

Changing the OCD Mindset – Rapidly



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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

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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

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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

15

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

16

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

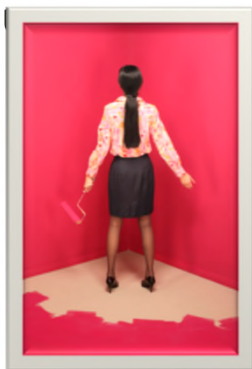
Worry/dread
future

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”

Clip 13

27

Cross the transaction

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Get.

Off.

Content.

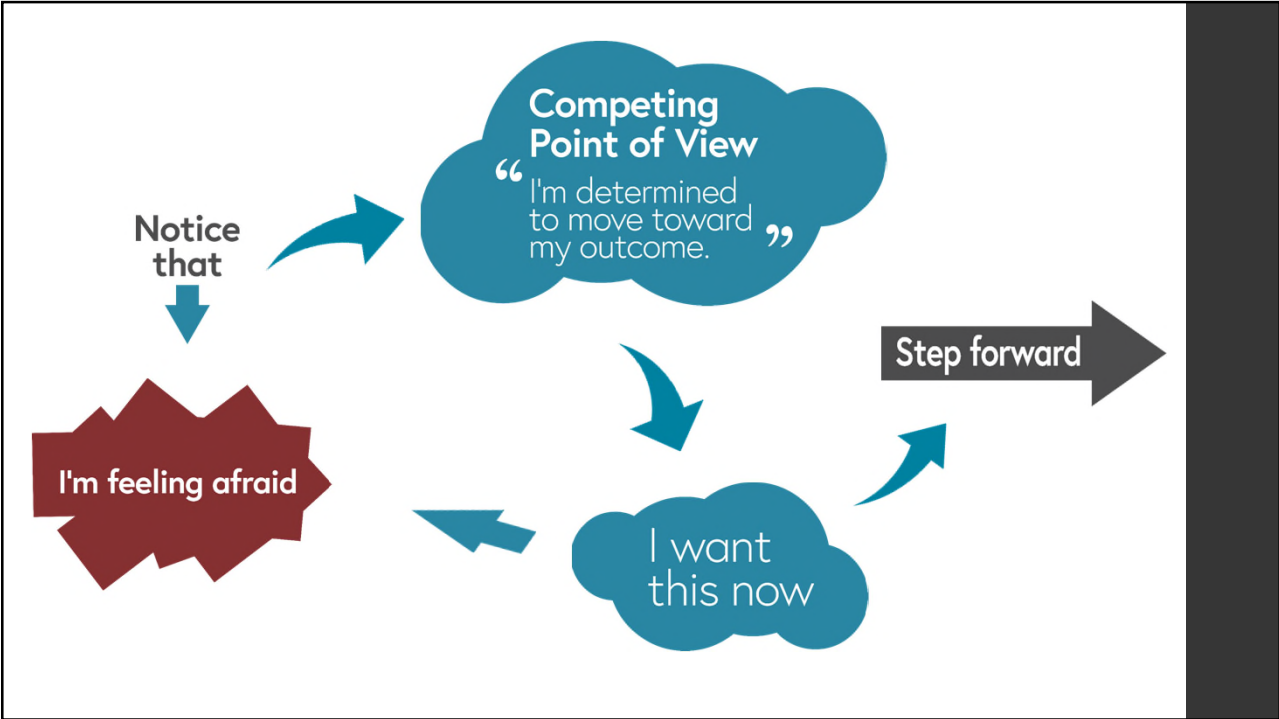
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Here comes Objective 3

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?”

“Oh, no! I need to find out!”

← automatic

“**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?”
“Oh, no! I need to find out!”

← automatic

“**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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Anxieties.com

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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