

Appendix A

Study Characteristics

Author	Study Design	Patient Sample Size (<i>n</i>) and Patient Demographics (Diagnosis, Mean Age, % Female)	OCD Treatment <i>Therapy Format</i>	OCD Treatment Techniques	Comparison Group	Ratio of Patient Sessions to Family Sessions	Description of Family Treatment	Outcome Classification
Abramowitz et al., 2013	Within-Subjects	<i>n</i> = 16 DSM-IV-TR OCD diagnosis and self-reported OCD symptoms (≥moderate) <i>M</i> = 33.1 93.8% ^a	16 sessions (90-120 minutes), first 8 bi-weekly, final 8 weekly Follow-up assessments at 6- and 12-months post-treatment <i>Individual</i>	PE + ERP + TAC + RS+EAT	N/A	16:16	Family members attended all sessions and completed partner-assisted ERP without accommodation for homework. Skills were provided to enhance communication, reduce antagonism, and improve relationship satisfaction.	YBOCS, OCD Symptom Severity, Depression, Relationship Improvement, Accommodation
Aslam et al., 2015	Within-Subjects	<i>n</i> = 21 DSM-IV-TR OCD <i>M</i> = 31.1 42.9%	Six sessions (45-60 minutes), weekly <i>Individual</i>	PE+ BE + ERP + PS + AS + CT+TAC+ EAT	N/A	6:7	A family member accompanied the patient at each session and assisted with therapy as needed, including ERP. In addition, prior to starting therapy, the family attended a session. Family members were taught to reduce accommodation.	YBOCS, OCD Symptom Severity, Depression, Anxiety, Functional Impairment
Baruah et al., 2018	Pre-Post Controlled (mixed)	<i>n</i> = 64 DSM-IV OCD and self-reported OCD symptoms (≥moderate) <i>M</i> = 30.5 45.3%	Six sessions (1.5-2 hours), over 3-4 weeks Follow-up assessments at 1- and 3-months post-treatment <i>Individual</i>	PE +ERP + TAC + RS+EAT	SRI+ PE + RT	6:6	Family members attended all sessions. Psychoeducation about OCD, ERP, the family's role in therapy, and accommodation were provided. Families helped with ERP. Strategies for reducing accommodating behaviour and antagonism were also provided. Family burden was addressed.	YBOCS, OCS Symptom Severity, Antagonism, Accommodation

Author	Study Design	Patient Sample Size (<i>n</i>) and Patient Demographics (Diagnosis, Mean Age, % Female)	OCD Treatment Format <i>Therapy Format</i>	OCD Treatment Techniques	Comparison Group	Ratio of Patient Sessions to Family Sessions	Description of Family Treatment	Outcome Classification
Belus et al., 2014	Within-Subjects	See Abramowitz et al., 2013	See Abramowitz et al., 2013	See Abramowitz et al., 2013	N/A	16:16	See Abramowitz et al., 2013	Partner Mental Health, Relationship Improvement, Antagonism
Emmelkamp & Lange, 1983	Within-Subjects * (data not available to compare between groups)	<i>n</i> = 12 Obsessive-compulsive behaviours present <i>M</i> = 33.5 83.33%	10 sessions, (45 minutes), 2x/week Follow-up assessments at 1- and 6-months post-treatment <i>Individual</i>	ERP+TAC+ EAT	N/A	10:10	Family members were provided a treatment rationale and assisted with the patient's exposures without providing reassurance/accommodation.	OCD Symptom Severity, Depression, Anxiety
Gomes et al., 2014	Pre-Post Controlled (mixed)	<i>n</i> = 98 DSM-IV OCD and self-reported OCD symptoms (≥moderate) CBGT: <i>M</i> = 44.5 Controls: <i>M</i> = 37.1 62.2%	12 sessions (2 hours), over 3 months <i>Group</i>	PE + ERP + CT + RP+TAC	Waitlist control	12:2	Family members attended two sessions with patients (first and eighth sessions). Family members were provided psychoeducation about OCD, CBT, and accommodation.	YBOCS, OCD Symptom Severity, Depression, Anxiety, Accommodation, Family Mental Health
Grunes, 2016	Pre-Post Controlled (mixed)	<i>n</i> = 28 DSM-IV OCD <i>M</i> = 28.36 28.6%	Eight sessions (45 minutes), weekly for majority of participants Follow-up assessment at 1-month post-treatment <i>Individual</i>	ERP+TAC+ RS	Individual therapy without family involvement	8:8	Family members participated in a support group separate from the patient's individual treatment. Psychoeducation and skills to reduce accommodation and antagonism were provided.	YBOCS, OCD Symptom Severity, Depression, Anxiety, Antagonism, Family Mental Health

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Haland et al., 2010	Within-Subjects	<i>n</i> = 54 DSM-IV OCD and self-reported OCD symptoms (≥moderate) <i>M</i> = 35.9 ^a 74% ^a	12 sessions (2.5 hours), weekly Follow-up assessment at 3- and 12-months post-treatment <i>Group</i>	PE + ERP	N/A	12:1	Family members joined the group at week four. Psychoeducation about OCD and OCD treatment was provided as well as recommendations to assist family members with treatment.	YBOCS, OCD Symptom Severity, Depression, Anxiety
Himle et al., 2001	Within-Subjects (2 independent samples)	<i>n</i> = 113 DSM-IV OCD <i>M</i> = 37.0 61.9%	Either seven weekly sessions (2 hours) or 12-weekly sessions (seven 2-hour + five 1-hour sessions) Follow-up assessment at 3-month post-treatment <i>Group</i>	PE + ERP	N/A	7 or 12: 1	Family members attended a separate 2-hour session. Psychoeducation about OCD was provided, and family issues associated with OCD and strategies to improve them were discussed.	YBOCS, OCD Symptom Severity, Depression
Kobayashi et al., 2020	Pre-Post Controlled (mixed)	<i>n</i> = 17 DSM-IV OCD and self-reported OCD symptoms (≥mild) <i>M</i> = 30.1 47.1%	12-20 sessions (1 hour), weekly <i>Individual</i>	PE + ERP + TAC + RS+EAT	Treatment as usual	15 ^b : 8	Family members participated in eight 20-min joint sessions with the patient. They were provided psychoeducation on OCD and ERP and encouraged to motivate the patient to complete homework. Communication was enhanced through role-plays. Family members were encouraged to decrease family accommodation and antagonism. Family also took part in goal-setting.	YBOCS, OCD Symptom Severity, Depression, Functional Impairment, Accommodation

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Mehta et al., 1990	Pre-Post Controlled (mixed)	<i>n</i> = 30 DSM-III OCD Ages 17-56 36.7%	24 sessions, 2/week for 12 weeks. Follow-up assessment at 1-month post-treatment <i>Individual</i>	ERP + RT+ EAT	ERP + RT	24:24	Family members participated in ERP and relaxation therapy and were jointly responsible for ensuring homework completion. Family members were instructed not to participate in rituals with patient	OCD Symptom Severity, Anxiety, Depression, Functional Impairment
Remmerswaal et al., 2016	Within-Subjects	<i>n</i> = 16 Self-reported OCD symptoms (≥moderate) <i>M</i> = 39.4 62.5%	Five sessions (1.5 hours), biweekly <i>Individual</i>	ERP + TAC + RS	N/A	5:5	Family members were taught to decrease accommodation and antagonistic responses by improving communication and scheduling joint activities.	YBOCS, OCD Symptom Severity, Functional Impairment, Antagonism, Relationship Improvement, Accommodation
Remmerswaal et al., 2019	Within-Subjects	See Remmerswaal et al., 2016	See Remmerswaal et al., 2016	See Remmerswaal et al., 2016	N/A	5:5	See Remmerswaal et al., 2016	Family Mental Health
Thompson-Holland et al., 2015	Pre-Post Controlled (mixed)	<i>n</i> = 18 DSM-IV OCD <i>M</i> = 35.4 66.7%	Weekly sessions (no constraints on amount of sessions) <i>Individual</i>	ERP+TAC	ERP	18 ^b : 2	Family members attended 2 separate sessions that included psychoeducation about OCD, ERP, and accommodation. Family members engaged in problem solving and role-plays to decrease accommodation.	YBOCS, OCD Symptom Severity, Accommodation

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Van Noppen et al., 1997	Pre-Post Controlled (mixed)	<i>n</i> = 36 DSM-IV OCD Engaged in rituals for at least the past year <i>M</i> = 33.0 67%	10 or 12 sessions (2 hours), weekly, with 6 booster sessions Follow-up assessment at 12-month post-treatment <i>Group</i>	Multifamily: PE + ERP + TAC + EAT+TAC+ RS	PE + ERP	18:18 ^b	Family were provided psychoeducation about OCD and discussed their involvement in the patient's OCD. Behavioral contracting was used to decrease family involvement in rituals. Family assisted with planning exposures and practiced adaptive ways to respond to the patient's rituals (e.g., decreasing accommodation and antagonism).	YBOCS, OCD Symptom Severity, Functional Impairment, Relationship Improvement

Note. a, demographics based on a treatment completers; b, average number of sessions completed. PE: psychoeducation, ERP: exposure with response prevention, CT: cognitive therapy, TAC: targeting accommodation, EAT: exposure assistance training, PS: problem solving, RS: strategies to improve relationship satisfaction and/or communication; BE: breathing exercises, RT: relaxation therapy, AS: activity scheduling, RP: relapse prevention. "Individual" means that treatment was not in a group format (e.g., each dyad was treated alone).

Appendix B

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Appendix C

Categorization of Outcome Measures

OCD Symptoms

Interview/clinician-rated

Yale-Brown Obsessive Compulsive Scale
Clinical Global Impression Scales
Anxiety-Discomfort Scale (averaged assessor and therapist)

Self-report

Dimensional Obsessive-Compulsive Scale
Maudsley Obsessional-Compulsive Inventory
Obsessive-Compulsive Inventory-Revised
Patient Global Impression-Severity
Anxiety-Discomfort Scale=patient report

Reduction in Patient Functional Impairment

Brief Disability Questionnaire
Sheehan Disability Scale
EuroQol
World Health Organization Disability Assessment Schedule (WHODAS)
Global Assessment of Severity (average across occupation, household responsibilities, family interaction, and leisure-time)

Reduction in Patient Anxiety

Hospital Anxiety and Depression scale (anxiety subscale)
State-Trait Anxiety Inventory (state and trait)
Beck Anxiety Inventory
Neuroticism Questionnaire N-2 Scale
Anxious and Depressed Mood Scale (anxiety subscale; averaged assessor and therapist)

Reduction in Patient Depression Symptoms

Interview

Anxious Depression (averaged assessor and therapist)
Hamilton Rating Scale for Depression

Self-Report

Beck Depression Inventory
Hospital Anxiety and Depression scale (depression subscale)
Self-Rating Depression Scale
Zung Self-Rating Depression Scale

Family Member Mental Health/Burden (completed by family member)

Beck Depression Inventory
Beck Anxiety Inventory
Involvement Evaluation Questionnaire
Impact on Relatives Scale
EuroQol
Yale-Brown Obsessive Compulsive Scale

Improved Relationship

Dyadic Adjustment Scale
Communication Patterns Questionnaire (Mutual Constructive Communication subscale)
Atmosphere at home
Communications Patterns Questionnaire (Avoidance/withholding and demand/withdraw subscales)
Family Assessment Device
Getting along

