


Changing the OCD Mind-Rapidly

**Changing the OCD Mindset
– Rapidly**



Erickson Congress 2019

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Disclaimer

Materials that are included in this course may include interventions and modalities that are beyond the authorized practice of mental health professionals. As a licensed professional, you are responsible for reviewing the scope of practice, including activities that are defined in law as beyond the boundaries of practice in accordance with and in compliance with your professional standards.

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Limitations of Research & Potential Risks

- Issues with sample and selection
- Sample bias
- Selection bias
- Insufficient sample size for statistical measurement
- Cultural bias

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Empirical evidence that supports the approach

Carl, J. R., Gallagher, M. W., & Barlow, D. H. (2018). Development and Preliminary Evaluation of a Positive Emotion Regulation Augmentation. *Behavior Therapy, 49*, 939-950.

Wilson, R. R., Neziroglu, F., Feinstein, B. A., & Ginsberg, Rachel (2014). A new model for the initiation of treatment for obsessive-compulsive disorder: An exploratory study. *Journal of Obsessive-Compulsive and Related Disorders, 3*, 332-337.

Abramowitz, J. S., Deacon, B. J., & Whiteside, S. P. (2011) *Exposure therapy for anxiety: Principles and practice*. New York: The Guilford Press.

Clark, D. A., & Beck, A. T. (2010). *Cognitive therapy of anxiety disorders: Science and practice*. New York: The Guilford Press.

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Havnen, A., Hansen, B., Öst, L. G., & Kvale, G. (2014). Concentrated ERP delivered in a group setting: An effectiveness study. *Journal of Obsessive-Compulsive and Related Disorders, 3*, 319-324.

Brooks, A. W. (2013, December 23). Get excited: Reappraising pre-performance anxiety as excitement. *Journal of Experimental Psychology: General*.

Jamieson, J. P., Mendes, W. B., & Nock, M. K. (2013). Improving acute stress responses: The power of reappraisal. *Current Directions of Psychological Science, 22*, 51-56.

Riise, E. N., Kvale, G., Öst, L-G, Skjold, S. H., Hansen, H. & Hansen, B. (2016). Concentrated exposure and response prevention for adolescents with obsessive-compulsive disorder: An effectiveness study. *Journal of Obsessive-Compulsive and Related Disorders, 11*, 13-21.

Otto, M. W., Tolin, D. F., Nationals, K. R., Utschig, A. C., Rothbaum, B. O., Hofmann, S. G., et al. (2012). Five sessions and counting: Considering ultra-brief treatment for panic disorder. *Depression and Anxiety, 29*, 465-470.

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Abramowitz, J. S. (1996). Variants of exposure and response prevention in the treatment of obsessive-compulsive disorder: A meta-analysis. *Behavior Therapy, 27*, 583-600.

Bohn, Christiane; Aderka, Idan M.; Schreiber, Franziska; Stangier, Ulrich; Hofmann, Stefan G. (2013) Sudden gains in cognitive therapy and interpersonal therapy for social anxiety disorder. *Journal of Consulting and Clinical Psychology, 81(1)*, 177-182.

Clerkin, Elise M., Teachman, Bethany A. & Smith-Janik, Shannan B. (2008). Sudden gains in group cognitive-behavioral therapy for panic disorder. *Behaviour Research and Therapy, 46(11)*, 1244-1250

Norton, Peter J., Klenck, Suzanne C. & Barrera, Terri L. (2010). Sudden gains during cognitive-behavioral group therapy for anxiety disorders. *Journal of Anxiety Disorders, 24(8)*, 887-892.

Rosa-Alcázar, A. I., Sánchez-Meca, J., Gómez-Conesa, A., & Marín-Martínez, F. (2008). Psychological treatment of obsessive-compulsive disorder: A meta-analysis. *Clinical Psychology Review, 28*, 1310-1325.

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video clips courtesy of

Milton H. Erickson Foundation
Brief Therapy Conference 2018

&

Psychotherapy.net
Strategic Treatment of Anxiety Disorders



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Learning Objectives

1. Instruct a client in logically dismantling the common dysfunctional frames of reference of OCD
2. Establish a new, internally-consistent paradoxical frame of reference
3. Explain how to activate “approach” emotions toward anxious uncertainty during exposure

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Here comes Objective 1

“...logically dismantling the common dysfunctional frames of reference...”

