

OCD & How to Cope

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Learning Objectives for today

- 1. Know what is and is not OCD
- 2. Understand mechanisms that maintain OCD
- 3. Learn about the “gold standard” for OCD treatment
- 4. Learn about strategies for coping with the distress that can come from not engaging in compulsive behavior.

Obsessive Compulsive Disorder

Obsessions

- Unwanted thoughts, images, or impulses that cause marked anxiety/distress
- Attempts to ignore, suppress or neutralize
- Not simply excessive worries about real-life problems
- Recognized as the product of one's mind

Obsessive Compulsive Disorder

Compulsions

- Repetitive behaviors or mental acts
- Functionally related to obsessions
- Aimed at reducing distress or preventing dreaded event
- Main feature is *neutralizing*

Disorder

If the Obsessions and Compulsions cause distress, dysfunction or Disorder then it's OCD.

Types of Obsessions

Contamination

Perfectionism

Symmetry

Homosexual OCD

Relationship OCD

Fear of Harm to self or others

Fear of loss of essence

Scrupulosity/Religiosity

Types of Compulsions

- **Washing/Cleaning**
- **Avoidance**
- **Repeating**
- **Checking**
- **Touching**
- **Counting**
- **Mental Rituals/Prayer**
- **Mental Review**

“I’m so OCD”

People who say this often are referring to tendencies or habits, but it’s probably not OCD and it minimizes how much people who actually have OCD suffer.

Examples of “probably not OCD”:

- Being organized

- Liking things a certain way

- Being cleanly

- Generalized Anxiety

- Tics/Stereotyped movements

“I have OCD”

Some examples of actual OCD:

Spending hours organizing and agonizing over doing it correctly and being late for things because you don't feel like you can stop.

Arranging object in a certain way and melting down if someone moves it because it took you forever to “get it right”

Washing your hands so often your skin is damaged or using chemicals to clean things and the thing gets ruined.

“I have OCD”

Fearing that certain thoughts offend god so you pray all day long or repeat actions until your thoughts are pure.

Fearing you could lose control and harm someone so you will stay away from sharp objects, avoid being alone with loved ones and are constantly trying to figure out if you actually are dangerous

Fear that you said something racist so you try to remember every word you said during a conversation.

Fear that you don't really love someone so you keep trying to figure out how you feel or constantly need to prove it to yourself.

Cognitive Behavioral Therapy for OCD

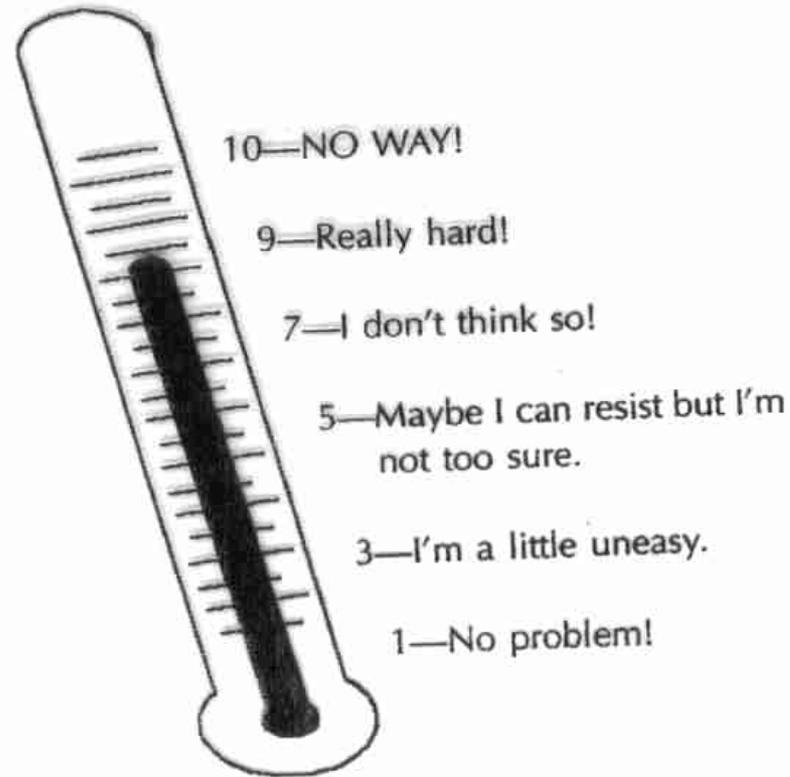
Efficacy:

CBT for OCD has been around for aprox. 50 years and is the most empirically supported form of psychotherapy for OCD.

