



THE *FAMILY TRAP*: WHAT TO DO WHEN A LOVED ONE WON'T SEEK HELP

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CONFLICT OF INTEREST DISCLOSURE

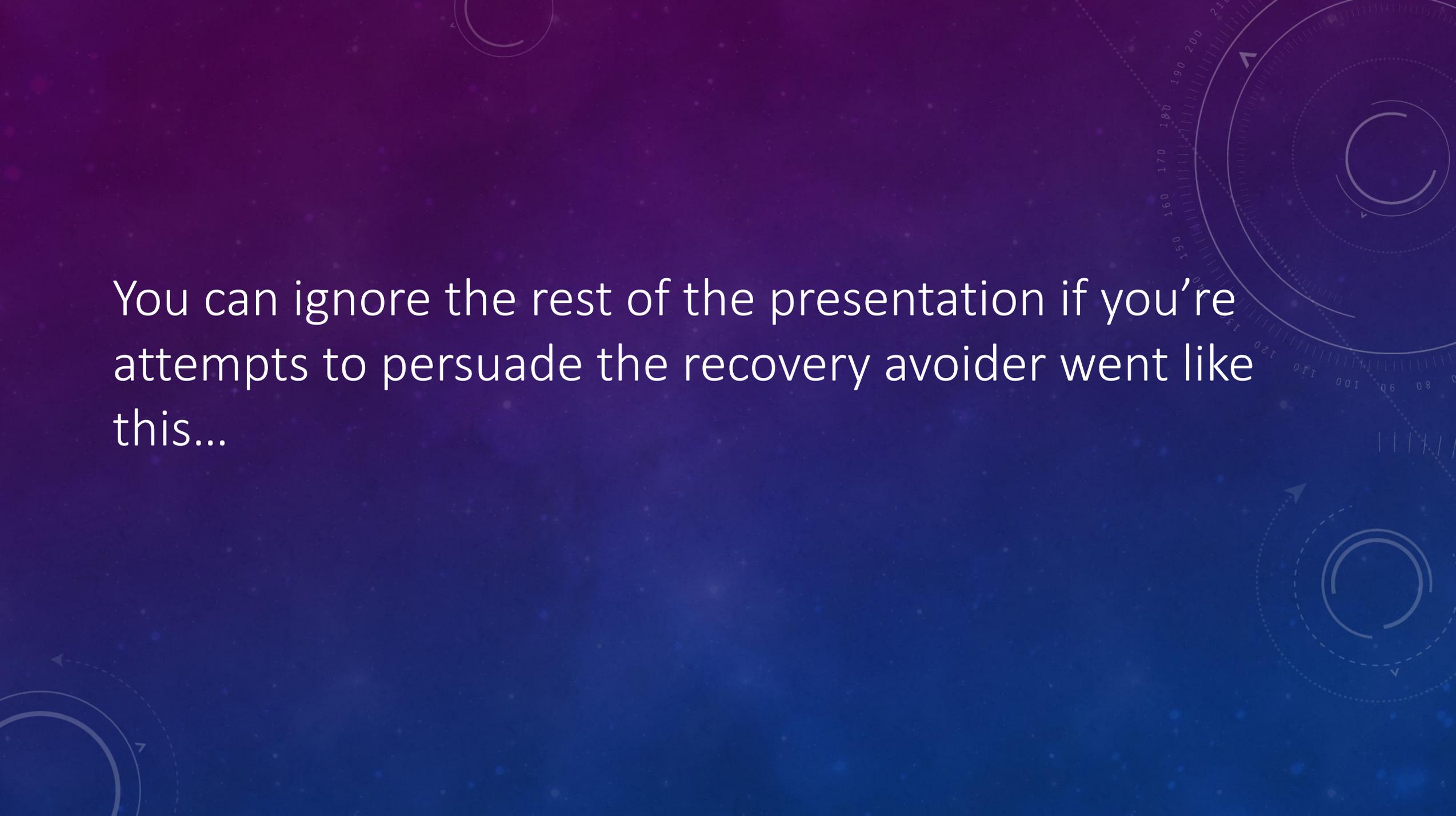
We have not conflicts of interest to disclose.

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WHAT WE WILL COVER TODAY

1. The Nature of Recovery Avoidance
2. The Causes of Recovery Avoidance
3. The Family's Initial Response to Recovery Avoidance
4. How Things Go Wrong
5. The Way Out

The background is a dark blue gradient with a subtle pattern of white stars and technical diagrams. On the right side, there are several circular diagrams resembling gauges or dials with numerical scales (e.g., 100, 110, 120, 130, 140, 150, 160, 170, 180, 190, 200, 210) and arrows. There are also some dashed lines and other geometric shapes scattered across the background.

You can ignore the rest of the presentation if you're
attempts to persuade the recovery avoider went like
this...



Heh, you've got OCD!

Really?



You kiddin' me?
You're in the
shower 7 hours
a day!

Good point!
I do have
OCD.



You know
there's
treatment
for that,
right?

No I didn't.
What is it?



CBT and SRI
medication.

OMG! That's
great news!



Yeah, I just
texted you the
number of the
OCD clinic.

Fantastic! I'll
call 'em
right now!



I'm proud of you!

Thanks! By the way, do I know you?

1. THE NATURE OF RECOVERY AVOIDANCE



DEFINITION OF RECOVERY AVOIDANCE

- Persistent failure to pursue, explore, or take advantage of resources and opportunities available for resolving problems or improving health or functioning.*

*Pollard et al., *The Family Trap* (In preparation).

RECOVERY AVOIDANCE IS COMMON

- The patient who stops taking medication because "I feel better."
- The overweight individual vowing to start eating healthier "first thing tomorrow."
- The alcoholic who only drinks "because you're such a b@#ch."
- The guy who constantly complains about his life but never does anything about it.
- The smoker who has quit successfully, 14 times.
- The depressed patient claiming psychotherapy "didn't work" after 2 sessions.
- The back pain sufferer who's "too busy" to attend physical therapy sessions.
- All the New Year's resolutions that never make it to February.

THINGS TO KEEP IN MIND ABOUT RECOVERY AVOIDANCE

- The term refers to the **outcome** of the behavior, **not the intention**.
- It is a **pattern** of behavior, over time, not a momentary lapse.
- Most, if not all, people engage in recovery avoidance at one time or another.
- Some instances of recovery avoidance are more costly than others.

OCD RECOVERY AVOIDANCE COMES IN MANY FORMS

- Denies having a problem altogether
- Acknowledges having a problem but denies it's OCD
- Agrees it's OCD but downplays the severity
- Acknowledges it's severe but still won't seek treatment
- Seeks treatment but the wrong kind
- Seeks the right treatment but doesn't adequately participate

2. WHAT CAUSES RECOVERY AVOIDANCE?

The background is a dark blue gradient with faint, light blue technical graphics. On the right side, there is a large circular gauge or dial with numerical markings from 80 to 210. Below it, there are several concentric circles and dashed lines, some with arrows indicating a clockwise direction. In the bottom left corner, there are more circular elements, including a dashed line with an arrow pointing left.

WHAT DOES *NOT* CAUSE IT

- Laziness
- Lack of Will Power
- Willfulness
- Desire to be disabled

THE PROBLEM WITH NEGATIVE ATTRIBUTES

- These are labels, not explanations
- Offer no clues for how to change recovery avoidance
- Create the emotional justification for family behavior that actually makes things worse

THE REAL REASONS BEHIND RECOVERY AVOIDANCE

What the science of human behavior tells us.

4 MAJOR FACTORS CAN DRIVE RECOVERY AVOIDANCE

1. Treatment-Interfering Beliefs
2. Skill Deficits
3. Motivation Deficits
4. Incentive Deficits

1. Treatment-Interfering Beliefs

“Treatment won’t work.”
“There’s nothing wrong with me.”
“My problem isn’t OCD.”



**Recovery
Avoidance**



2. Skill Deficits

Organizational skills
Time management.
Emotion regulation.

