“Why won’t my loved one seek mental health treatment?”

Understanding Recovery Avoidance

C. Alec Pollard, Ph.D.

Saint Louis Behavioral Medicine Institute

& Saint Louis University

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Conflict of interest Disclosure

I have not conflict of interest to disclose.

What we will cover today

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

1. Impact of untreated MI on the family

Negative Effects of MI on the Family

- Physical/Medical
- Psychological
- Social
- Financial

Families Dealing with Untreated Mental Illness: Examples

- ***Sara's husband is severely depressed. He sleeps most of the day and doesn't work, leaving Sara overwhelmed by the household and financial responsibilities her husband no longer assumes.***

- ***Vivienne, Amy, and Andrew's mother has a hoarding problem. They monitor her safety and spend countless hours cleaning up the clutter and hazardous conditions their mother lives in.***

- ***Cathy's teenage daughter, Caitlyn, has severe social anxiety. Every morning is a major battle, as Cathy tries to get her child to school, often late or not at all.***

Families Dealing with Untreated Mental Illness: Additional Examples

- ***Roy's wife, Lynn, worries a lot about the many physical symptoms she experiences. Her quest to find a medical explanation has left Roy overwhelmed with medical bills and his two daughters resentful that "Mom's not there for us like she used to be."***

- ***Rachel—whose husband, Sam, fears he'll make a mistake that will cause harm to others—is often late to work and sometimes misses appointments altogether because so much of her time is spent reassuring her husband and helping him double-check things around the house.***

The Added Burden of Recovery Avoidance

- Resentment
- Guilt
- Hopelessness

2. THE NATURE OF recovery avoidance

DEFINITION OF Recovery avoidance

- Recurrent 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.

Mental health 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

3. What causes recovery avoidance?

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
Or impairment not perceived as interfering with goal attainment

Recovery Avoidance

4. Incentive Deficits

Recovery
Avoidanc
e

Pop Quiz #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.

4. 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?

5. How things go wrong

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*.

Examples of minimizing

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

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

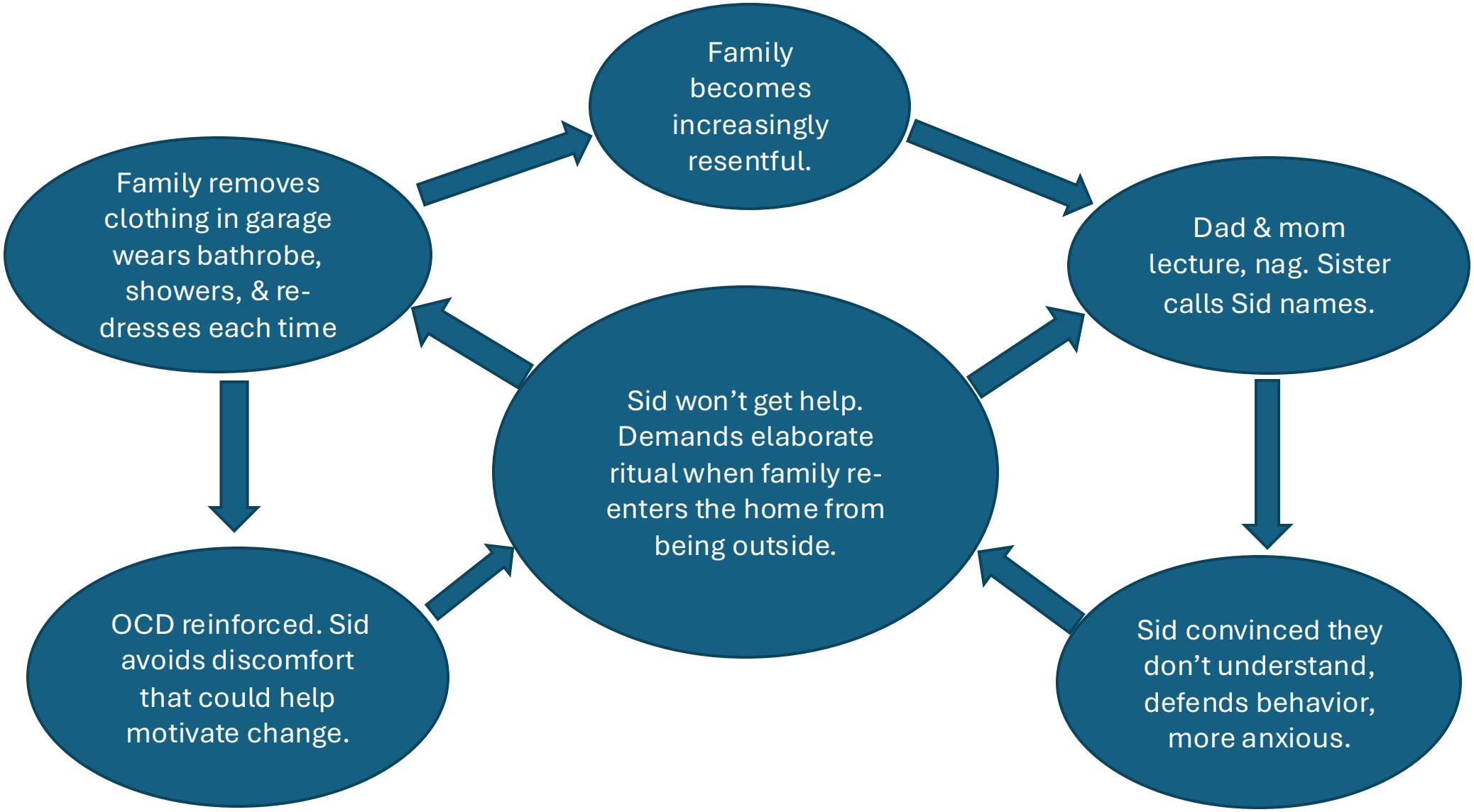
Burdens them with additional responsibilities and/or fewer valued activities, making them more likely to engage in minimizing.

