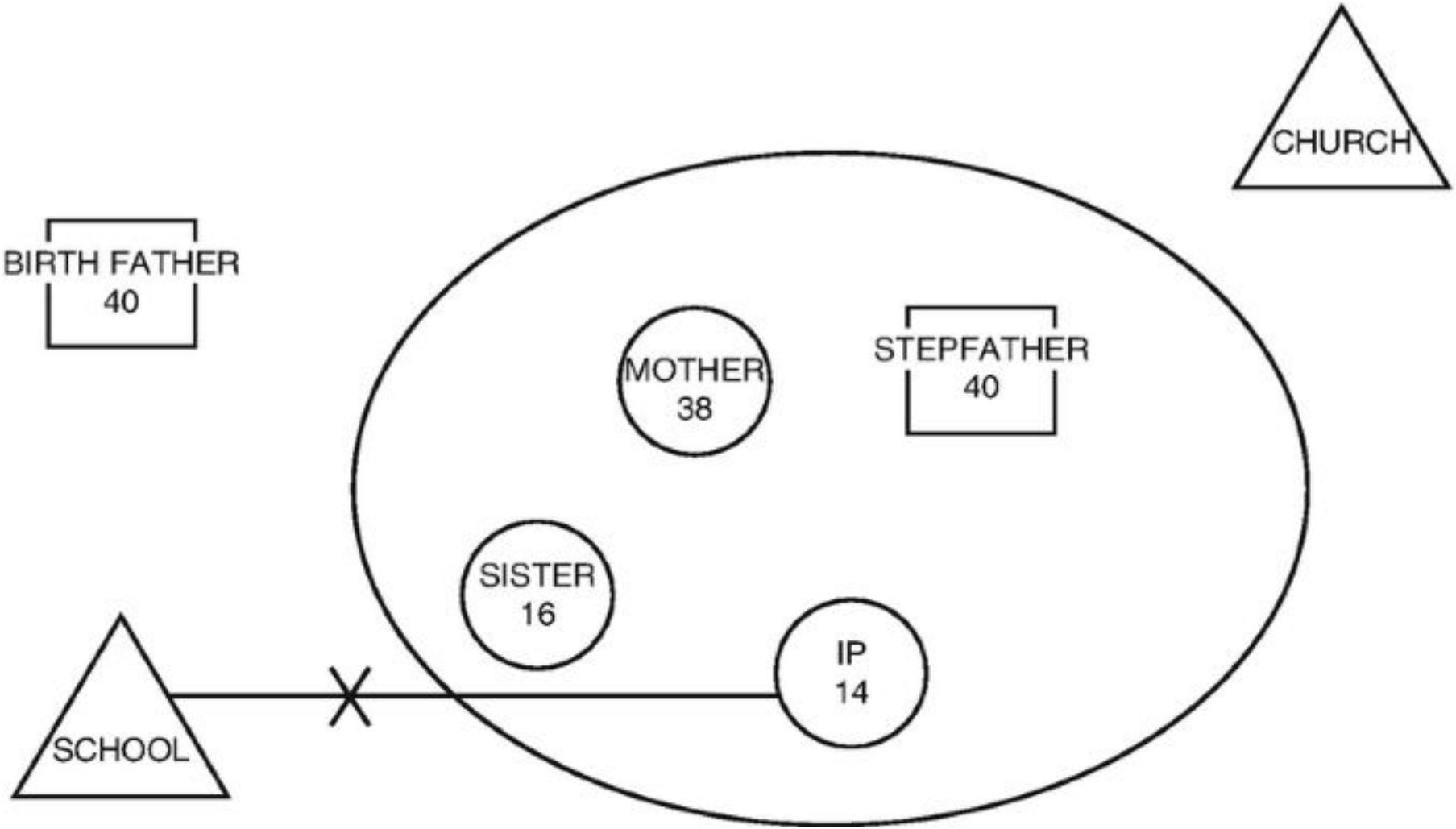

0
10
20
30
First veggie garden
California vacation
Sibling game night
Cottage week
Meeting my partner
Handmade gift
Attended my first Pride
Film award
Coney Island NYC
Friend's crisis call
Sister is born
Brother is born
Move homes
Cat died
Parents' fight
Friend forgot my birthday
Move for college
Failed biology
Ghosted friend
Graduation
Not hired
Sister's miscarriage
Missed deadline
Fight with partner
Cancelled plans

YOUNG SHELDON → TIMELINE:

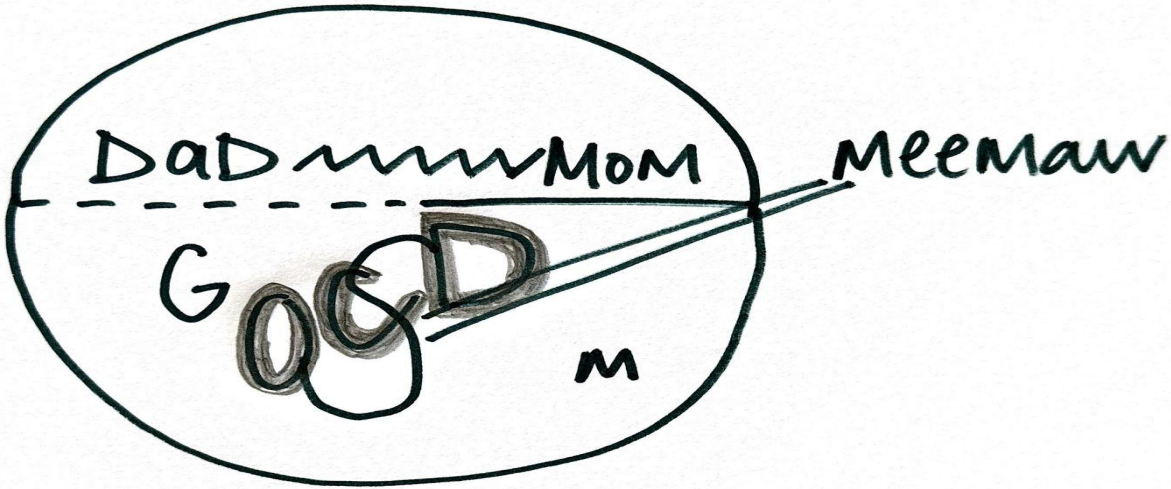


STRUCTURE MAP

- Used to map out the relationships and patterns of interaction between family members. It is similar to an ecomap, but focuses more on the family's interactions and communication patterns, rather than their external social systems.
- Includes symbols to represent each family member, with lines or arrows connecting the symbols to show the nature of the relationship. The map may also include labels or descriptions of the relationships, such as "spouse", "parent-child", or "sibling".
- Designed to help family therapists and clients identify patterns of interaction within the family, such as who communicates with whom, who is closest to whom, and who has the most influence in the family. It can also help to identify areas of conflict or dysfunction, such as communication breakdowns, power imbalances, or unclear boundaries.


CHURCH
BIRTH FATHER
40
MOTHER
38
STEPFATHER
40
SISTER
16
IP
14
SCHOOL

YOUNG SHELDON → STRUCTURE MAP



FAMILY DYNAMICS

- When OCD is present, difference in coping, communicating and parenting may become accentuated
- Consider the impact of family mental illness (is this generational?)
- Often, there can be a lot of focus on the OCD and decreased attention to others within the family system
- Is OCD attached to certain family members and not others?
- Is there “blame” associated with the OCD?

EXPRESSED EMOTION & EMOTION REGULATION

- Families with OCD often have high expressed emotion–the family environment is characterized by hostility, criticism, overprotectiveness, excessive self-sacrifice/devotion, or exaggerated emotional responses. This high expressed emotion is associated with poorer treatment outcomes and higher relapse rates.
- Families with OCD often fall into two categories:
  - Explosive Responders: those who over-react, dramatize and over-report OCD symptoms
  - Highly Suppressed Responders: those who struggle with recognizing and communicating authentically about OCD
  - Sometimes other emotional regulation responses are also present

COMING UP WITH A PLAN..

- If the family member is invested in their own treatment, allow them to pace and create exposures.
- If the family member is not invested in their treatment, families can begin to disengage from OCD.
    - Focus on decreasing accommodations gradually, make your plan.
    - Set a deadline for complete withdrawal for rituals.
    - Keep the family member informed of changes in the family's participation–no surprises!
    - Anticipate resistance and stay cool. It may get worse before it gets better.

STRATEGIES TO REPLACE & TEACH

"Losing" Strategies

- Advice and logic
- Reassurance
- Distraction
- Avoidance
- Assistance and participation
- Criticism, scolding, punishing
- Abrupt changes and new rules

"Winning" Strategies:

- Providing security, structure and stability
- Role model positive ways to solve problems and cope with emotions
- Maintain realistic, kind, firm limits
- Be consistent
- Choose words carefully
- Provide positive reinforcement outside of OCD, rewarding efforts to change more than final ERP outcome
- Accept and learn from mistakes

REMEMBER THAT...

- Guided, gradual exposure works whether that is set up by the individual, the family system or both.
- Set up a reward system to increase motivation if needed.
- Treatment is counterintuitive (and everyone may feel anxious!)
- Reasoning with OCD does not work. Especially not when OCD is triggered!
    - We all experience things differently; it may feel very real to the individual with OCD.
- Differentiation/externalizing language goes a long way towards removing blame and shame for all.
- We’re all humans, and we’re all in it together, against OCD.