Various studies have shown that 65-80% of clients who complete treatment show a statistically significant reduction in symptoms.

On average, treatment can last up to 16 sessions. Most experience significant improvement by session 8 but results and treatment length can vary.

Fear Thermometer



Fear Hierarchy

A. Situations that cause me Distress, Anxiety, or the Urge to Ritualize

Distress
(50-100)

1. _____

2. _____

3. _____

4. _____

5. _____

B. Describe 5 rituals you engage in, how much time they take and/or how often you do them .

1. _____

2. _____

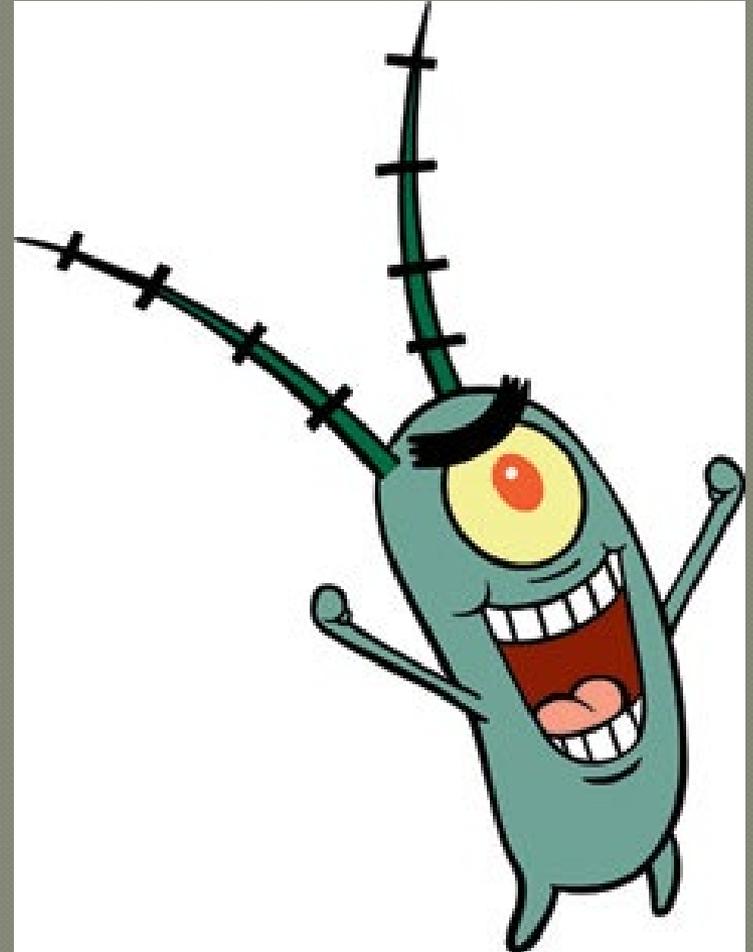
3. _____

4. _____

5. _____

Anthropomorphizing OCD

- Teach kids to see their fears as a “Bully” that is bossing them around.
- Give the Bully a name and teach the child to “boss back”.
- We “boss back” by ignoring the Bully or doing the opposite of what he tells us to do.



you do what I say!