**Recovery
Avoidance**



3. Motivational Deficits

Weak or non-existent long-range goals
Lack of plans for the future

**Recovery
Avoidance**



4. Incentive Deficits

Recovery
Avoidance



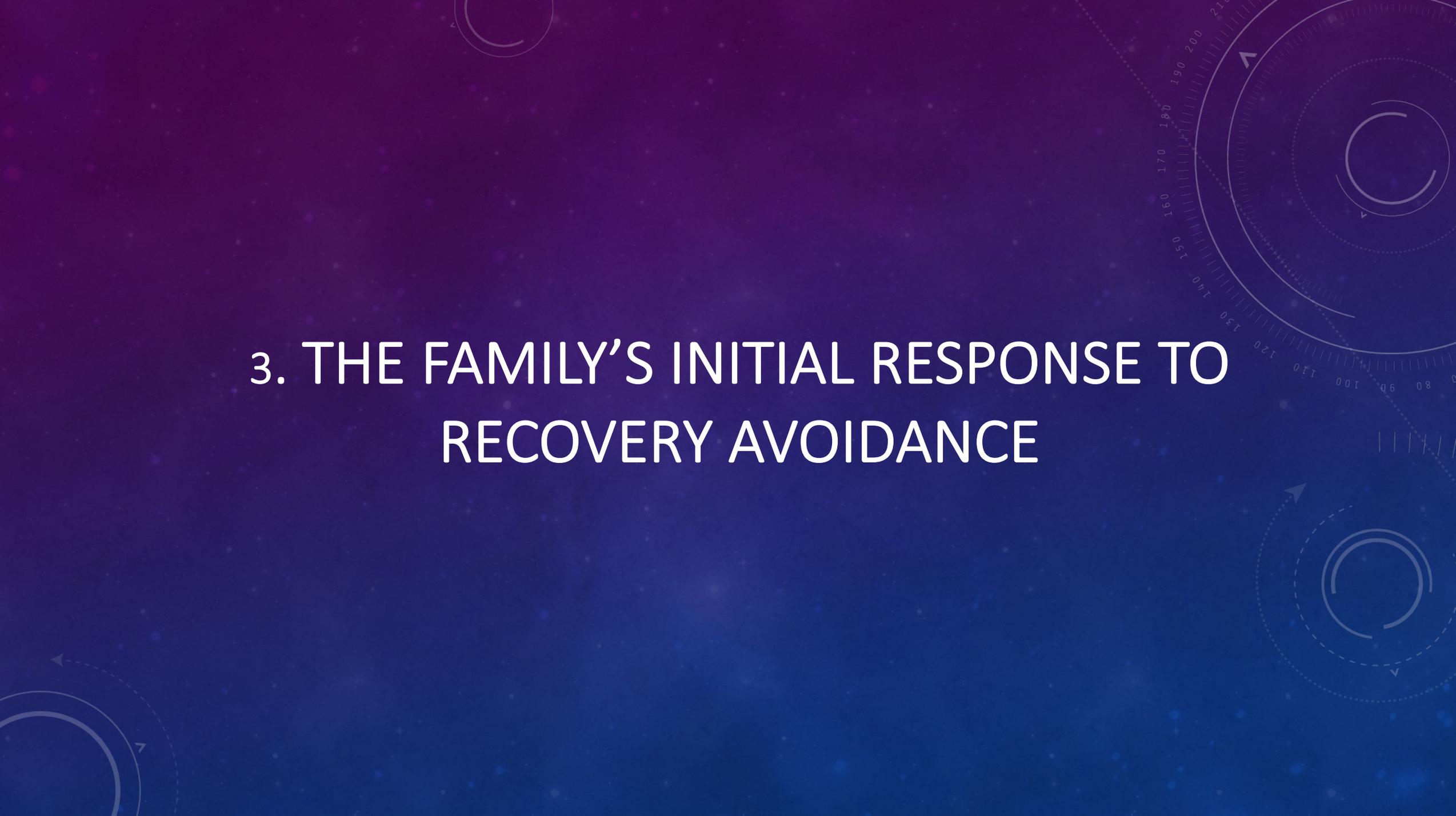
POST-TEST, PART 1

According to the science of human behavior, which option below best explains recovery avoidance?

- a) Laziness
- b) Desire to be disabled
- c) Communism
- d) Treatment-interfering beliefs, skill deficits, motivation deficits, and/or incentive deficits.

CORRECT ANSWER

d) Treatment-interfering beliefs, skill deficits, motivation deficits, and/or incentive deficits.



3. THE FAMILY'S INITIAL RESPONSE TO RECOVERY AVOIDANCE

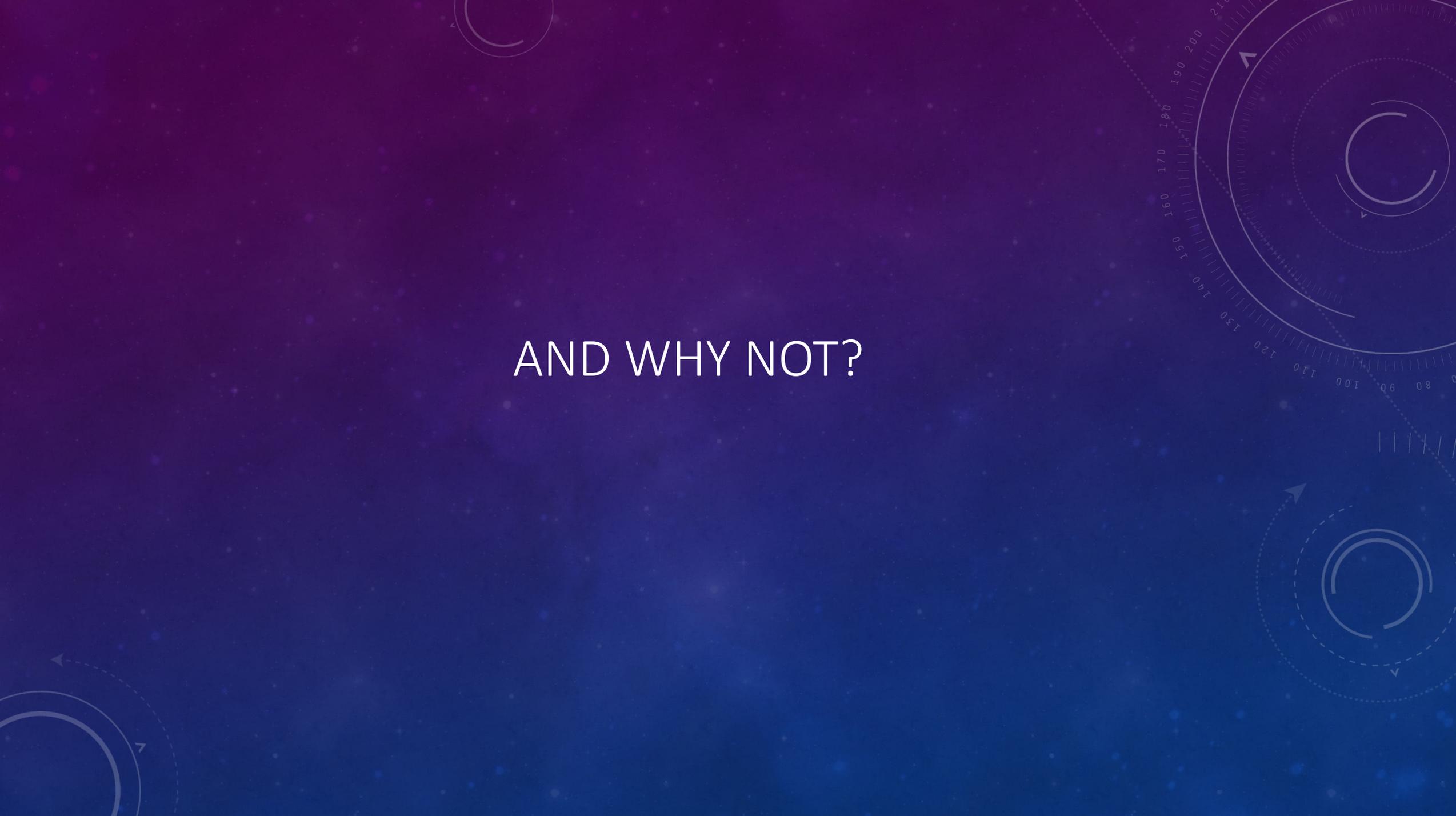
IS TO...

1. Help
2. Persuade

THEY WANT TO...

- Help the RA to function, cope, etc.
- Persuade the RA to do better, seek treatment, etc.

AND WHY NOT?



HELPING IS A GOOD THING.



PERSUADING SOMEONE TO DO
BETTER IS A GOOD THING.



ONE PERSON NEEDS HELP.



ANOTHER IS WILLING TO PROVIDE IT.

