

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



Jonathan S. Abramowitz, PhD

University of North Carolina at Chapel Hill



## 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

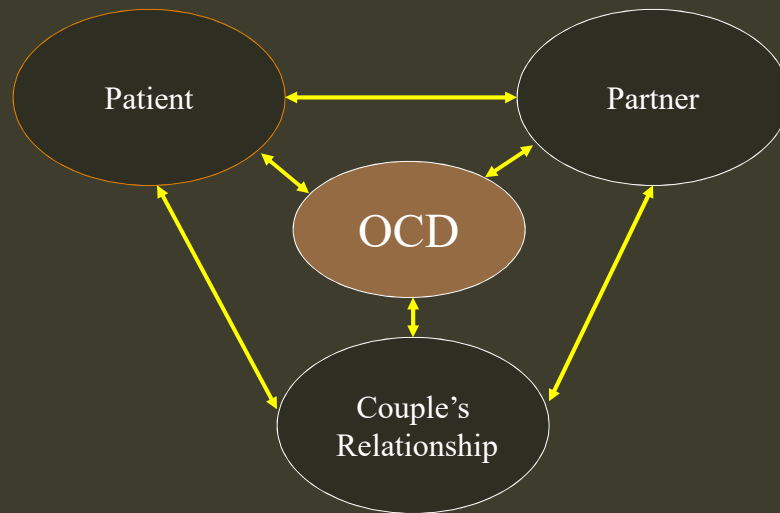
## Partner Accommodation in OCD: “Symptom-System Fit”

OCD domain	Avoidance	Compulsions
Contamination	Sources of contamination	Reassurance, cleaning/washing (showering before sex)
Responsibility	Assume liability	Checking, reassurance
Symmetry	Order-related tasks	Arranging, reassurance
Unacceptable thoughts	Obsessional triggers	Reassurance

## 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

## 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!