

ADVICE FOR THE LOVED ONES OF A PERSON WITH AN OCD

Family members and friends are not psychotherapists. They should not try to "cure" their loved one. They can, however, be valuable collaborators in therapy and an important source of support.

Unfortunately, it is also possible for loved ones to unintentionally worsen the symptoms of OCD in the person who suffers from it. Here are a few tips to help you ensure that your presence is helpful to your loved one without hindering their progress. First, you will find advice on what you can do **to help** your loved one overcome or better control his or her OCD, followed by advice on what to **avoid**.

Help your loved one:

To **help your loved one**, you can provide support, encouragement, and perspective. How can you do this?

- Keep in mind that your loved one can't simply stop his or her rituals and compulsions as if they were just a harmful habit. Just because you've successfully quit smoking or started exercising doesn't mean that your loved one will be able to stop their compulsions in the same way. OCD is a mental health disorder and your loved one would definitely prefer not to have developed it. He or she would like to get rid of it more than anything else, but it takes more than goodwill. A "*good kick in the butt*" is definitely not what they need. A "*pat on the back*" for their efforts is 100 times better!
- Familiarize yourself with OCD in general. Read books, go to serious and credible sites on the internet, attend conferences on OCD. Learn as much as you can about the subject. In the treatment overview handout that was given to your loved one, you will also find relevant information about OCD.
- Be proud of their progress, no matter how small. A small change in your eyes could be a big win for them! Encourage them, positive comments and congratulations can make a big difference! Your loved one will feel supported, and their efforts are recognized.
- OCD can be a formidable opponent, and it often takes great courage and dogged perseverance for your loved one to take a single step forward. Any small successes should be seen as a victory over OCD. Plan rewards with your loved one after each victory!

- Learn to team up with your loved one. The enemy is not your loved one, it's OCD.
- Empathy (understanding what your loved one is going through) will help your loved one feel understood and will soothe them.
- Talk about things other than OCD and don't make OCD the focus of your lives. Focus on your common interests and take up hobbies that you both enjoy. This will heal your relationship with them and connect them to other areas of their life, especially those that are going well.
- Keep in mind that your loved one is not just a person with OCD. He or she is a whole person with interests, qualities, and strengths. They are not their OCD. Practice focusing on all the other aspects of them that are not OCD. This will do them a lot of good and make them realize that they have the resources to get out of their OCD.
- Take an approach that is neither too involved nor too distant. Show interest, but don't add emotional tension to exercises that are already full of tension. Remember that your loved one is in therapy, not you. It is up to him or her to decide how often to exercise and which obsessions/compulsions to work on in therapy.
- Maintain your personal freedom by keeping to your usual schedule and activities as much as possible. If you notice that the OCD is gaining ground, set limits firmly but also kindly (e.g., "*I understand your suffering, but I can't accept what you're asking of me*"; "*I'm not rejecting you, I'm just setting limits for myself*"). Be neither too strict and rigid, nor too flexible and complacent. Make compromises that you consider reasonable and that you can maintain in the medium and long term.
- If your loved one is plagued by anxiety-inducing obsessions that overwhelm them, try to take their mind off of it. Say, "*Look, I can see that you're very anxious right now, but I think you'd better take a break from your OCD for a few minutes. Do you want to go for a walk or listen to a good show?*" or "*Remember the other day when you were able to take your mind off things and then felt better afterwards?*"

- Keep in mind that your pain is as important as theirs. You are a collateral victim of OCD and should get support if you need it. Family and friends support groups exist to provide support to those around you. You will feel relieved to know that other families are experiencing the same difficulties, emotions, and conflicts as you. You will feel less alone in your experience.

Do not harm your loved one:

The immediate family environment plays an essential role in the aggravation and maintenance of a person's OCD