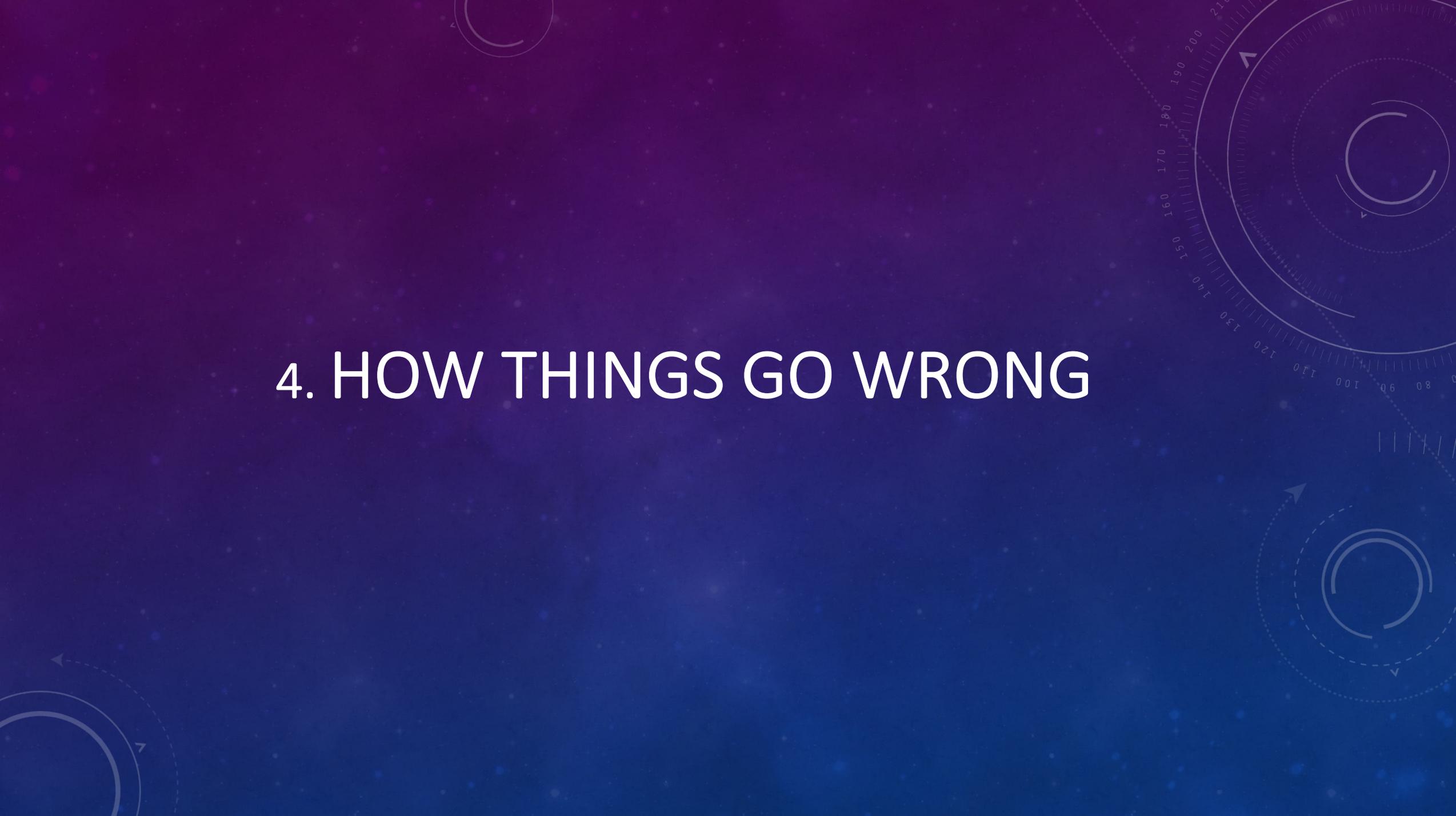


WHAT COULD POSSIBLY GO WRONG?

Plenty!



4. HOW THINGS GO WRONG

The background features a gradient from dark purple to blue, overlaid with a field of small white stars. On the right side, there are several technical diagrams: a large circular gauge with a scale from 80 to 210 and a needle pointing to approximately 190; a smaller circular gauge with a scale from 100 to 160 and a needle pointing to approximately 150; and a circular diagram with concentric dashed lines and arrows indicating a clockwise cycle.

The Friendly Loan Analogy



Not so great!



WHEN YOU'RE DEALING WITH A RECOVERY AVOIDER...

- Helping evolves into accommodating.
- Persuading evolves into minimizing.

THE *EVENTUAL* FAMILY RESPONSES TO RECOVERY AVOIDANCE

1. Accommodation
2. Minimization

1. ACCOMMODATION

The ways family members adapt to OCD by joining in compulsions, helping the OCD sufferer avoid anxiety-provoking situations, or otherwise altering family routines.

Implicit Message: *You cannot do this on your own.*

- Accommodations of Commission

The things you take on

in response to an impaired individual's limitations or demands, things you typically wouldn't do for a person who wasn't impaired.

- Accommodations of Omission

The things you give up

- the valued activities you've dropped or neglected to pursue because of an impaired individual.

2. MINIMIZATION

Persistent, ineffectual verbal or other behavior intended to influence impaired individuals to change.

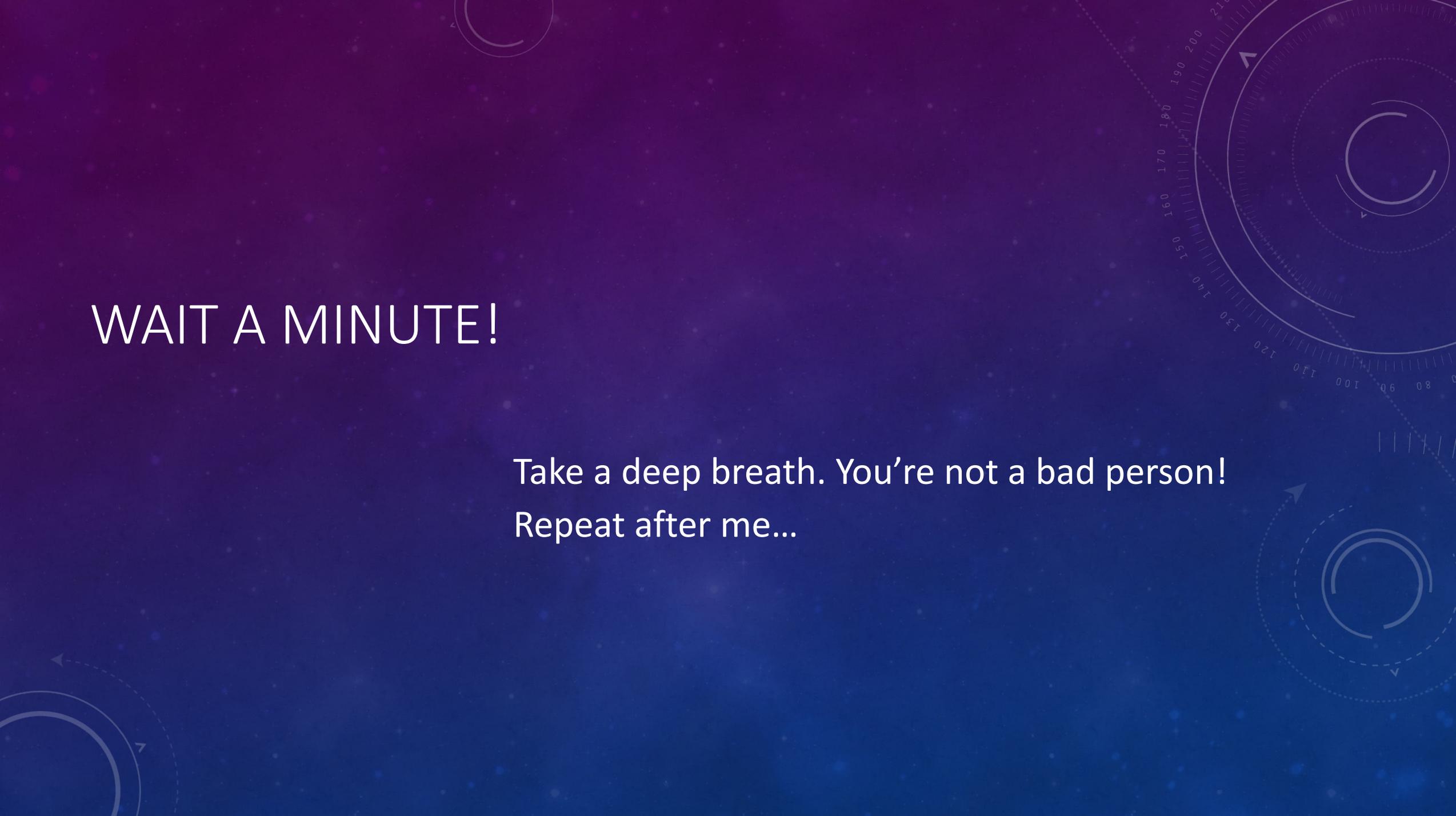
Implicit Message: *You can change because of something I say or do.*



THE BEHAVIOR LIST YOU'RE ABOUT TO VIEW
IS NOT PRETTY AND SOME OF THEM MAY BE FAMILIAR.

EXAMPLES OF MINIMIZING

- Lecturing
- Nagging
- Pleading
- Threatening
- Name-Calling
- Criticizing
- Venting
- Shaming, guiltig
- Expressing frustration
- Arguing



WAIT A MINUTE!

Take a deep breath. You're not a bad person!
Repeat after me...



I'm not a bad person.
Neither OCD nor
recovery avoidance is
my fault. I did the best I
could given what I
knew at the time.

DOGGONE IT.

If you stand in a tornado...



...your hair will get messed up.

HARMFUL EFFECTS OF MINIMIZING

- **BAD FOR THE RECOVERY AVOIDER**

Generates negative emotions (fear, anger), defensiveness, distrust, which increases recovery avoidance.

- **BAD FOR FAMILY MEMBERS**

Increases family conflict and distress in the family.