Reduction in Antagonism

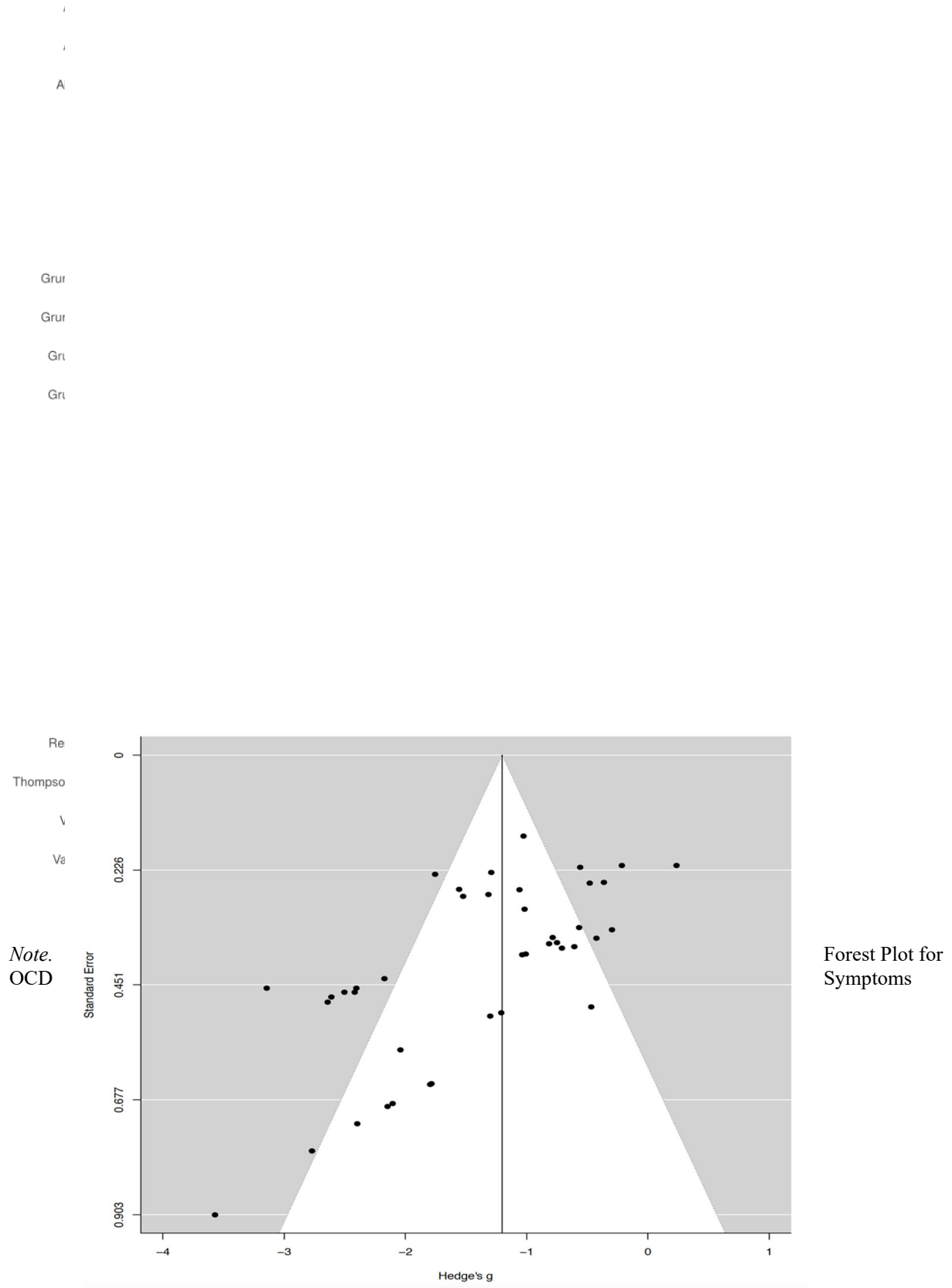
The Family Emotional Involvement and Criticism Scale (perceived criticism)
Family Attitude Scale
Perceived Criticism Measure
Criticism questions (Belus Paper)

Decreased Accommodation/Overinvolvement

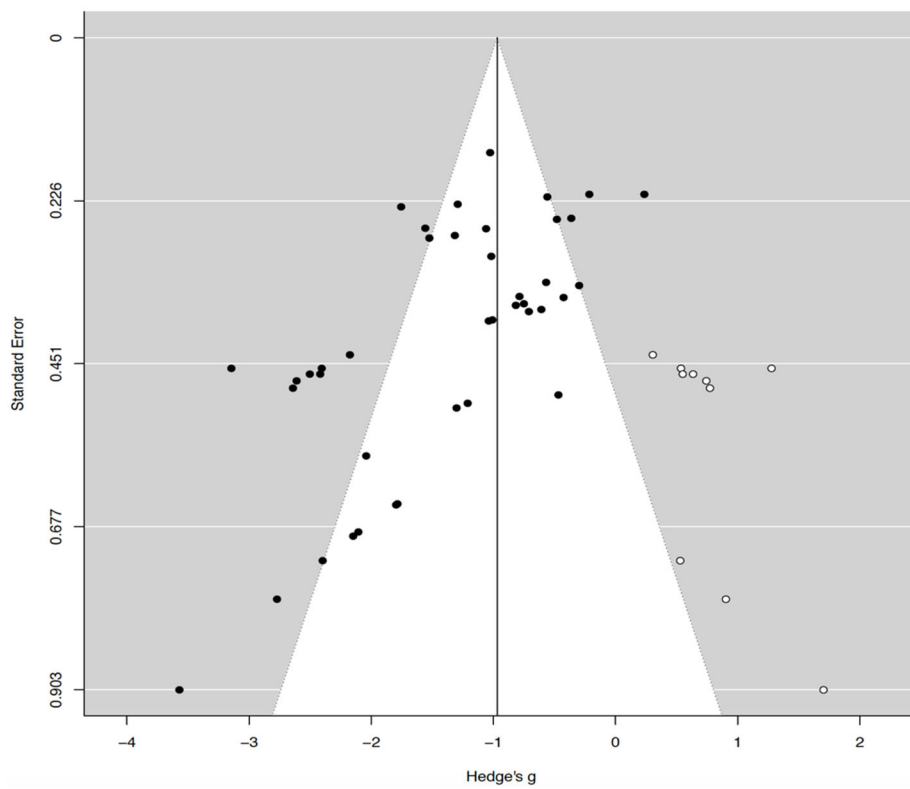
Family Accommodation Scale
Family Emotional Involvement and Criticism Scale (Emotional overinvolvement subscale)

