Family Affair: Involving a Partner or Spouse in Exposure and Response Prevention for OCD

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Outline

• OCD from an interpersonal perspective
• Conceptual model → effective treatment
• Couple-based treatment strategies
The Experience of OCD

• Obsessions trigger anxiety and fear
• Compulsive rituals and avoidance behavior produce an immediate reduction in anxiety
• Rituals and avoidance become habitual because they are reinforced by the reduction in distress they engender (negative reinforcement)
• Rituals and avoidance prevent the natural correction of obsessional fear

OCD in an Interpersonal Context

• Person with OCD acts to structure their environment to minimize obsessions and anxiety
• Partners often become part of “OCD World”
  – Partner helps person avoid anxiety
  – Partner participates in compulsive rituals
  – Partner provides ongoing reassurance
  – Partner may argue with their loved one
Partner Accommodation in OCD: “Symptom-System Fit”

<table>
<thead>
<tr>
<th>OCD domain</th>
<th>Avoidance</th>
<th>Compulsions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contamination</td>
<td>Sources of contamination</td>
<td>Reassurance, cleaning/washing (showering before sex)</td>
</tr>
<tr>
<td>Responsibility</td>
<td>Assume liability</td>
<td>Checking, reassurance</td>
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<tr>
<td>Symmetry</td>
<td>Order-related tasks</td>
<td>Arranging, reassurance</td>
</tr>
<tr>
<td>Unacceptable thoughts</td>
<td>Obsessional triggers</td>
<td>Reassurance</td>
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OCD Relationship Functioning

- The patient’s fears, avoidance, and rituals create interpersonal conflict which exacerbates OCD
- Accommodation by partner maintains OCD symptoms
  - Performed out of love to protect loved one from anxiety
  - Couple might appear relationally distressed or happy
  - Often frustrating for the healthy partner
- Chronic relationship stress unrelated to OCD (e.g., finances) increases OCD symptoms
Why Include a Partner in Treatment?

Elements of Couple-Based CBT for OCD

- Assessment
- Education about OCD in relationship context
- Communication training
- Partner assisted exposure and response prevention
- Alter couple’s relationship relative to OCD
  - No accommodation
  - Healthy ways to show care and concern
  - Broaden couple behaviors as OCD improves
- Focus on general relationship distress or relationship enhancement
Individual Assessment of OCD

• Fear cues
  – External, internal, thoughts
• Avoidance
• Compulsive rituals
  – Behaviors and mental rituals
• Cognitive distortions

Couples Assessment

• Presence of symptom-system fit?
  – Are there support behaviors that reinforce symptom expression?
  – How is relationship impacted by OCD?
  – How would life be different without OCD?
• What have the two of you done as a couple to try to manage OCD?
  – How well has it worked?
Couples Assessment (cont’d)

Relationship – general

• Satisfied vs. distressed?
  – Clinical interview
    • Relationship history
    • Strengths & weaknesses
  – Behavioral observation of communication
    • Problem-solving; provision of support; listening
  – Can supplement with self-report measures (e.g., Dyadic Adjustment Scale; Spanier, 1976)

Psychoeducation

• Understanding OCD
• Symptom accommodation
• CBT: Why and how?
Communication Training

• Sharing thoughts and feelings
• Problem solving & decision-making

Emotional Expressiveness Training (EET)

• State your views subjectively.
• Express your emotions, not just ideas.
• When expressing concerns, also include any positive feelings you have about the person or situation.
• Make your statement as specific as possible.
• Speak in “paragraphs.”
• Express your feelings and thoughts with tact and timing.
Listening Skills

Ways to respond while your partner is speaking

• Through facial expressions, etc., show that you understand your partner’s thoughts and feelings.
• Look at the situation from your partner’s perspective.

Ways to respond after your partner finishes speaking

• Summarize your partner’s most important feelings, desires, conflicts, and thoughts - reflect.

Problem Solving/Decision Making

• State the issue
• Discuss why it’s important and what you would like
• Discuss possible solutions
• Decide on a solution that both can agree to – Compromise
• Trial period and evaluate
Exposure and Response Prevention

A set of techniques designed to help patients engage with feared situations and stimuli and resist urges to perform compulsive rituals and avoidance behaviors to control the anxiety.

Partner Assisted Exposure

- **Target Problem**: Anxiety and fear within the identified patient
  - The couple’s relationship is not directly addressed
  - Symptom accommodation is not directly addressed
- **Role of the partner**: Coach
- **When to use**:
  - Relationship distress is not part of OCD
  - Partner is not engaging in excessive accommodation
Is the Partner Suitable?