HARMFUL EFFECTS OF ACCOMMODATING

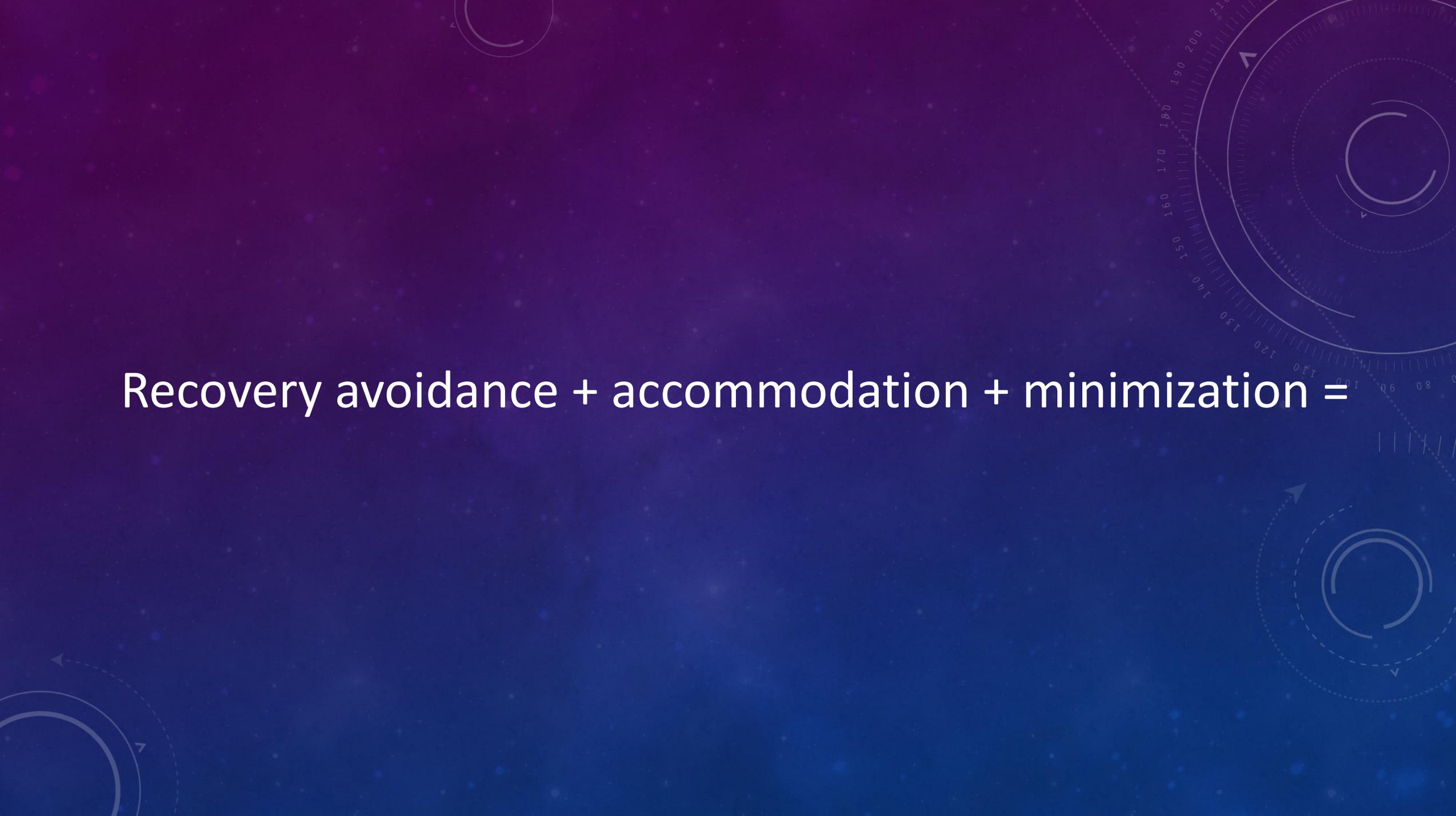
- **BAD FOR THE RECOVERY AVOIDER**

Reduces incentive to seek recovery and eliminates opportunities to practice recovery-compatible behavior.

- **BAD FOR FAMILY MEMBERS**

Burdens them with additional responsibilities and/or fewer valued activities, making them more likely to engage in minimizing.

Recovery avoidance + accommodation + minimization =

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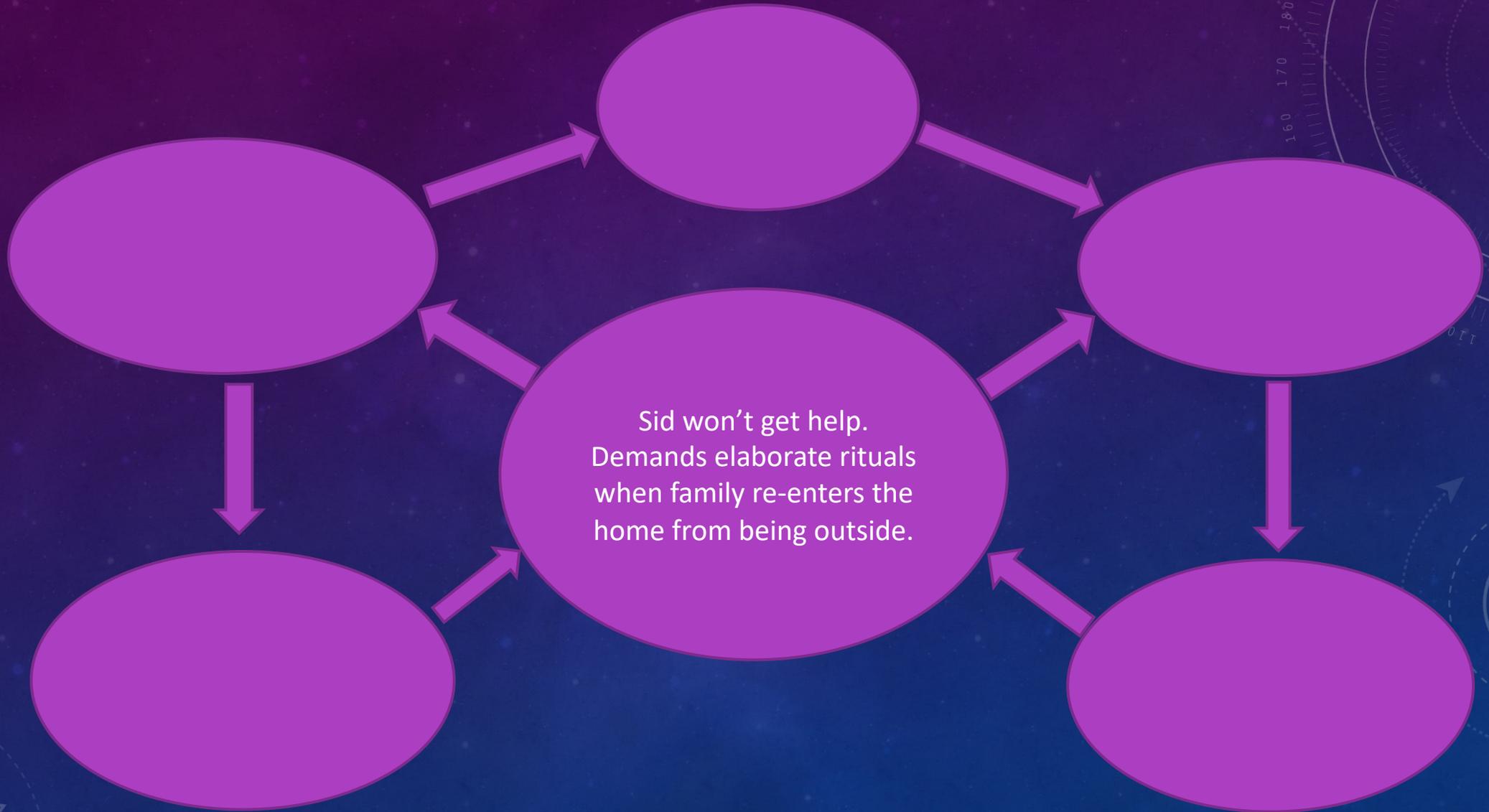
THE FAMILY TRAP



