

Understanding and Treating Scrupulosity OCD

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1

Disclaimer:

The information contained in the proceeding presentation is educational in nature and is provided only as general information and is not medical advice, diagnosis, or treatment. If you or a loved one is experiencing Obsessive Compulsive Disorder, or any other psychological challenges, please seek treatment from a competent provider. Resources on finding competent providers will be included at the end of this presentation.

2

Overview

- The diagnosis and treatment gap
- What is Obsessive Compulsive Disorder ?
- What is Scrupulosity OCD?
- Psychotherapy options which have been shown to work for OCD and what therapies may not be good options for OCD.
- Resources for people with OCD, clinicians seeking to learn more, and loved ones of people with OCD.

3

4

5

6

Compulsions Defined

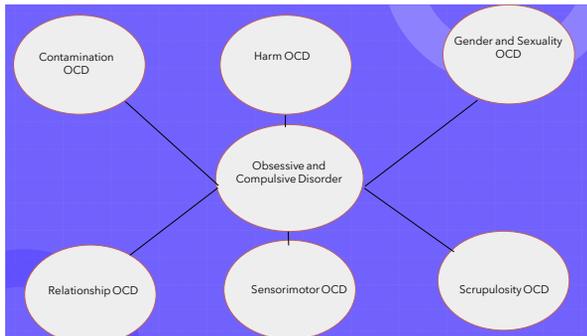
- 1. Repetitive behaviors (e.g., hand washing, ordering checking) or mental acts (e.g., praying, counting, repeating words silently) that the person feels driven to perform in response to an obsession, or according to the rules that must be applied rigidly.
- 2. The behaviors or mental acts are aimed at preventing or reducing distress or preventing some dreaded event or situation. However, these behaviors or mental acts either are not connected in a realistic way with what they are designed to neutralize or prevent or are clearly excessive (APA , 2013, p. 237).

7

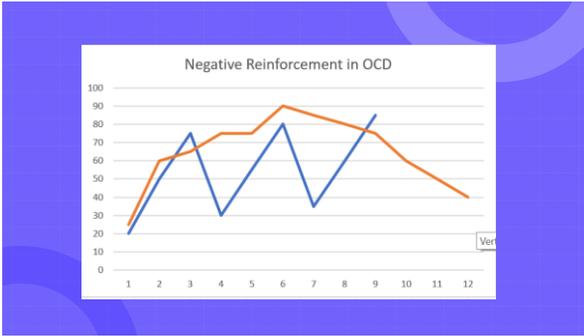
Subjective Distress and Functional Impairment

- Additionally, these obsessions and compulsions must be time consuming.
- A person exhibiting these obsessions and/or compulsions must experience distress related to these symptoms and/or challenges to meeting social or occupational obligations.

8



9



10

Intrusive Thoughts are Common

- Research suggests a substantial majority (over 80%) of people who do not have OCD have intrusive thoughts similar in content to individuals who have OCD (e.g. Rachman & De Silva, 1978; Salkovskis & Harrison, 1984).
- However, Rachman and De Silva (1978) did observe though, that the individuals with OCD experienced these thoughts more frequently, more intensely, for longer periods of time, and are worried about the consequences of these thoughts.

11

Then Why Do Intrusive Thoughts Get "Stuck" for people with OCD?

- The Obsessive Compulsive Cognitions Working Group (1997) suggested that there are 6 types of beliefs associated with why these intrusive thoughts which make these intrusive thoughts more challenging for people with OCD and lead to compulsions:
 1. Inflated responsibility
 2. Overimportance of thoughts
 - Thought-action fusion
 3. Excessive concern about the importance of trying to control one's thoughts
 4. Overestimation of threat
 5. Intolerance of uncertainty
 6. Perfectionism.
- Pelissier & O'Connor (2002), suggested that flawed reasoning processes lead people with OCD to not trust their senses and instead focus on possibility and self-generated stories. Instead of using one's senses and common sense to draw conclusions from reality, OCD sufferers may start with a conclusion based on possibility. (e.g. I could have been really offensive talking to Jeremy even though he didn't say anything, so I should apologize to him just in case.)

12

What is Scrupulosity OCD?

Scrupulosity OCD is a subtype of OCD where the person is plagued with obsessive thoughts that they violated or could have violated some religious or moral standard that they hold.

The compulsions in scrupulosity OCD are typically geared toward: trying to gain certainty about whether or not an offense occurred, making up for whatever "violation" occurred or could have occurred, or avoiding potentially causing such offenses.