Recovery avoidance + accommodation + minimization =

the family trap

THE FAMILY TRAP

Sid's family Trap



Pop Quiz #2

Which answer is most true about family accommodating and minimizing?

a) Considered a sin by most major religions.

b) Common during the Great Depression but rarely seen today.

c) Caused by a strep infection.

d) The natural, universal response of a family trying to deal with a recovery avoiding loved one.

Correct answer

d) The natural, universal response of a family trying to deal with a recovery avoiding loved one.

6. The way out

The
Family Well-being approach

The 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 Recovery-Friendly Environment

Step 1:
Prepare for Crises

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

Step #2:
Redefine the Problem

In step 2:

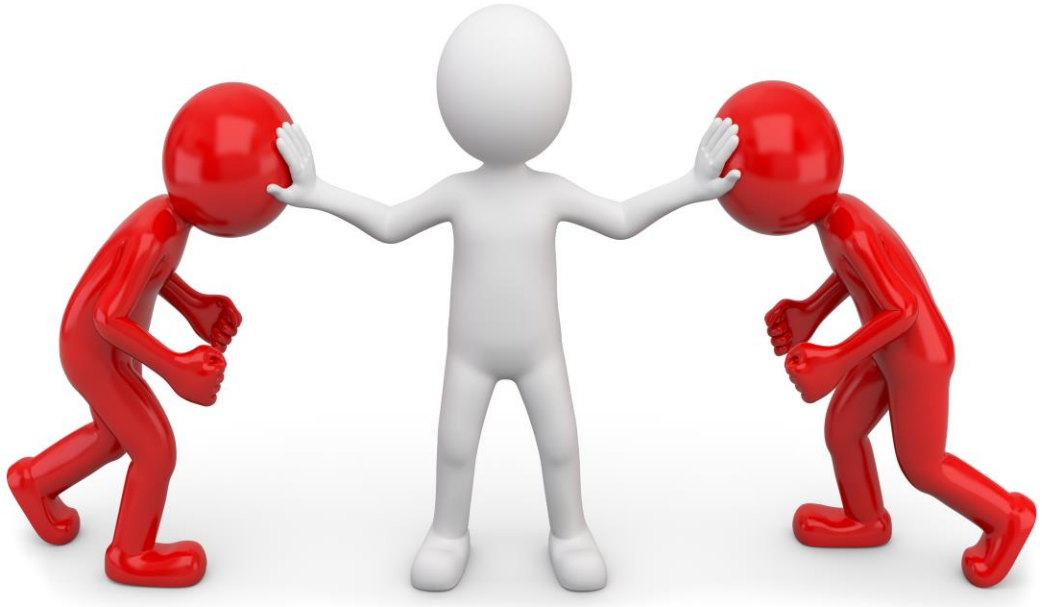
- Shift to prioritize well-being of the rest of the family
- Participating family members asked to identify ways in which the recovery avoider’s condition has jeopardized their well-being.
- 3 potential negative impacts

Step #3:
embrace valued activity

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.

Step 4:
Ease Family Distress



In Step 4:

- Objective is to reduce power struggles and conflict within the family.