Appendix D

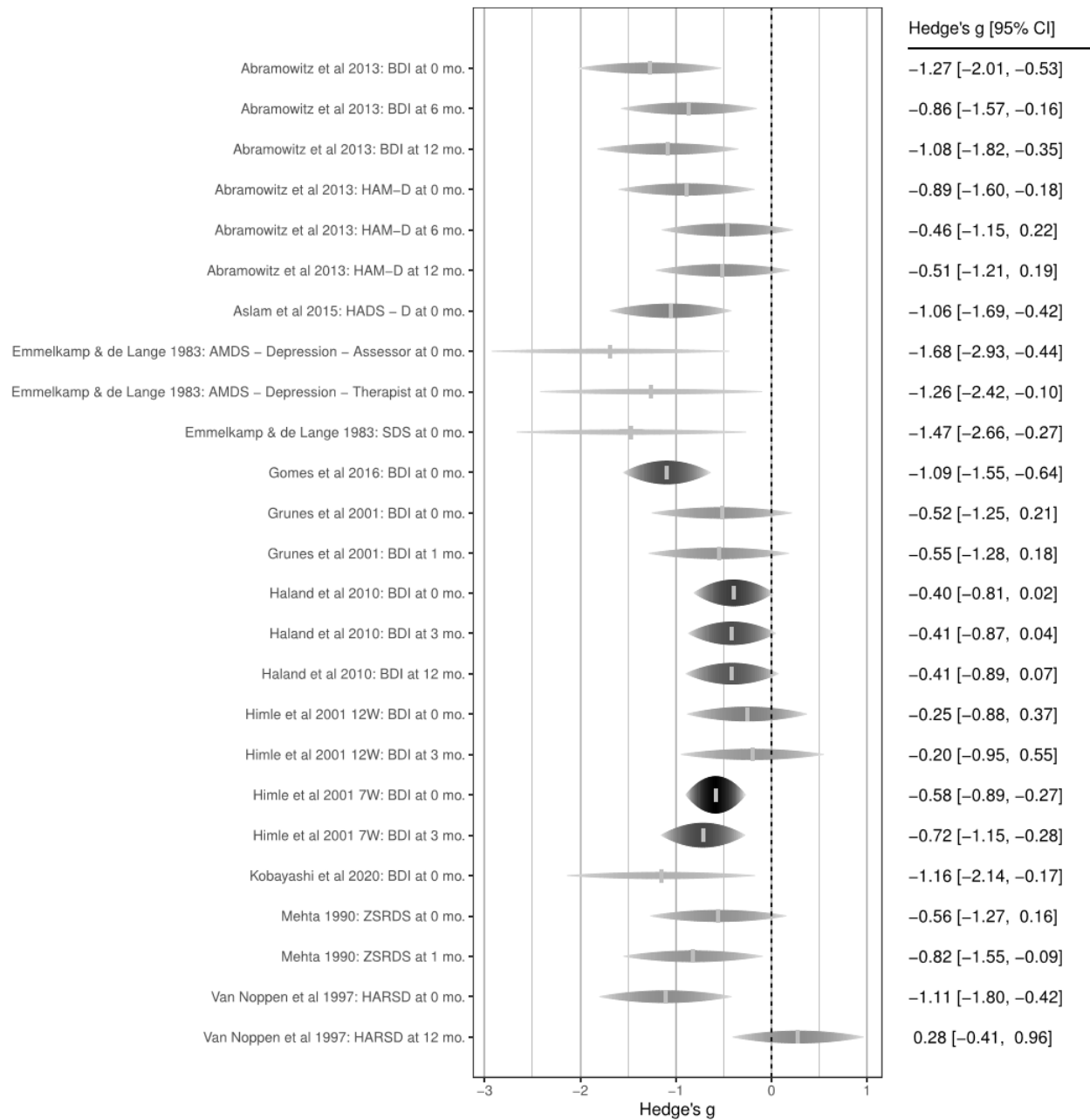
Forest and Funnel Plots



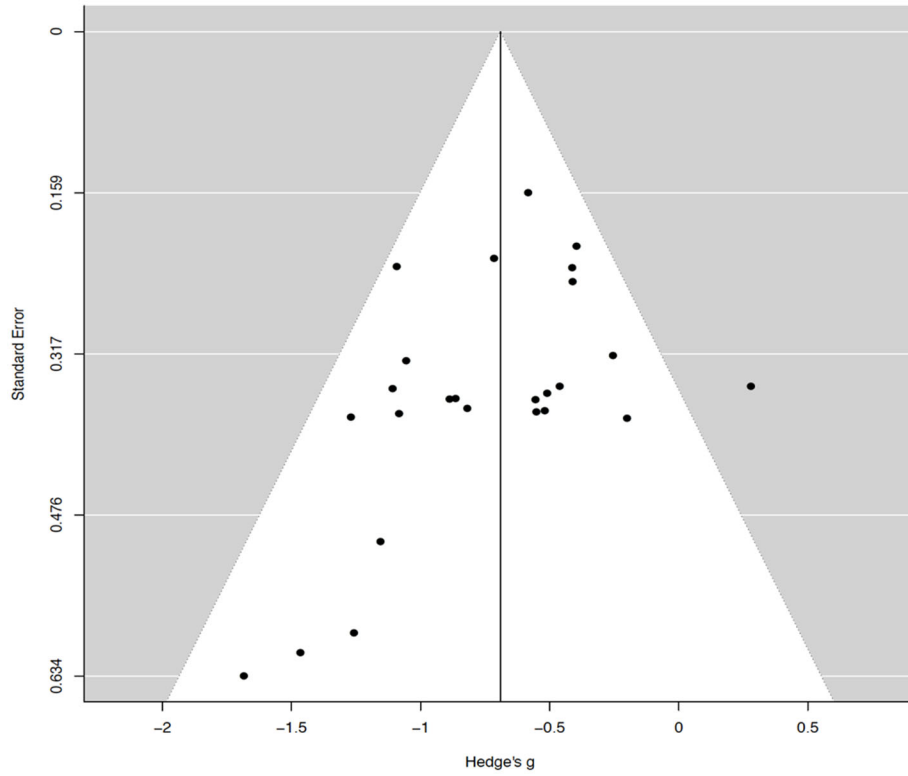
Note. Funnel Plot for OCD Symptoms



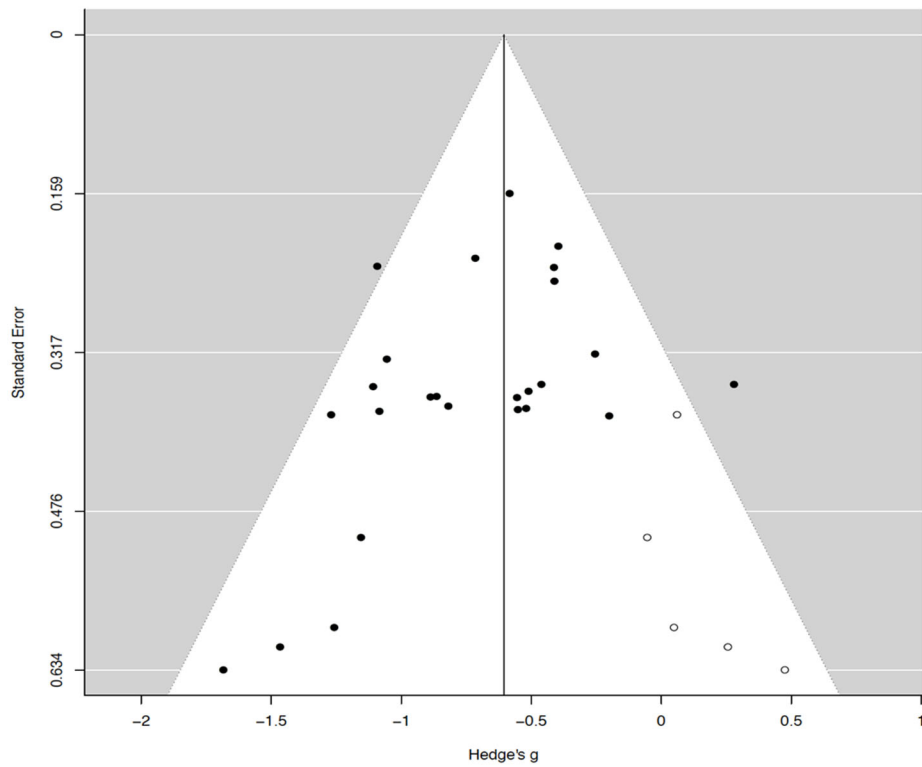
Note. Trim-Filled Funnel Plot for OCD Symptoms



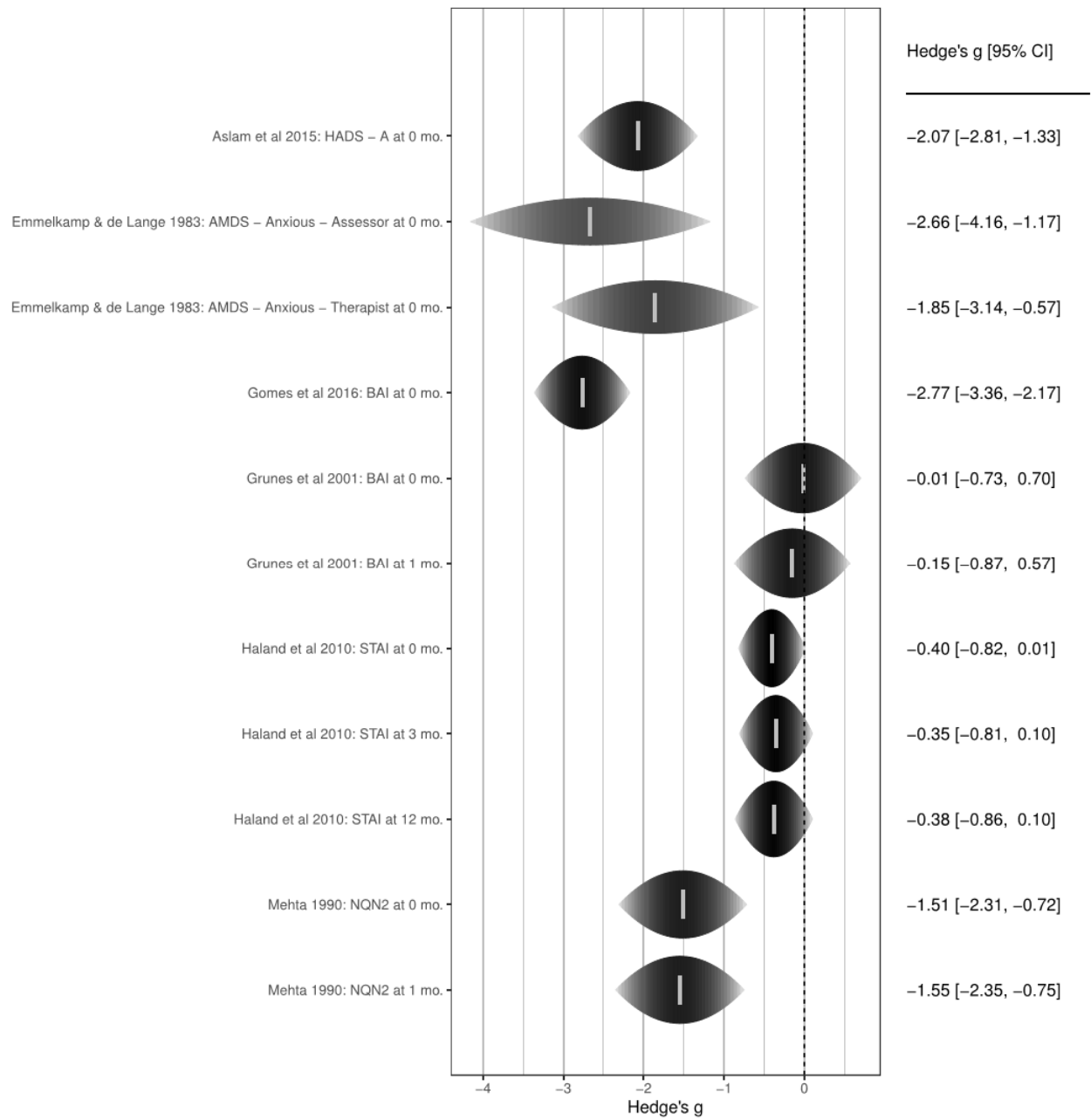
Note. Forest Plot for Depression Symptoms



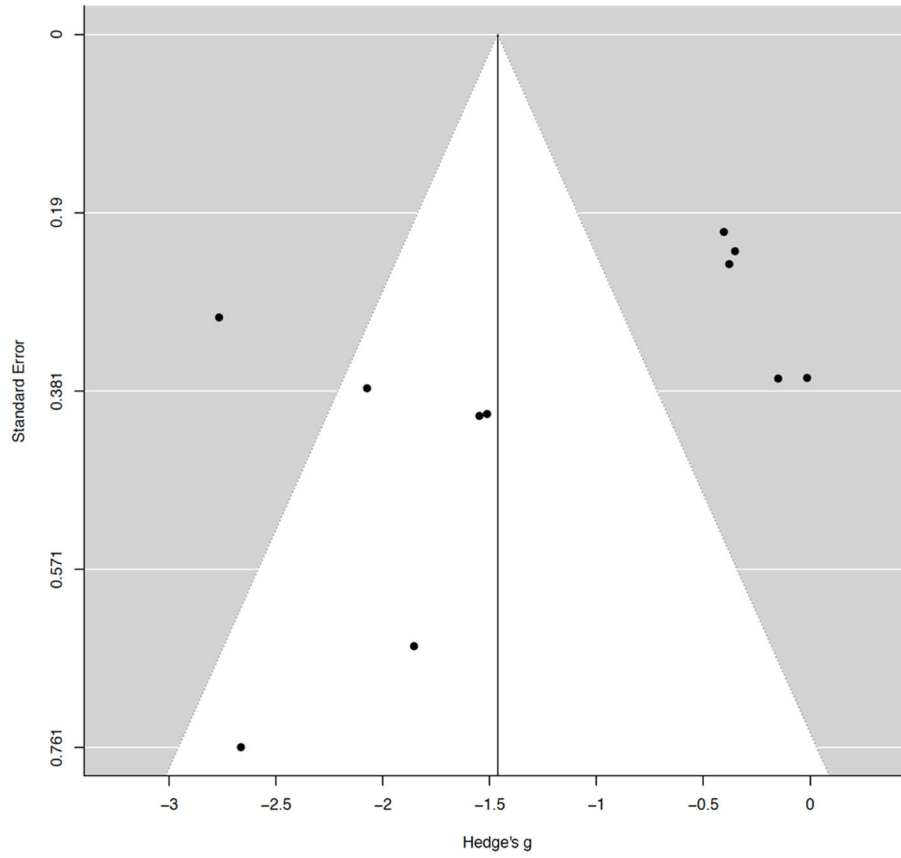
Note. Funnel Plot for Depression Symptoms



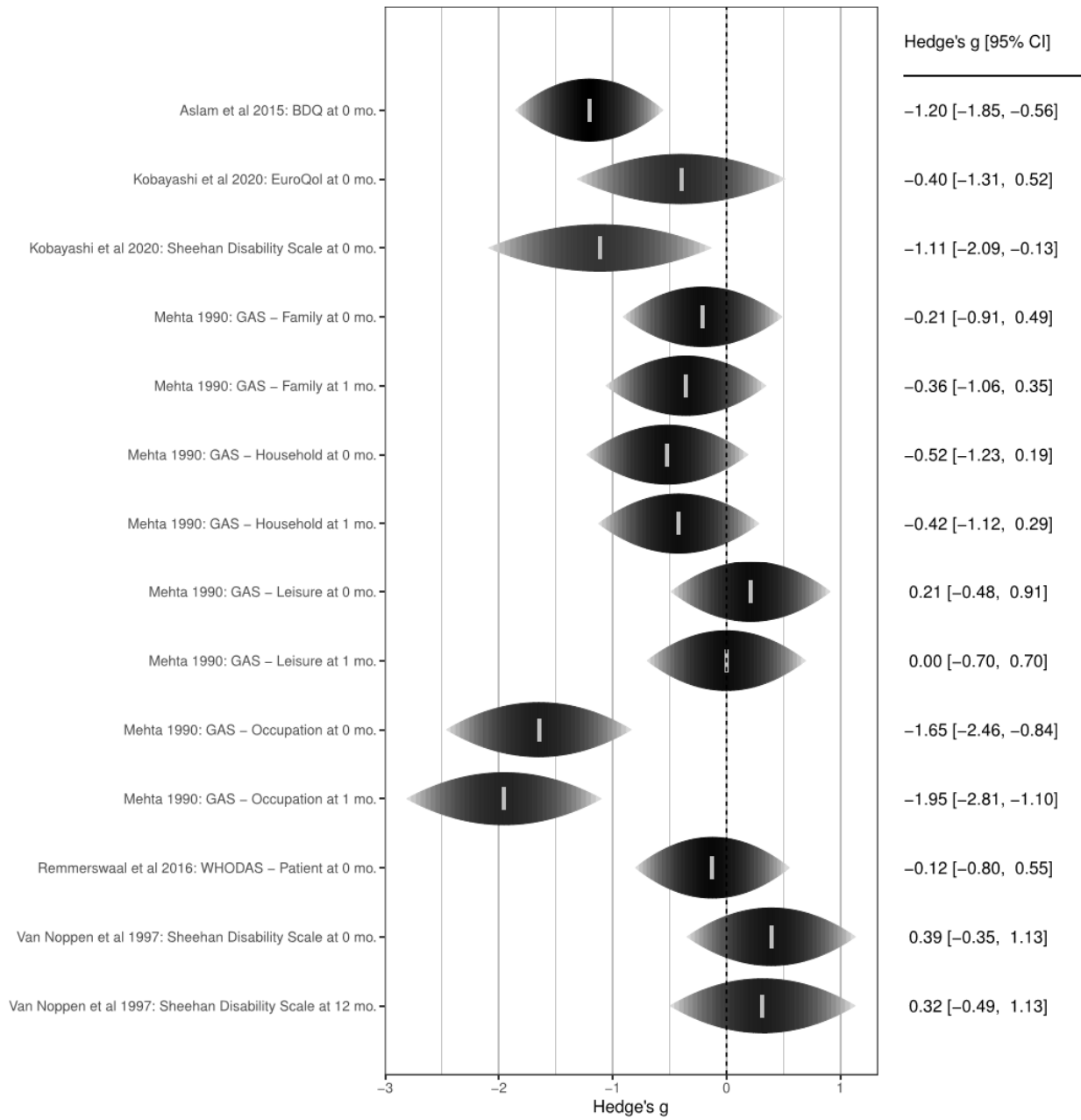
Note. Trim-Filled Funnel Plot for Depression Symptoms