13

Examples of Some Secular Scrupulous Obsessions

- Excessive worry about having offended others
- Excessive worry about harming the environment/not doing enough to help environment
- Excessive worry about not recycling properly or "enough"
- Excessive concern about consuming media with immoral characters
- Excessive fear of saying something socially inappropriate/ getting cancelled.
- Excessive fear of signing terms of agreements/minor contracts due to concerns about "lying" if one accidentally breaks these terms
- Excessive fear that they could have cheated on their taxes



14

Examples of Some Secular Compulsions

- Mentally reviewing social interactions to check for having offended others
- Apologizing or confessing things that do not need to be apologized for or confessed or doing so "just in case."
- Creating lists of things one can do to reduce their carbon footprint with the agenda of reducing discomfort related to the obsessions
- Repeatedly asking for reassurance from others if an action was morally acceptable (e.g. "does that make me a bad person?")
- Reviewing and/or deleting social media posts to avoid being "cancelled"
- Avoiding people or places where one could inadvertently cause offense.
- Reading slowly and/or rereading contracts/ user agreements to try to avoid inadvertently violating such agreements.
- Mentally rehearsing future interactions with the goal of trying to avoid saying anything potentially offensive/racist/sexist/homophobic/rude

15

Examples of Common Religious Scrupulous Obsessions

- Intrusive blasphemous thoughts
- Excessive concerns about ritualistic purity
- Excessive worry about not being "modest enough"
- Excessive worry about having "bad thoughts" while praying/singing sacred music/attending religious services/reading sacred scriptures
- Excessive worry about saying prayers "properly"
- Excessive concern about being feeling bad "enough" about a sin
- Excessive concern about having paid attention "enough" during prayer/sacred music/religious services/sacred scriptures.
- Excessive concern about having been sincere enough in actions/prayers



16

Examples of Compulsions Common Across Many Religions

- Repeatedly asking for reassurance from religious leaders
- Repeating prayers until distress decreases beyond what is typical in their faith tradition
- Rereading scriptures until distress decreases
- Avoiding stimuli that may trigger obsessional doubts
- Confessing repeatedly over the action or for actions which the person is not certain are sinful
- Trying to cancel out "bad" thoughts or images with "good thoughts or images"
- Repeating professions of faith in case previous professions of faith weren't "sincere enough"

17

Therapy Options

18

OCD Treatment Options Which are Supported by Science

- Exposure and Response/Ritual Prevention (ERP/ExRP)
- Acceptance and Commitment Therapy (ACT)
- Supportive Parenting for Anxious Childhood Emotions (SPACE)
- Inference Based Cognitive Behavioral Therapy (I-CBT/IBA)

19

Exposure and Response/Ritual Prevention (ERP/ ExRP)

- The first evidence-based treatment for OCD developed by Victor Meyer in 1966. It is often called the "gold standard" treatment.
- Treatment focuses on facing feared stimuli in a systemic and gradual way while also reducing engagement in internal and external compulsions.
- After thorough assessment, ERP therapists work with clients to create an exposure hierarchy or menu and work toward facing fears while not engaging in compulsions.
- Generally, ERP therapists work from easiest to most challenging when having clients face their fears but there are different thoughts on this.
- The idea behind this treatment is that clients initially experience higher levels of anxiety by not engaging in compulsions but then experience a natural reduction in anxiety or learn that they can tolerate the anxiety.

20

Some Examples of ERP Exposures for Scrupulosity

- Writing down or recording distressing intrusive thoughts
- ERP coloring books with themes related to scrupulosity
- Encouraging client to tell innocuous "white lies"
- Having client go to religious services/read religious texts which have been avoided
- Having client "agree" that they have read terms and conditions which they have not read
- Having client say grammar school level insults to therapist or posting such insults on social media

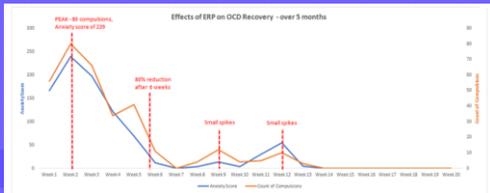
21

Example of ERP Coloring Page by Amanda Petrik-Gardner, LCPC



22

ERP progress graph (livingwithocd.net, 2023)



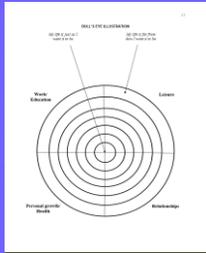
23

Acceptance and Commitment Therapy (ACT)

- ACT focuses on creating an openness to experiencing obsessions, emotions, and bodily sensations without the need to escape.
- Clinicians challenge clients to examine if trying to control obsessive thoughts and unpleasant emotions has been effective for them in the long run.
- ACT asserts that too much significance is given to obsessions and unpleasant emotion and sensations which leads people to engage in avoidance or compulsions.
- This engagement in avoidance and compulsive behavior gets in the way of people with OCD doing the things which are important to them.
- ACT typically focuses on acceptance of thoughts and feelings while committing to engaging in activities which are meaningful to the client even if they have very distressing thoughts and emotions.
- Generally, there is less of a focus in ACT on intentional exposures with the goal of reducing sensitivity to distress. Instead, clinicians challenge clients to prioritize the things which are most meaningful to them in spite of the distressing feelings and thoughts.
- This treatment has been provided both as a standalone treatment but also as an enhancement to standard ERP.

