

# Families of Treatment Refusers: The Neglected Victims of Untreated Mental Health Problems

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“WHEN A LOVED ONE WON’T GET MENTAL  
HEALTH TREATMENT”**

# Conflict of Interest Disclosure

New Harbinger published a co-authored book:

- ▶ *When a Loved One Won't Get Mental Health Treatment: How to Promote Recovery and Reclaim Your Family's Well-Being*

No other conflicts of interest to disclose.

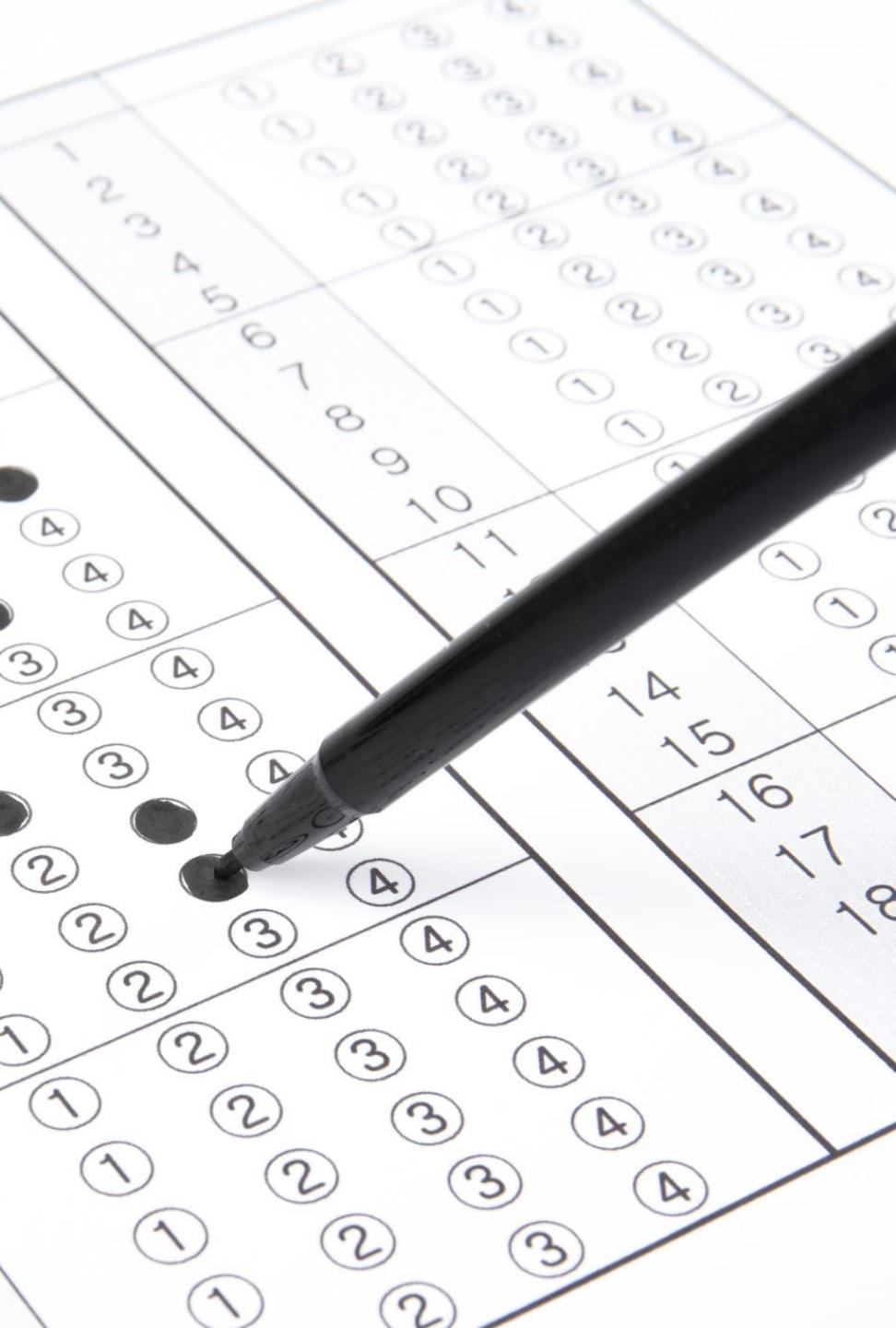
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# What we will cover today

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

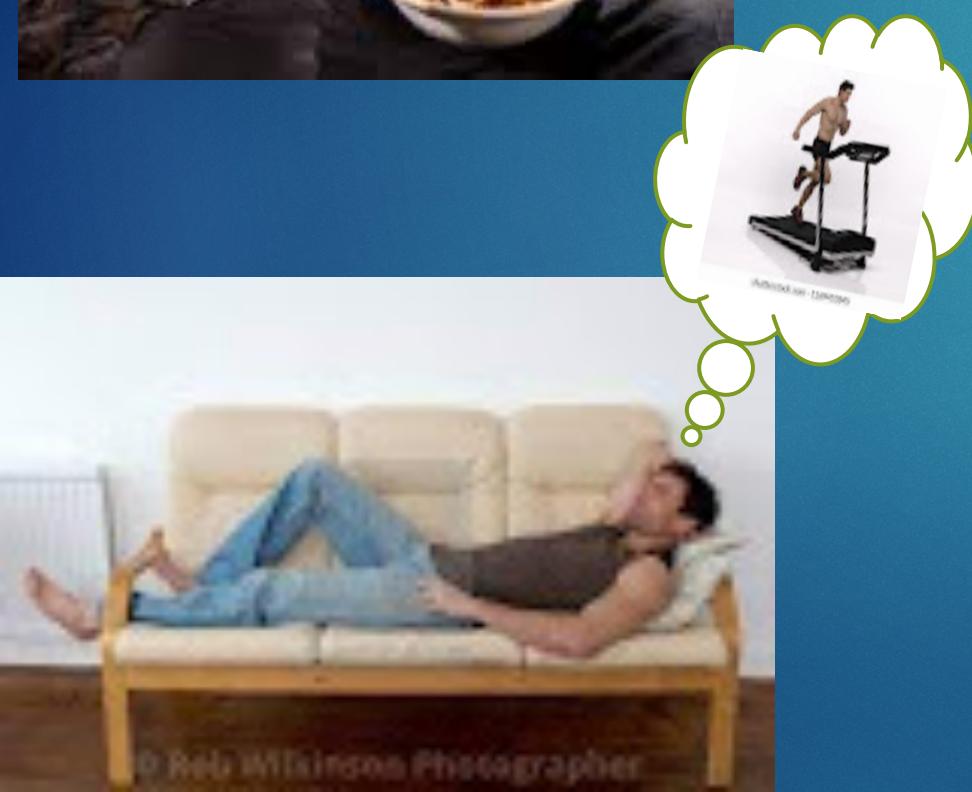
► 5 Steps of Family Well-Being Consultation