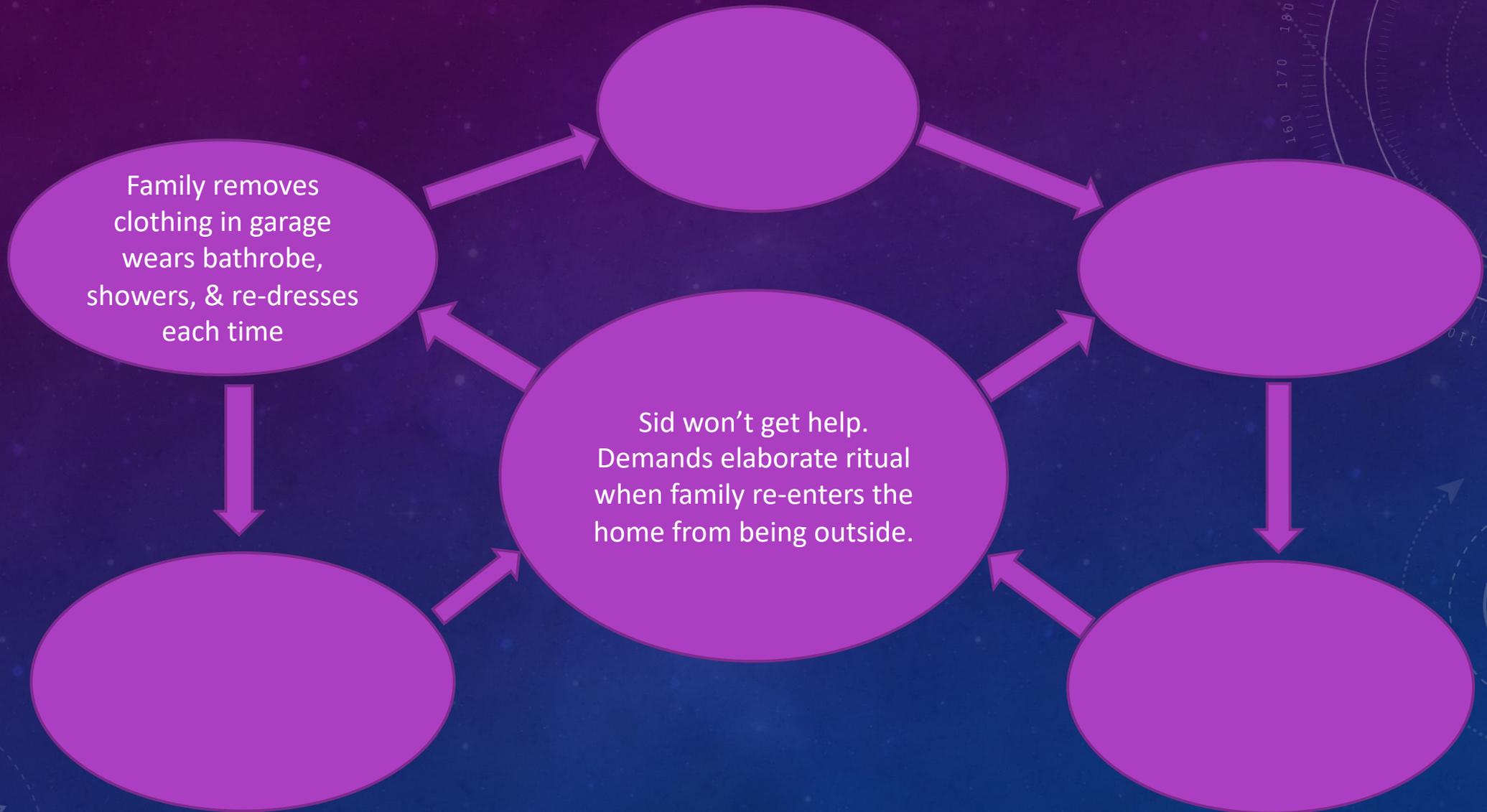
THE FAMILY TRAP



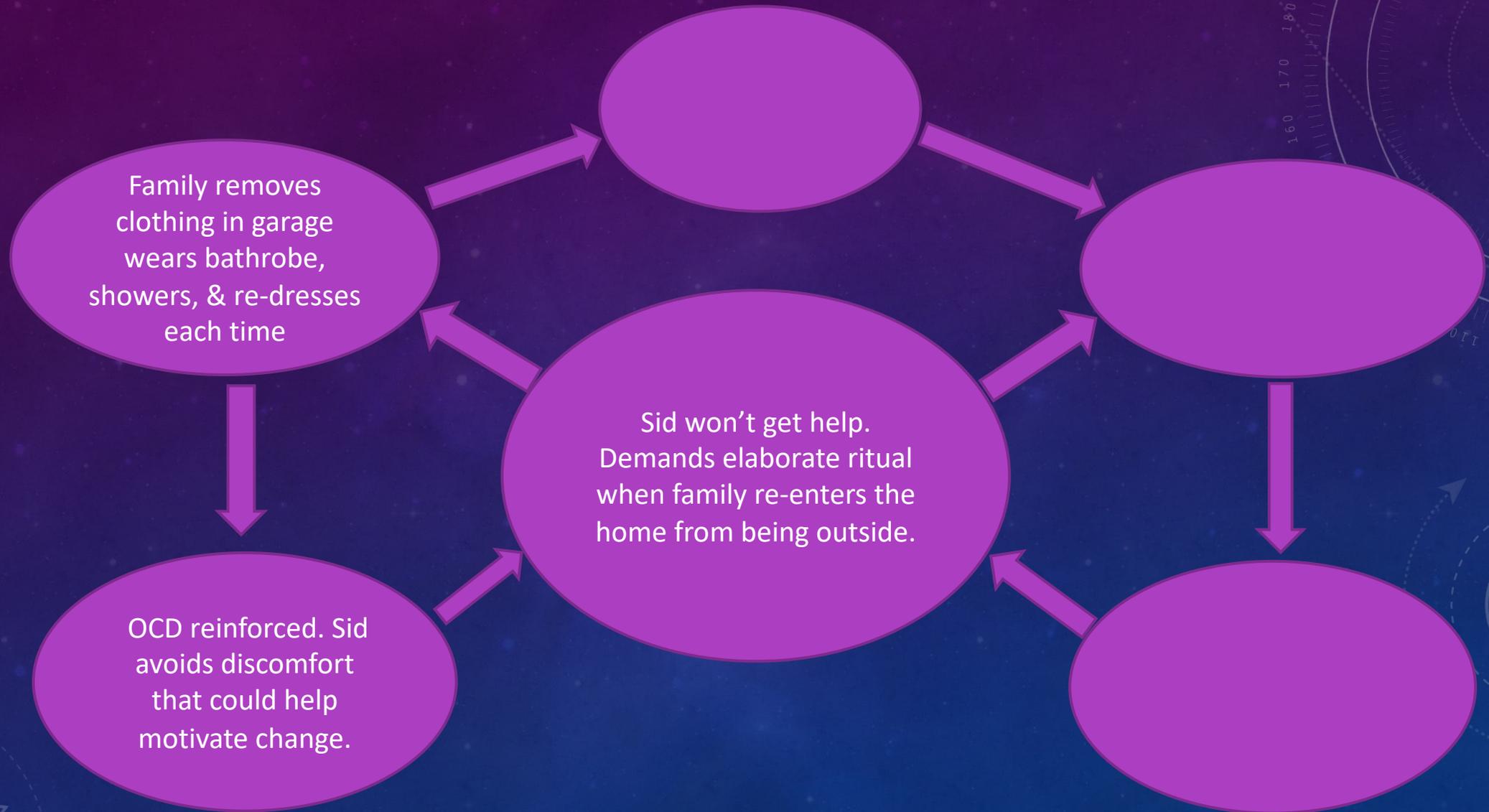
SID'S FAMILY TRAP



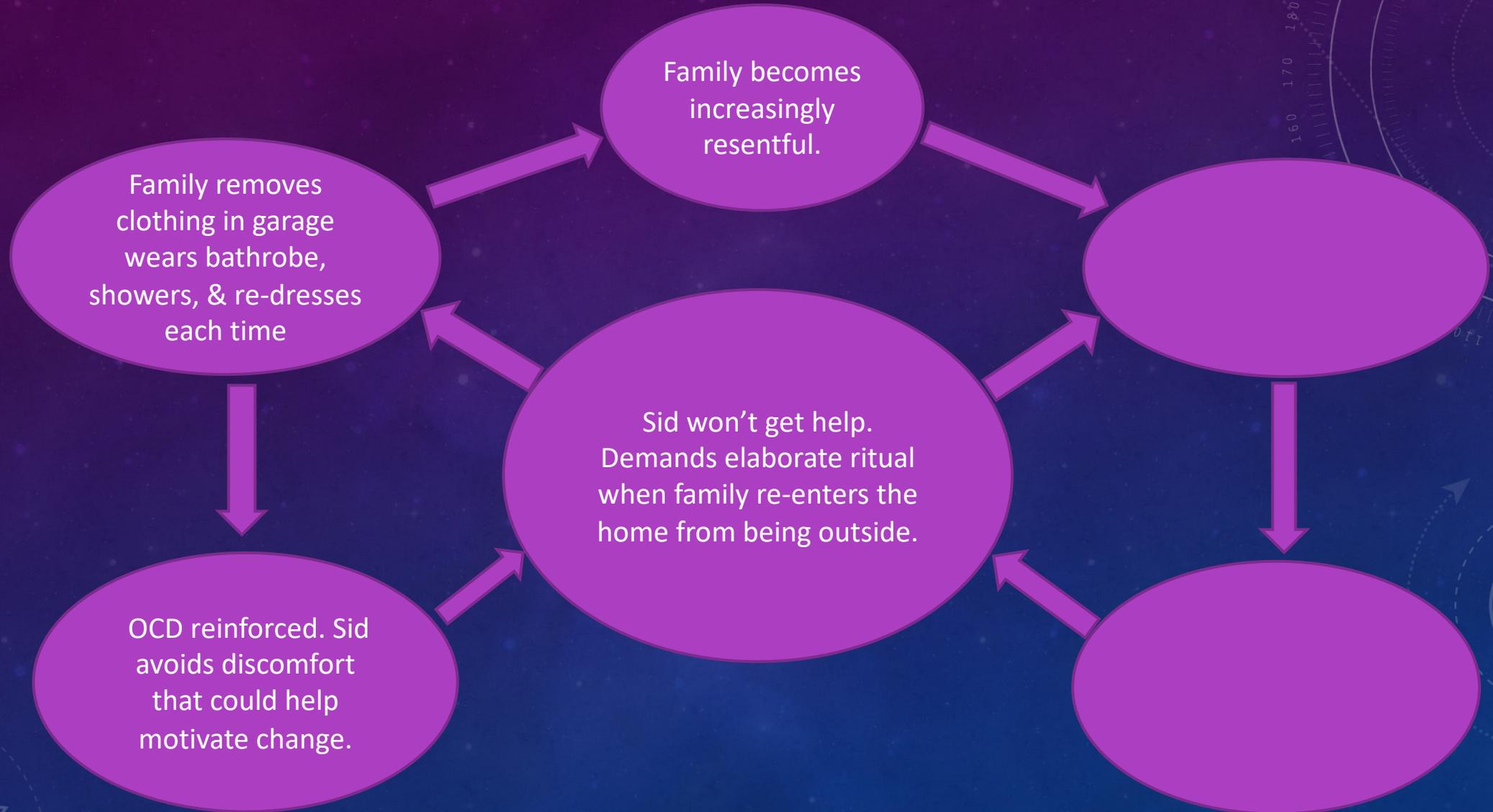
SID'S FAMILY TRAP, cont'd



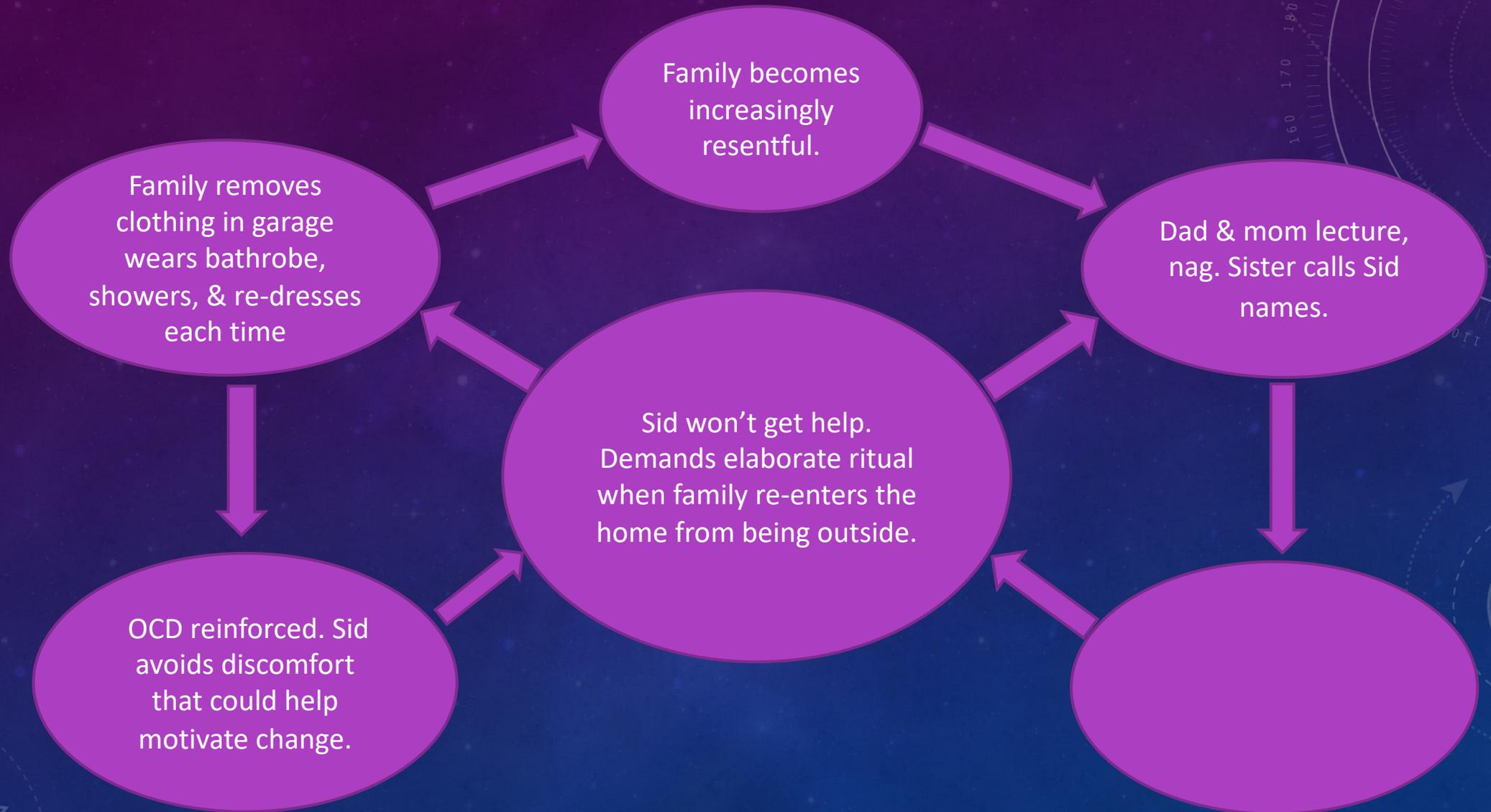