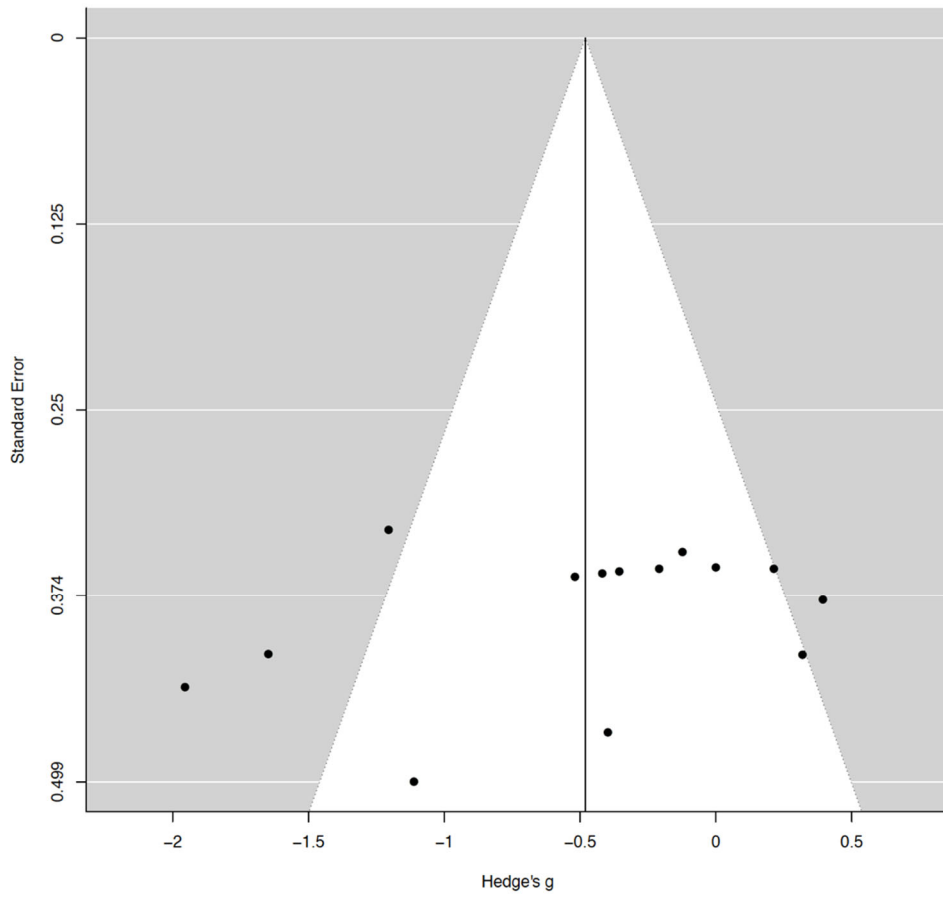
Note. Forest Plot for Anxiety Symptoms



Note. Funnel Plot for Anxiety Symptoms



Note. Forest Plot for Functional Impairment



Note. Funnel Plot for Functional Impairment

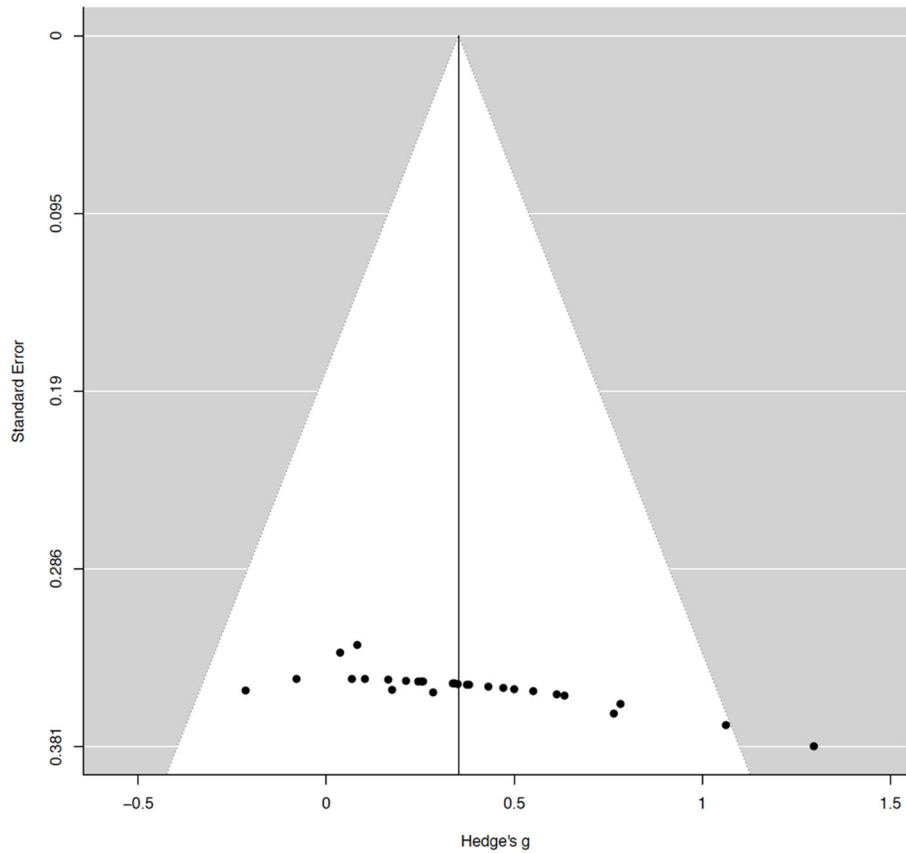
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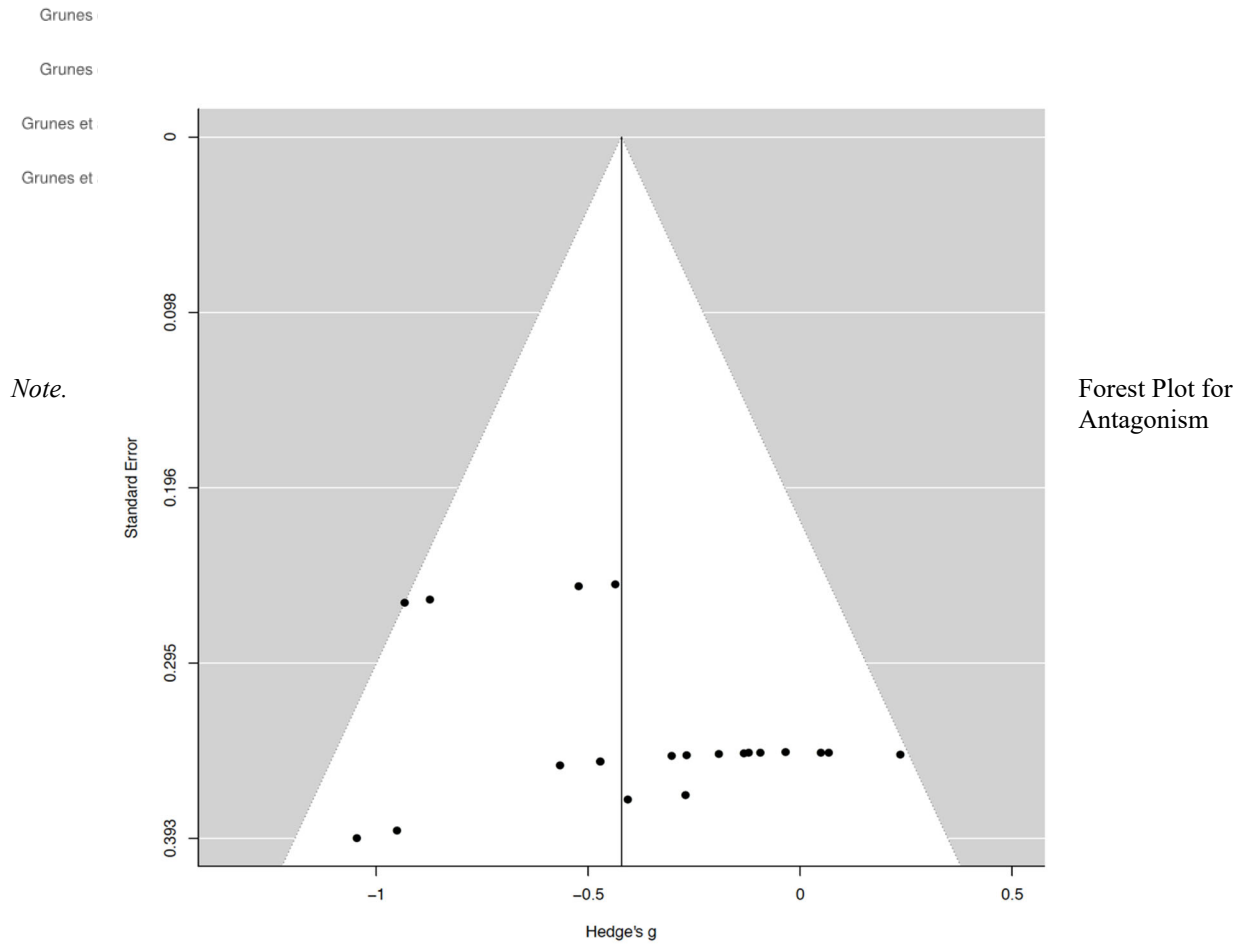
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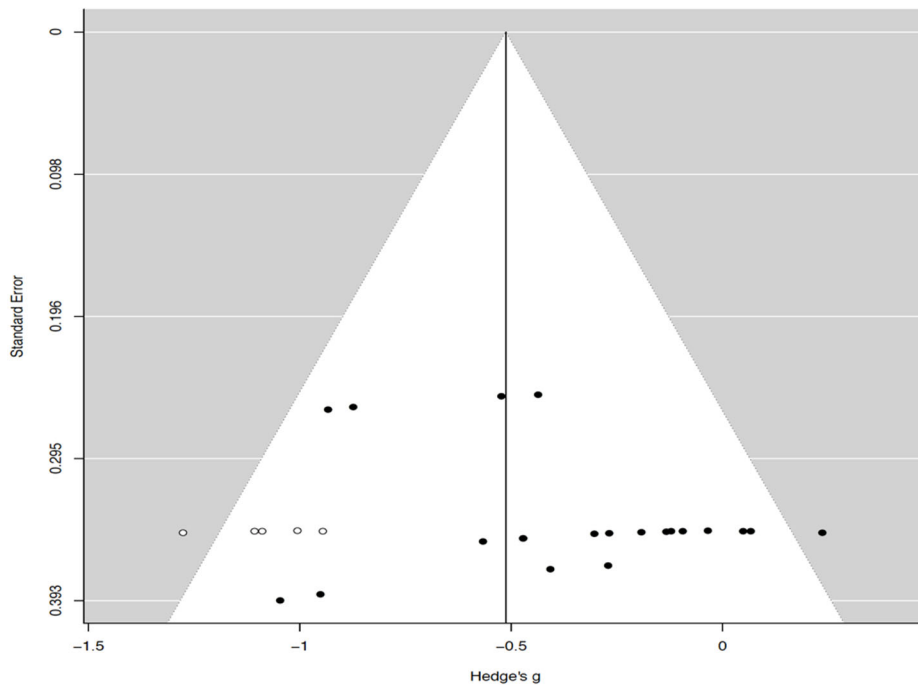


