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Short report

The effect of a couple-based treatment for OCD on intimate partners



Jennifer M. Belus*, Donald H. Baucom, Jonathan S. Abramowitz

Department of Psychology, University of North Carolina at Chapel Hill, USA

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ABSTRACT

Background and objectives: This study investigated the effect of a couple-based cognitive behavioral therapy (CBT) for the treatment of obsessive-compulsive disorder (OCD) on the intimate partners of patients. Previous research has shown this intervention to be efficacious in reducing OCD symptoms and comorbidities in patients.

Method: In an open-treatment trial, 16 couples completed the 16-session manualized treatment, and were followed up 6- and 12-months post-treatment.

Results: Multilevel modeling analyses were conducted to examine change over time, and results indicated that relative to baseline, partners showed improvements in relationship functioning, communication, and criticalness in the short-term, and maintained their gains in communication skills over the long-term.

Limitations: The non-controlled design and small sample size limit the certainty of the study's findings.

Conclusions: Overall, this investigation offers preliminary evidence that including intimate partners in couple-based CBT for OCD has no negative effects on partners, and in fact, can provide them with residual positive effects.

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1. Introduction

Guidelines for the treatment of obsessive compulsive disorder (OCD) recommend cognitive-behavioral therapy (CBT) involving exposure and response prevention (ERP) as a frontline treatment (Koran & Simpson, 2013). Although this approach has high efficacy (Olatunji, Davis, Powers, & Smits, 2013), a significant proportion of patients¹ do not show strong improvements or are unable to maintain long-term gains (Olatunji et al., 2013; Simpson et al., 2004). Previous research suggests that focusing on the interpersonal processes related to OCD could help improve treatment effectiveness (e.g., Chambless & Steketee, 1999). In response to such considerations, Abramowitz et al. (2013b) developed a cognitive-behavioral couple-based intervention for patients with OCD and their intimate partners, referred to here as “couple-based CBT for OCD”. The purpose of this paper is to examine the effects of this intervention on intimate partners, who, although involved in treatment, are not the target of the intervention.

Couple-based CBT for OCD is a 16-session manualized treatment based on the principles of ERP and targets the individual patient symptoms as well as the broader relational context that often contributes to the patient's disorder (see Abramowitz et al., 2013b for a detailed description). Partners are included in all treatment sessions to assist the patient as they undertake various exposure exercises; in addition, certain partner behaviors and other aspects of the couple's relationship become targets of treatment insofar as they relate to the patient's OCD symptoms. For example, accommodation is a common phenomenon in OCD, where partners (or other family members) unintentionally reinforce patients' maladaptive behaviors when trying to show support, reduce conflict, or alleviate patient distress in the short-term. This is often the case when partners help patients avoid the feared stimuli that trigger their obsessions and compulsions (Calvocoressi et al., 1999). In an open trial of 16 couples who received this couple-based intervention for OCD, Abramowitz and colleagues reported that patients showed improvements in their OCD symptoms that were maintained at the 12-month follow-up, and these changes were notably larger than comparable individual ERP-based treatment (Abramowitz, et al., 2013a). Moreover, patients exhibited improvements in their depressive symptoms and insight into the senselessness of their obsessions and rituals, which were also maintained at follow-up; improvement in the patients' relationship functioning was maintained at 6-months post-treatment. Although

* Corresponding author. CB# 3270 Davie Hall, Psychology Department, UNC, Chapel Hill, NC 27599-3270, USA. Tel.: +1 919 962 3088.

E-mail address: belus@live.unc.edu (J.M. Belus).

¹ In the current manuscript, the person with OCD will be referred to as the patient, and the person without OCD will be referred to as the partner.

this study reported that partners evidenced reductions in their level of accommodation to OCD symptoms, no investigation has yet evaluated what effect this treatment has on partners' individual and relational functioning.

It is possible that this treatment could affect partners in a number of different ways. With respect to psychological functioning, partners are being exposed to various behavioral and cognitive techniques over the course of treatment. Although these techniques are not directed towards the partner, partners may internalize some of these skills, which could result in improvements in their own psychological functioning. For example, partners learn about the role of avoidance in anxiety maintenance and the use of exposure as a strategy to combat anxiety and avoidance of feared situations. Partners also learn about cognitive restructuring as a technique for reducing negative emotions. This would be consistent with findings by Grunes (1998), where the addition of an intervention group for family members of patients undergoing ERP decreased depression and anxiety in family members relative to those family members in the control group. On the other hand, the process of viewing the patient undergo exposure exercises is often distressing for the partner since they are likely accustomed to easing the patient's anxiety when it arises. In addition, over the course of treatment, partners likely become more aware of how distressed patients are, particularly because both patients and partners share their thoughts and feelings about the disorder. As a result, partners may become more concerned and worried about the patient's well-being and their capacity to confront feared stimuli.