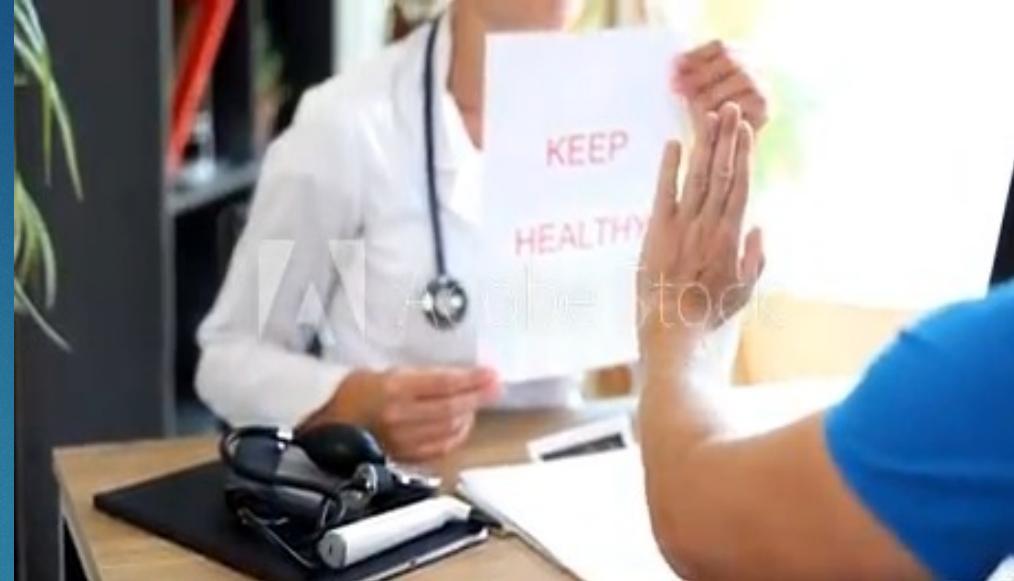
# PRE-TEST

# TRUE OR FALSE?

PEOPLE OFTEN BEHAVE IN WAYS THAT  
JEOPARDIZE THEIR HEALTH OR WELLNESS.



# DUH!



# 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.

*When a Loved One Won't Seek Mental Health Treatment*  
(Pollard et al., 2024).

# RECOVERY AVOIDANCE IS COMMON

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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 jerk."

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The guy who constantly complains about his life but never does anything about it.

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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.

---

New Year's resolutions that never make it to February.

# Things to keep in mind about recovery avoidance

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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.

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Some instances of recovery avoidance are more costly than others.

# Recovery Avoidance comes in many forms

- ▶ Denies having a problem altogether
- ▶ Acknowledges having a problem but denies it's mental health related
- ▶ Agrees it's a mental health problem 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?

What does  
**NOT** cause  
Recovery  
Avoidance

---

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



**Treatment-Interfering Beliefs**



**Skill Deficits**



**Motivation Deficits**



**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

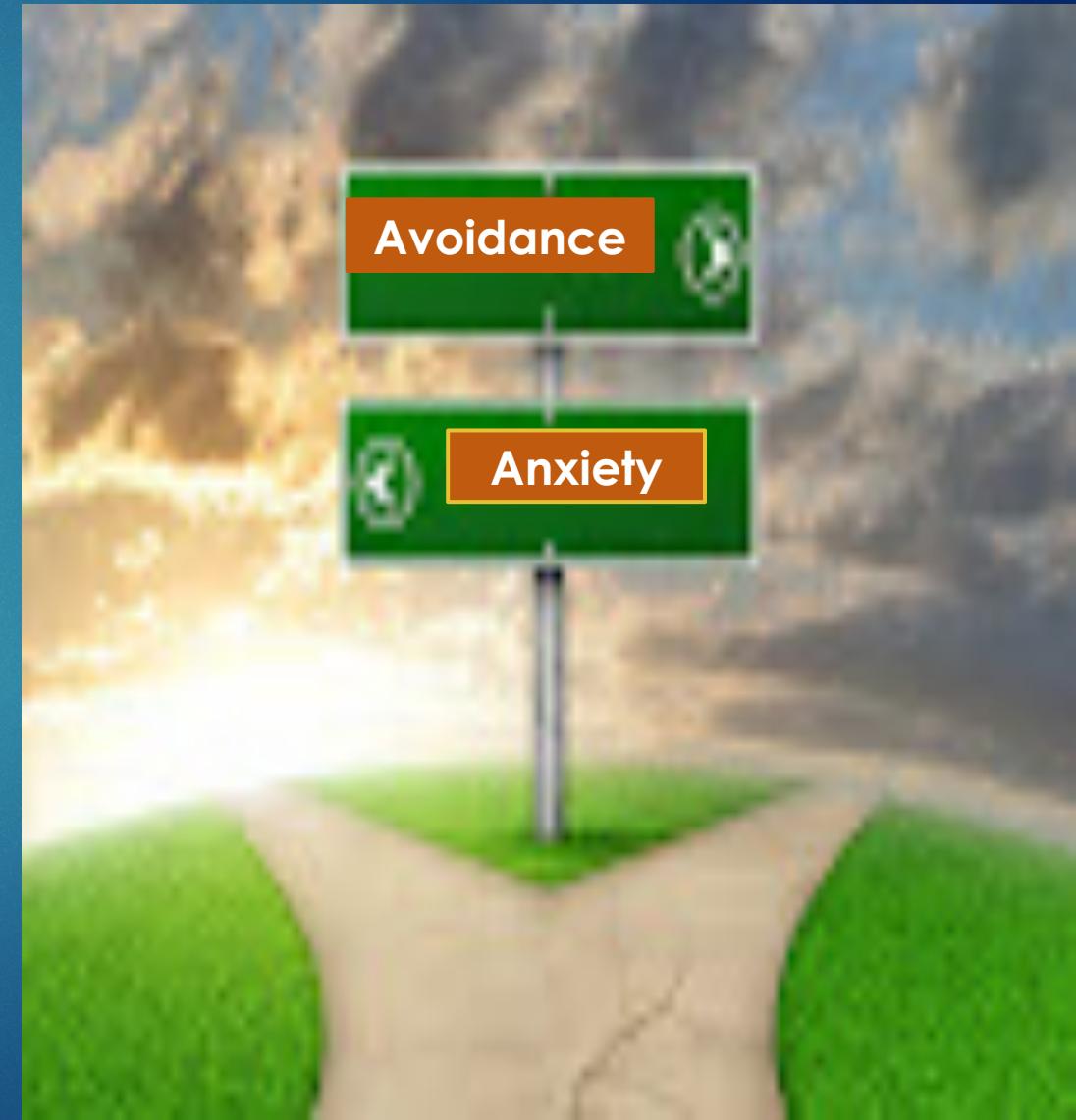
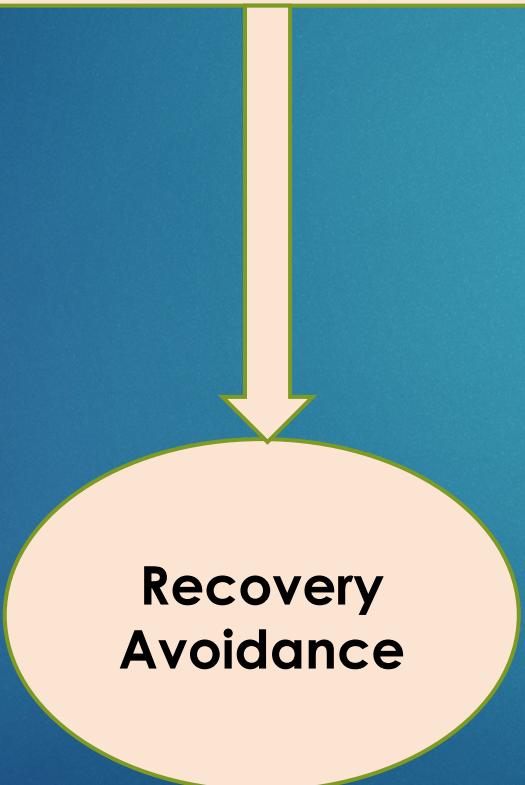
Weak or non-existent long-range goals

