THE DORM
CELEBRATING 15 YEARS

OCD: Psychoeducation and Family Accommodations

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Objectives

1. Develop an understanding of the OCD cycle, and be able to identify covert compulsions such as rumination and reassurance-seeking.

2. Identify skills to effectively respond to compulsions without providing reassurance or increasing symptoms (family accommodations)

The OCD Cycle

The Obsession-Compulsion Cycle

1. Intrusive thought, memory, urge, impulse, image, idea, or sensation, induced externally or internally.

2. Mentally attach *meaning* - “What kind of person has a thought like this?” “If I thought it, it must be a premonition”, “Did I do something?”

3. Feel distress - not necessarily just anxiety. Could be guilt, shame, panic, disgust.

4. Engage in compulsion to reduce the distress/mentally “clear” the intrusion. Can be overt action, avoidance, reassurance-seeking, mental rituals, etc. ANYTHING can be a compulsion if its intent is to reduce distress.

5. Temporary relief! (Sometimes)

6. Temporary relief from compulsion *reinforces* the idea that the obsessions was something fear-inducing and important. This continues the cycle.

7. Another stimulus causes another obsession, restarting the cycle. Can be in response to the compulsion or an entirely new stimulus.

Identifying Compulsions

Overt (Physical) Compulsions

- External checking: rereading emails/texts, checking social media, looking around apartment to see if lamps are unplugged/doors are locked, looking in bag to see if keys are there, etc.
- Reassurance seeking: calling parents, asking friends, **googling**
- Hand-washing, excessive cleaning
- Hoarding items
- Ritualistic behaviors: praying, tapping, counting, organizing, sorting, doing things a certain number of times or in a certain order
- *Anything other people can see*

Covert (Mental) Compulsions

- Mental avoidance, thought suppression, thought stopping
- Thought neutralization/replacement
- Mental review
- Mental rehearsal/planning
- Internal counting
- Emotional/mental checking
- Memory hoarding
- Self-reassurance
- Internally arguing
- Redoing things mentally
- Compulsive (internal) prayer
- Self-punishing
- Scenario twisting
- Rumination/Rationalizing (catch-all)

Side note...

ANYTHING can be a compulsion. Compulsions just have to meet one of these criteria:

- **Done in response to a distress-provoking trigger to relieve distress**
- **Done to prevent an imagined unwanted outcome**
- **Done to "figure something out"**

AND...

- Not done in accordance with one's values/wants/goals - done because you feel like you *have* to
- Feel urgent and important to do
- Often are accompanied by a "just right" feeling
- Occupy time and mental energy
- Take you out of the present moment and out of your senses

Family Accommodations And Behavioral Contracts

Family Accommodations (FA)

Family members' participation in or facilitation of patients' rituals and/or avoidance

- FA occurs in 60-97% of families, with the majority accommodating on a daily basis
- FA occurs even though over 80% of family members believe that the obsessions and compulsions are unreasonable and 66% do not believe that FA alleviates OCD symptoms.
- Accommodating behaviors **function as compulsions**, immediately but temporarily reducing patients' distress, **preventing patients from developing tolerance or habituating to the anxiety** associated with their OCD triggers, and **preventing them from developing more adaptive ways of coping with their distress**.

https://ysph.yale.edu/familyaccommodationocd/about/

Main Types of FA

1. Reassurance Giving

"You don't have to worry"

"That doesn't mean anything"

2. Accommodating Avoidance

Avoiding conversation topics, allowing client not to participate in certain activities