Forest Plot for Improvements

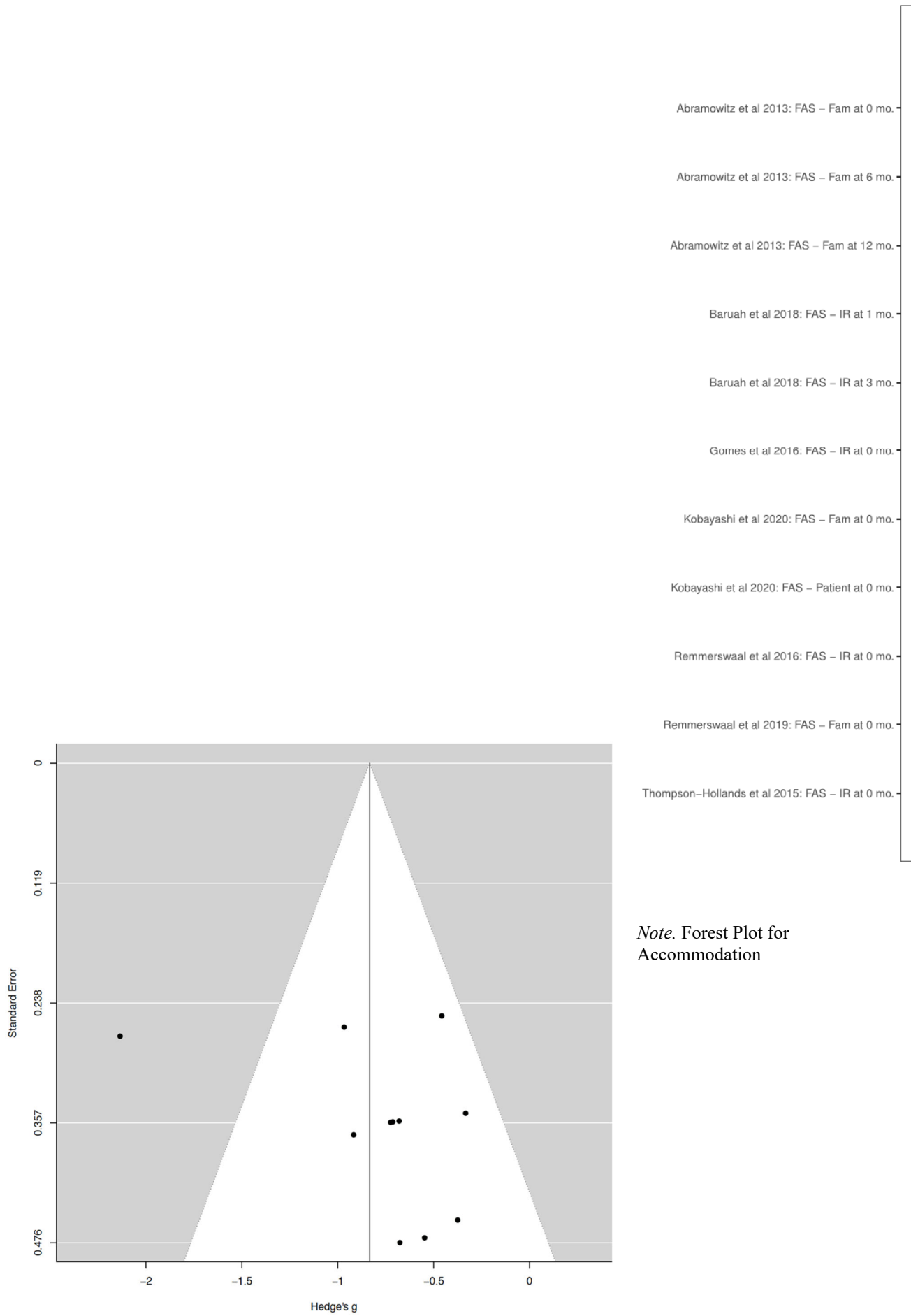
Note. Funnel Plot for Relational Improvement



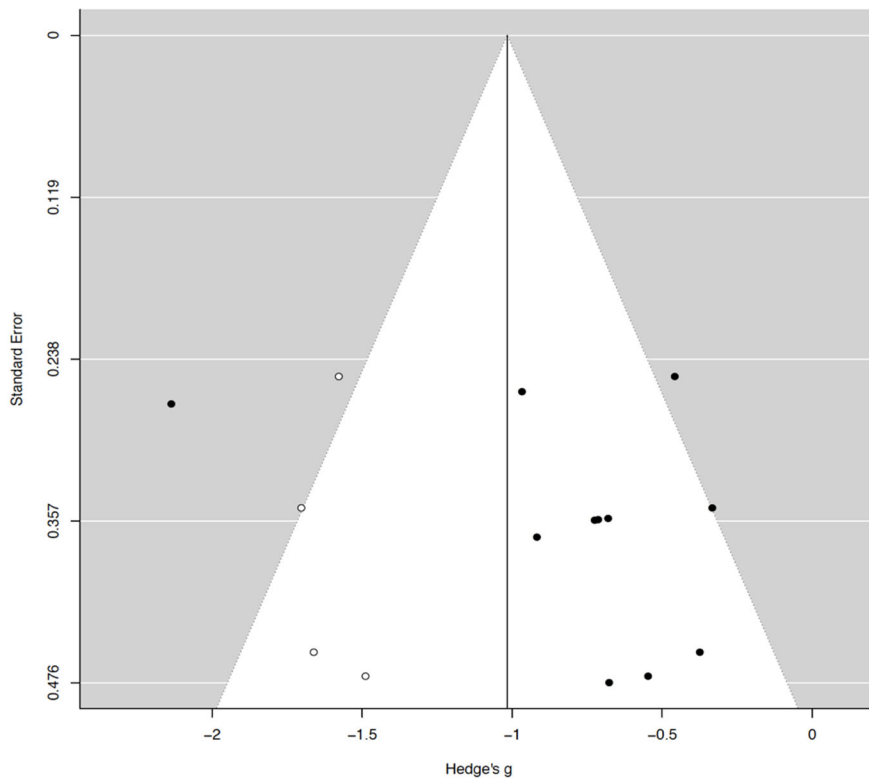
Note. Funnel Plot for Antagonism



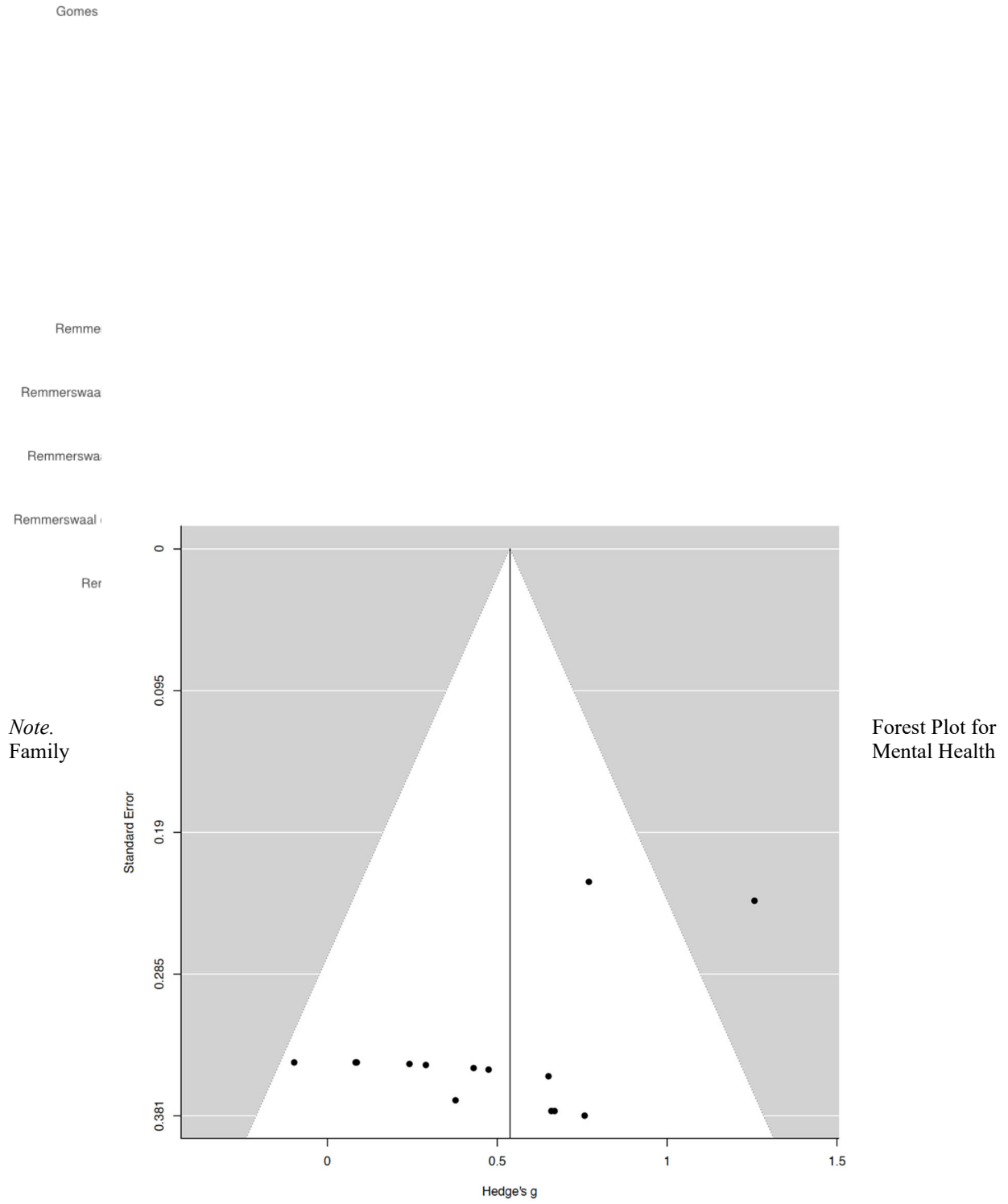
Note. Trim-Filled Funnel Plot for Antagonism