Lack of plans for the future

**Recovery  
Avoidance**



## 4. Incentive Deficits



# 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) Treatment-interfering beliefs, skill deficits, motivation deficits, and/or incentive deficits.
- d) None of these.



Correct answer: C

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

### 3. Family's initial response to recovery avoidance

# Initial response 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



Dealing with Recovery Avoidance may start with the best intentions...

- ▶ 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 the mental health problem by helping the sufferer avoid uncomfortable situations, or otherwise altering family routines. (i.e., When a family member has OCD, families may join in compulsive behaviors)

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

- ▶ Accommodations of Commission: ***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: ***Things you give up***
  - the valued activities you've dropped or neglected to pursue because of an impaired individual.

# 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.

## 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, guilting
- ▶ Arguing
- ▶ Expressing frustration

# 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.



Recovery Avoidance  
+ Accommodation  
+ Minimization =

# the family trap



# THE FAMILY TRAP



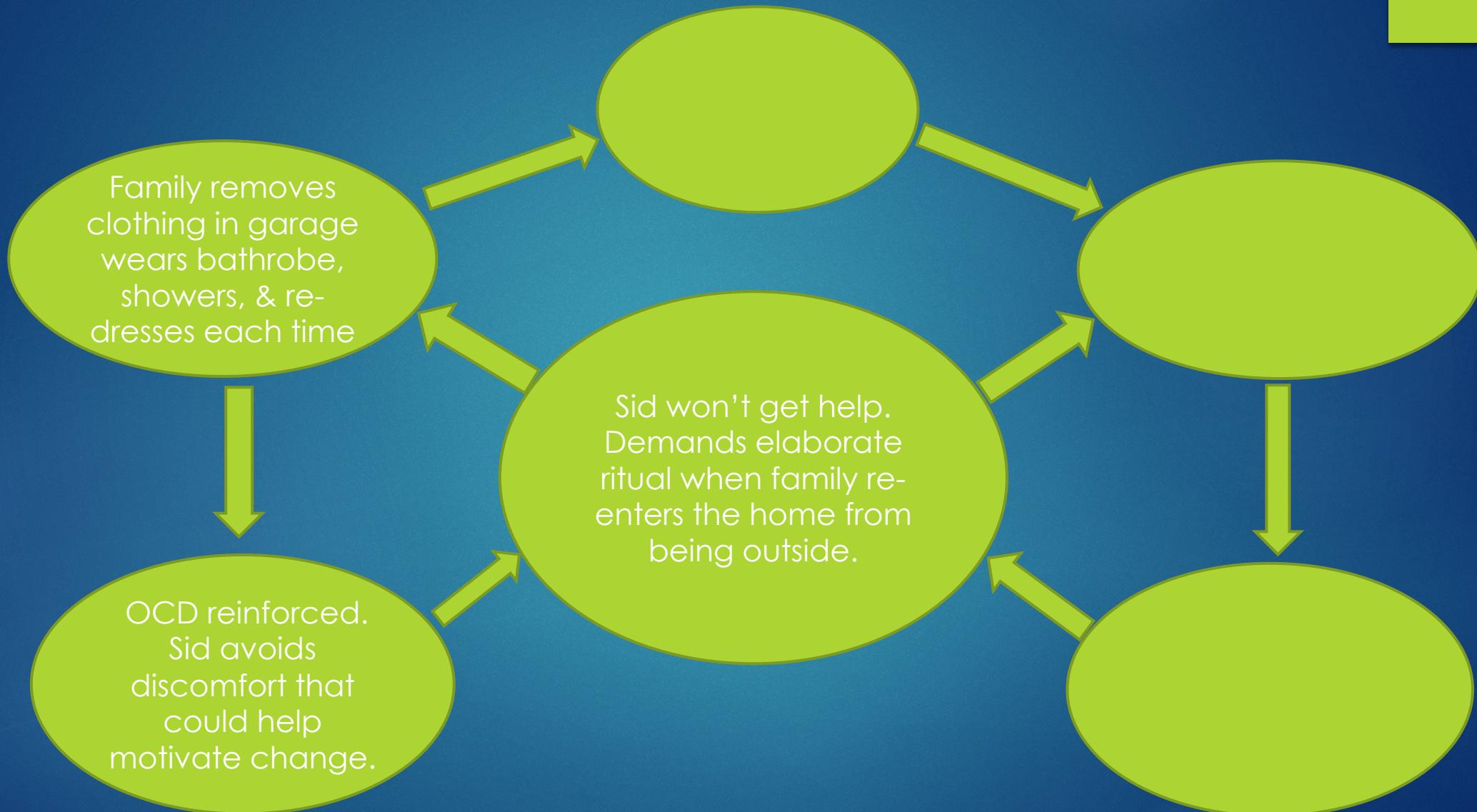
# Sid's family Trap



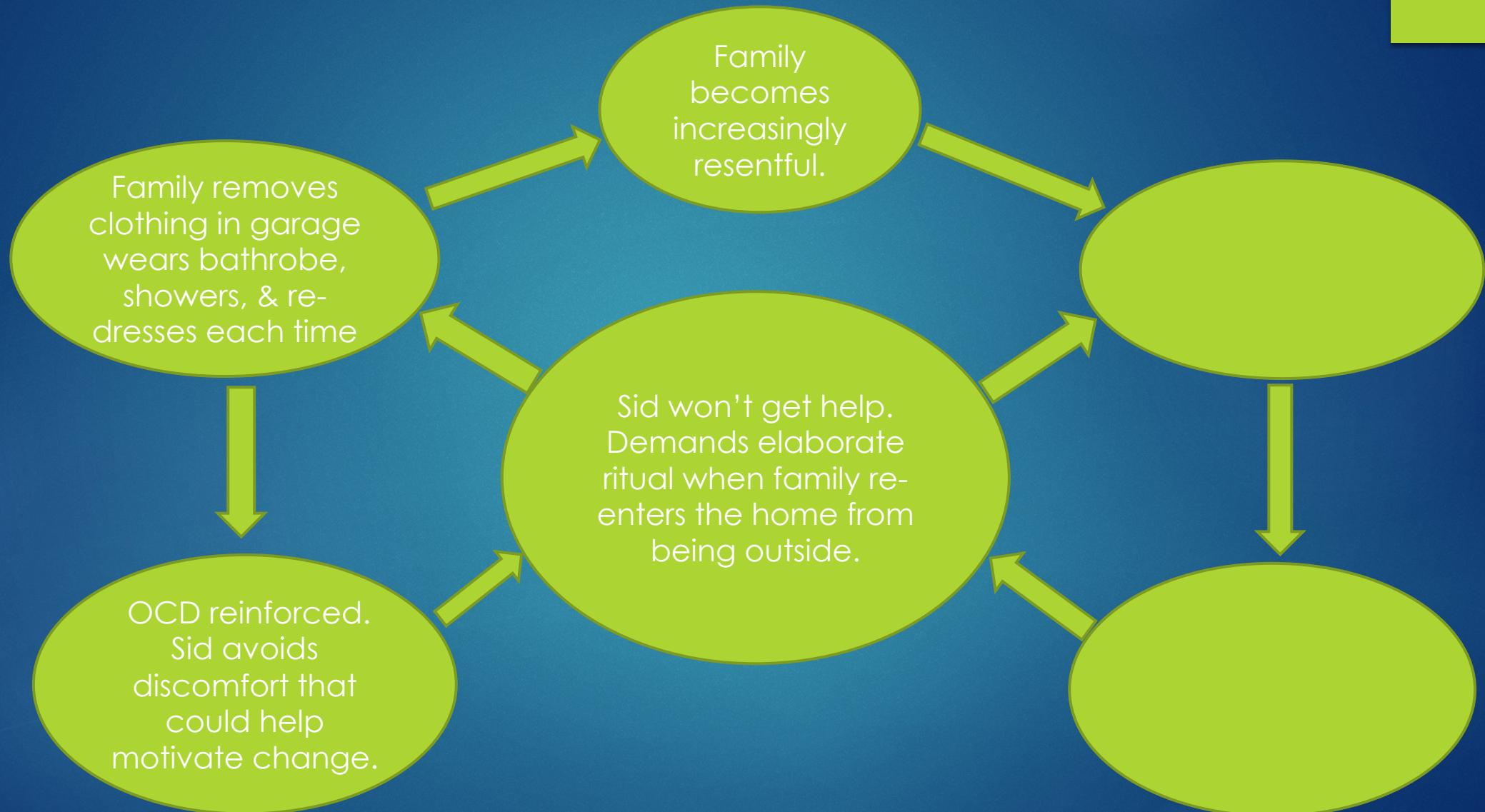
# Sid's family Trap, cont'd



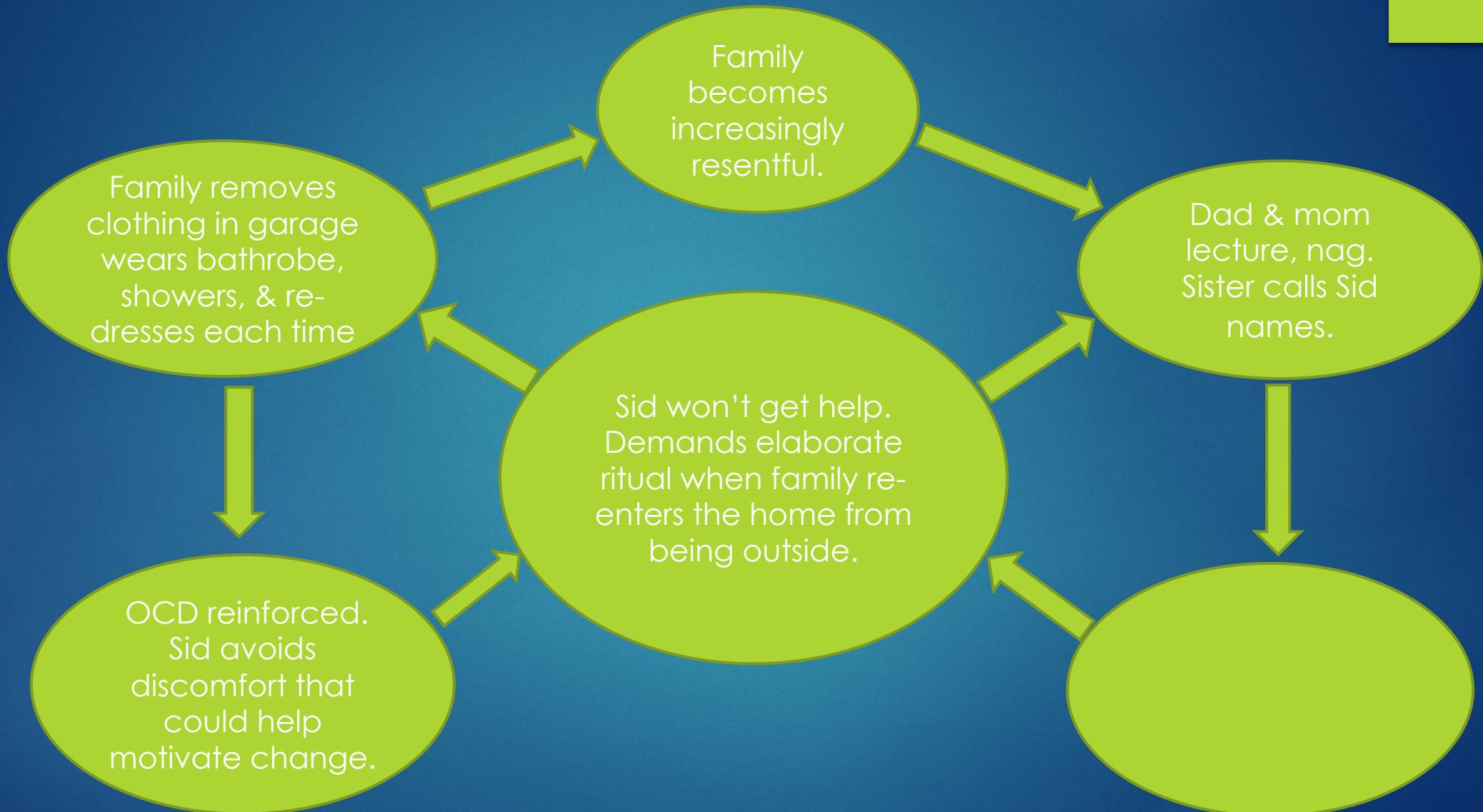
# Sid's family Trap, cont'd



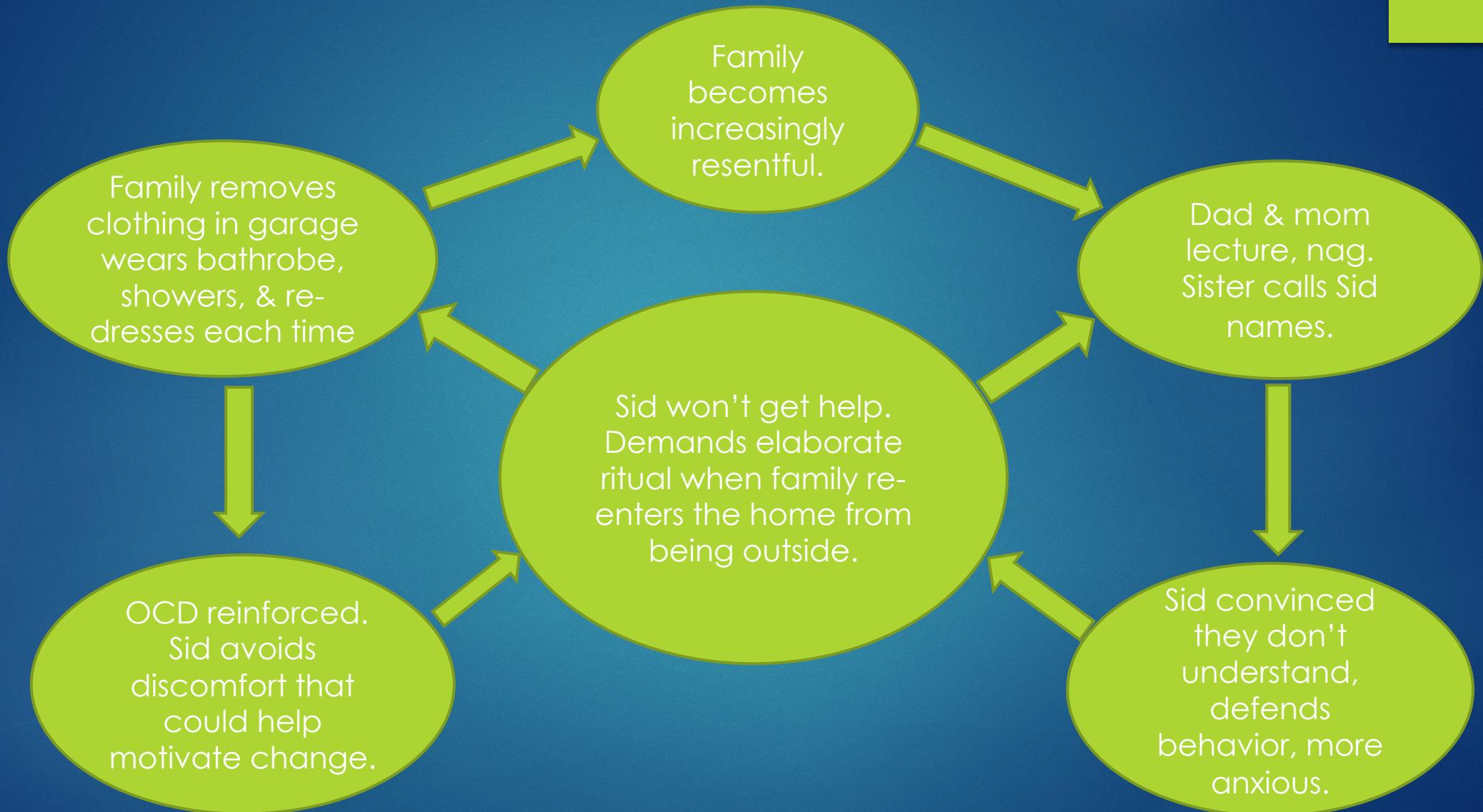
# Sid's family Trap, cont'd



# Sid's family Trap, cont'd



# Sid's family Trap



# 5. The way out



You can ignore the rest of the presentation if 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  