In addition to the impact of treatment on partners' psychological functioning, couple-based CBT for OCD is intended to have an impact on relational functioning. Specifically, as couples work together to remove the influence that OCD symptoms have over their lives, they not only reduce the level of partner accommodation, but also begin to engage in behaviors as a couple that were previously avoided as a result of OCD. For example, couples may begin to go on picnics together, where this was previously avoided due to the patient's fears about contamination from dirt. Not only does this outing serve as an informal exposure, but it also increases the number of pleasurable activities that the couple engages in together. As a result, we may expect improvements in partners' relationship functioning. On the other hand, it is also possible that this treatment results in couples feeling more distant from each other, since previously they may have spent considerable time talking about the patient's OCD, a significant way in which they connect. In addition, partners often demonstrate their care and concern for patients through their accommodative behaviors. If couples eradicate OCD from their relationship but otherwise do not identify new ways to express their care and concern for each other, this could lead to decrements in their relationship functioning as a result of treatment.

Thus, there are a number of plausible effects this treatment could have on partners who are involved in couple-based CBT for OCD. This study is the first to evaluate the effects of this treatment on intimate partners. Given that the treatment was intended to have salubrious effects on both patients and partners, it is hypothesized that partners would derive both individual and relational benefits from being in treatment, with the awareness that there are potential negative effects.

2. Method

2.1. Participants

The sample consisted of 18 intimate partners who participated in an open treatment trial of couple-based CBT for OCD with their

significant other (the identified patient) who had a principal diagnosis of OCD (Abramowitz et al., 2013a). Two couples dropped out of the study after beginning treatment; one couple completed 5 sessions and the other 11 sessions. The reasons for dropout were: one patient was unwilling to participate in exposures and one couple was unwilling to reduce their accommodating behaviors. Therefore, analyses for the current study only include partners who completed treatment ($n = 16$) and exclude those couples who dropped out. Given that this is a preliminary investigation of the intervention's efficacy, rather than an investigation of its effectiveness, it is recommended that analyses only include participants who complete treatment (Roland & Torgerson, 1998). All but one of the partners in the sample was male, with an average age of 34.69 years ($SD = 10.04$), and an average educational attainment of 11.5 years ($SD = 4.93$). The majority of the sample was Caucasian (>90%), and all were in committed, heterosexual relationships (70% were married).

2.2. Procedure

Couples were recruited from the university and surrounding community and were eligible for participation if (a) the identified patient had a principal diagnosis of OCD, (b) the patient had a score of at least 16 on the Yale-Brown Obsessive Compulsive Scale (Y-BOCS; Goodman, Price, Rasmussen, & Mazure, 1989), (c) the couple was married or living together for at least one year, (d) both partners were fluent in English, and (e) both partners were willing to attend all treatment sessions together. Exclusion criteria were as follows: (a) previous CBT for OCD, (b) current suicidal ideation, (c) current substance abuse, (d) psychotic symptoms, and (e) physical abuse within the relationship. Eligible couples completed 16 sessions of CBT for OCD, with each session ranging from 90 to 120 min. Couples completed a post-treatment assessment, as well as follow-up assessments at 6- and 12-months post-intervention by trained assessors who were not otherwise included in the couple's treatment. All 16 couples who completed treatment also completed the follow-up assessments, except for one couple who was lost at the 12-month follow-up. Full details of the treatment and study procedures can be found in Abramowitz et al. (2013a).

2.3. Measures

The partner's depressive symptoms were measured using the Beck Depression Inventory (BDI; Beck, Steer, & Brown, 1996), and in the current study the Cronbach's alpha ranged from .77–.82 at the various assessment points. Relationship satisfaction was assessed using the Dyadic Adjustment Scale (DAS; Spanier, 1976), a 32-item self-report measure of intimate relationship distress. The reliability coefficient ranged between .89–.93. General communication patterns were measured using the Communication Patterns Questionnaire (CPQ; Christensen & Sullaway, 1984), a 35-item self-report measure assessing partner behavior during three stages of conflict. The CPQ includes 3 subscales: mutual avoidance, demand/withdraw, and mutual constructive communication. For the current study, one item was removed from the mutual avoidance subscale due to low reliability with the other items.² The reliability coefficient for the revised mutual avoidance subscale ranged between .64–.94; for demand/withdraw, alpha values ranged between .72–.83, and for constructive communication the alpha values

² The item "Both members (of the couple) avoid discussing the problem" was negatively correlated with the other items at baseline, and was removed from the scale. Analyses were also conducted using the full 3-item version of the scale and no substantive differences in findings emerged from what is presented in the text.

ranged between .69–.79. Perceived criticism was measured in the current study with two items that were drawn from the scale developed by Hooley and Teasdale (1989) regarding general criticism; these same two items were also adapted for this study to address the OCD-specific criticism.

