

# OCD 101: Understanding Why You Have It And What You Can Do About It

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## Melanie's Story

- Severe OCD for over 20 years.
- After an inpatient hospitalization came to me severely suicidal.
- BDD and Perfectionism
- 1.5 yrs later, she had graduated college, was living on her own & working

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- Melanie's tragedy was not suffering from OCD or Mis-diagnosis.
- The tragedy was that she needlessly suffered for years simply from not getting the right treatment.
- **Goal today is to help you understand the nature of OCD and this will help you understand how to use treatment to overcome OCD.**

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## The Evidence (short version)

1. Exposure & Response Prevention (ERP) is the first line treatment for OCD.
2. The Amer. Psychological Assoc. lists it as the evidenced based treatment for OCD.
3. The Amer. Psychiatric Assoc. also lists it as the first line treatment for OCD.

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And yet treatment in the US and worldwide is hard to find.

What we have discovered is that it is easier to treat OCD than it is to change the behavior of mental health practitioners.

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## What is the core of OCD?

- 1992 study comparing OCD patients who received either SSRI's or ERP for treatment.
- Those who improved showed the same changes in PET scans of brain activity.
- So OCD is biological!

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## The core of OCD

- Biological? Not exactly.
- All learning in brain will have a neuro-bio-chemical representation
- The fact a behavioral technique can alter brain chemistry is not the amazing finding of the study.

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## The core of OCD

- “So which is better: Medication or ERP?” is the wrong question.
- OCD is both a learned and biological disorder.

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## The core of OCD

- Hewlitt suggests that in OCD the threshold for these responses is lower.
- That is, you respond with more anxiety to lower levels of uncertainty.
- And you don't get the satisfaction from completing an activity.

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## The core of OCD

- Biological this is the core of OCD.
- But doesn't explain all complications and manifestations of OCD.
- Provides basis for learning your form of OCD and learned responses can be very powerful, very complicated and
- Medication doesn't change learning!

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## The core of OCD

- Reducing the urge is not enough. In controlled studies, medication alone leads to 30% to 50% symptom reduction, better than nothing, but this leaves many sufferers still symptomatic.
- Medication for biology and ERP for learning.

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## So What Do We Understand?

- For sufferers it feels like they are losing their minds: overwhelmed by anxiety engaging in behavior they know are senseless.
- And everyone agrees the behaviors are senseless, which further reinforces the sufferers belief that they must be “crazy.”

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## So What Is Driving Sufferers?

- Anxiety. A panic that threatens to overwhelm.
- If you're a sufferer, you don't listen to family because you already know the behaviors are irrational. But you also know what happens if you don't listen to OCD.

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## Uncertainty: The Core of OCD

- The inability to be certain is normal.
- Sufferers recognize they can't be 100% certain and then they make a mistake: you try to alleviate your anxiety by obtaining 100% certainty.
- Logic doesn't change feelings.
- For every logical answer, there is another what if.

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## Uncertainty: The Core of OCD

- If your goal in is to be certain, then there is no help for you.
- The goal is to live w/ uncertainty w/out anxiety and rituals. To be free.

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## Uncertainty: The Core of OCD

- We know you can do this.
- Again, is your spouse alive?
- In the parts of your life unaffected by OCD you act like everyone else.
- The goal of treatment is learning to live with OCD uncertainties the way you live with the uncertainties of life you cope with.

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## Exposure & Response Prevention

- THE BASICS:
- What are you afraid of? These are your **obsessions**.
  - Forms for this can be downloaded for free at: [FreedomFromOCD.com](http://FreedomFromOCD.com)
- What will happen to you if you don't ritualize or can't avoid. These are your **Feared Consequences?**

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## Exposure & Response Prevention

- What are your behavioral/mental rituals?
- What are your "passive" avoidances?

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## Exposure & Response Prevention

- Treatment Involves a number of steps:
  1. Making a **Hierarchy** of your fears.
  2. Exposure – gradually confronting your feared situations.
  3. Response Prevention – not engaging in rituals following exposure.

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## Exposure

- What is the goal of exposure?
  - **Not** proving that your feared consequences won't happen.
  - Learning to live with uncertainty.
- This means we go beyond “normal” limits.
- **Consistency is the measure of severity.**

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## Exposure in Imagination

- Exposure to internal cues and thoughts.
- Help prevent mental “diluting: of exposure
- Can Be used as a pre-step to behavioral exposure.
- For the Primary Mental Obsessions, this is the main form of exposure.

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## Response Prevention

- Basically the cessation of all behavioral rituals, e.g. hand washing, asking for reassurance, checking the internet, etc.
- We don't do it for mental rituals: we don't ask you to stop thinking.