medicatio  
n.

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?

# Guiding Philosophical Principle: The 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*

# Empirical Foundation

- ▶ Research on the negative effects of expressed emotion and accommodation (e.g., Butzlaff & Hooley, 1998; Shimshoni et al., 2019)
- ▶ Research on the therapeutic benefits of reducing accommodation and expressed negative emotion (e.g. Amaresha & Venkatasubramanian, 2012; de Barros et al., 2020)
- ▶ Research indicating family accommodations can be meaningfully reduced without the identified “patient” participating in therapy (e.g., Lebowitz, 2016; VanDyke et al., 2015)
- ▶ Research on the importance of meaningful activity for psychological well-being (e.g., Hooker et al., 2019)

# 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. Rethink the Problem & Set Realistic Goals
3. Increase Activity You Value
4. Decrease Family Conflict & Distress
5. Strategically Promote Recovery-Compatible Behavior in the RA

## *But first a note on the importance of communication*



# The introductory letter...

Dear \_\_\_\_\_,

*We want to improve the quality of our relationship with you and create a better family environment for all of us. We understand that the way we interact with you has not always been helpful. We realize we have been too focused on changing you and not focused enough on changing ourselves. For that, we apologize.*

*In the months ahead, we'll be making changes to improve things a little bit at a time. We'll share our goals and what we're up to as we go along. If there is a particular change we plan to make that might affect you, we'll try to tell you ahead of time. We ask for your patience and understanding as we attempt to improve our family's well-being.*