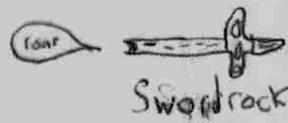
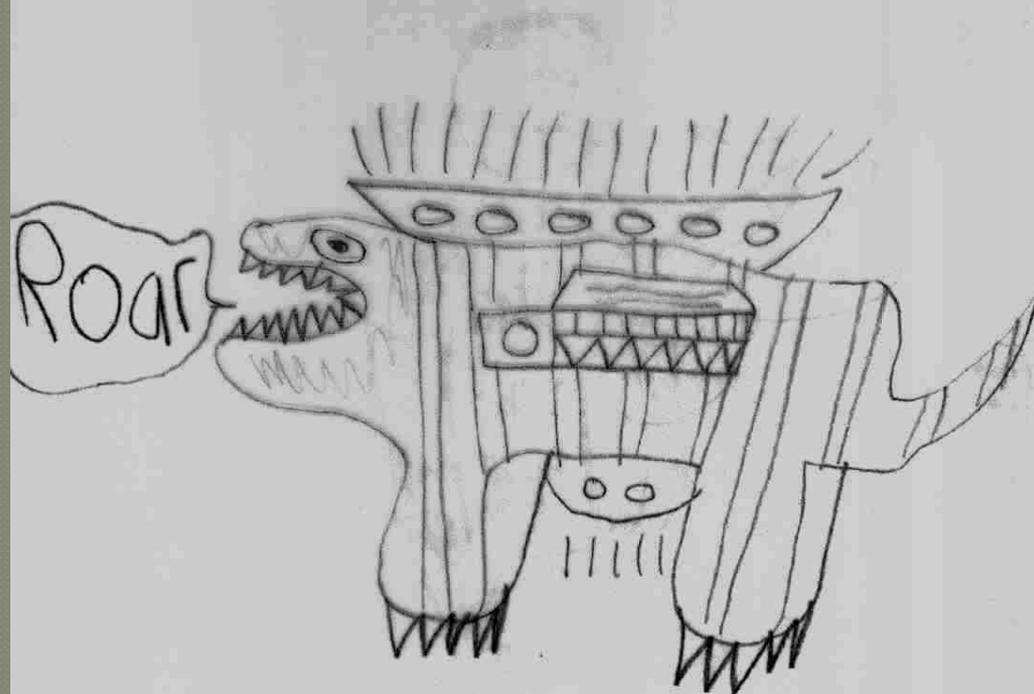


Scotch

By

Feb. 2000

Mr. Pushie



animal formation

“Stand up to the Bully”

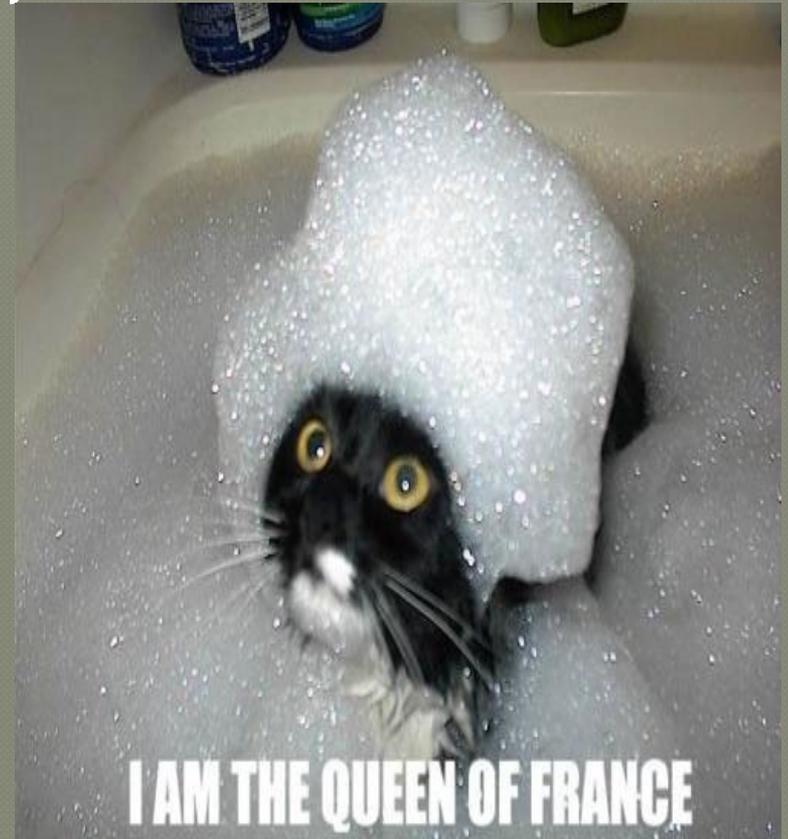
- If a bully threatens you for money, what do you do?
- What happens if you give in?
- You could always hide....
- What happens when you fight back?





Storytelling

- “The Queen of France” story
- What if somebody accused you of being the queen of France?
- Do we keep the conversation going?



“Don’t feed the cats!”

- Our fears behave like meowing cats asking to be fed.
- If we feed the cat, it comes back the next day and brings its friends.
- When we stop feeding the cats, initially, they will meow more.
- If we stick to our guns, eventually, they go away.