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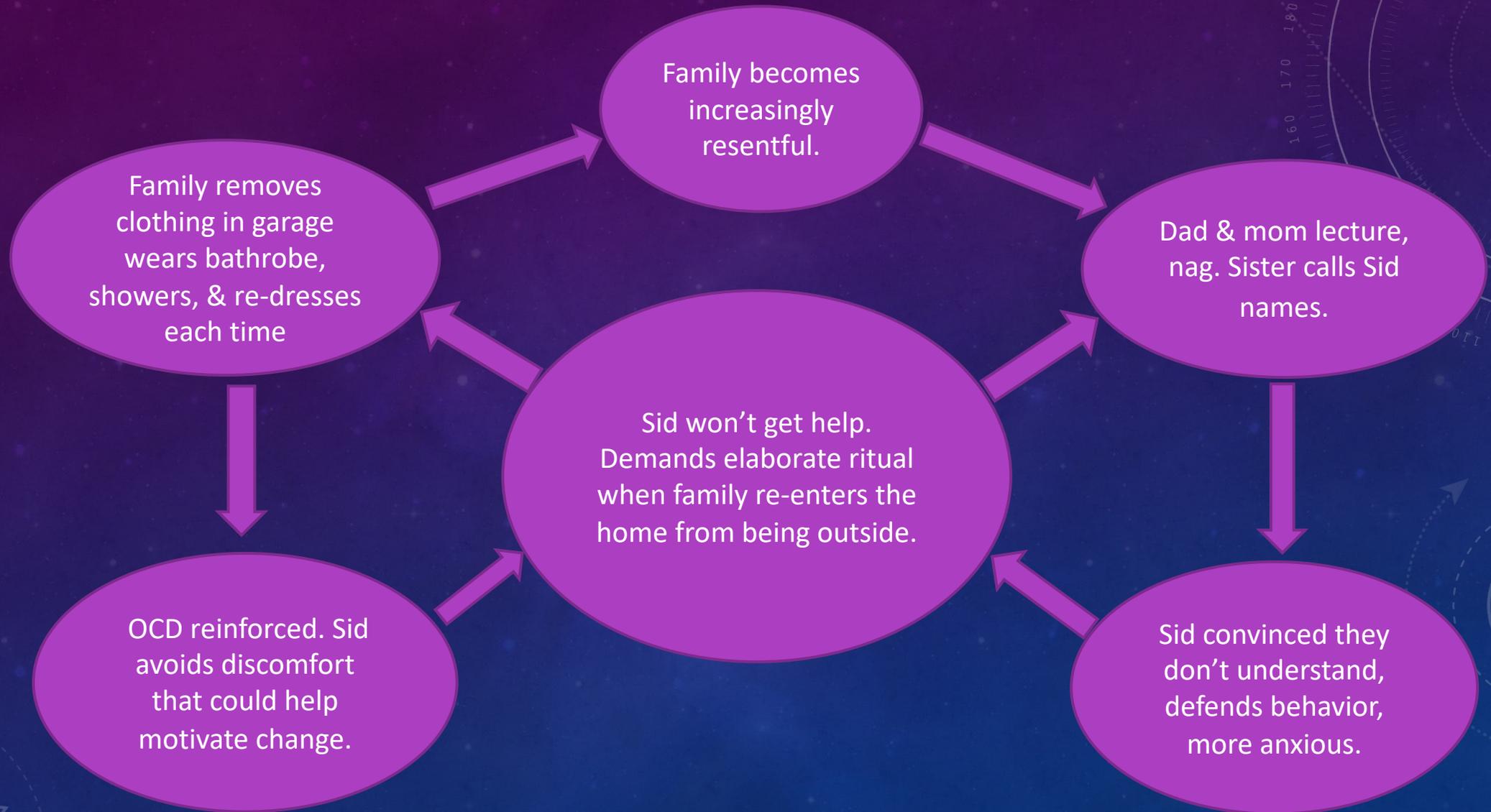
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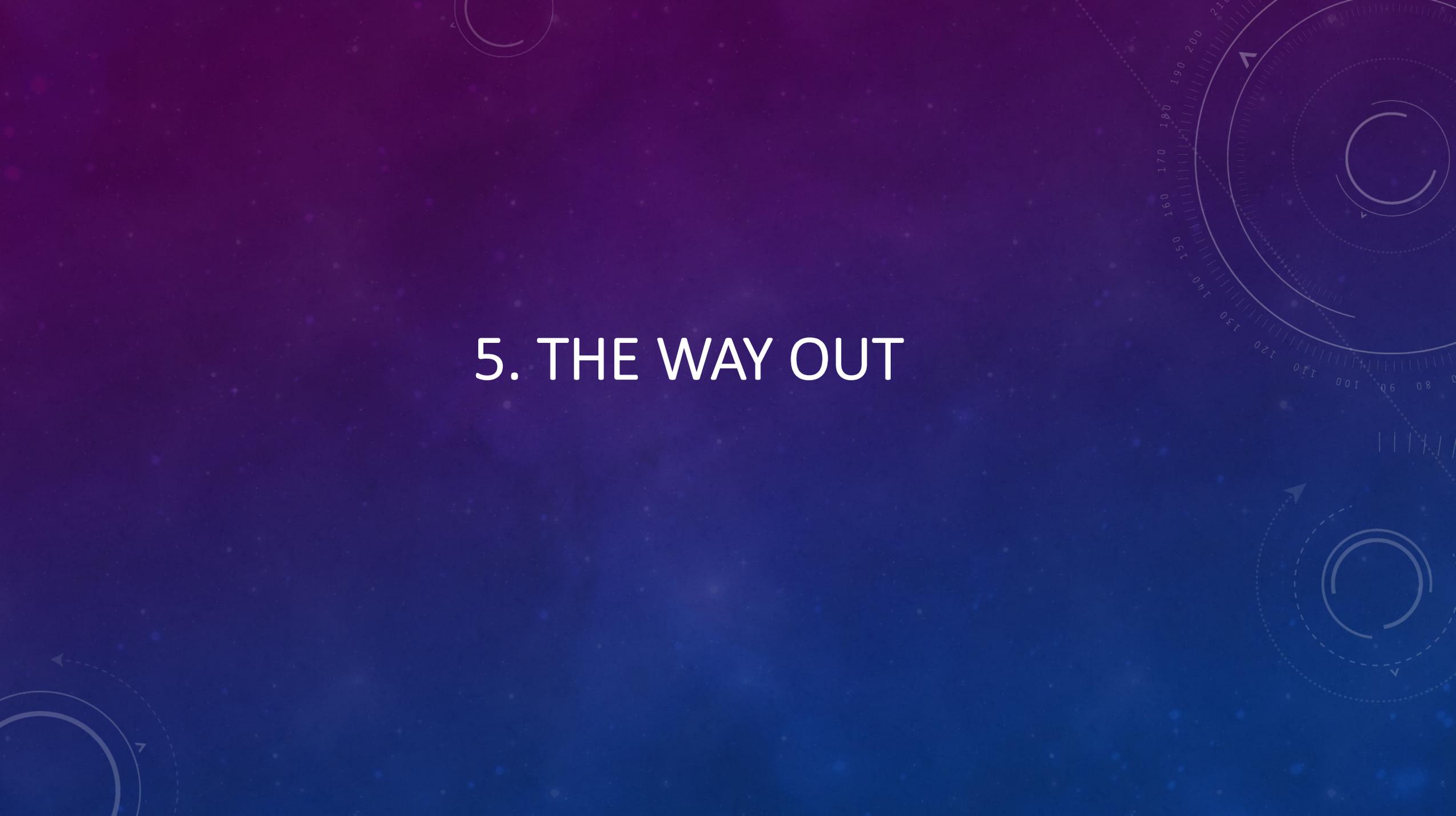
SID'S FAMILY TRAP, cont'd



