

Families Working Within The Transition Zone

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Obsessive Compulsive Disorder is a neurobiological disorder whose symptoms play themselves out in the interpersonal realm of peoples' lives. For family members of loved ones struggling with the intense anxiety of this disorder, it is often found that their families' routines and culture are dominated and entangled in OCD rules, thereby disrupting family functioning and causing extreme distress. Families vary widely in their response to OCD symptoms. Either they find themselves accommodating the symptom by changing the environment or being antagonistic towards their loved one in response to their own frustration about the disorder. At times family frustration can become so intense that conflict is the prevailing currency exchange in families. This happens when the symptoms may be life threatening and there is an intense sense of powerlessness.

Below are some steps and tools that we use at our Family Day Workshop at the Menninger Clinic, and that were presented at the OCF Conference in Nashville.

Step One: Defining the Transition Zone

Behavior contracting begins with externalizing OCD from the person who has the disorder. This process allows for the development of a transition zone which serves as a base for further family interventions. Using the narrative theory of "externalization," which means separating the problem from the person, patient and therapist collaboratively work with their families to create a "working area" or "transition zone" in which symptoms and triggers will be identified at the same time that the client makes a commitment to change his/her response to those triggers and enlists family support in response prevention.

The task and focus when working with families in defining the transition zone is to identify what areas of family life have become saturated with OCD symptoms and what family routines/relationships are OCD-free. John March and Karen Mulle in "OCD in Children and Adolescents: A Cognitive-Behavioral Treatment Manual" developed and discussed this concept of creating a zone that identifies the OCD symptoms that the OCD sufferer and therapist will challenge in their work together.

OCD FREE OCD

Transition Zone Church It is strongly advised that family members do not reduce all reassurance giving and accommodating unless there is an active plan for change among patient, therapist and family members. This method of map- ping and contracting is predicated on an understanding of the neurobiological component of the illness and on a recognition of the intense anxiety that underlies syrup- torus.

Step Two: Behavior Contracting

Identifying the transition zone provides a context from which a behavior contract can be drafted. This behavior contract gives everyone a map of how family members will respond to OCD triggers, rituals and behaviors. The contract takes specific items identified in the transition zone and clearly defines the family members' response to a symptom as well as the OCD sufferer's response. The contract also identifies what family members will do if the OCD sufferer is not able to use response prevention with the identified trigger/symptom.

Because most family cultures become entangled with OCD rules, individual family member's lives may become so focused on the OCD sufferer that they often times report neglecting activities/responsibilities that they once enjoyed or in which they were able to participate. In our practice, we encourage family members to give this some thought and place in the transition zone such activities. Research has shown that family members, who can respond to OCD symptoms in a non-reactive manner, are more able to effectively help the OCD sufferer in his/her recovery. Since there is a high correlation between self-care and a person's ability to have "low expressed emotion" (i.e., non-reactive responses to anxiety), we encourage family members to reengage in activities they may have abandoned. These may include spiritual practices, exercise routines, social activities and interests among other things. By making some of these activities part of the behavior contract, family members can identify specific behaviors they are responsible for managing in the same way that the OCD sufferer is selecting behaviors to target through E&RP. The fact that everyone is committing him or herself to accomplish or overcome something makes the therapy more of a collaborative effort.

Step Three: Families need Habituation too!

Families living with the chronic stress and anxiety of OCD in their household at times become hyper vigilant

themselves about the environment in order to “protect” their loved one or themselves from trigger situations. Living with these kinds of symptoms can produce a repetitive cycle of unpredictable outbursts and a corresponding sense of helplessness for the family or the development of repetitive maladaptive family response in the face of such anxiety. Family recovery involves a habituation process, i.e., watching their loved one interface with the environment without ritualizing or getting rageful. Involving family members in exposure and response prevention, whether directly in the session or by gaining permission from the patient to have family members aid in blocking rituals, is critical with both children and adolescents as well as with adults. This also allows for them to become accustomed and habituate to their loved one’s non-anxious response to triggers that he or she is working on.

Step Four: Becoming Familiar with Cognitive Domains

Frequently, persons who suffer with very severe OCD lack the capacity to reflect on their obsessive thoughts or to question the validity of their perceptions. Through extensive cognitive behavior therapy, persons with OCD begin to gain some capacity to identify irrational aspects of their obsessive thoughts fears, and become more able to tolerate uncertainty. This creates the opportunity for conversations with family members about the “cognitive domains” that OCD hijacks. If this can occur in the presence of a mediator, such as, a therapist, families can openly discuss the conflict and confusion that arises in the presence of such irrational thinking and behavior. Educating family members on the cognitive domains of OCD can give families a language to help the OCD sufferer challenge the OCD in the midst of difficult exposures.