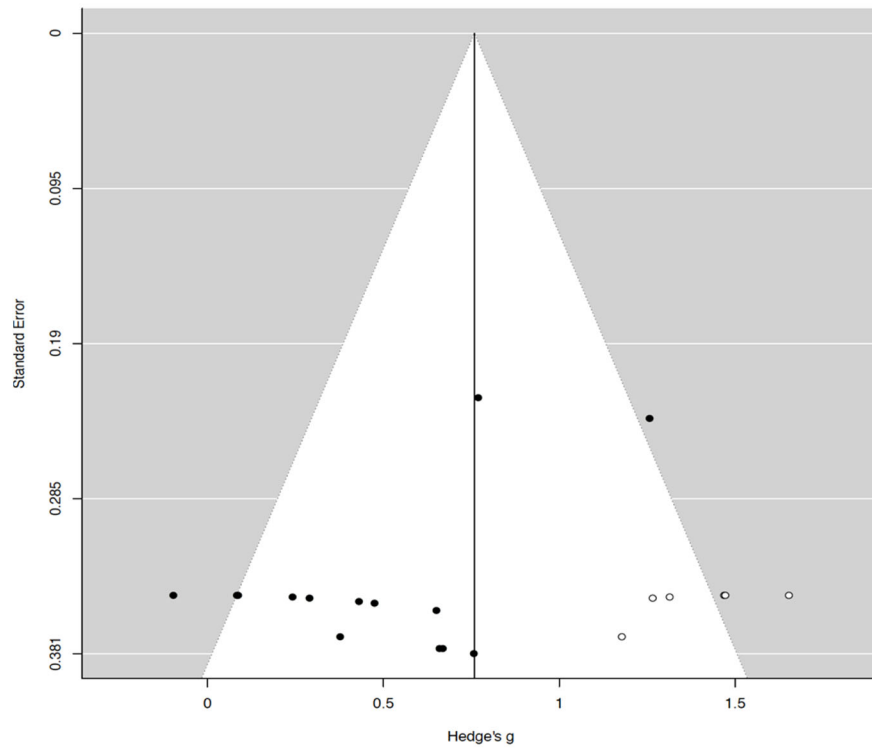
Note. Funnel Plot for Accommodation



Note. Trim-Filled Funnel Plot for Accommodation



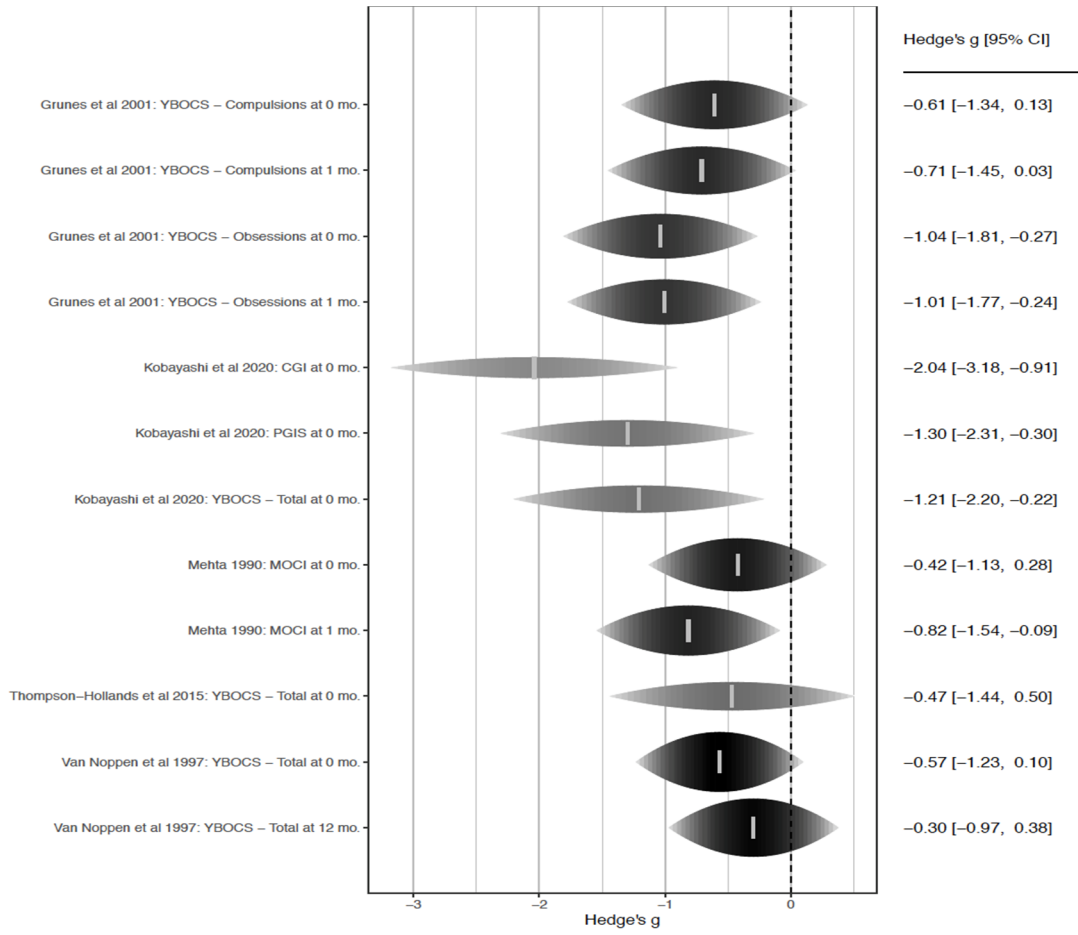
Note. Funnel Plot for Family Mental Health



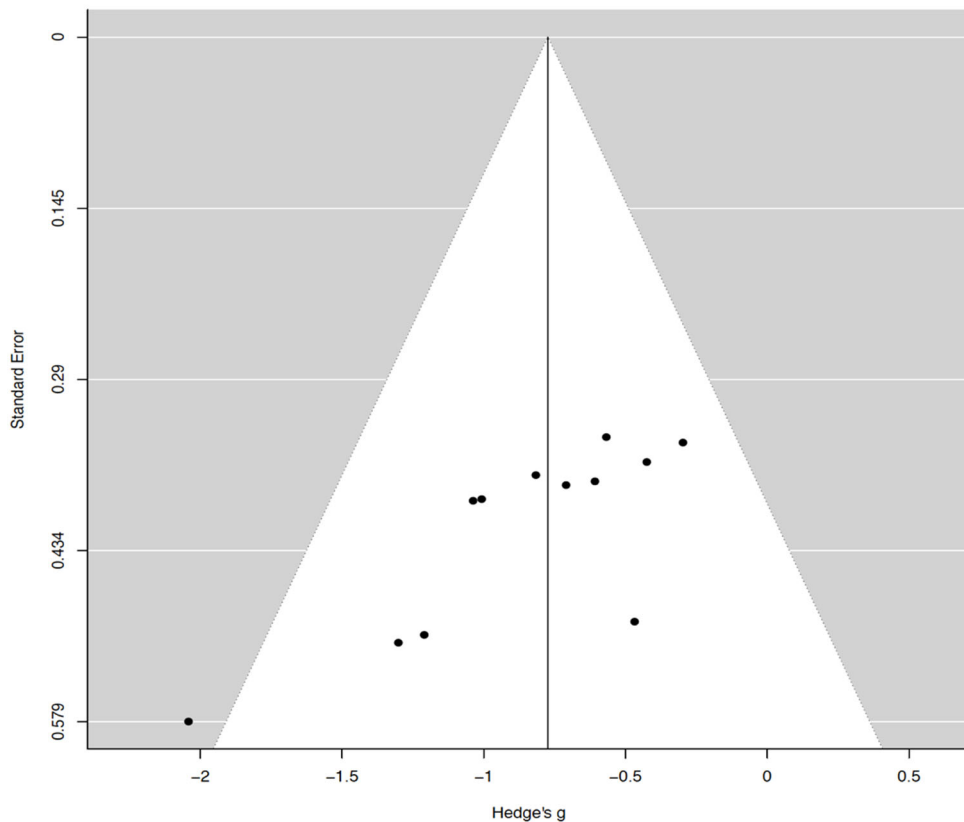
Note. Trim-Filled Funnel Plot for Family Mental Health