*Love,*



# Step 1: Prepare for Crises

“There is no harm in hoping for the best, as long as you are prepared for the worst.”

—Stephen King

# In Step 1

We help families develop a crisis plan that:

- ▶ Ensures the family's safety as rapidly as possible
- ▶ Involves as little accommodating and minimizing as possible

# Most Common Crises

1. Suicidal Behavior
2. Physical aggression towards another family member
3. Damage to or theft of a valued family possession

# Step 1: Prepare for Crises

- ▶ Therapists guide the development and implementation of the Family Crisis Plan
- ▶ Sample Family Crisis Plan (Sid's parents: Laura and Lou)

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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?"</i>  <i>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>

# The letter:

Dear \_\_\_\_\_,

*As you know, I'm taking steps to change my behavior. I promised to keep you informed of the changes I plan to make.*

*The first thing I'm going to change is how I react to crises. I'm going to change how I respond when you say things like "I don't want to live" or "Maybe I'd be better off dead." I used to try to cheer you up and convince you life was worth living, which didn't seem to help and made me feel resentful and lose my temper. I don't want to feel that way about you, and I don't want to treat you poorly. I just want you to be safe.*

*To accomplish this, I need to change my behavior. I want you to know the changes I'm planning ahead of time, so you won't be surprised. The plan is attached to this letter. Please look it over. I hope this will create a better outcome for both of us. Please let me know if you have any questions. Thanks.*