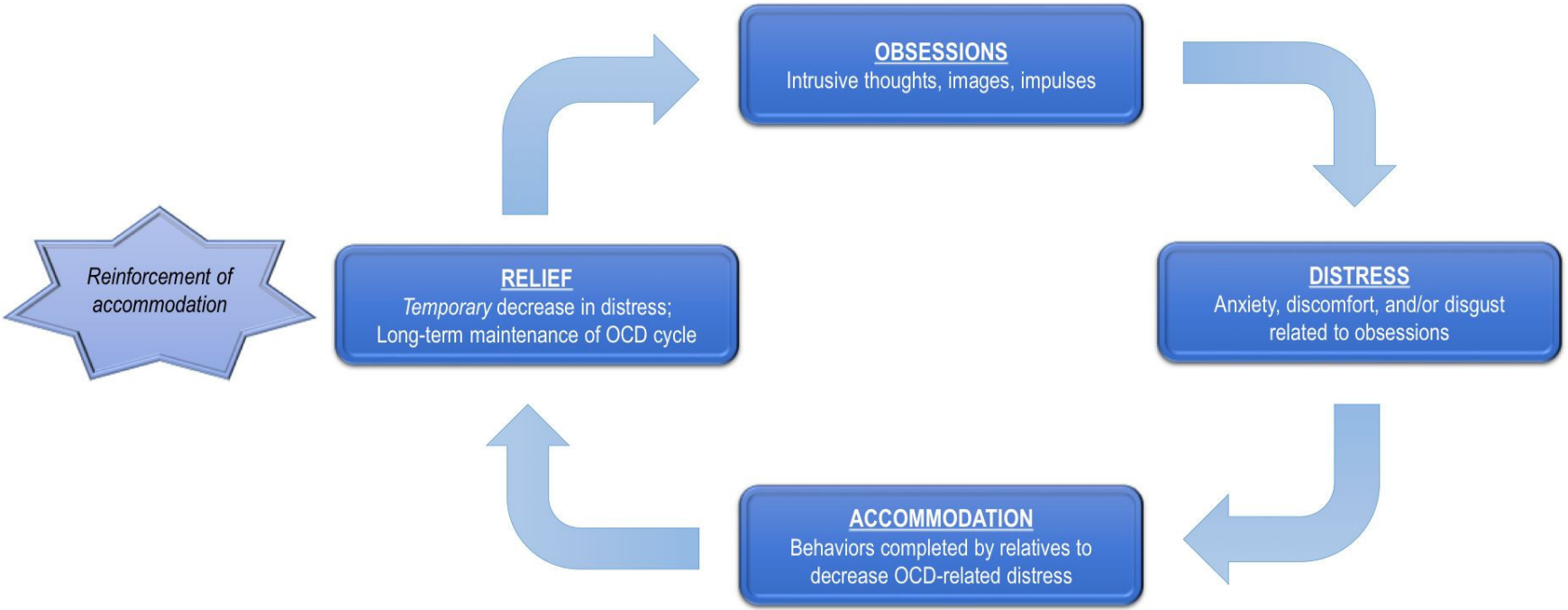
3. Engaging in Compulsions

Checking client's temperature, rationalizing content with client

4. Facilitating Compulsions

Driving client back to the house so they can check; purchasing items client uses in compulsions

Family Accommodations



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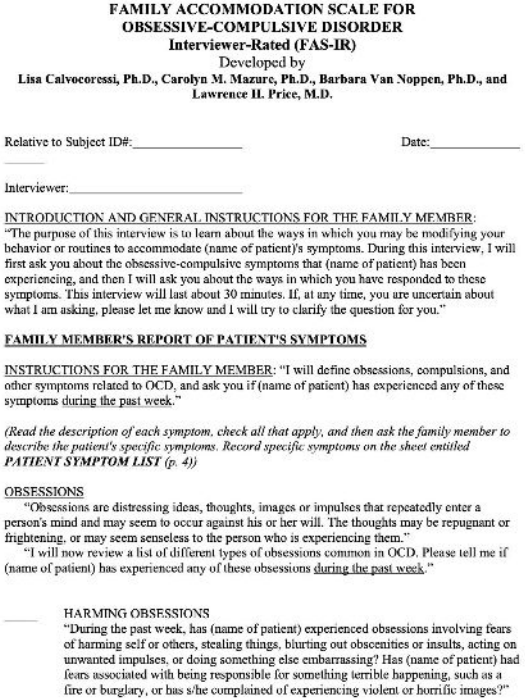
Yale Family Accommodation Scales



FAMILY ACCOMMODATION SCALE FOR OBSESSIVE-COMPULSIVE DISORDER
Interviewer-Rated (FAS-IR)
Developed by
Lisa Calvocoressi, Ph.D., Carolyn M. Mazure, Ph.D., Barbara Van Noppen, Ph.D., and Lawrence H. Price, M.D.

Relative to Subject ID#:_____ Date:_____

Interviewer:_____

INTRODUCTION AND GENERAL INSTRUCTIONS FOR THE FAMILY MEMBER:
"The purpose of this interview is to learn about the ways in which you may be modifying your behavior or routines to accommodate (name of patient)'s symptoms. During this interview, I will first ask you about the obsessive-compulsive symptoms that (name of patient) has been experiencing, and then I will ask you about the ways in which you have responded to these symptoms. This interview will last about 30 minutes. If, at any time, you are uncertain about what I am asking, please let me know and I will try to clarify the question for you."

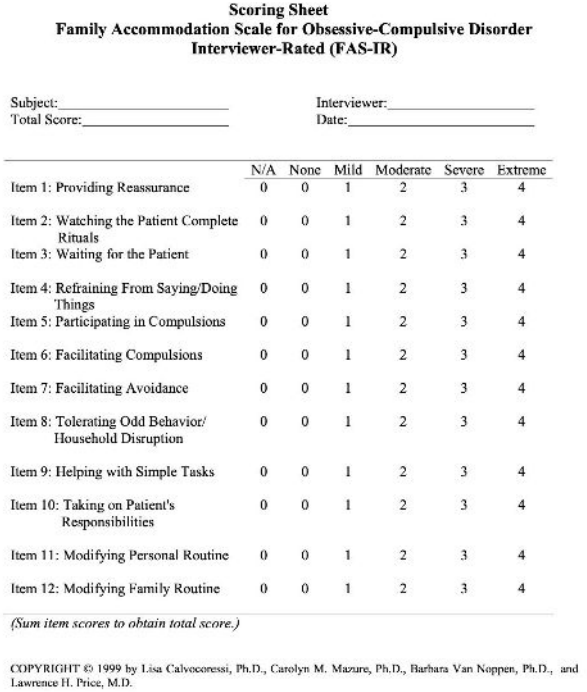
FAMILY MEMBER'S REPORT OF PATIENT'S SYMPTOMS

INSTRUCTIONS FOR THE FAMILY MEMBER: "I will define obsessions, compulsions, and other symptoms related to OCD, and ask you if (name of patient) has experienced any of these symptoms during the past week."