SID'S FAMILY TRAP



5. THE WAY OUT

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Serenity Prayer

“...Grant me the serenity to accept the things I cannot change, courage to change the things I can, and the wisdom to know the difference...”

THE FAMILY TRAP



THE FAMILY TRAP



FAMILY WELL-BEING APPROACH



FAMILIES ARE MORE SUCCESSFUL WHEN THEY...

- Accept what they cannot control
- Understand what they're doing isn't working and, most likely, making things worse
- Stop trying to change the RA by accommodating and minimizing
- Have realistic goals
- Focus on changing their behavior
- Prioritize the well-being of everyone in the family
- Improve their well-being before attempting to promote recovery behavior in the RA
- Focus on promoting (vs commanding) recovery behavior in the RA
- Use proven behavioral principles to influence the RA

5 STEPS OUT OF THE TRAP

1. Prepare for Crises
2. Redefine the Problem
3. Embrace Valued Activity
4. Ease Family Distress
5. Create a Recovery-Friendly Environment

1. PREPARE FOR CRISES

- Therapists will be guided to plan the development and implementation of a Family Crisis Plan
- Sample Family Crisis Plan (Sid's parents: Laura and Lou)

THE CRISIS	THE GOAL	ACTION STEPS:
<i>You say or do something I feel suggests you're considering harming yourself.</i>	<i>Take this risk seriously and do whatever is necessary to protect you from harm.</i>	<i>I will ask: "Are you able to keep yourself safe?" If the answer is anything other than "Yes," I will contact Behavioral Health Response by calling 314-469-6644 (or 988). I'll request they take whatever steps are necessary to ensure you are safe from harm.</i>

2. REDEFINE THE PROBLEM

- Therapists will be introduced to assessment forms to help family's identify the impact of recovery avoidance on their lives and prioritize the changes they want to make

Sample Priorities (from Sid's family):

- *Laura and Lou decide to increase a Valued Activity: Hiking*
- *They decide to reduce their showering accommodation*
- *Both commit to reducing the lecturing, yelling, and “reminding”*

3. EMBRACE VALUED ACTIVITY

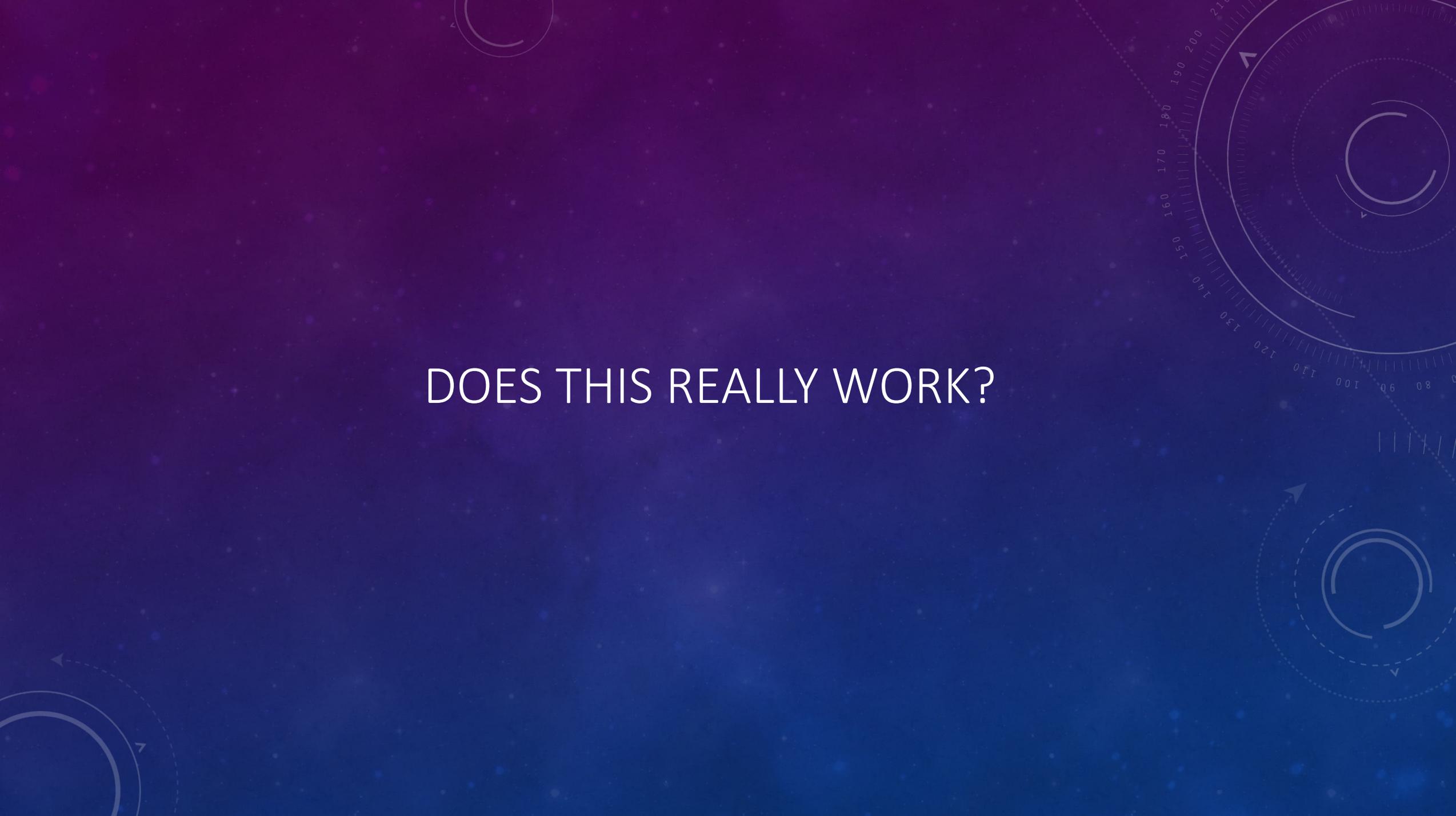
- Therapists will build a plan to increase valued activity for a sample family member
- *Laura and Lou plan to hike on Saturday mornings at 10 am together in Forest Park, and walk at the mall in bad weather.*