*Love,*



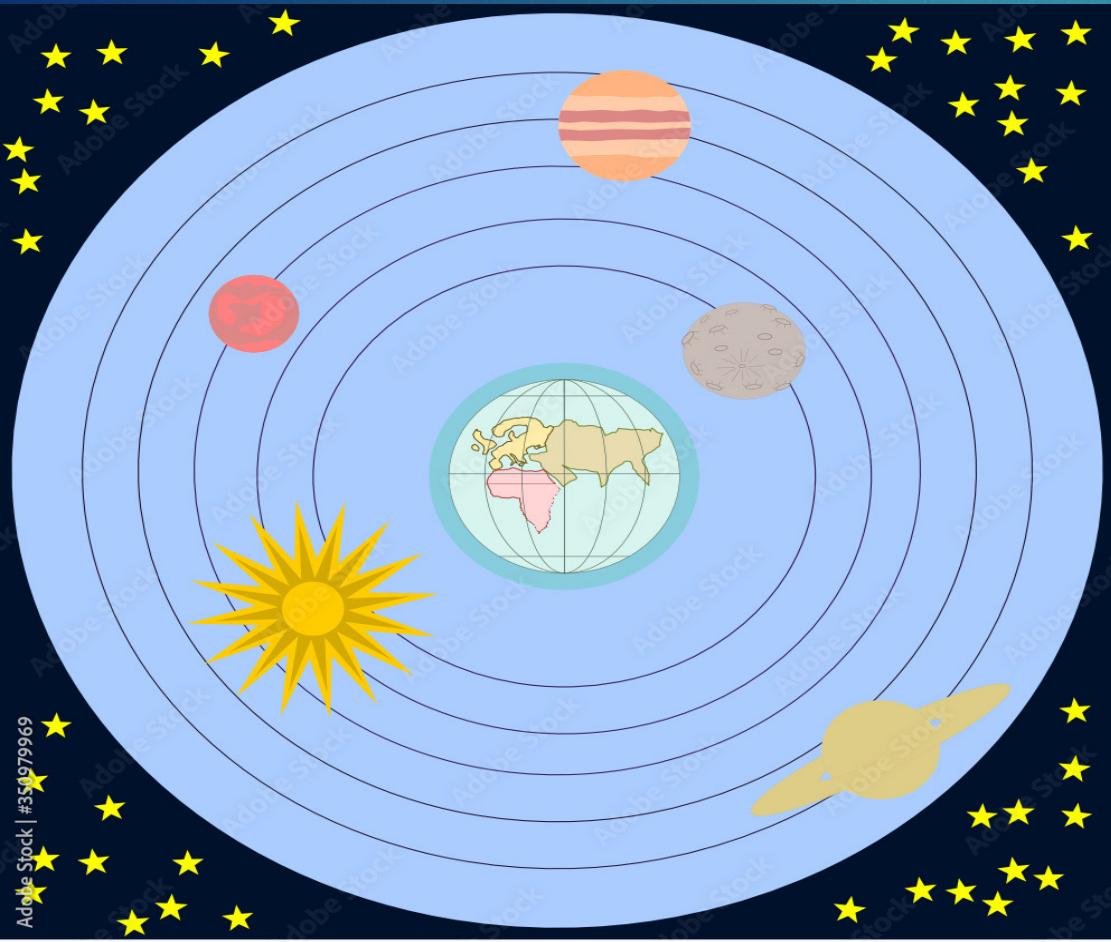
# Step 2: Redefine the Problem

“Solutions to problems often depend upon how they’re defined.”

—Mary Catherine Bateson

# It's like changing how they view the world...

from this:



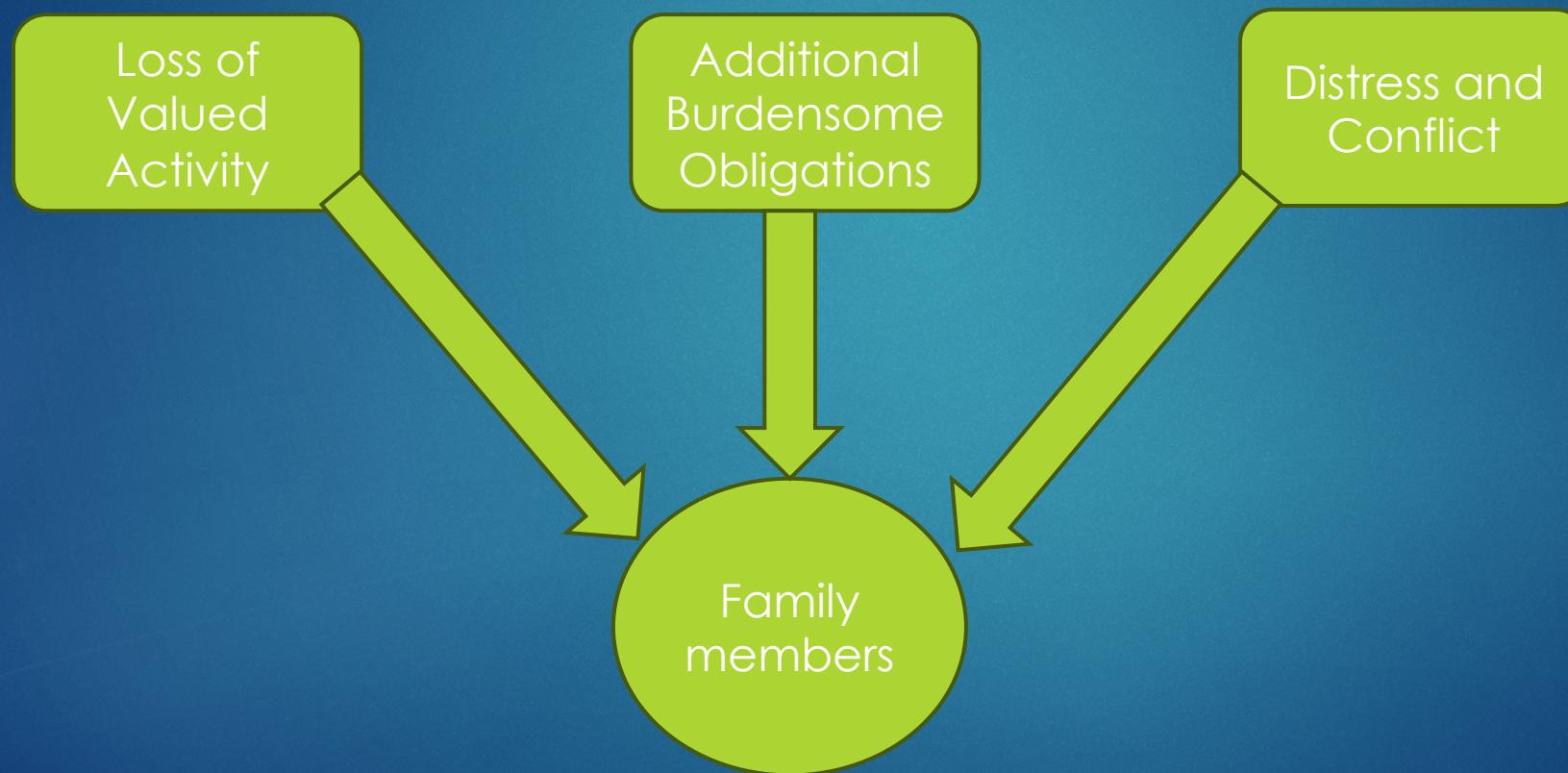
to this:



# Step 2: Redefine the Problem

- ▶ Shift to prioritize well-being of the rest of the family
- ▶ Participating family members asked to identify ways in which the recovery avoider's condition has jeopardized their well-being.
- ▶ 3 potential negative impacts

# 3 Negative Impacts of Recovery Avoidance



# Step 2. Redefine the Problem

- Therapist introduces assessment forms to help families 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 Lou agrees to stop “reminding”*



# Step 3: Embrace Valued Activity

“I have come to believe that caring for myself is not self-indulgent. Caring for myself is an act of survival.”

