Sexual Intrusive Thoughts

By Emotion of Life

WHAT ARE INTRUSIVE THOUGHTS?

Intrusive thoughts are unwanted thoughts, impulses, or mental images that cause anxiety, and stress. They can also make it hard to carry out everyday responsibilities at work, at school, or in the home. These thoughts may focus on the fear of committing an act a person considers harmful, violent, immoral, sexually inappropriate, or sacrilegious. The person does not want to act on these thoughts (although the OCD may attempt to persuade the person that there is a chance), and these thoughts bring no pleasure, causing extreme distress.

What are sexual intrusive thoughts?

Sexual Intrusive Thoughts consist of unwanted sexual thoughts. This may include fears related to one's sexual orientation or what others might think. It may also contain mental imagery of sexual behaviors that the individual finds immoral or abhorrent. The person may fear committing a harmful sexual act or being sexually aggressive. Individuals with OCD may even suffer from unwanted intrusive thoughts about committing a sexual act with a child. This is not the same as having a sexual fantasy, being a pedophile, or being homophobic.

Examples of sexual intrusive thoughts:

- Recurrent fears of sexual acts with a child
- Recurrent worries about having a different sexual orientation
- Repetitive thoughts of touching someone inappropriately on impulse
- Unwanted sexual thoughts or images involving animals
- Distressing thoughts about sex involving religious figures

COMMON COMPULSIONS OF SEXUAL OCD:-

As individuals experience these types of obsessions, they begin to develop compulsions or behaviors that are employed in order to cope with the anxiety caused by their sexual intrusive thoughts.

Some common compulsions of Sexual OCD are:

- Avoiding situations where they may interact or encounter a subject of their intrusive thoughts
- Performing mental rituals to replace unacceptable sexual thoughts with acceptable sexual thoughts
- Avoiding sex so they do not harm their partner
- Mentally reviewing past sexual behaviors for signs of perversion or depravity
- Checking for genital arousal when encountering or interacting with the subject of their obsessions

TREATMENT OF SEXUAL INTRUSIVE THOUGHTS:-

Mindful-Based CBT

teaches patients that everyone experiences intrusive thoughts. Individuals will also learn that intrusive thoughts have no power over them and that by responding to their thoughts through compulsive behaviors, their thoughts are given more strength and credibility and their fears and obsessions are strengthened and reinforced. Mindfulness-Based CBT is a very effective OCD treatment, especially when combined with ERP.

ERP

exposes patients to situations related to their intrusive thoughts that cause them anxiety. The goal of this treatment is for the patient to prevent himself or herself from completing their compulsive behaviors when triggered by intrusive thoughts. The situations that are confronted will intensify over time, until the patient can face and overcome their most feared scenario. Once they are able to stop themselves from responding to their intrusive thoughts with compulsive behaviors, they can experience tremendous relief from the symptoms of OCD.

Exposure and Response Prevention Therapy

Exposure and response prevention therapy (ERP) is a form of psychotherapy that's well supported, and commonly used, for the treatment of OCD. It falls under the broader category of cognitive behavioral therapy, and you may notice several similarities to the treatment of anxiety disorders.

Some forms of psychotherapy, such as those based around insight and finding the root cause of problems, may do more harm than good when it comes to OCD. They simply place more focus upon obsessions and compulsions, without providing any tools to manage them.

In the course of ERP, the client will be exposed to the sources of their anxiety, obsessions, and compulsions. As the client is exposed to their triggers, they will practice refraining from their compulsive behaviors. This will break the cycle of avoidance and the reinforcement of anxiety.

Psychoeducation

Before moving into the exposure portion of treatment, clients should have an understanding of how OCD works, what their obsessions and compulsions are (and how they are harmful), and how exposure will help them. Exposure therapies are, by definition, uncomfortable for clients. Few will consider facing their fears unless they believe in the treatment.

Proper psychoeduation includes a discussion about the length of treatment. Don't expect a significant change in obsessions and compulsions after only one week. Explain that, at first, your client will simply be resisting their compulsions. It won't feel great. After a week or more of practice, their anxiety will slowly begin to diminish. And then, in time, their obsessions and compulsions will also begin to fade (which will further reduce the anxiety).

