Involving Family Members in Therapy for OCD

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Importance of Including Family

- Youth are embedded in family context

- Most pronounced disruptions often occur at home with family members

- Most family members managing OCD in the home report high levels of personal distress

- The home environment impacts treatment success

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How to Include in Treatment

- Assessment
- Psychoeducation
- Manage Reward System
- Support Child's ERPs
- Limit Accommodations
- Provide Observations to Therapist
- Manage Secondary Gains
- Process Own Emotions
- Practice Family Problem Solving and Communication
- Practice Self-Care
- Advocate for Child (e.g., school, extracurriculars, etc.)
- Relapse Prevention

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Assessment and Treatment Planning

Child	Family Members	Family Functioning
OCD Symptoms • Children's Yale-Brown Obsessive-Compulsive Scale – Parent Report • Toronto Obsessive Compulsive Rating Scale – Parent Report • Participation in CY-BOCS clinical interview	**Parent and Sibling Mental Health** • OCD • Other	**OCD's Impact on Family** • Child Obsessive-Compulsive Impact Scale • OCD Family Functioning Scale • Family Accommodation Scale – Parent Report • Parents' Attitudes and Behaviors Scale
OCD-Related Behaviours and Other Symptoms • Coercive and Disruptive behavior scale – Pediatric OCD • Other scales for larger context and assessment of comorbidity	**Beliefs About:** • OCD • Mental Health Treatment	**Overall Family Functioning** • Structure • Communication • Problem solving • Limit setting • etc. ➤ Functional Ax of family concerns
		Family Strengths

** Decide whether to first address OCD or pre-existing family problems **

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Parent Role in Treatment

Do's	Don'ts
Active Participant in Treatment	Chauffer
Supportive Cheerleader and reporter	OCD Police
Externalize OCD	Internalize OCD
Model Distress Tolerance	Model Distress/Disgust or 'Rescue'

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Reward System (vs. Punishment)

- Rewards are very important!
  - Acknowledge the hard work of ERPs
  - Change the association
  - Increases motivation

- Prioritize at the beginning of treatment

- Reward effort
  - NOT lowered distress

- Reward should not be related to OCD symptoms

- Use charts to track

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Tracking Rewards

ERP Goals

ERP 1: _____
☐ ☐ ☐ ☐ ☐ = _____
☐ ☐ ☐ ☐ ☐ = _____
☐ ☐ ☐ ☐ ☐ = _____
ERP 2: _____
☐ ☐ ☐ ☐ ☐ = _____
☐ ☐ ☐ ☐ ☐ = _____
☐ ☐ ☐ ☐ ☐ = _____
ERP 3: _____
☐ ☐ ☐ ☐ ☐ = _____

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Parent Role in Child's ERPs

- Do exposures with child and parents in-session

- Model how parents can support the child at home
  - Exposure to trigger
  - Exposure to thoughts and feared outcome
  - Checking in – language is very powerful!
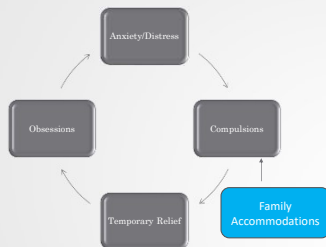 - Help child learn from the planned exposures

- Able to give parents feedback

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Family Involvement in OCD Cycle

At least 90% of family members accommodate OCD

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Family Accommodations

- Changes family members make in an effort to:
  1. Decrease the frequency/duration of child's rituals
  2. Relieve anxiety
  3. Reduce interference

- Discuss in treatment as "OCD's rules"

- Have family members track accommodations so that they can be addressed in treatment with therapist support

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Types of Family Accommodations

Facilitating Rituals

- e.g., Supplying extra soap

Facilitating Avoidance

- e.g., Opening the fridge door

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Types of Family Accommodations

Providing Reassurance

- e.g., "Yes it's clean, you won't get sick"

Giving In To Ritual-Related Demands

- e.g., Changing clothes when entering the house

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Types of Family Accommodations

Decreasing Child's Daily Responsibilities

- e.g., No longer needs to take garbage out

Participating in Rituals

- e.g., Check door locks when asked

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Types of Family Accommodations

Refraining From Saying/Doing Things

- e.g., Avoid certain topics that trigger obsessions

Waiting For Child

- e.g., Leaving house late to allow child to finish checking routine

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Types of Family Accommodations

Modifying Family Routine

- e.g., doing extra laundry

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Limiting Accommodations

- Select one target behaviour at a time
  - Occurs frequently
  - Significant problem
  - Parents motivated to address

- As with child's ERPs, start small, take it one step at a time, and don't move up the hierarchy too quickly

- Include the child in the plan
  - Get child buy-in as much as possible
  - Inform child of the plan, emphasizing the parents' plan

- Reframe OCD-related requests

- Reward child for coping with the change

- Prepare parents for associated challenges
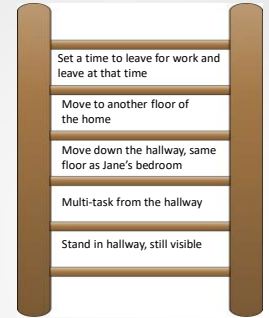
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Case Example: Addressing Laundry Requests

Request: OCD wants parents to gather and wash clothes each night, fold them, and put them in the designated 'clean' section of the closet or dresser.