24

ACT Values Bull's Eye (Abramowitz & Twohig, 2011)



25

Supportive Parenting for Anxious Childhood Emotions (SPACE)

- SPACE is an evidence-based intervention for a multitude of pediatric anxiety disorders including OCD pioneered by Dr. Eli Lebowitz of Yale University.
- SPACE targets family accommodation of anxious behaviors by working with parents or other care figures to offer supportive messages and reduce engaging accommodations.
- Parents work with a SPACE therapist to create a "map" of actions parents engage in to accommodate OCD.
- Parents then explain which accommodations they will be reducing while conveying understanding and confidence the child can tolerate the unpleasantness of the anxiety
- SPACE has been shown to be as effective as individual forms of CBT for children with anxiety (Lebowitz et al., In Press)

26

Inference Based Cognitive Behavioral Therapy

- This treatment focuses on resolving a faulty reasoning process called "inferential confusion" where a doubt is confused with reality.
- The model starts off with education about the OCD sequence and how the OCD creates a compelling story which tricks sufferers into engaging in compulsions.
- Unfortunately, the compulsions lead to new doubts which restarts this cycle.
- The client learns to recognize this cycle and slowly begins trusting their 5 senses, common sense, and their true self and stops relying on possibility and doesn't enter into the doubting cycle.
- Unlike the previous models, this one does not focus on sitting with discomfort or purposely raising distress to learn.
- Preliminary research has shown this model to be similarly effective at treating OCD as ERP showing a mid-large effect size. More research is being conducted to further substantiate this.

27

Treatments or Techniques Not Supported by Science for OCD

- Insight oriented talk therapy
- Cognitive challenging or restructuring of the content in obsessional thought
- Problem solving therapy
- Thought stopping
- Psychodynamic /Psychoanalytic Therapy
- Interpersonal Therapy
- Supportive person-centered talk therapy
- Animal Assisted psychotherapy
- Life coaching

28

Resources

- International OCD Foundation Find Help
- <https://www.iaocdfoundation.org/>
- International OCD Foundation Faith and OCD Resource Center
- <https://www.iaocdfoundation.org/faith-and-ocd-resource-center/>
- NOCD an evidence-based telehealth platform for OCD
- <https://www.nocd.com/>
- Inference Based Cognitive Behavioral Therapy Providers
- <https://icbt.online/find-treatment/>
- Psychology Today Find a Therapist
- <https://www.psychologytoday.com/us/therapists>
- SPACE find a Provider
- <https://www.spaceocd.com/providers/>
- ERP Coloring book
- https://www.etsy.com/shop/anxietyocdtreatment?ref=simple-shop-header-name&listing_id=1422255183

29

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30

Reference List

- Abramowitz, J.S., Tsohig, M.P. (2011) *Therapist Manual for Twice Weekly Acceptance and Commitment Therapy Model of Exposure and Response Prevention (ACTHERP)*. Treatment of Obsessive-Compulsive Disorder.
- C. E. (2020, September 12). Graphing my OCD recovery with data. Living with OCD. Retrieved March 1, 2023, from <https://www.livingwithocd.com/blog/1/graphing-my-ocd-recovery-with-data>
- Cognitive assessment of obsessive-compulsive disorder. Obsessive Compulsive Cognitions Working Group. (1997). *Behaviour research and therapy*, 35(7), 667-681. [https://doi.org/10.1016/S0005-7967\(97\)00017-X](https://doi.org/10.1016/S0005-7967(97)00017-X)
- Cohen, M.J., Hemborg, R.G., Weiss, B.D. The public's knowledge and beliefs about obsessive compulsive disorder. *Depress Anxiety* 2013; 30: 778-785
- Glazer, K., Calabre, R.M., Rothschild, R., et al. High rates of OCD symptom misidentification by mental health professionals. *Ann Clin Psychiatry* 2013; 25:201-209. 34
- Glazer, K., Saenger, M., McDermitt, L.C. Half of obsessive-compulsive disorder cases misdiagnosed: vignette-based survey of primary care physicians. *J Clin Psychiatry* 2015; 76:e761-e767
- Pellissier, M. C., & O'Connor, K. P. (2002). Deductive and inductive reasoning in obsessive-compulsive disorder. *British Journal of Clinical Psychology*, 41, 5-27
- Rachman, S., & de Silva, P. (1978). Abnormal and normal obsessions. *Behaviour Research and Therapy*, 16(4), 233-248. doi:10.1016/0005-7967(78)90022-0
- Salkovskis, P.M., & Harrison, J. (1984). Abnormal and normal obsessions: A replication. *Behaviour Research and Therapy*, 22(5), 549-552. [https://doi.org/10.1016/0005-7967\(84\)90037-3](https://doi.org/10.1016/0005-7967(84)90037-3)