• Characteristics of a good exposure partner
  – Considerate, sensitive, optimistic about treatment
  – Warm and thoughtful, nonjudgmental
  – Willing to challenge or confront the patient in a constructive way

• Characteristics of a poor exposure partner
  – Pessimistic, sarcastic
  – Highly critical, antagonistic
  – Smothering, overbearing, overly involved in treatment

Role of the Partner

• Be present at the treatment sessions, but gradually withdraw from involvement in treatment

• Positive reinforcement of non-OCD behavior

• Share thoughts and feelings about doing exposure

• Gentle but firm reminders not to avoid or ritualize

• Emotional support during exposure and response prevention
Partner-Assisted Exposure

• Stage 1- Preparing for the exercise
  – Clarify the exposure exercise
  – Discuss how each partner feels about the exercise
  • Teach them to use EET
  – Clarify what might be difficult for each person and what they need from the other person
  – Clarify how they will handle it if person with OCD wants to stop the exposure exercise

Partner-Assisted Exposure

• Stage 2- Confronting the feared stimulus
  – Patient expresses thoughts & feelings (EET)
  – partner asks patient how he/she is doing
  – Partner compliments patient on handling the situation
  – If the patient is experiencing distress, the partner (a) acknowledges his/her difficulty and (b) reinforces his/her efforts
  – No distraction or providing reassurance
Comments for Partners to use During Exposure Therapy

• “I love you, but I can’t give you that guarantee”

• “I know you can get through this! How can I help you without doing rituals for you?”

• “I know you’re strong. If I did that for you it would only be making your OCD worse. How else can I help you.”

• “I know it is difficult. Let’s talk with the therapist about the problems your having getting through this”

Partner-Assisted Exposure

• Stage 3- Coping with high anxiety
  – If the patient is feeling very anxious, use EET
    • Patient expresses feelings and partner reflects
  – The partner reminds patient that they can get through the anxiety
    • Anxiety is safe and temporary
Partner-Assisted Exposure

• If necessary, take a brief time-out
  • Break from the exposure or perform a limited ritual
• Use EET to discuss thoughts and feelings
• Partner provides support (“you can do it”)
• Discuss what happened and how to approach the situation when exposure resumes
• If patient insists on stopping exposure, partner reminds him/her of importance of continuing but leaves decision up to patient

Partner-Assisted Exposure

• Stage 4- Evaluation of the exposure
  — After exposure discuss the experience (EET)
    • Patient’s and partner’s experiences
    • What did partner do that helped or did not help?
    • What might he/she do differently next time?
  — Discuss communication during the exposure
    • clarify what could be different in the future
Interventions Targeting Accommodation

- **Target Problem:** Maladaptive relationship dynamics focal to OCD that reinforce symptom expression in anxious partner
  - The couple’s relationship outside of OCD (e.g., money, in-laws) is NOT directly addressed

- **Role of the partner:** Client

- **When to use:**
  - Relationship distress is NOT part of the presenting complaint
  - Partner IS engaging in excessive accommodation

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Targeting Accommodation

- **Alter symptom-system fit/accommodation**
  - Education & alliance-building
  - Develop an exposure list/hierarchy
  - Help couple develop new ways of relating that facilitate exposure rather than avoidance and symptom expression
Steps To Target Accommodation

• Psychoeducation & alliance-building
  – Have partners share thoughts & feelings about the effect of OCD on each of them
  – Pull from client & partner that avoidance and rituals decrease anxiety short-term but maintain it long-term
  – Help client and partner to “buy into” rationale for exposure and response prevention

Steps to Target Accommodation

• Develop an exposure plan
  – Create specific exposure situations
  – Stress importance of remaining in situation until new learning has occurred (“e.g., I can do it!”)
  – Teach couple to problem-solve around client’s anxiety in a given situation
  – Be specific about who will do what / when
  – Instruct in how to debrief after exposure & continue consolidating gains
Targeting Accommodation

• Develop new ways of relating that facilitate exposure to feared situations rather than symptom expression
  – Gradually eliminate signals that promote OCD-related behaviors
  – Shape towards target behaviors

Characteristics of Couple Therapy

• Target Problem: Problematic relationship dynamics that serve as chronic stressors (e.g., mutual hostility)
  – The couple’s relationship, not specific to OCD is directly addressed
• Role of the partner: Client
• When to use: Relationship distress & communication deficits ARE part of the presenting complaint
Couple Therapy

- Create more mutually respectful, harmonious environment for both partners to decrease ambient stress and increase collaboration
  - Increase pleasurable events & support behaviors
  - Challenge negative cognitive biases (e.g., selective attention for negative events, negative attributions)
  - May need explicit focus on communication skills

- See Epstein & Baucom (2002) as an example of manual for cognitive-behavioral couple therapy

Treatment Schedule

- **Sessions 1-3** – assessment, education, treatment planning, coping with anxiety as a couple
- **Sessions 4-7** – partner-assisted ERP and communication training
- **Sessions 8-11** – decision-making skills, reducing accommodation
- **Sessions 12-16** – enhancing communication, non OCD-related stressors
Considerations

• How might addressing interpersonal relationships optimize treatment?
  – Teamwork when using treatment strategies
    • Enhances motivation for change
  – Healthy partner learns skills to help patient get through anxiety and stay on task
  – Reducing accommodation broadens the couple’s repertoire with non-OCD activities

Considerations

• What promotes maintenance of gains?
  – Couples learn ways to relate to each other that allow them to use exposure in daily routine
  – Partners learn to recognize and stop accommodation behaviors
  – Learning communication strategies helps lower general relationship stress
Considerations

• We have an effective treatment for OCD, but it does not work equally well for everyone

• Importance of identifying and understanding prognostic indicators such as interpersonal factors

• Fine-tuning existing treatments for OCD vs. developing new ones

• Need to examine long-term follow-up

Thank you!