ACTION STEPS

- Will be refined over time, just like a fear ladder
- Interventions should not compromise the family's values, but should push everyone towards the shared goal/plan/vision for the future by helping them find more effective ways to integrate beliefs and values.
- If you're getting stuck consider:
  - Collaboration–is the family system too rigid/protective and you're not allowed in?
  - Are there other things going on that are more pressing for this family(OCD isn't their primary concern)
  - The dysfunction is greater than the OCD
  - The family is struggling with their own OCD (e.g. they all do the ritual, they all people please, etc.)
- Keep communication with all systems open!

CASE EXAMPLE

Cindy is an 18 year old female in her senior year of high school, where she is on the debate team with her friends and earns straight As. Cindy is not sure what she wants to do next year, but reports that she enjoys school now, except for gym class. She spends time with two close friends in her neighborhood, but prefers not to go to new places with them–"I just like hanging out at houses." She resides at home with her parents, Beth and Mike. Cindy has an older sister who lives at college and reports their relationship is "not close." She reports her mom is great and that they both hate her Dad because he is "gross."

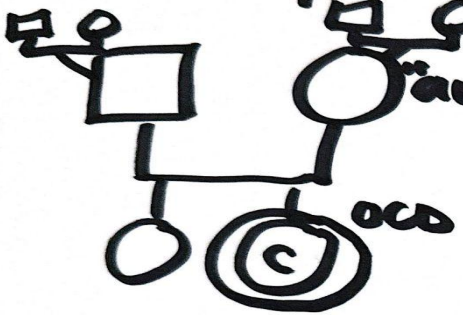
CASE EXAMPLE

Cindy has lots of worries about specific contamination concerns (pesticides) and rituals related to these concerns (no one may enter her room, needs to shower as soon as she gets home, avoids certain foods she believes to be contaminated, gets mom to wash foods & clean the home while Dad is “gross” because he works in the yard and does not follow “basic rules about cleanliness”). Mom and Dad are in near constant conflict about this and other issues. Cindy also exhibits perfectionism, as she is unable to set work aside and “needs” to get good grades to prevent bad things like illness from happening. She prefers her neighborhood friends and their homes because of the familiar environment and her ability to avoid triggers.

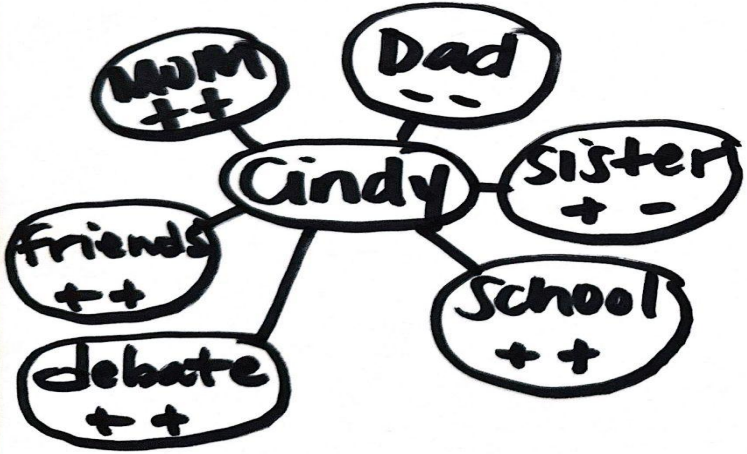
SO—ASSESSMENT?

- What types of OCD are you hearing?
- What types of rituals might her family members be involved with?
- How much do you think these thoughts/compulsions would interfere with both Cindy and her family's life?
- What are you interesting in dynamically within the family?
- What types of accommodations could you see happening?
-

CINDY - FAMILY ASSESSMENTS



SISTER



Timeline Info:

- flu in middle school → sanitizing, washing begins
- biology class → concern w/ pesticides starts more rituals added
- wanted to "be the best" at school "as long as I remember"

WHAT DO YOU THINK THE GOALS MIGHT BE?

- Label OCD, externalize for both Cindy and family
- Reduce accommodations and rituals via planned exposure (may consider which impact the family most and start there, may consider where Cindy is willing to challenge OCD and start there)

RESOURCES

- https://ysph.yale.edu/familyaccommodationocd/
- https://iocdf.org/wp-content/uploads/2023/07/Why-do-Families-Accommodate-and-what-to-do-about-it-Across-the-Lifespan-IOCDF-2023.pdf
- https://www.spacetreatment.net/manual-and-books
- https://www.onlinemswprograms.com/social-work/theories/systems-theory-social-work/
- https://www.olivemecounseling.com/blog/genogram
- https://www.socialworkportal.com/eco-map-social-work/
- https://www.anxietywellness.com/pages/books-by-dr-wagner
- International OCD Foundation
- Center for OCD & Anxiety Supervision/Consultation