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Therapist Tasks

- Get rapport (and get it again)
- Get placebo
- Get an outcome picture
- Persuade them to adopt paradoxical frame of reference
- Collaborative paradoxical strategies
- Behavioral experiments



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- Pull them away, step-by-step, from their frame of reference
 - dismantle their logical system
 - box it all up into one entity
 - “It’s irrelevant”
 - “Isn’t that noise?”
 - “That’s the Disorder talking”



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- Build a compelling new logical system
 - Don't just explain it; install it!
 - It's NOT that. It's THIS!
 - Install it now, at the beginning of treatment
 - Install it deeply enough that it holds over time

But do all this with finesse

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Your challenger—OCD—taught you
rules so IT could win

Here they are...

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1. Be careful or you might cause a horrible
problem

OR

Be worried that you've already caused one

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2. If a fearful thought pops up, take it
seriously

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3. Feel absolutely certain

(that you haven't caused or won't cause a
problem; that you haven't made a mistake;
that everyone will be safe)

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4. Use your anxiety as a gauge: if you feel
uncomfortable, then there is still Danger

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5. Always act defensively

Back away/avoid	Give up territory
Worry/dread future	Do rituals/ compulsions


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When you act 100% defensively,
OCD always wins

Yo ↓



↓ OCD



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Here comes Objective 2

Establish a new, internally-consistent
paradoxical frame of reference

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- The Strategic Approach
1. Act as though the content is irrelevant
 2. Accept the obsession when it pops up
 3. Seek out uncertainty
 4. Seek out distress

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Segment 4

Step BACK to Step UP

Here comes Robyn...

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We want to go one level up in abstraction

“...step out of...”

“I wash my hands to get rid of contamination”

“...then step into...”

“I do a repetitive behavior to get rid of my doubt about something that seems risky or dangerous”

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These are all the same! And...
They are NOT relevant

- “I think that spot might have been blood?”
- “Did I run someone over?”
- “If I don’t undo that, something bad may happen”
- “There’s a chance I just offended God”
- “What if I did something terrible without knowing it?”
- “This doesn’t feel right”

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“I can’t handle that!”	“I don’t like it, but I can handle it”
<ul style="list-style-type: none">• Humiliating self with coworkers• Allowing kids to be in danger• Harming family → salmonella• Burning house down• Realizing I’m bad person• Running someone over• Touching a child sexually• Causing something horrendous	A generic sense of uncertainty & distress

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- ❖ It’s hard, but it’s simple
- ❖ Intrude into the closed system
- ❖ “I can handle uncertainty”
 - “You handle it all the time”

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Cross the transaction

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Get.
Off.
Content.

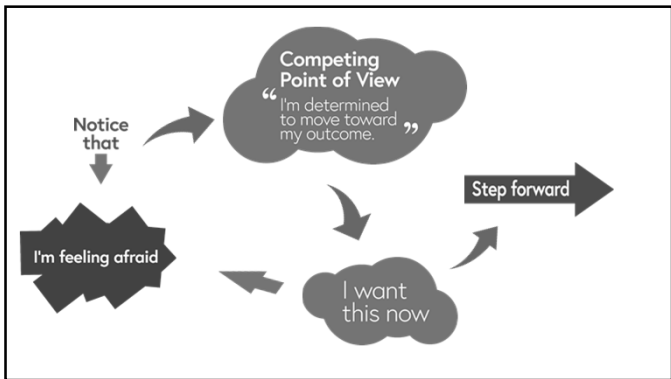
29

Here comes Objective 3

Explain how to activate “approach” emotions toward anxious uncertainty during exposure

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I want this!

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“I want to not know if [content]”
vs.
“I want to not know — period”

- ❖ “Content is irrelevant, trash, [nothing]”
- ❖ Go get specific to sit with generic

Clips 5&6

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Segment 8

This is not just exposure

It’s an attitude change

“I’m asking you to want to feel contaminated, & then feel contaminated... Go get it, on purpose”

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Externalize – Detach

“What happens to OCD when you start saying, ‘I’m looking for opportunities to feel contaminated?’”