(Read the description of each symptom, check all that apply, and then ask the family member to describe the patient's specific symptoms. Record specific symptoms on the sheet entitled ***PATIENT SYMPTOM LIST*** *(p. 4))*

OBSESSIONS
"Obsessions are distressing ideas, thoughts, images or impulses that repeatedly enter a person's mind and may seem to occur against his or her will. The thoughts may be repugnant or frightening, or may seem senseless to the person who is experiencing them."
"I will now review a list of different types of obsessions common in OCD. Please tell me if (name of patient) has experienced any of these obsessions during the past week."

_____ HARMING OBSESSIONS
"During the past week, has (name of patient) experienced obsessions involving fears of harming self or others, stealing things, blurting out obscenities or insults, acting on unwanted impulses, or doing something else embarrassing? Has (name of patient) had fears associated with being responsible for something terrible happening, such as a fire or burglary, or has s/he complained of experiencing violent or horrific images?"



Scoring Sheet
Family Accommodation Scale for Obsessive-Compulsive Disorder
Interviewer-Rated (FAS-IR)

Subject:_____ Interviewer:_____
Total Score:_____ Date:_____

	N/A	None	Mild	Moderate	Severe	Extreme
Item 1: Providing Reassurance	0	0	1	2	3	4
Item 2: Watching the Patient Complete Rituals	0	0	1	2	3	4
Item 3: Waiting for the Patient	0	0	1	2	3	4
Item 4: Refraining From Saying/Doing Things	0	0	1	2	3	4
Item 5: Participating in Compulsions	0	0	1	2	3	4
Item 6: Facilitating Compulsions	0	0	1	2	3	4
Item 7: Facilitating Avoidance	0	0	1	2	3	4
Item 8: Tolerating Odd Behavior/ Household Disruption	0	0	1	2	3	4
Item 9: Helping with Simple Tasks	0	0	1	2	3	4
Item 10: Taking on Patient's Responsibilities	0	0	1	2	3	4
Item 11: Modifying Personal Routine	0	0	1	2	3	4
Item 12: Modifying Family Routine	0	0	1	2	3	4

(Sum item scores to obtain total score.)

https://ysph.yale.edu/familyaccommodationocd/fas/

Alternate Responses

- ★ **Validation/Acknowledgement:** I can see that you're really *in* your OCD right now. I can see how much anxiety/distress you are feeling.
- ★ **Explanations:** Ultimately our participation in your compulsions is making you feel worse. *Can pull in OCD cycle*.
- ★ **Moving towards values:** I see that you're in your OCD right now, I notice you're having a lot of anxiety. Let's watch a movie, tell me about your research, why don't you make some music, etc.
- ★ **Compassion:** We are helping you manage this challenging condition
- ★ **Using FAS:** Do the FAS together, create a behavioral contract to specifically address each accommodation and identify alternatives. When you notice an accommodation, use FAS language to gently observe and point out. "I notice that you are asking for reassurance in this moment."

Behavioral Contracts - For the child

Goal: Stop asking for reassurance that I have locked the door when we go walk together.

What I can say when I am struggling with my OCD: “I really want to ask you for reassurance right now, I’m trying really hard not to but I’m feeling really anxious.”

What I want my parent to do when I am struggling with my OCD:

1. Acknowledge that not asking for reassurance is really difficult for me and hold my hand.
2. Help to distract me by talking about things they are noticing on the walk.
3. Help me to challenge my OCD by asking, “Are you trying to end the walk sooner so you can check?” If I suggest leaving early.

What I need to try and resist doing when I am struggling with my OCD:

1. Asking for reassurance from parent, e.g., “Did you see me lock the door?” “Were you paying attention?”
2. Walking faster than usual or trying to end the walk early.
3. Asking parent to check the door before leaving the house.

Behavioral Contracts - For the parents

Goal: Stop providing reassurance around locking the door when we go on a walk together.

What I can say to my child when they are struggling with their OCD: “I know this is really hard for you, but I know you can do this and you’re doing really well.”

What I can do to support my child when they are struggling with their OCD:

1. Help them set a goal for the walk at the beginning and support them to stick to this, e.g., “Let’s walk for 15 minutes and then go home.”
2. Offer words of encouragement *when they’re trying to challenge their OCD*.
3. Offer alternatives to reassurance, hold hands while we walk or give them a hug if they’re really struggling.

What I need to resist doing when my child is struggling with their OCD:

1. Saying things like “I saw you lock the door,” and “Everything’s going to be fine.”
2. Offering to lock the door for my child or watching them while they lock the door.
3. Getting frustrated and agreeing to go home early, no matter how much I, or they, want to.

Questions?