OCD EXPOSURE HIERARCHY

Before beginning exposure, you'll need to identify specific obsessions, compulsions, and sources of anxiety that you would like to target. This will require some exploration and analysis. Give special attention to situations that your client tends to avoid due to their anxiety.

This portion of treatment can also include discussion regarding the meaning of compulsions and rituals to your client. It can be valuable to begin labeling obsessions and compulsions as such.

After exploring your client's sources of anxiety, collaborate to record them on an OCD Exposure Hierarchy form. Each trigger should be ranked and listed from the most to least distressing.The exposure hierarchy lays out a roadmap for the rest of treatment. Clients will face their triggers beginning with the least distressing items, and moving to more difficult levels as they improve. For this reason, be sure to list a variety of triggers, including some that that only cause a low level of distress, with a steady progression toward greater levels of distress.

Exposure Hierarchy

reate a list of anxiety-producing situations, beginning with the *most* distressing, and
nding with the *least* distressing. Rank how distressing each item is on a scale of 1 to 10.

Anxiety, Obsession, or Compulsion Trigger	Distress Level (1 – 10)
0	

Exposure Homework Form

Situation to practice: _____

_____

Record Keeping
Record how difficult it was to complete the exercise each day of the week.

1 2 3 4 5 6 7 8 9 10
Very Easy — Moderate — Very Difficult

Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.

Notes
Record any challenges that you encounter, or any comments about the process.

_____

_____

_____

_____

EXPOSURE AND RESPONSE PREVENTION

During the exposure stage of treatment, your client will face a distressing situation (beginning at the bottom of the exposure hierarchy) and consciously refrain from their compulsion for at least two hours. This task should be practiced *daily*. Exposure can begin in session, but it should also continue throughout the week as homework. The standard hour-a-week sessions simply don't leave enough time for adequate exposure.

Based upon the example exposure hierarchy from above, the client will first be asked to touch a doorknob in a public place, and then refrain from their compulsion (e.g. washing their hands) for two hours. During this time they will most likely experience anxiety and the desire to act on their compulsion, but they will consciously refrain.

If your client can't contain their compulsions after grabbing a doorknob, ask them to touch it with only one finger. Be creative to come up with forms of exposure that are challenging, but not impossible.

As a normal, empathy-feeling human, you may be tempted to reassure your client that "everything will be OK" during exposure. While it's fine to explain at the beginning of treatment that your client will never be placed in danger during their sessions, reassurance *during* exposure acts as a form of avoidance. Remember, your client is supposed to be experiencing anxiety, and reassuring them contradicts that goal.

After your client has become more comfortable with the lowest level of the hierarchy, move to the next trigger on the list. The anxiety associated with each level doesn't have to totally disappear before you move on, but the next task should feel manageable (although challenging).

As a basic model for the progression through this stage of treatment, try to introduce your client to a new level on the exposure hierarchy each week during their therapy session. If possible, begin practicing the exposure in session, and ask that your client also practices every day at home until they return for their next session. The importance of properly completing the homework cannot be emphasized enough. Ask your client to set a timer for two to three hours after exposure to their trigger to keep track of how long they must resist their compulsion. No cheating!

Of course, the time frame for treatment will differ case-by-case. Use your professional judgement to move your client through the hierarchy at a pace that's appropriate for them.

HANDLING MENTAL COMPULSIONS

Mental compulsions, such as self-reassurance, internal counting, special prayers, mentally reviewing situations, and others, can pose a special challenge during response prevention. Mental compulsions are often automatic and almost involuntary.

Oftentimes, therapists' natural response to this challenge is to teach clients to distract themselves. This may treat the symptoms in the moment, but not the underlying issue. Distraction works as a form of avoidance from the anxiety.

Instead, clients should be taught to "spoil" their mental compulsions by re-exposing themselves to the trigger with their thoughts.

For example, someone might experience a great deal of anxiety after having normal conversations. Afterwards, they mentally review the conversation again and again, looking for evidence that they acted normally. This mental process can be spoiled by replacing the reassuring thoughts with alternatives such as: "I might have made a fool of myself during that conversations."

Spoiling the reassuring thoughts forces the client to continue their exposure to the anxiety, which will eventually result in its diminishment.

Thank you!