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## Exposure & Response Prevention

- We recommend spending at least 1 hour in active treatment and more time in passive treatment.
- The more immersive you can make treatment, the more successful you will be.
- OCD books, such as mine can provide further help.

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## Scripts

- Treatment is hard.
- The difference between ritualizing and treatment is that the first leads to endless rituals and the latter to an end of rituals.
- How can you help yourself to do the hard work of treatment?

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## Scripts

- Scripts are our answer to helping you to keep motivated: to work at ERP and to work on underlying thoughts that keep you trapped in your OCD.

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## Scripts

- Listen to scripts all the time – wherever it is not inappropriate to be wearing headphones do so.
- Again, your OCD never rests, so why would treatment?
- Active and Passive listening.
- Increases odds of maintaining therapeutic mindset.

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## What is a Script

- In the past our conception of fear and treatment was over-simplified.
- Your obsessive fears and feared consequences have meaning to you and treatment involves not only exposure, but your attitude towards what is happening and how it relates to the rest of your life.

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## Developing Scripts

- Treatment has to do more than make logical sense – it has to make emotional sense.
- Techniques from **Cognitive Therapy** and **Acceptance and Commitment Therapy** will be incorporated into our treatment.
- When doing this, these techniques must be modified for use with OCD.

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## Developing Scripts

- Behavior Therapy's underlying approach: if you're afraid of "x," let's have you confront it.
- Cognitive Therapy's underlying approach: your thoughts are your reality, so if you're afraid of "x," let's help you to think rationally about it and, thus, change your reality.

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## Developing Scripts

- The question is how will cognitive therapy be used to try to change how you think about your reality.
- Used incorrectly, a therapist will try to explain to you that you're rituals don't make sense.
- As you already know, logic doesn't change feelings.

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## Developing Scripts

- The certainty you and everyone else pursues doesn't represent a fact, but a feeling.
- It is a feeling that correlates with reality, but it is not reality.
- E.G., you may feel certain your spouse is alive and most of the time it is true, but if they aren't home with you, you don't know.

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## Developing Scripts

- Helping you learn to tolerate uncertainty, does not mean reassurance.
- It means deciding to cope with the possibility of your worst fears.
- Why do this?

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## Developing Scripts

- Helping you learn to tolerate uncertainty, does not mean reassurance.
- It means deciding to cope with the possibility of your worst fears.
- Why do this?
- **BECAUSE THERE IS NO CHOICE!**

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## Developing Scripts

- What would a therapist now say who had told her this won't happen?
- When developing scripts the simple question that has to be answered:  
**Is this script supporting exposure or neutralizing?**

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## Developing Scripts

- Using this simple rule, a script is neutralizing ritual if it:
  1. Is an attempt to convince you that your feared consequences aren't likely;
  2. provides a you with reasons why you shouldn't be concerned about your obsessions or anxiety.

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## Developing Scripts

- Scripts will include your feared consequences.
- The wording of this is:
  - If I don't avoid or don't do 'x' ritual, then 'y' might happen.

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## Developing Scripts

- Definition of Denial: Whenever you compare fantasy to reality, denial is taking place.
- In such comparisons, fantasy always wins, because the fantasy is the perfect world.
- Mourning is the process of moving from denial to acceptance.

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## Developing Scripts

- Scripts are more than imaginal exposure, because you will ask & answer another question:  
“Why would I take this risk?”

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## Developing Scripts

- To answer the question why would I take this risk, we have developed a set of forms to help you. We call the forms: ERP Motivators and again you can download them for free at:

**[FreedomFromOCD.com](http://FreedomFromOCD.com)**

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## ERP Motivators for Scripts

FREE DOWNLOAD AT: [FREEDOMFROMOCD.COM](http://FREEDOMFROMOCD.COM)

- The form covers 3 major areas:
  1. What have you lost to OCD?
  2. How have your hurt your family and loved ones with your OCD?
  3. How are your rituals insufficient?

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## Using Scripts

- You should record these, most phones or computers can now do this.
- As said earlier, listen as often as possible.
- The goal is for this kind of thinking to replace your automatic ritual responses to OCD, so that even when you are scared, you are more scared of continuing to have OCD rule your life.

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## Using Scripts

- Remember, whatever you practice most will be strongest – this is why treatment needs to be as constant and as immersive as possible.
- Scripts can be used in a variety of ways.

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## Using Scripts

- First and foremost, scripts support exposure and remind you of all of your goals and how you are trying to change your thinking
- Safe exposures.

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## OCD & HOPE

- Although OCD can be devastating, it is the psychological problem we can most help.
- This may be sound hard, but nothing is as hard as what you've gone through.
- You won't be normal if you beat OCD, you will be better than normal.

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You just have to take that first step of deciding you want to learn to live with uncertainty.

## QUESTIONS?

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