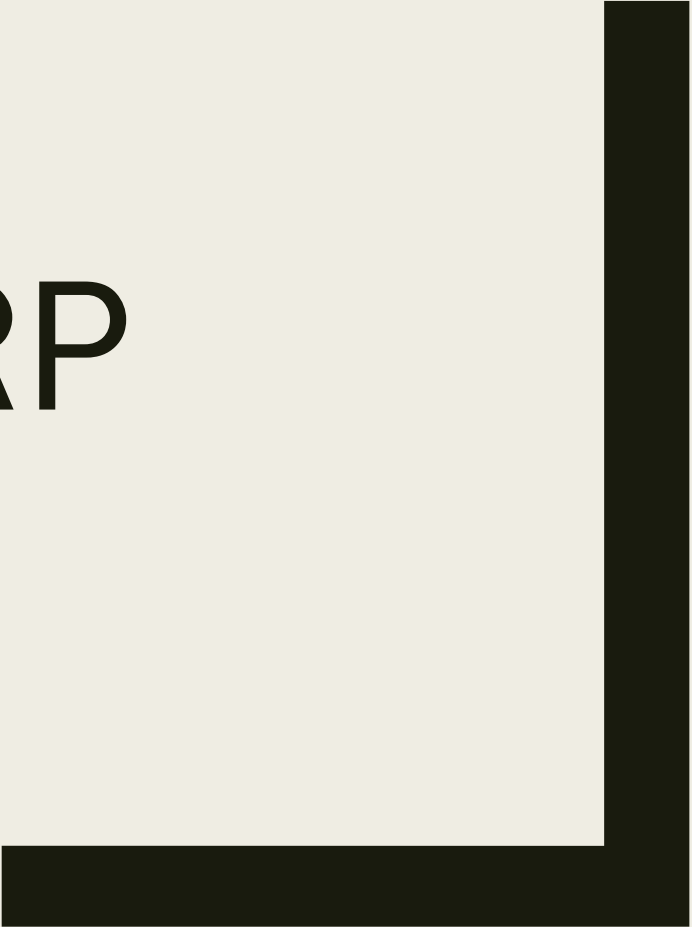




OCD AND ERP

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Behavior Therapy Training Institute (BTTI)

- I am not BTTI certified or trained.
- I was lucky enough to have a practicum year at The OCD and Anxiety Treatment Center (TOATC)
 - *I would highly recommend this service for clients needing IOP*
- You should definitely get more training beyond this presentation to practice Exposure and Response Prevention Therapy.
- If you are interested in learning more you can sign up on the interest list for future BTTI trainings.
- You can find the information and sign up on the interest list at
 - <https://iocdf.org/professionals/training-institute/btti/>
 - *iocdf.org is best source for good information on OCD and ERP. The information in the presentation comes from said website and my training from TOATC*

Subtypes and facts

- OCD is much more than fears of contamination and cleanliness
 - *Violent or sexual obsession; harm, homosexual, pedophile*
 - *Contamination*
 - *Relationship*
 - *Perfectionism*
 - *Scrupulosity*
 - *More on IOCDF.org*
- OCD attacks the parts of life that are important to people. Destroys relationships, pushes people to isolate, moves people away from opportunities, forces people to live in fear.
- It can take some people 14-17 years to seek and find help
- More facts @ <https://iocdf.org/wp-content/uploads/2014/10/What-You-Need-To-Know-About-OCD.pdf>
- Many use OCD as a joke or in a light hearted fashion. Help to educate.

What is OCD

- The brain has an alarm system usually it works well. Over the years it has helped us survive as humans.
- The OCD alarm system is going off and treating obsessions like they are real threats, even though a majority of the time the threat is not real.
- There has been evidence that it is passed genetically. <https://iocdf.org/about-ocd/what-causes-ocd/>

Why OCD gets so strong

- We begin with intrusive thoughts – unwanted, undesired, stick around even when we tell them to leave.
- Fear/threat – Bad things that our brain says will happen
 - *The OCD brain reacts to a thought or thing that is less of a threat like it is more of a threat*
- Compulsive urge – thoughts of how to push away our fear
- Compulsive bx
- Feels good to do the compulsive bx
- You should do that more because it felt safe. Cuts the path deeper to ritualize and require compulsive bx
 - *OCD is the alarm system that is going off when you know that the threat is not real. OCD is not a logical argument with the mind. Many people with OCD acknowledge that they know that there is no fear, but they feel like the fear is real and they have to respond, even if it is not real.*

Where we focus

- There are only certain places within the cycle that we can intervene
 - *That location is controlling the compulsive behavior – aka not doing compulsive action, thought, bx.*
- The intrusive thought cannot be stopped so we are going to be ok with that thought being there and it is not useful to try to fight against that thought.

Identifying compulsive bx

- We have to work hand in hand with the client to better understand what compulsive behaviors they are performing.
 - *There are situation that a client tries and attempts to avoid – ex. will not hold a knife around people*
 - *There are situation that a client cannot avoid so they create bx to be able try and push away intrusive thoughts, fears, and uncertainty – If they have to use a knife for dinner, they may strategically place themselves at the table.*
 - *Compulsive bx they have recruited other people to perform for them.*
- It is very important that clients are able to identify their compulsive behaviors, even if they cannot prevent it immediately it is important to foster awareness.

Building exposure lists

- We are building exposure lists **WITH** the client.
- All exposures should be consensual.
- Difficult and desirable.
- The exposures I build are based around the life that the client lives and support the client to live their values.
- Inappropriate exposures are not good. Don't do illegal things.
- Building many exposures and having client rate the difficulty 1-10 (SUDS)

Exposure and Response Prevention

- Client is exposed to fears and intrusive thoughts.
- Client resists compulsive response as they notice urges arise.
- Need to practice with clients to help them build awareness and strength.
- Be willing to engage with the exposures with clients.
- Goal is to build new neural networks to train brain on new ways to respond to intrusive thoughts and fears.
- Client can do exposure with clinician and alone to vary environments.
- The goal of exposure is different than traditional CBT, OCD is not logical, we are not facing it with rationalization.

Exposure and Response Prevention

- Learning how to deal with compulsive bx while we are in an exposure.
- How to help client not physically respond
 - *Using relaxed and calm body. Leaning into whatever they are afraid of.*
 - *Training the brain that we don't have to respond that way, the alarm signal is not needed*
- What to do with thoughts while doing an exposures
 - *Lean into thoughts. Try to agree with the thoughts.*
- We are always working to embrace uncertainty with the client.
- We really don't care about decreasing anxiety during an exposure. We are focused on preventing compulsive bx during the exposure.
- Do not save our clients from anxiety. Keep present with the exposure.
- Exposures can vary in time and intensity and that is good.
- Lots of encouragement, 'you are doing great.' 'Nice job recognizing your compulsive behaviors.' 'Nice job leaning into the fear.'
- We do not want client to leave the exposure and then perform a compulsion right after. If it was hard and you don't perform compulsion, your brain just learned a LOT!

How family can be involved

- Family can gain education on what OCD is.
- Often families will feed into compulsive bx because they do not understand OCD.
- Family can learn to respond with uncertainty rather than rationalizing or reassuring .
- How to respectfully ask or call out compulsive behaviors.