Wash with others' laundry*

Only wash laundry left in a designated spot

Wash during day and not at night

Wash on rinse cycle only

Wash laundry every other day

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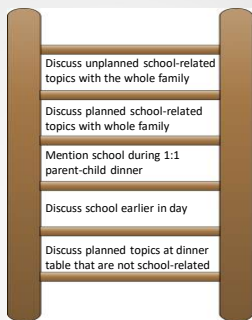## Case Example: Addressing Waiting Accommodations

Request: OCD wants parents to watch Jane get dressed each day in her bedroom. Parents' presence alone is a 'safety cue' that Jane has dressed in a particular way. Parents are late for work each morning because of the time required to wait for Jane.

Set a time to leave for work and leave at that time

Move to another floor of the home

Move down the hallway, same floor as Jane's bedroom

Multi-task from the hallway

Stand in hallway, still visible

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Case Example: Avoiding Topics as a Family

Request: OCD wants the family to eat dinner in silence to avoid anything related to school from being mentioned (obsessional trigger)

Discuss unplanned school-related topics with the whole family

Discuss planned school-related topics with whole family

Mention school during 1:1 parent-child dinner

Discuss school earlier in day

Discuss planned topics at dinner table that are not school-related
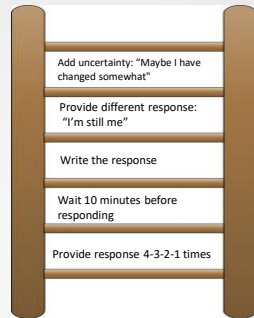
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Addressing Reassurance Seeking

- What is the purpose of reassurance seeking?
  - Temporarily relieves anxiety
  - Child believes they cannot tolerate uncertainty and doubt

- One-time assurance vs. OCD reassurance

- Encourage parents not to debate what is an 'OCD Question'

- Possible steps on the hierarchy:
  - Reassurance cards
  - Delay response
  - Write the response

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Case Example:
Addressing Reassurance Seeking

Child: "Are you sure you're my mom?"
Parent: "Yes, I'm sure I am still your mom"

Set anchor: 5 times/24 hour period

Add uncertainty: "Maybe I have changed somewhat"
Provide different response: "I'm still me"
Write the response
Wait 10 minutes before responding
Provide response 4-3-2-1 times

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Managing Secondary Gains

- It can be difficult for parents to differentiate between 'what is OCD and what is not'
  - Lowered expectations of:
    - Appropriate behaviour
    - Academic work
    - Household responsibilities
  - Extra parent time and attention

- Typically result of family accommodations
- Not intentional

- Over the course of treatment, encourage families to:
  - Spend time together outside of ERPs and pay extra attention to child's other interests
  - Spend equal amounts of time with each child
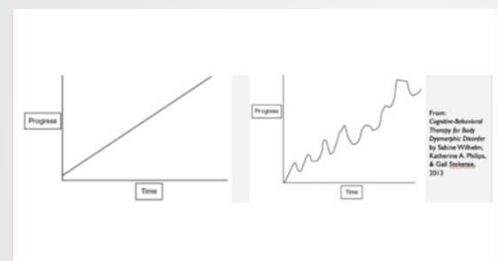 - Leave less room/time for OCD in the family
  - Give new chores

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Addressing Family and Complicating Factors

- Predictors of poor treatment response:
  - High level of family conflict or blame
  - Low level of family cohesion or supportiveness

- Family treatment must address complicating factors

- Address family discouragement

- Child may not be ready for treatment – but family members are!

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Treatment Trend Expectations

From: Cognitive-Behavioral Therapy for Body Dysmorphic Disorder by Sabine Wilhelm, Katharine A. Philips, & Gail Steketee, 2013

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Including Siblings in Treatment

- Psychoeducation
- Cheerleaders and be there to celebrate
- ERP involvement
- Have own reward system for things they are working on
- Explore own feelings and reactions to sibling's OCD symptoms
- Respect privacy

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Family Role in Relapse Prevention

- Acknowledge treatment gains and celebrate!

- Prepare parents for signs that OCD may be returning

- Have a family plan to ensure ongoing success

- Space final appointments further apart

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Resource & Questions

- Consults: MAPS-OCD program at Alberta Children's Hospital
  - Contact nurse clinician, Melissa Adrian
    - 403-955-7829
    - Melissa.Adrian@ahs.ca

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