Profiles of Families Affected by Obsessive Compulsive Disorder

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INTRODUCTION

• Families are a key component of patient care and health outcomes are influenced by family factors.
  - Role in finding, organizing, implementing, and paying for treatment
  - Direct involvement with and impacts from the disorder
  - Family environments influence both child and parent health
  - Family experiences are relevant to well-being
  - Family factors have not been studied simultaneously.

PRESENT STUDY

• Identify common presentations among OCD-affected families based on a wide range of OCD-specific and non-specific family variables.

METHOD

Participants and Procedure:
- Youth and families were referred for specialized OCD assessments.
- Families completed a battery of measures
- 243 families (598 referrals) provided consent to research.
- Youth Age: M = 13.6, SD = 3.1; 56.8% female; 73.7% Caucasian
- 132 of the 243 youth also had data related to participation in a family-based cognitive behavioral therapy program.

Measures:

<table>
<thead>
<tr>
<th>Domain</th>
<th>Construct</th>
<th>Measure</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>OCD Severity</td>
<td>Youth Impairment</td>
<td>CIS-ROS</td>
<td>Clinician</td>
</tr>
<tr>
<td>OCD Severity, Impact, &amp; Involvement</td>
<td>Coercive/Disruptive Behavior</td>
<td>CD-RQOC</td>
<td>Parent A</td>
</tr>
<tr>
<td>OCD Severity, Impact, &amp; Involvement</td>
<td>Family Accommodation</td>
<td>FAS-RFAS-DR</td>
<td>Parent A</td>
</tr>
<tr>
<td>OCD Severity, Impact, &amp; Involvement</td>
<td>Family Impairment</td>
<td>OFF</td>
<td>Parent A</td>
</tr>
<tr>
<td>OCD Severity, Impact, &amp; Involvement</td>
<td>Family Dynamics</td>
<td>Hostility/blame within parent-child relationships</td>
<td>PABS Parent A</td>
</tr>
<tr>
<td>OCD Severity, Impact, &amp; Involvement</td>
<td>Family Dynamics</td>
<td>Conflict and cohesion within parent-child relationships</td>
<td>FES Parent A</td>
</tr>
<tr>
<td>OCD Severity, Impact, &amp; Involvement</td>
<td>Parenting Perspectives</td>
<td>Parent’s tolerance of the child’s distress</td>
<td>PTCO Parent B</td>
</tr>
<tr>
<td>OCD Severity, Impact, &amp; Involvement</td>
<td>Parenting Perspectives</td>
<td>Perceptions of parenting efficacy (PE)</td>
<td>PSOC Parent B</td>
</tr>
<tr>
<td>OCD Severity, Impact, &amp; Involvement</td>
<td>Parenting Perspectives</td>
<td>Diagnosis of OCD, an anxiety disorder, and/or depression</td>
<td>Damo Fompa Parent A</td>
</tr>
</tbody>
</table>

Parent A refers the self-identified “primary” parent for the assessment (76% mothers).

Analysis:
- Mixture modeling was used to identify classes or “groups” among the included participants based on the provided variables:
  - A 4-cluster solution was identified as optimal (in 7/10 iterations) and was selected for subsequent analyses.
  - Participants were assigned to each cluster (79-91% confidence) and comparative analyses were conducted.

RESULTS: IDENTIFIED PROFILES AND RELATED CHARACTERISTICS

- Low Impact (12%; n = 29)
  - OCD not impacting family
  - Positive relationships
  - Parents feel capable
  - Other notable differences:
    - ↑ GAD (43% vs 20%)
    - ↑ child-rated impairment

- Relational Impact (28%; n = 68)
  - Family is somewhat involved
  - Relationships are strained
  - Higher psychopathology
  - Other notable differences:
    - ↓ symptom endorsement
    - ↑ proportion of males

- OCD Impact (27%; n = 66)
  - High OCD impacts
  - Maintained relationships
  - Low parent psychopathology
  - Other notable differences:
    - ↑ mean age (onset, at assessment)

- Dual Impact (34%; n = 83)
  - High OCD impacts
  - Negative relationships
  - Parents feel less competent
  - Other notable differences:
    - ↑ proportion of males
    - ↓ child-rated impairment

RESULTS: RELATIONSHIP BETWEEN PROFILE AND TREATMENT OUTCOME

- Group Outcomes:
  - Profiles did not significantly differ
    - More impacted families remain more impacted
  - Potential avenues for individualized care
  - Low Impact
    - Less involvement of parents
    - Help youth become more open
  - Relational Impact
    - Balanced approach
    - Consider parent psychopathology
  - OCD Impact
    - Reducing accommodations
    - Setting limits
  - Dual Impact
    - Improve communication/relationships
    - Address involvement
    - Consider child unwillingness

KEY TAKEAWAYS

- Family experiences are relevant to well-being
- Family experiences differ primarily in:
  - Severity, involvement, and impact
  - Relationships and dynamics
- All families can benefit from treatment

LIMITATIONS

- Cross-Sectional (cannot examine time course)
- Generalizability may be impacted by sample/measures
- Limited statistical power to detect differences in parent psychopathology and treatment outcome

FUTURE DIRECTIONS

- Replication of profiles
- Identification of key outcomes
- Comparison of response across individual treatment (no family involvement) and parent treatment (no youth involvement)