Exposure and Response Prevention (ERP)

- Basically, whatever your OCD tells you to do, you do the opposite so you trigger your anxiety on purpose and you don't do compulsions to make the anxiety go away.
- Forms of exposure:
 - Scheduled vs Serendipitous
 - In-vivo
 - Imaginal
 - Scripting

ERP

- Question: Why would I do something that makes me feel bad?
- Answer: Because it helps.
- By facing our fears our bodies get used to the uncomfortable sensations. This is often called “habituation” or “desensitization”

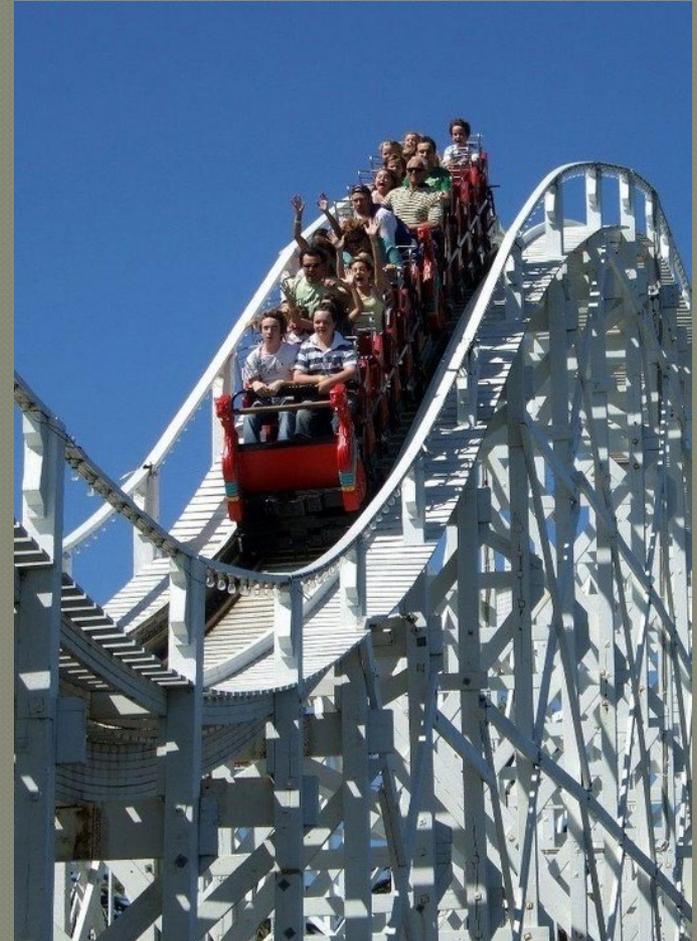


ERP

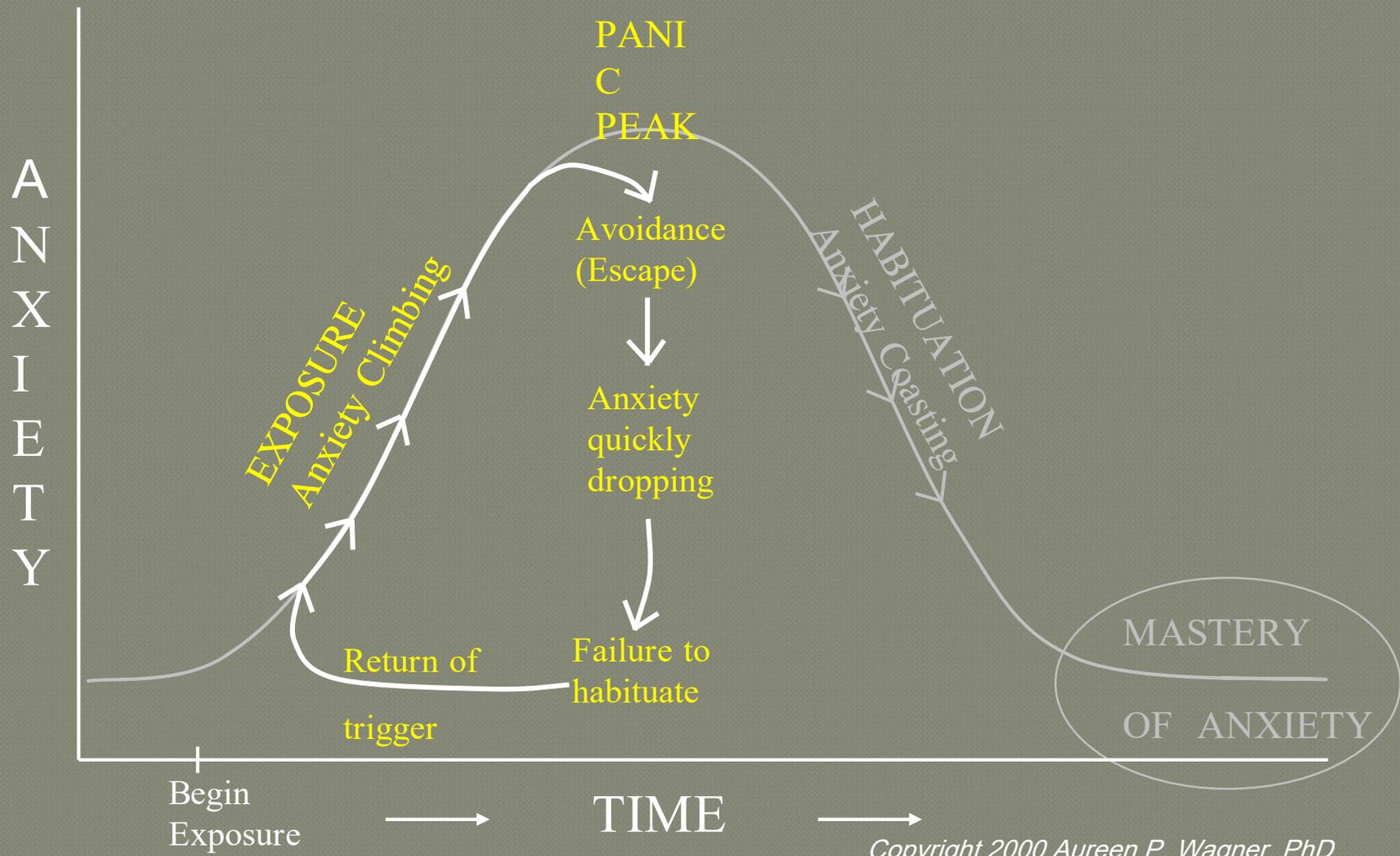
◎ When kids do compulsions, they deny themselves the opportunity to see that...