“It’s not feeding it” [meaning “then my stance would not feed the OCD”]

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“What’s going to happen to OCD if you say, ‘This is exactly what I want right now?’”

- “Maybe it makes the OCD uncomfortable”

“...How would you like to turn tables on OCD?”

- “That would be awesome!”

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Double-paradox of “Good!”

- ✓ Access neuropathway
- ✓ Modify neuropathway

“Activate to generate...”

“Neurons that fire together...”

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“Did I do something wrong?” ← automatic

“Oh, no! I need to find out!”

“Good. There is my obsession. I am not answering that question. I WANT to not know.”

“I’m scared!”

“Good. I am looking for anxiety too.”

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“Could I really act on that thought?” ← automatic

“Oh, no! I need to find out!”

“Good. There is my obsession. I am not answering that question. I WANT to not know.”

“I’m scared!”

“Good. I am looking for anxiety too.”

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Step back... to step up

↓

“Great” “Thank you!” “Give that to me again!”

↓

Let go of / turn away from...

↓

And sit with...

❖ The Game — “Act as though...”

Clip 7

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Act as though...

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- ❖ “Bolt it down!”
- ❖ “ ‘Sometimes I do & sometimes I don’t’ is not acceptable”
- ❖ “You gotta get bigger, tougher”
 - “OCD is like a little puppy”

Clip 12

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Get big! — Change who is in charge

“Bad dog!”


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They need to be “All In”

- ✓ Here (but not here)
- ✓ This long

But still... “All In”



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They need to be “All In”

Work during session in such a way that, by end of session, they agree to generate some degree of uncertainty & distress regarding their themes...

- eventually they need to increase degree of uncertainty/distress or they will plateau off

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Bob: Making the messages his own

- “What’s next?”
- “Let ‘em come – Give me your threats”
- “I don’t care... I’m not playing this game”
- “You wanna go? Give it to me – Let’s go”
- He’s mindful—starting activity that might trigger thought

He’s all in!

Clip 6 5 min

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Segment 11

DETACHMENT & OWNERSHIP

- What Disorder tells her to be afraid of vs. what she’s actually afraid of. She is just plain scared. Perfect.
- Therefore, we can *[but don’t have to]* go to the highest item on Disorder’s list. And why not? It’s a meaningless hierarchy.
- She picks the dirtiest spot on the floor to touch. Ownership in the protocol!

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Sandra

- OCD 21 years
- Rabies, other contaminations, ordering
- 1 bottle Champagne per night
- Session 4 (5 weeks)
- CLIP 1, 30 sec., her response to improving

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- Essential placebo & rapport: “I finally met someone who knows what I’m talking”
- Generating 2nd voice (NOT dominant yet): “I wanted to be optimistic, but I was very pessimist”
 - “21 years is too deep. I’ve tried over & over, & I have failed every time.”



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- Watch her light up. “What you put on the board! That’s what you did! That’s what you do!”
- Self-talk that manifests principles: “...How I need to feel anxious & distressed for prolonged time. I had that memorize, & I still say that.”
- 2nd voice becomes dominant: “I just made myself do it. I said, ‘I’m going to do it.’ ”
- “The biggest thing was...”



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- Self-talk: “It’s going to work. It can work me, too.”
- Self-talk: “I’d touch them, & I kept saying to myself, ‘You’re going to have to feel anxious.’ ”
- TRUST! “I said that over & over, ‘I hope that good doctor knows what he’s talking.’ ”
- Learning thru behavioral experiment: “Some of the things, within 15 minutes, I just moved on...”

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free videos

- How Anxiety Uses Basic Human Nature against You (5 min.)
- Why You Should Step AWAY from Your Worries” (5 min.)
- Why You DON’T Need to Relax to Get Control” (6 min.)
- How to Transform Fear” (6 min.)

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YouTube Channel

17 free videos

youtube.com/user/ReidWilsonPhD/videos

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