—Audre Lorde

## In Step 3:

- ▶ Focus is on reducing accommodations of omission – the valued activities families have given up.
- ▶ Based on principles of values clarification and behavioral activation.
- ▶ Therapist helps build a plan to increase valued activity for a family member

# Step 3 Example: Valued Activity Plan

What We Plan to Do	
Activity	When
<i>Laura and Lou plan to hike together in Forest Park and walk at the mall in bad weather.</i>	<b>Saturday Mornings</b> <b>at 10 am for 30 minutes</b>

# Preparing

## The Steps I Need to Take to Make Our Plan Happen

- Put our walking shoes, water bottle, and raincoat in the car. Leave them there.
- Schedule day and time on our phones. Add an alarm one hour before.
- Write reminders to keep our commitment—including one taped to the TV remote so we're not tempted to skip it.

# Monitoring Follow-Through

What We Plan to Do	Did We Do It?		
Walk for 30 mins at Forest Park	Yes	No	If Not, What I Did Instead
Saturday, 5/25 at 10 am		x	Laura went to her dentist appointment and forgot about when they scheduled the walk.
Saturday, 6/1 at 10 am	x		

# Continuing the Process of Embracing Valued Activity

- ▶ Family members identify obstacles and brainstorm how to address them.
- ▶ Common obstacles: being out of shape/practice, conflicting values, guilt and anxiety, resistance from other family members.
- ▶ Additional activities added as prioritized activity becomes established.



# Step 4: Ease Family Distress

“If you can do no good, at least do no harm.”

—Kurt Vonnegut

## In Step 4:

- ▶ Objective is to reduce power struggles and conflict within the family.
- ▶ Therapist helps develop a plan to decrease family distress
  - ▶ Reduce Priority Accommodations
  - ▶ Reduce Minimizing as much as possible

# How Does Less Accommodating and Minimizing Ease Family Distress?

<b>Less accommodating:</b>	<b>Reduces family burden and the propensity to minimize.</b>
<b>Less minimizing:</b>	<b>Reduces the RA's anxiety/anger; and promotes trust of other family members.</b>

# Reducing Accommodations: Further Considerations

- ▶ At first, priority is following through
- ▶ Less ambitious, stable change preferred over ambitious, unstable change
- ▶ Credibility with the RA important factor
- ▶ Eventually, need to target accommodations that create the most burdens for family members
- ▶ Must decide whether to eliminate (vs scale back) an accommodation

Example of scaling back: If your loved one frequently seeks reassurance throughout the day: *“I will meet with you at 5 p.m.—for fifteen minutes—and answer any questions as best I can. If you ask me questions the rest of the day, I will respectfully remind you that it is not 5 p.m.”*

# Reducing Minimizing: Further Considerations

- ▶ Families are told, for now, to allow RA to be avoidant – stay away from unnecessary power struggles
- ▶ May need to model and practice the behavior in sessions

# Step 4 Example: Family Well-Being Plan

## Part 1: The Problem

**The Situation:** You continue to wash too much and too often. We wash too much and too often at your request, including showering as soon as we get home.

**How We've Been Responding:** We lecture and yell at you. Lou "reminds" you about your washing over and over again. We both want you to wash less and feel better, but we respond in frustration in those moments.

## Part 2: The Solution

**How We Plan to Treat You Better:** We are going to stop lecturing and yelling at you, talking to you respectfully instead. Lou will stop "reminding" you about your washing. We won't be upset when you wash excessively.

**How We Plan to Treat Ourselves Better:** We will not shower when we get home. However, we will complete the other steps, including changing clothes when we get home.

**Start Date:** 1 week from today.

# Implementing the Plan

# Tips to Give Families

- ▶ Be prepared for resistance
- ▶ Avoid power struggles
- ▶ Be consistent
- ▶ Watch out for the extinction burst
- ▶ Be prepared to implement the family crisis plan if needed
- ▶ Don't withdraw additional accommodations until prior withdrawals are stable

# How to know when it's time to make additional changes

## **3 Questions family members could ask themselves:**

1. Did I cut back on the minimizing as I said I would?
2. Did I reduce accommodations as I said I would?
3. Has my loved one (the RA) adjusted to the changes made so far?

# When is the family ready for Step 5?

- ▶ Most, if not all, burdensome accommodations have been removed (except foundational accommodations).
- ▶ The overall family environment is significantly less conflictual.
- ▶ Family members report improved psychological well-being.



# Step 5: Create a Recovery-Friendly Environment

“An incentive is a bullet, a key; an often tiny object with astonishing power to change a situation.”

—Steven Levitt

# In Step 5:

- ▶ The focus returns to changing the RA's behavior
  - ▶ But, with an emphasis on the use of incentives to promote recovery-compatible behavior (vs minimizing)
- ▶ Primary intervention for Step 5 is contingency management
- ▶ Therapists help develop a plan to promote recovery-compatible behavior in the person who is exhibiting recovery avoidance
  - ▶ First step is to identify a target recovery behavior

# Potential Recovery Behavior Targets

## Seeking Professional Help:

- Explore resources to find a therapist or psychiatrist.
- Contact a clinician, make an appointment.
- Attend a session with a clinician to be evaluated.
- Meet with a psychiatrist.
- Take medication prescribed by a psychiatrist or other physician.
- Meet regularly with a therapist.
- Complete therapy homework assignments.

## Seeking Other Kinds of Help:

- Read a book or article about a relevant problem.
- Gather information from credible sources.
- Attend a support group that promotes recovery.
- Attend a relevant lecture, conference, or event.
- Communicate with someone with a similar problem.

## Making Improvements in Functioning:

- Assume a new responsibility (chores, projects).
- Apply for a job, volunteer work, or school.
- Go to work, volunteer, or attend class.
- Learn and practice a new skill (driving, cooking, managing money).
- Engage in self-care and hygiene (proper sleep, exercise, eating).
- Interact with others (family events, social activity).
- Pursue a hobby, sport, or other special interest.

