



Goals of Treatment,  
Engagement, Motivation,  
and Family Involvement

# Goals of Treatment

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- **ACCEPTING UNCERTAINTY**
  - What do you feel certain about?
  - Why?
  - How do you know?
- Logic doesn't change it
- Goal: Accepting possibility of feared consequence (living with uncertainty)
- Goal: Responding to uncertainty like you do in the non-OCD aspects of your life



# Treatment Engagement and Motivation

## Functional goals

- Why now?

## Clarify motivation

- Cost Benefit Analysis of Accepting vs. Refusing Treatment\*
- Form I: What Have I Lost to OCD\*
- Form II: How Giving in to OCD Has Hurt My Loved Ones\*
- Values/What's the Why Behind Exposure

# Creating a Recovery-Focused Environment

- Identify environmental obstacles to recovery
- Intervene as needed
  - Involve Family/Support System
    - Direct family, including siblings
    - Partner
    - Friends
    - School personnel
    - Clergy (may need to consult with clergy/spiritual leaders)
  - Plan for work/school re-entry
    - Reasonable accommodations
  - Modify the physical environment



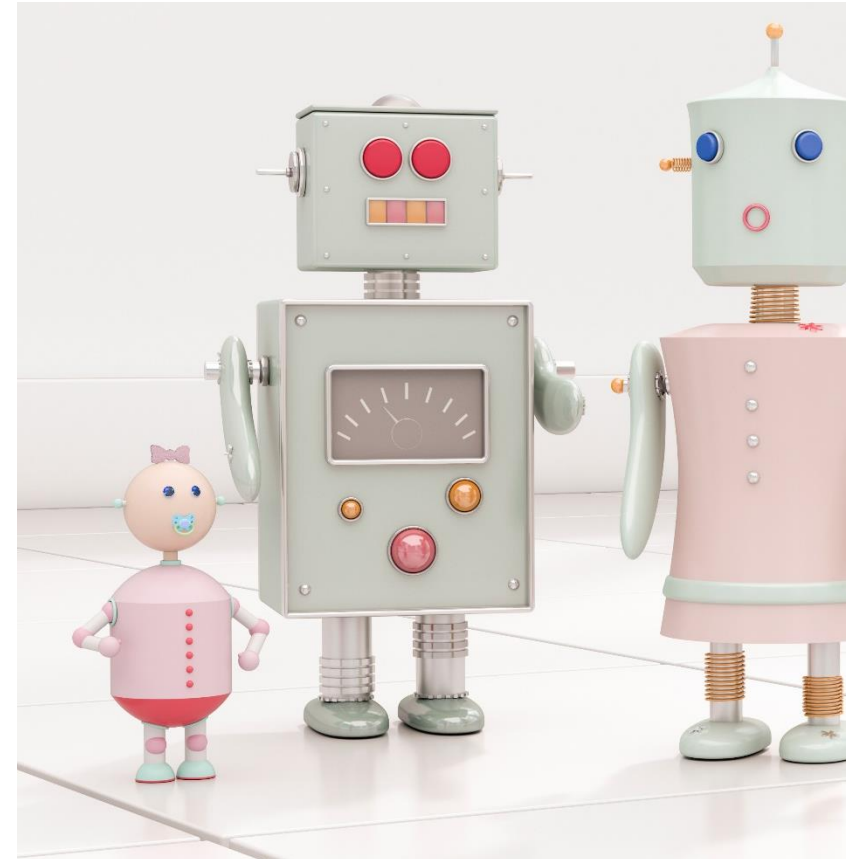
# Involving Family/Support System

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- Educate about OCD, ERP, and accommodation
- Family/support system may think that by accommodating, they are helping their loved one or at least taking some of the distress away, but accommodations does the opposite

[\\*Accommodation in Family](#)

[\\*Accommodation in Therapy](#)





## Accommodation

- Actively and directly participating and/or facilitating compulsions or avoidance
- Reinforces the OCD and makes it stronger
- Impairs individual and family functioning
- Only provides temporary relief

# Common Accommodations

- Buying supplies for compulsions
- Avoiding using triggering words, watching triggering media, listening to triggering songs, etc.
- Waiting for a loved one to complete a ritual
- Overly assisting in daily activities
- Providing reassurance
- Making decisions for loved ones
- Making changes in routines



# How to Address Accommodation

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- Assess using clinical interviews and the Family Accommodation Scale (FAS)
- Team approach
- Make a plan with the team

# Educate caregivers and support system

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- Teach about OCD, ERP, identifying triggers, and distress tolerance
- Guide them in recognizing traps:
  - Circular arguments
  - Not staying in the present tense (what ifs and yeah buts)
  - Being defensive
  - Getting caught up in the details (the less words you use, the better)



Hershfield, J. (2015). *When a family member has OCD*. California: New Harbinger Publications.

Lebowitz E. R. (2021). *Breaking free of childhood anxiety: A scientifically proven program for parents*. Oxford University Press.

# Educate caregivers and support system

- Help to set boundaries, hold boundaries, and help loved one sit with uncertainty
- Helpful support typically means that their loved one will be uncomfortable and/or feeling distressed
- Encourage support system to get their own support (therapy!)

**As a provider, you may feel the urge to reassure your client**

- **This can be accommodation of the OCD**
- **Validation and support are different from reassurance!**



# Family Therapy Modalities

- **Emotion Focused Family Therapy (EFFT)**
  - Modality created by Adele Lafrance that focuses on giving tools to caregivers for them to use, that help them support their loved one in an effective and not accommodating way
  - **Validation**
    - Help caregivers work towards meeting their loved one's emotional need instead of the practical need
  - **Addressing fears**
    - Work with them to build their distress tolerance around seeing their loved one in distress

# Family Therapy Modalities

- **Supportive Parenting for Anxious Childhood Emotions (SPACE)**
  - SPACE was created by Eli Lebowitz as an intervention to help parents focus on changing their behavior vs. changing their child's behavior
  - Parents learn how to respond to their children in a more supportive way and focus on reducing accommodations

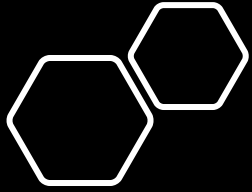
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Lebowitz, E. R., Panza, K. E., Su, J., & Bloch, M. H. (2012). Family accommodation in obsessive-compulsive disorder. *Expert Review of Neurotherapeutics*, 12, 229-238.

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# Treatment Interfering Behaviors (TIBs)

- A behavior that interferes with a person's ability to participate in treatment successfully
- Typically, ongoing patterns of behavior, not an isolated event
- Addressing these directly is important in successful symptom management



# Treatment Interfering Behaviors (TIBs)

- Examples:
  - Missing sessions, cancelling sessions last minute, coming to sessions late
  - Unable to acknowledge the impact and severity of the problem
  - Argues, lectures, dismisses treatment team and/or treatment plan
  - Avoidance of topics/changing topic
  - Does not do homework/assignments
  - Splitting and giving different information to different team members
  - Making excuses
  - Not making time for ERP
  - Not doing response prevention/ritualizing after exposure