- Anxiety won't persist forever...it can go away without resorting to rituals
- Feared outcomes (e.g., getting sick from using a public washroom) are highly unlikely to occur

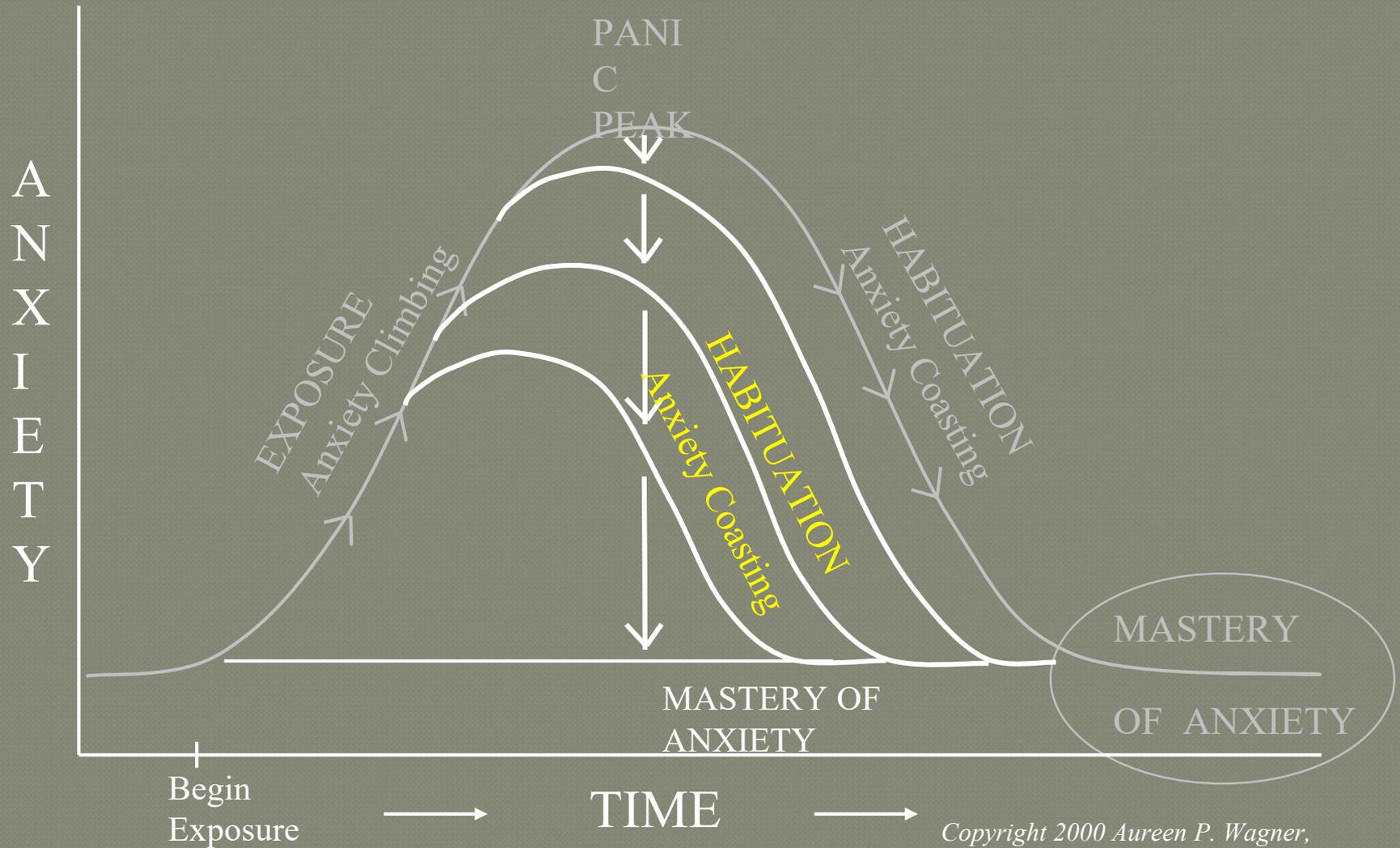
After completing ERP work ask “What did you learn from that experience”