Appendix E

Forrest and Funnel Plots Comparing FIT to ERP

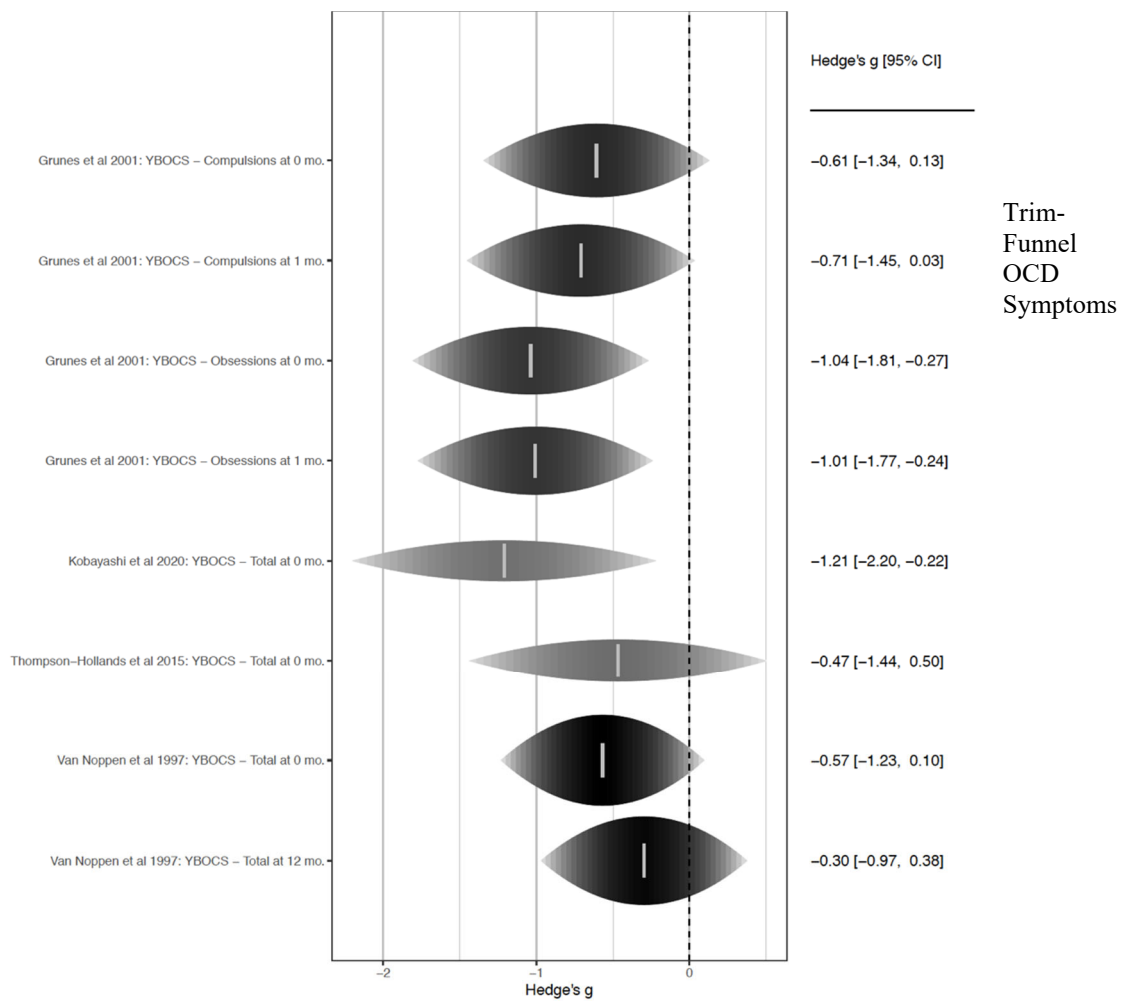


Note. Forest Plot for OCD Symptoms

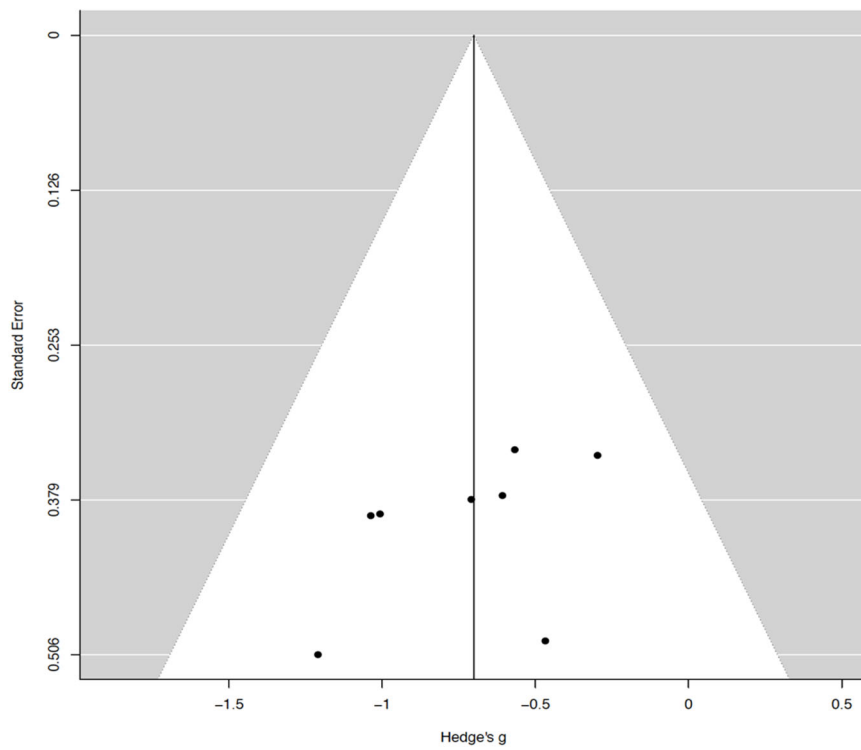


Note. Funnel Plot for OCD Symptoms

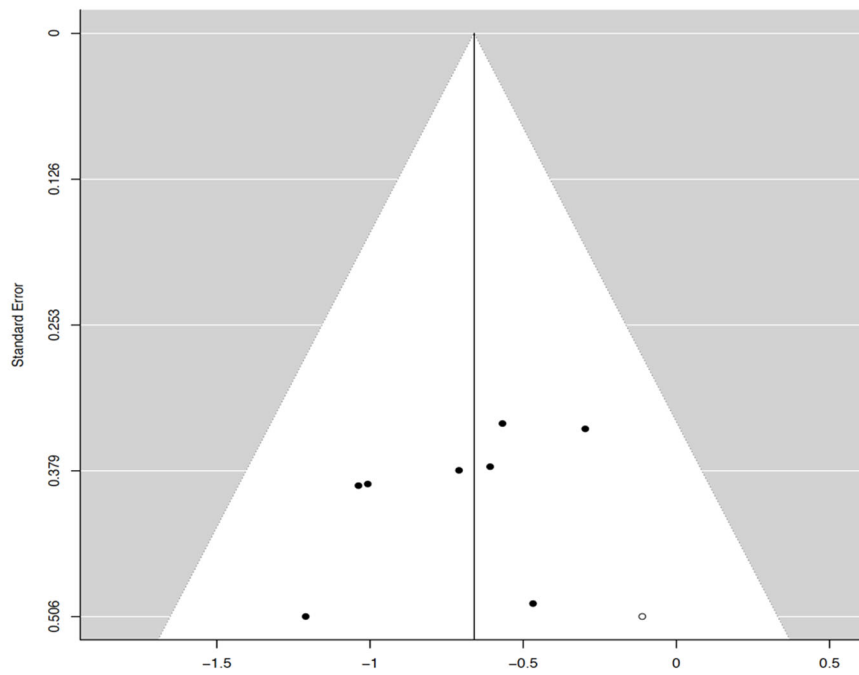
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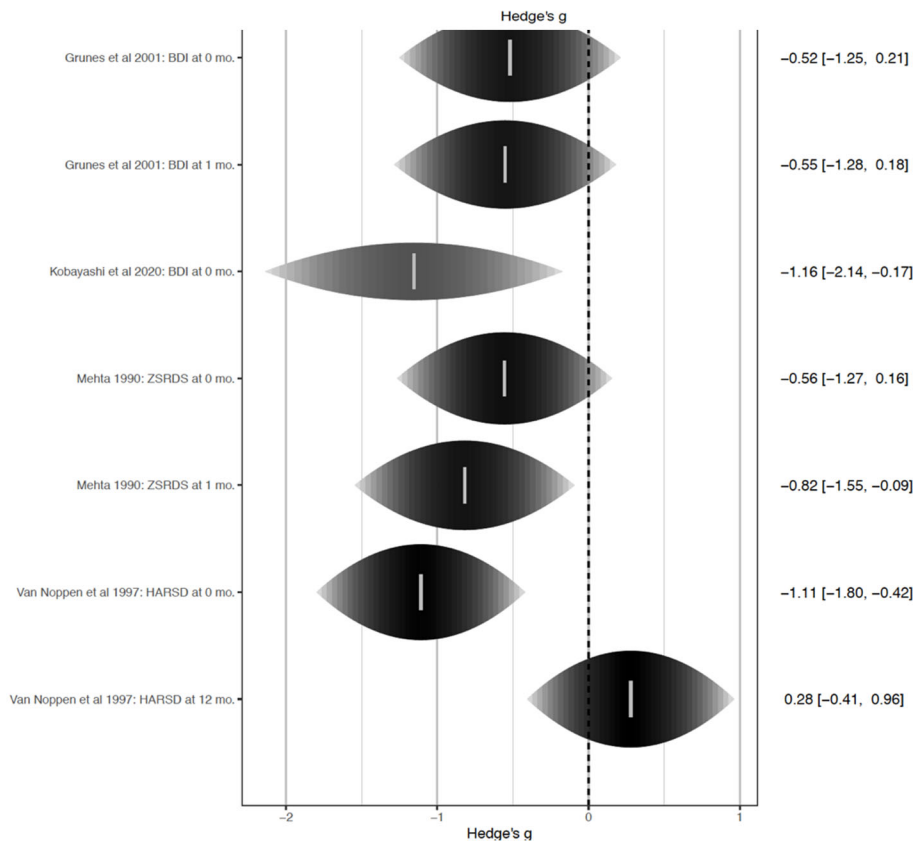
Note. Forest Plot for YBOCS



Note. Funnel Plot for YBOCS

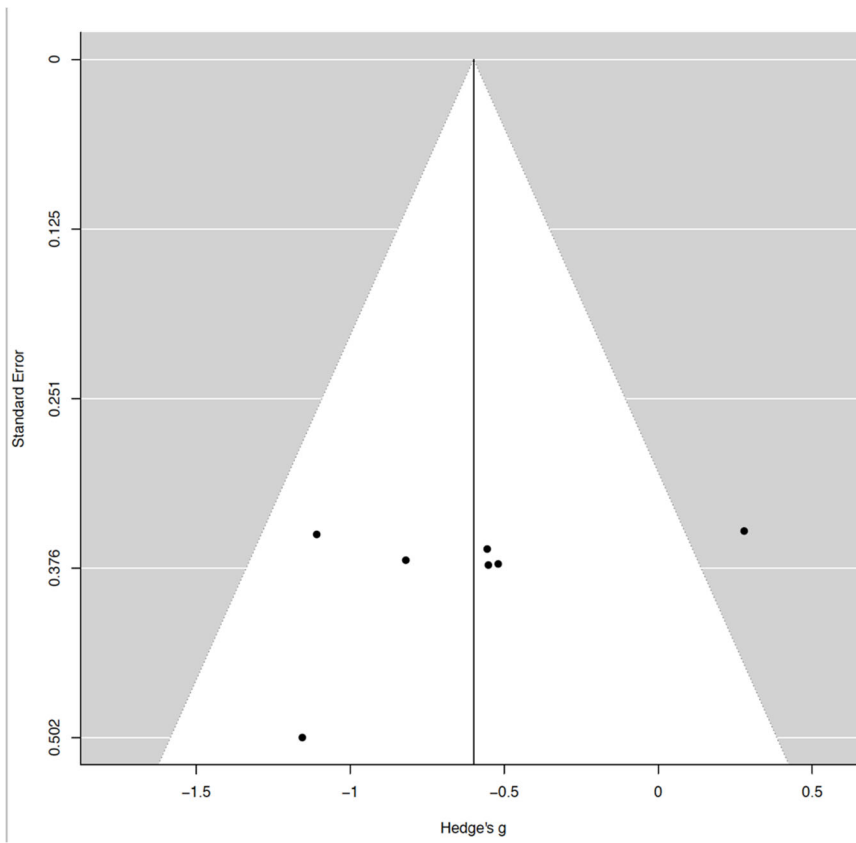


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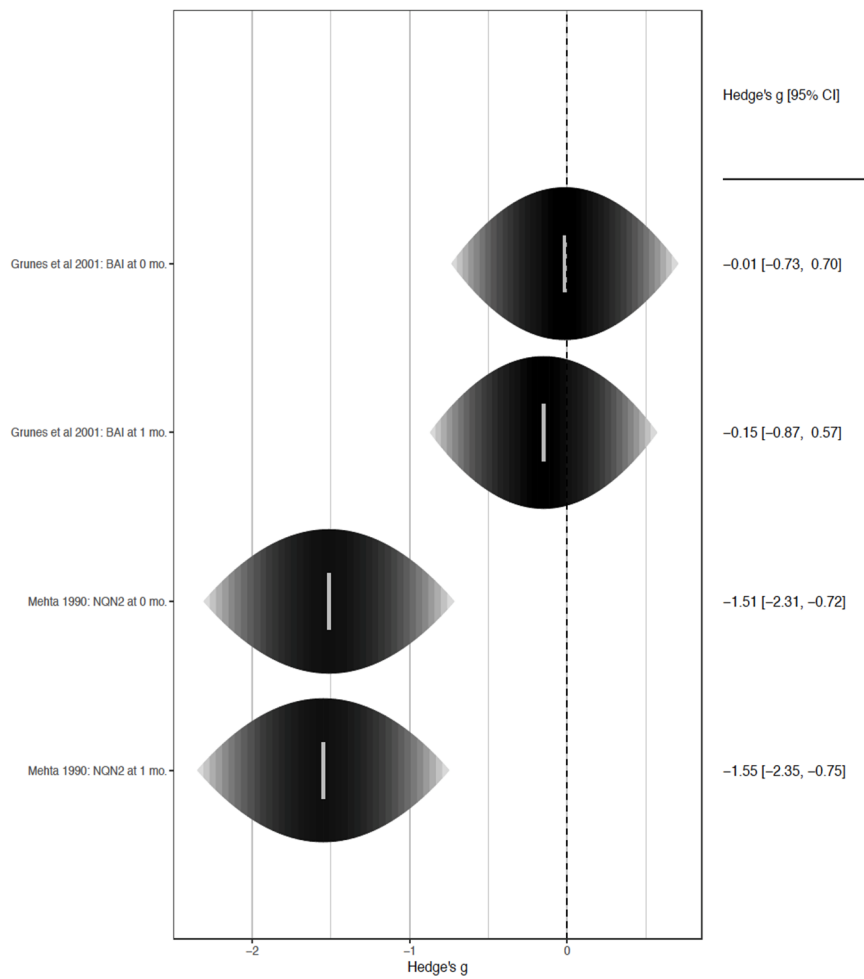


Trim-Filled
Funnel Plot for
YBOCS

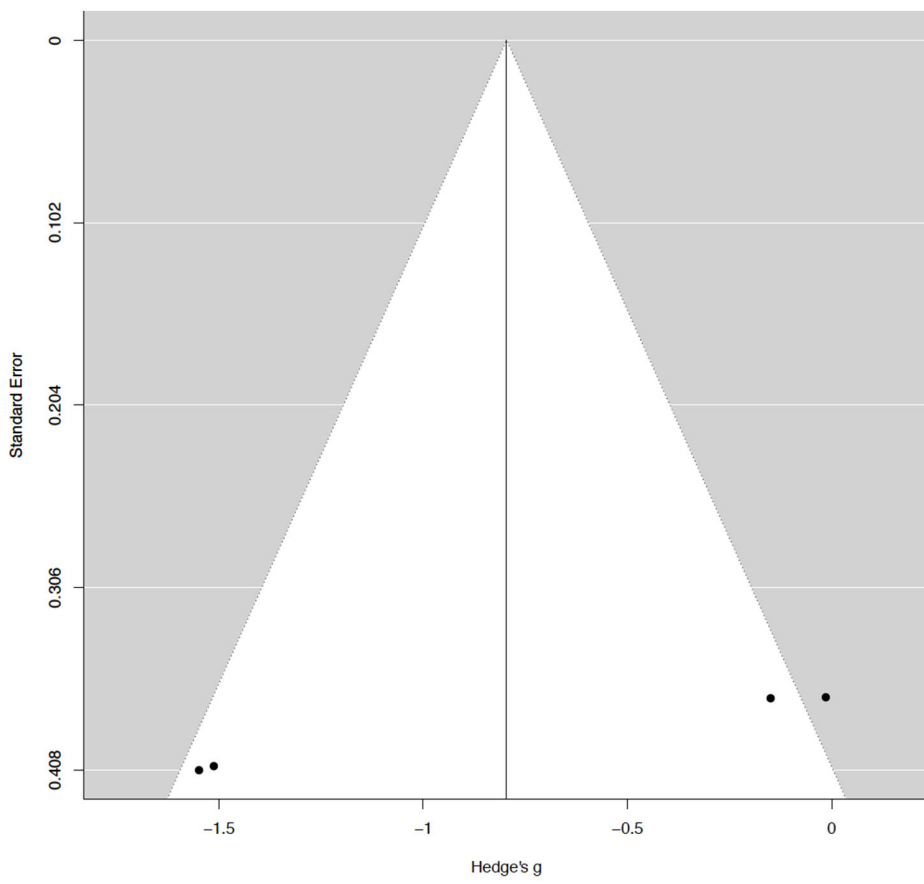
Note. Forest Plot for Depression Symptoms