3. Results

Hypothesis testing used a multilevel modeling approach, following guidelines by Raudenbush and Bryk (2002). Using SAS software Version 9.3 (SAS Institute, 2011), each model included time as a predictor and evaluated whether, relative to baseline, partners evidenced changes in the outcome of interest after they received the intervention (i.e., at post-treatment and follow-up assessments). In order to assess these changes, the fixed effect estimates and significance values were examined. These fixed effects represent the estimated change between baseline and the specified follow-up time point. These values are provided in Table 1 along with the means and standard deviations of the variables at baseline.

Examining changes in the various domains, partners showed marginal improvement in depressive symptoms (Cohen's $d = .34$) when comparing pre- and post-treatment changes, although this did not maintain at the 6- and 12-month follow-ups. Similarly, partners showed significant improvements in relationship functioning at post-treatment, relative to baseline ($d = .45$), but these gains did not maintain at the follow-up time points. With respect to criticism, partners were significantly less critical of how the patient dealt with the OCD symptoms at the end of treatment ($d = .41$), and this continued to be marginally significant at the 12-month follow-up ($d = .36$), but not at the 6-month follow-up. Additionally, partners reported marginal reductions in their perception of how critical the patient was of them ($d = .22$), at post-treatment only.

In terms of communication, partners showed marginally significant reductions in demand/withdrawal communication at post-treatment only ($d = .44$), whereas statistically significant reductions in avoidant communication was evidenced at post-treatment ($d = .74$) and at the 6-month follow-up ($d = .76$), but not at 12-months. Finally, constructive communication showed improvements at post-treatment ($d = .80$) and these gains were maintained at the 6-month ($d = .64$) and the 12-month ($d = .51$) follow-ups.

4. Discussion

This study was the first to examine the effect of a couple-based intervention for OCD on the psychological and relational functioning of intimate partners, who although involved in treatment, were not the targets of the intervention per se. Partners showed short-term (i.e., pre-post) changes in all domains in the expected direction (i.e., desired outcomes), with the majority of changes in the medium effect size range. Longer term gains were also evidenced in the area of communication, with medium effect sizes maintained.

Partners in this study showed a similar level of improvement in relationship functioning to that of patients (as reported by Abramowitz et al., 2013a), except patients maintained their gains at the 6-month follow-up as well. As discussed by these authors, the focus on the couple's teamwork throughout the intervention may be one reason that, in the short-term, partners reported improved satisfaction in their relationship. However, these gains may not have been maintained in the long-term because the focus of the teamwork was related to OCD only. In addition, partners were in non-distressed relationships to begin with, tempering the likelihood that changes in the way the couple interacted around the patient's OCD would have a long-term effect on relationship satisfaction. Similarly, partners began treatment with low levels of depression, although they still reported marginal reductions in depressive symptoms while in treatment. Although targeting partner psychopathology was not a direct goal of the treatment, this finding suggests that partners' psychological functioning (depressive symptoms in particular) does not worsen as a result of being involved in this intervention.

Partners also reported pre-post reductions in their level of criticalness regarding how the patient dealt with their OCD symptoms. These changes may be due to a shift in the partners' perception of the disorder after receiving psychoeducation, consistent with previous research showing psychoeducation reduces criticism in family members of patients with OCD (Grunes, 1998). Reductions in partner criticalness regarding the patient's OCD may also be a function of the patient exhibiting fewer symptoms over the course of treatment. Although we do not have the data to directly address this hypothesis, we conducted additional analyses using multiple linear regressions with patient OCD symptoms predicting partner criticalness at each time point,

Table 1
Baseline sample characteristics and fixed effect estimates at post-treatment and follow-up.