# Example: Incentive Plan

Behavior	
<b>What:</b>	Sid will read the book Overcoming OCD.
<b>When:</b>	4 to 5 pm everyday
<b>Where:</b>	The dining room table
<b>How We'll Keep Track:</b>	Laura will enter a checkmark on the kitchen calendar indicating each date the behavior occurs.
Incentive	
<b>Amount</b>	\$10
<b>How He'll Be Awarded</b>	Each Friday at 5:00 p.m., Laura will check the calendar, calculate Sid's earnings for the week, and deposit the money in his checking account.



# Implementing the Plan

# Tips

- ▶ Be careful not to fall back into minimizing and accommodating
- ▶ Be patient and tolerant of failure – give the incentives time to work.
- ▶ Be consistent, reliable, and flexible.
- ▶ If target behavior stable, add additional targets as indicated.
- ▶ If target behavior not stable, modify the plan to stabilize the target.



# Beyond the 5 Steps

# Additional steps to consider

- ▶ If the results are not so positive, some families may try
  - ▶ Removing a Foundational Accommodation
  - ▶ Situational Accommodations considered first line
  - ▶ Foundational Accommodations are only implemented in specific situations
    - ▶ Powerful intervention with significant risks
- ▶ Planning for Long-term Support
- ▶ Seek Professional Consultation

# Review: 5 Steps of Family Well-Being Consultation

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

# Does this really work?

Yes--Reductions in Family  
Accommodations  
(VanDyke et al., 2015)



# OUTCOME?

The family has hope and the therapist...

# Is liberated from guilt



# Closing Comments

- ▶ Promising initial results (VanDyke et al., 2015), and individual interventions well-researched, but further study needed.
- ▶ Significant heterogeneity in target population
- ▶ Multiple outcome variables to consider
- ▶ Need for more trained clinicians
- ▶ Family Well-Being Consultation can diversify your practice and is often very satisfying work to do

If you would like additional training

**Please contact:**

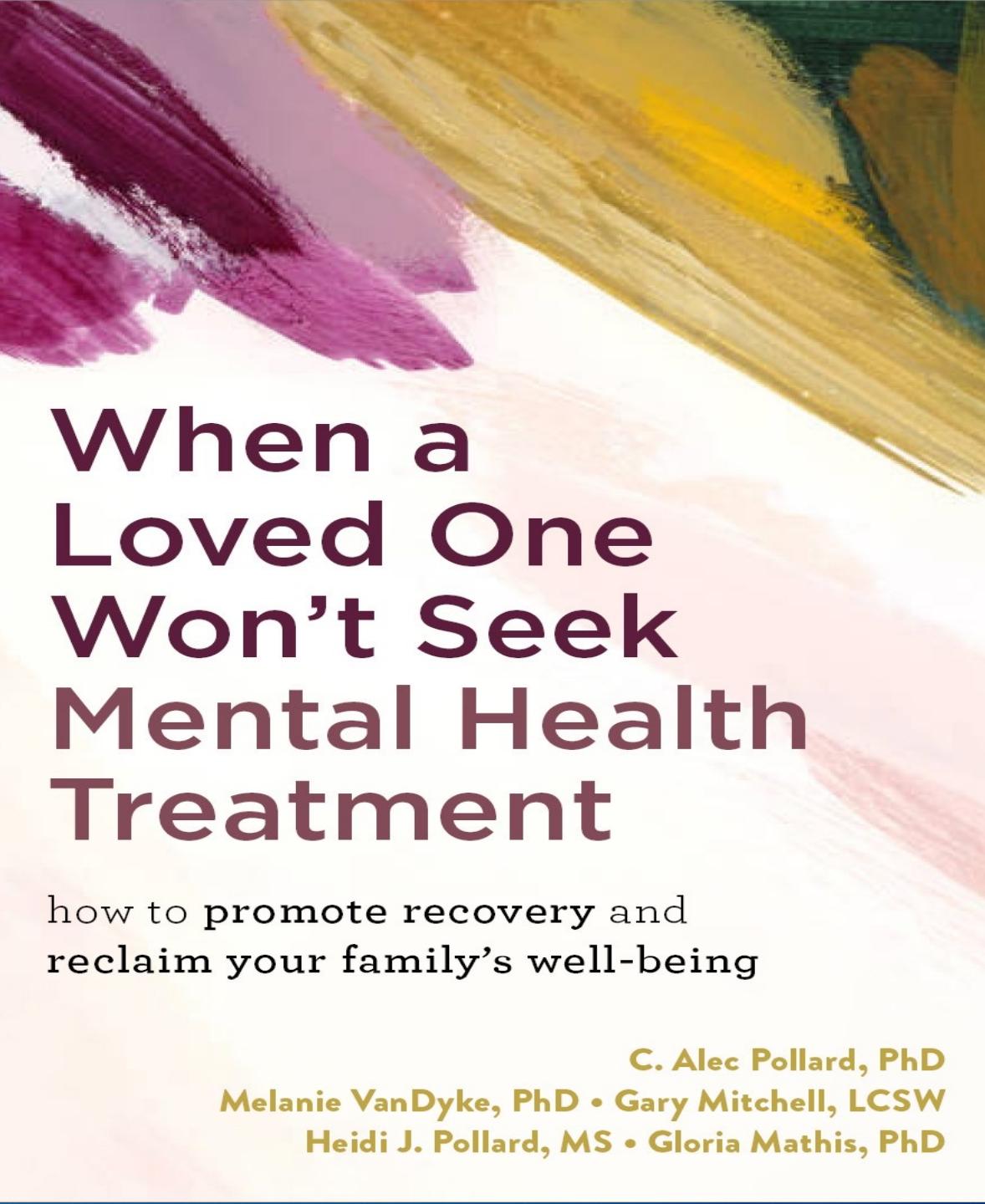
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Saint Louis Behavioral Medicine Institute

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Phone: 314-534-0200, Ext. 407



You're about to be subjected to  
an example of shameless self-promotion.

Hot off the  
Press...



# When a Loved One Won't Seek Mental Health Treatment

how to promote recovery and  
reclaim your family's well-being

C. Alec Pollard, PhD

Melanie VanDyke, PhD • Gary Mitchell, LCSW

Heidi J. Pollard, MS • Gloria Mathis, PhD

# References and Related Readings

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# Questions?



For More  
Information:  
For clinicians

For everyone

Contact  
Information

**Pre-Conference 3 hour Workshop at MOPA:  
Webster University, Friday 6/7 9 am – Noon**  
[MOPA 2024 Conference - Missouri Psychological Association \(mopaonline.org\)](http://mopaonline.org)

**Online, free ADAA Webinar, Tuesday 6/11  
Noon: When a Loved One Won't Seek MH  
Treatment** [When a Loved One Won't Seek Mental Health Treatment: How to Promote Recovery and Reclaim Your Family's Well-Being \(adaa.org\)](http://adaa.org)

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