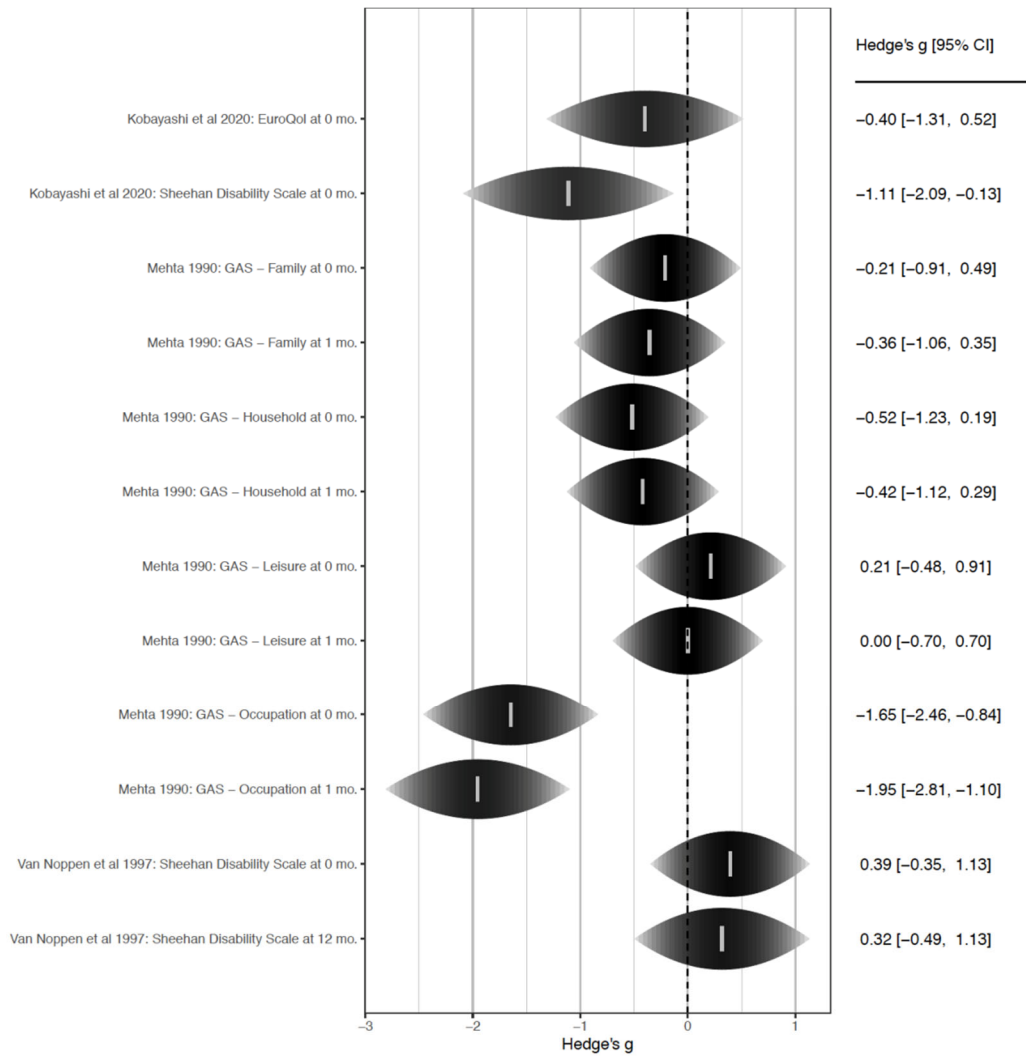
Note. Funnel Plot for Depression Symptoms



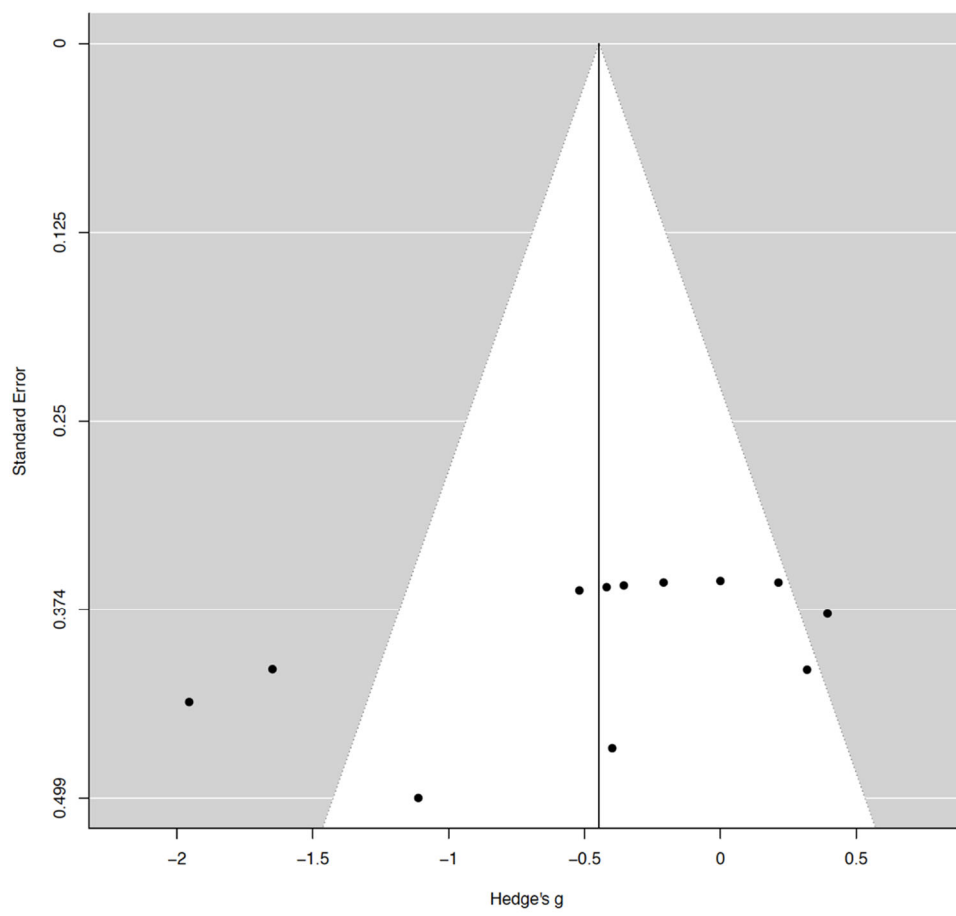
Note. Forest Plot for Anxiety Symptoms



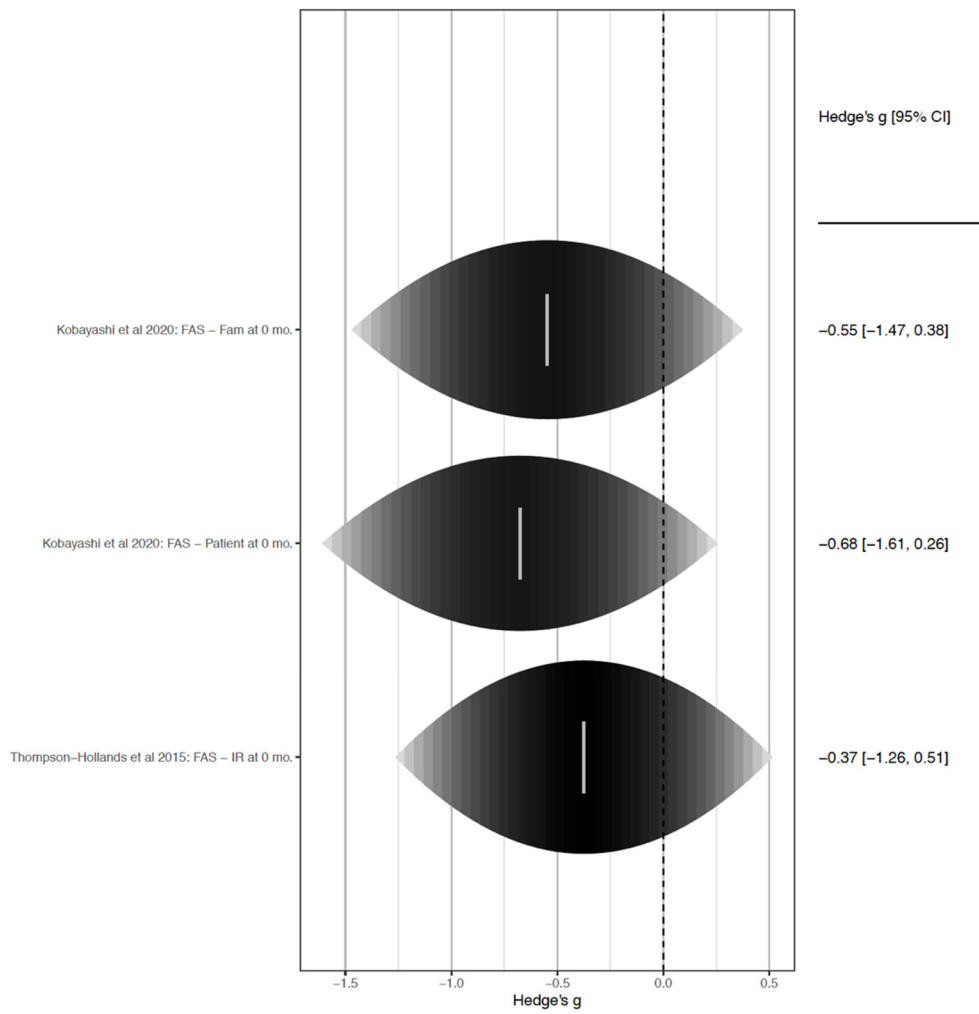
Note. Funnel Plot for Anxiety Symptoms



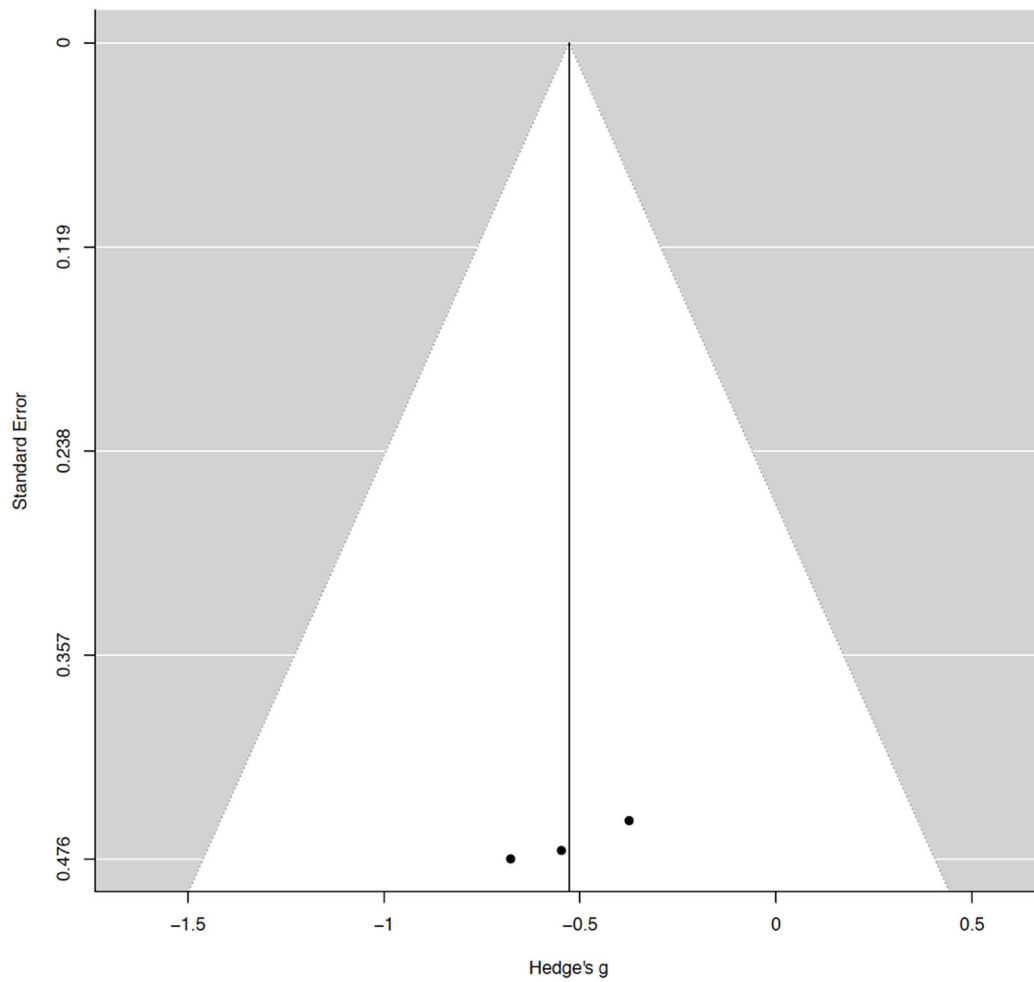
Note. Forest Plot for Functional Impairment



Note. Funnel Plot for Functional Impairment



Note. Forest Plot for Accommodation



Note. Funnel Plot for Accommodation