- By reducing accommodations of commission and minimizing.

Step 5:
Create a Recovery-Friendly Environment

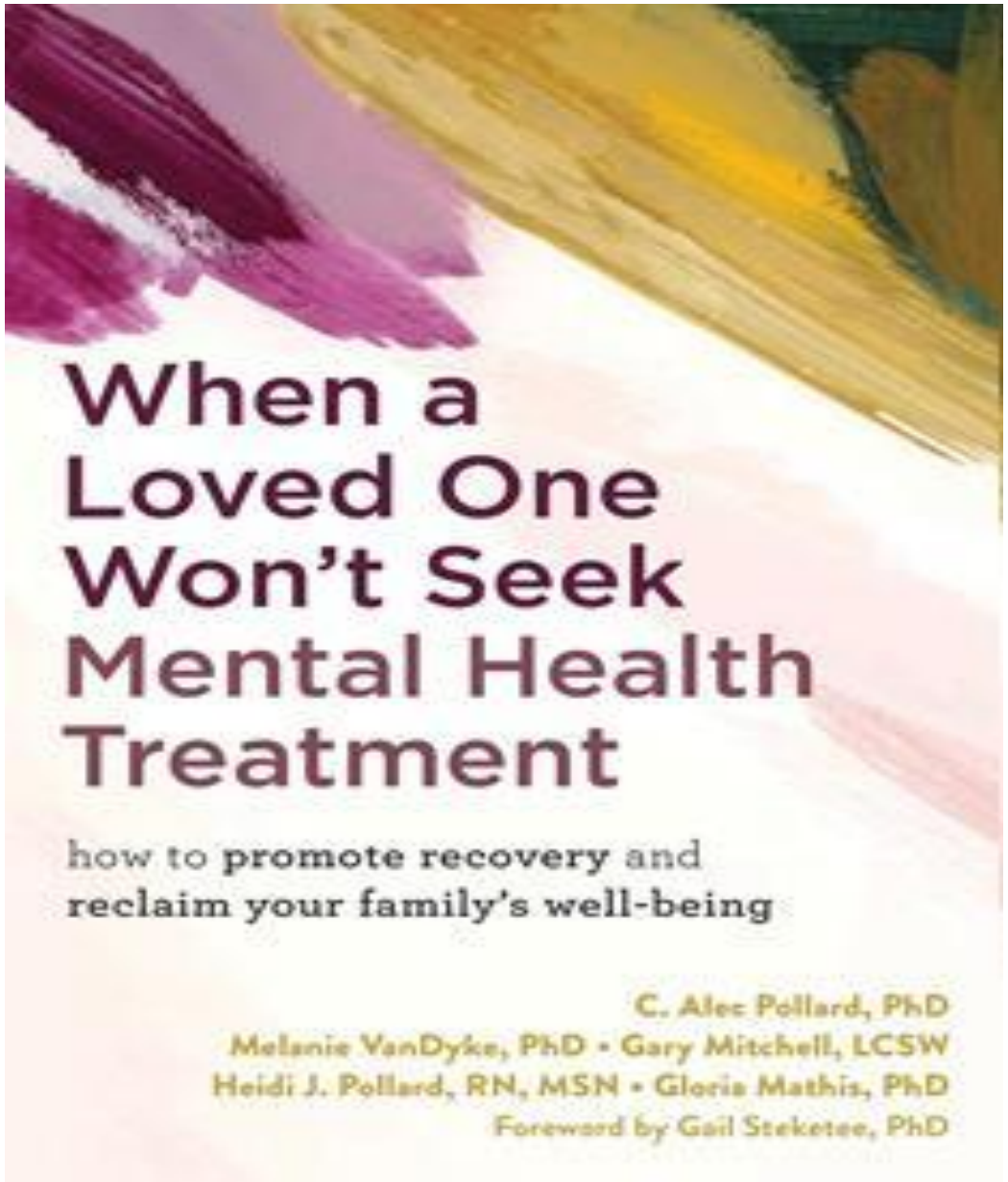
In Step 5:

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

Beyond the 5 Steps

3 Additional Steps for Families to Consider

1. Removing a Foundational Accommodation
2. Seeking Professional Consultation
3. Planning for the Road Ahead


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, RN, MSN • Gloria Mathis, PhD
Foreword by Gail Steketee, PhD

Contact Information

Center for OCD & Anxiety-Related Disorders

Saint Louis Behavioral Medicine Institute

1129 Macklind Avenue

St. Louis, MO 63110

314-534-0200, Ext. 407