Measure	Baseline	Post-treatment		6 Months		12 Months	
	M (SD)	Estimate (SE)	t	Estimate (SE)	t	Estimate (SE)	t
Mental health and relationship functioning of partner							
Beck depression inventory	7.67 (4.72)	-1.59 (.90)	-1.76 ^d	-0.30 (.88)	-0.34	-0.33 (.93)	-0.35
Dyadic adjustment scale	108.19 (14.11)	6.37 (2.82)	2.26 ^c	3.81 (2.76)	1.38	1.25 (2.96)	0.42
CPQ- constructive communication	1.56 (9.03)	6.49 (1.22)	5.34 ^a	5.19 (1.19)	4.37 ^a	4.11 (1.28)	3.22 ^b
CPQ- demand/withdrawal communication	28.31 (8.34)	-4.03 (2.28)	-1.76 ^d	-1.94 (2.23)	-0.87	-0.67 (2.40)	-0.28
CPQ- avoidant communication	7.44 (3.20)	-1.66 (.66)	-2.51 ^c	-1.69 (.65)	-2.61 ^c	-0.74 (.70)	1.07
Criticism questions (rated by partner)							
In general, how critical do you think your partner is of you?	5.31 (3.05)	-0.60 (.31)	-1.97 ^d	0.06 (.30)	0.21	-0.16 (.32)	-0.51
In general, how critical are you of your partner?	5.13 (2.53)	-0.26 (.33)	-0.77	0.31 (.32)	0.97	-0.05 (.35)	-0.14
Concerning how you deal with the OCD symptoms, how critical do you think your partner is of you?	4.38 (3.01)	-0.55 (.50)	-1.09	-0.19 (.49)	0.38	-0.29 (.53)	-0.55
Concerning how your partner deals with the OCD symptoms, how critical are you of your partner?	5.06 (2.84)	-1.07 (.46)	-2.34 ^c	-0.56 (.45)	-1.26	-0.93 (.48)	-1.95 ^d

Note. CPQ = Communication Patterns Questionnaire.

^a $p < .001$.

^b $p < .01$.

^c $p < .05$.

^d $p < .10$.

controlling for baseline levels of these variables. Results indicated that at each time point, patients with fewer symptoms had partners who were less critical³; this suggests that partner criticalness regarding OCD may be a function of patients' symptom levels. Future research should assess criticalness after each session to elucidate whether partners experience a large shift after psychoeducation, or whether the shift in criticalness is more gradual and coincides with changes in patients' symptoms over time. This is important to understand since family criticism is a predictor of poorer treatment response in this population (Renshaw, 2008).

The present study also showed that partners experienced longer-term treatment gains, specifically in avoidant communication reductions and improvements in constructive communication. Couple-based CBT for OCD was directed toward improving communication specifically related to the OCD, but these findings suggest that partners have applied the use of these skills more broadly in their relationship and have continued to use these skills over time. If partners are noticing that these communication skills work effectively in one area of their life (i.e., related to discussing OCD), then it makes sense for them to use these skills in other areas as well. In addition, improvements in constructive communication and reductions in avoidant communication present a consistent picture, since constructive communication assesses behaviors related to engaging in helpful problem-solving discussions, which is the converse of avoidant-style communication. Finally, improvements in constructive communication may have been most robust to diminution over time (i.e., since gains were maintained one year later) as a result of more practice. The skills involved in constructive communication, such as sharing feelings, can be used in discussions outside of problem-solving, whereas the avoidant communication construct is more tied to problem-solving in particular.

Although this study was the first to examine the effect of a couple-based treatment for OCD on intimate partners, there are a number of limitations to the investigation. The primary limitations include the study design and small sample size. The study employed an open treatment design, given that it was a preliminary investigation of the intervention's efficacy. Although we are encouraged by the study's findings, results should be interpreted as tentative given the lack of a controlled design. Moreover, the use of a small sample size resulted in reduced power to detect true effects. However, the medium effect sizes found in the study mitigate some of the concern regarding the use of a small sample, although it should be noted that these effect sizes may be larger, relative to a study using a control group, given the within-group design used here (Morris & DeShon, 2002). In addition, the findings should also be interpreted in light of the fact that all but one of the partners were male. Future research should consider recruiting samples with both men and women so that sex differences can be examined.

In addition, future research directions should consider how to adapt this treatment when partners have more psychopathology or for couples who are more distressed. The relatively high level of relationship satisfaction and low level of individual distress in partners contributes to the relatively straightforward implementation of the treatment. However, this pattern of functioning among partners at pretest might be the exception rather than the rule, given associations between cross-partner psychopathology (Galbaud du Fort, Bland, Newman, & Boothroyd, 1998), as well as the association between psychopathology and relationship distress (e.g., Whisman & Baucom, 2012). It is also possible that targeting couples wherein partners have more individual or relationship distress could result in longer-term maintenance of gains for

partners in these areas. More specifically, if individual or relationship distress is a concern for partners at the outset, then these areas could specifically be targeted in treatment and could subsequently result in more robust gains.

5. Conclusion

Despite the limitations discussed above, the findings are encouraging. Couple-based treatments such as these demand a great deal of the partners. In this couple-based treatment for OCD, partners are involved in all treatment sessions, engage in regular practice between sessions, and are asked to alter some ways that they and the patients interact on an ongoing basis. Therefore, it is important that such involvement does not occur at the expense of the partner's own well-being. This investigation is the first study to provide preliminary evidence that couple-based CBT for OCD does not have a detrimental effect on the partner, and in fact it appears that the treatment can have a positive impact on intimate partners, though further research needs to be conducted to strengthen these findings.

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³ Results of the regression analyses can be obtained from the Corresponding author.

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