Here are some **behaviors and attitudes to avoid:**

- Criticism: Criticism may make your loved one more anxious and cause them to feel guilty. He or she will then want to isolate him or herself. This may make the OCD worse and cause them to lose motivation for therapy.
- Avoid seeing OCD compulsions as manipulation. Keep in mind that your loved one's obsessions are suffering and that the compulsions are meant to reduce suffering, reassure him or her and avoid negative consequences. Although the risks of danger are not really present, your loved one experiences these risks as if they were real.
- Don't try to convince your loved one that they are wrong to be afraid or anxious. This will not work because they already know this, at least in part. It will only make them feel ashamed, since OCD already makes them feel abnormal and weak.
- Don't try to reason with them either. They have been trying to do that on their own for a long time. If you try too hard to argue with them, you will quickly feel frustrated and powerless because you will always lose in the debate. The OCD is the champion of debates since it finds the winning argument every time!
- Do not reassure your loved one about their obsessions by responding to their questions and requests for reassurance. If you do, you'll make his or her OCD worse and your loved one will become dependent on you. Be aware that he or she will always have one more question to ask you to make him or her feel better and that the questioning rituals will eventually grow until you are exhausted. Your answers may also seem reassuring at the time, but their

anxiety will return very quickly and they will need reassurance again. Your reassurance will calm them in the short term but never in the long term. Instead, say, "What do *you think?*" or "*Do you see anything right now?*" Also, don't feel guilty if you give in to their insistent demands from time to time. This is perfectly normal and understandable.

- In the same way as reassurance responses, do not do the compulsions for your loved one. Usually, loved ones decide to do the compulsions to speed up the routine. This should be avoided, however, even if your loved one takes several hours a day to do the compulsions. Again, you will be creating a dependency in your loved one and you will become a slave to the OCD. You will then feel resentful (with good reason) and be more likely to criticize your loved one and be impatient. These reactions will make the OCD worse and seriously damage your relationship.
- If you are already heavily involved in your loved one's compulsions, you will need to sit down with him or her and agree on a way to gradually withdraw from your investment in their compulsions. Make a written agreement with him/her and try to be patient in releasing the compulsions, one at a time. Once the agreement is made, stick to it persistently and firmly.
- If you feel that it is too late and you are already stuck in a dynamic of criticism, cynicism and impatience, it is probably best to distance yourself from your loved one's therapy program. Try to trust him or her and suggest that he or she find another family member or friend who could play a collaborative and supportive role in therapy. Again, avoid feeling guilty if you have to decline the support role. It is better to recognize your limitations and make the right choice to maximize the success of therapy and the well-being of your loved one than to insist on playing this role without being supportive.
- Do not make day-to-day comparisons (e.g., "yesterday you were successful"). Day-to-day comparisons do not reflect progress. Progress is never linear. You can encourage your loved one by saying, for example, "Tomorrow is another day when you can try" when they are having a more difficult time. Instead, look at the overall progress since the start of treatment.

INFERENCE-BASED COGNITIVE AND BEHAVIORAL THERAPY

To simply describe this therapy, let's first say that it considers that the obsessions of OCD are in fact doubts that the person creates and maintains without really realizing it. The obsessions would therefore be thoughts that the person with OCD produces themselves and not thoughts that come out of nowhere. Of course, the person who creates the doubts do so for reasons that are admirable; he or she is not looking for trouble, nor is he or she looking to create problems for himself or herself. On the contrary, what they are looking for is security and well-being, for themselves and for others. Unfortunately, in doing so, they misunderstand and end up creating more anxiety than anything else.

More concretely, let's say your loved one tends to think of several possibilities of things that might not be right and/or safe. They do this, even though there is no directly related evidence. But since the possibilities they are thinking about are possible, it holds their attention and worries them. So, they will seek to "solve" the hypothetical problem by thinking long and hard or by compulsively making sure that everything is correct.

The goal of therapy is to gently help your loved one become aware of this. Also, we work to examine the reasons why he or she is thinking about the possibilities that are troubling him or her.

We have some tips on how to help your loved one. Here are a few ideas you can put into practice:

- If they ask you questions to be reassured, answer them by asking them again. For example:
 - Your loved one: *"Do you think the door is locked?"*
 - Your response, *"Did you see it locked?", "What did you see when you went to lock it?"*
 - By asking them again, you are letting them know that they can rely on their eyesight to determine if the door is locked and that they do not need your help to do so.
- When your loved one is too overwhelmed by doubts and can't reassure themselves, suggest that they take their mind off the situation, saying that after a few minutes or a few hours, they will feel more relaxed and will be better able to judge the situation.
- Your loved one has a fear of himself or herself and fears that he or she is not a good enough person (e.g., not responsible enough or not attentive enough or not conscientious enough or just not a good enough person). This fear is unfounded, but your loved one is deeply concerned about it. You can help them regain confidence in the part of themselves that they fear if you focus on their strengths and skills. You can help by pointing out what you have noticed about these aspects.