THE VICIOUS CYCLE OF OCD



THE OUTCOME OF REPEATED EXPOSURE



“How will I deal with the anxiety”

We start by making sure we aren't unintentionally sustaining it.

Often people doing ERP who don't experience habituation are actually doing compulsions while doing ERP. It's like eating a bag of oreos while running on a treadmill.

“Don't shake the snow globe”



Riding the Wave

Instead, we might want to teach them to patiently sit and watch their feelings using mindfulness techniques.



Add an Exposure to the Exposure

Sometimes adding imaginal exposure and/or scripting helps desensitization happen more quickly.

For example, after touching something contaminated we might have them repeat their fear over and over again. (“The door knob is covered in blood and will give me AIDS”)

OCD Treatment Goals

Functioning in spite of anxiety

Managing, not eliminating, uncomfortable feelings.

Rules for ERP

- It's helpful to assess how much a child believes there are obsessions as this can be a major obstacle to ERP.
- Family's may have to figure out if they are somehow enabling avoidant behaviors or rituals and work on slowly pulling out of such behaviors. Provide specifics and deadlines
- A child should never be forced to do ERP. ERP should never be a surprise.
- OCD only wins if you don't try to fight it.

Rules for ERP

- Don't take no for an answer. "If you can't do it, what can you do?"
- If the child can't 100% prevent themselves from engaging in a ritual, then the goal is to delay or alter the ritual.

Whenever possible inject humor and celebrate all successes. Be sure you are always pointing out the progress your child is making. No step is too small so long as we keep moving forward.

Dealing with Motivation Issues

- Use Motivational Interviewing:

- Anxiety stops me from...
- Not being able to do these things makes me feel...
- Some things I'd like to do when I am less anxious are...

Empathize with the child's fears, but help give them confidence that you believe that they can get better and you will help in that process.

- You may have to include a system of rewards for participating in ERP.

Suggested Readings

- OCD Treatment Through Storytelling
A Strategy for Successful Therapy
Allen H. Weg, Ed.D.
Oxford University Press

"The best book available for children with OCD."

Charles Mansuets, Ph.D., Scientific Advisory Board, Obsessive-Compulsive Foundation

WINNER
2005 Reader's
Preference Library's
Choice Award for
Children's Books

Up and Down the Worry Hill



A Children's Book about
Obsessive-Compulsive Disorder and its Treatment

By Aureen Pinto Wagner, Ph.D. • Illustrations by Paul A. Jutton

OCD

in Children and Adolescents

*A Cognitive-Behavioral
Treatment Manual*

John S. March
Karen Mulle

"Gives the best hands-on advice I know on how to help your child conquer this illness. Finally, the right book to give my patients!" –Judith L. Rapoport, MD,
author of *The Boy Who Couldn't Stop Washing*

TALKING BACK TO OCD

The Program That
Helps Kids and Teens say
"No Way" – and Parents
Say "Way to Go"

JOHN S. MARCH, MD
with Christine M. Benton