4. EASE FAMILY DISTRESS

- Therapists will develop a plan to decrease family distress and conflict for a sample family
 - Reduce Priority Accommodations
 - Reduce Minimizing as much as possible
- *Laura and Lou's Plan*
 - *Omit the shower from their accommodation, starting next week; notify Sid of change in writing today*
 - *Reduce the lecturing, yelling, and reminding immediately*

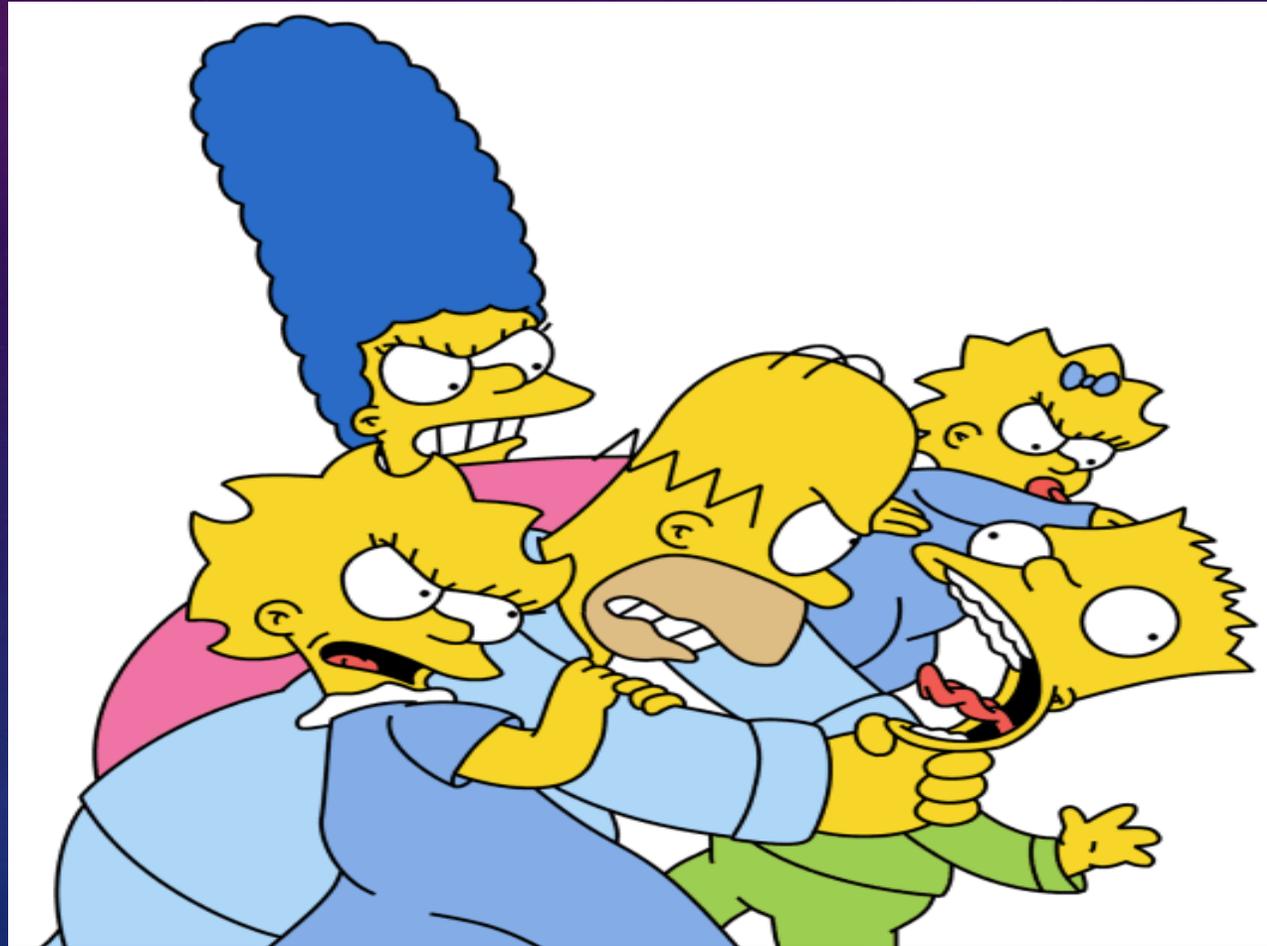
5. CREATE A RECOVERY-FRIENDLY ENVIRONMENT

- Therapists will develop a plan to promote recovery-compatible behavior in the person who is exhibiting recovery avoidance
- *After Laura and Lou are able to discontinue the accommodations (that they want to stop) and minimizing, they can offer strategic incentives to Sid, such as getting Take Out on Friday, contingent upon attending his weekly therapy appointment.*



DOES THIS REALLY WORK?

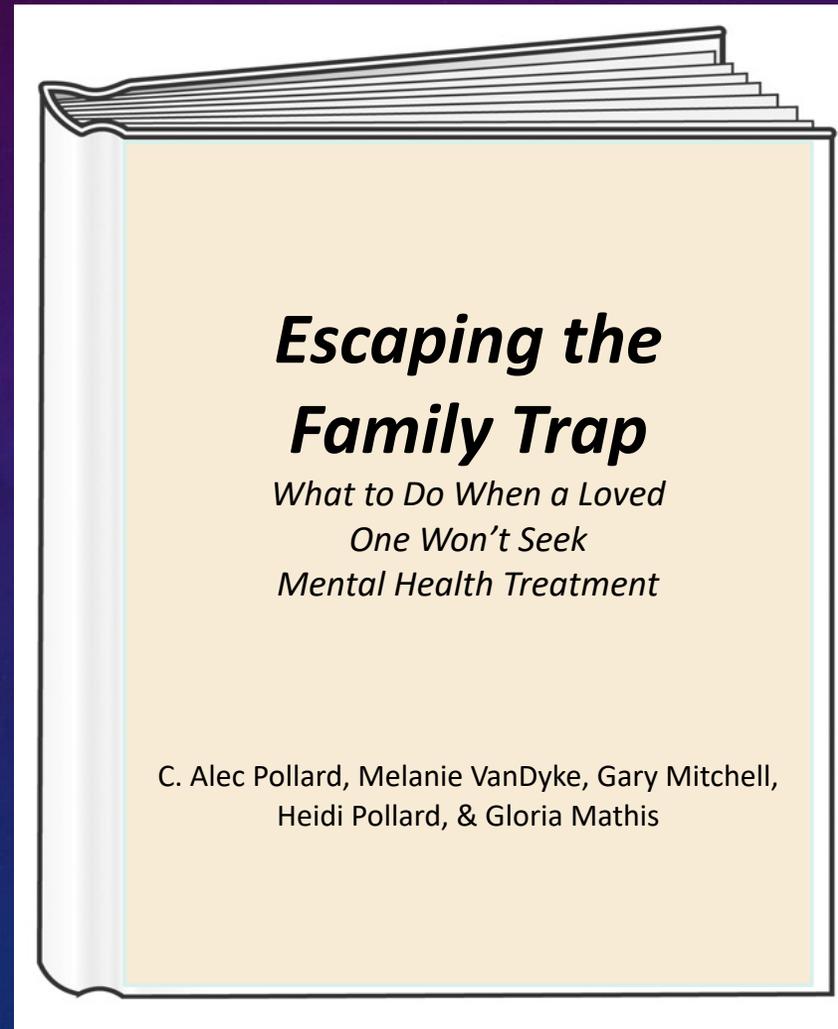
BEFORE



AFTER



STAY TUNED...



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