OCD Conference 2023   1

A Model of Self-help Treatment

within Stepped Care:

A Pilot Study

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Learning Objectives   3

1. Defend the importance of altering perception, as opposed to utilizing technique, to help clients with OCD

2. Describe how to implement a specific model of self-help throughout the treatment process

3. Explain how to respond to intrusive thoughts & feelings moment-by-moment

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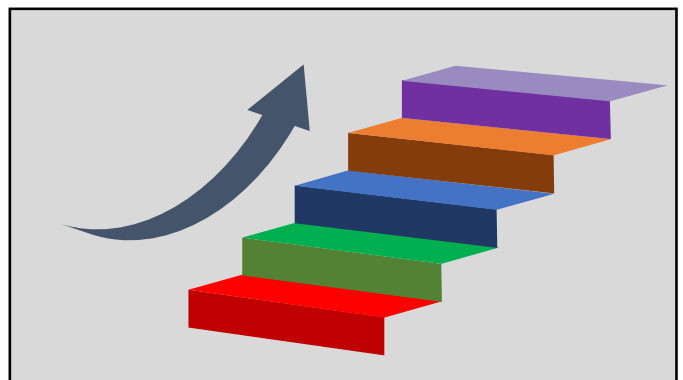
The Stepped Care Model

Step 1: simpler, less intensive, lower cost, easily accessible intervention, often with little or no clinician contact
  o For clients who have milder symptoms, fewer comorbid disorders, better insight or are more motivated

As needed, client can step up to more costly & intensive, but perhaps more effective, treatments

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How Stepped Care Model Helps Treatment?

• Enhances strengths of guided self-help

• Reduces treatment costs

• Offers significantly greater treatment flexibility

Model of Self -help Treatment within Stepped Care

Limits of Face-to-face Treatment

- 60% with OCD never see specialist
- Biggest barriers: cost, insurance coverage, time requirements
  - Other barriers: inconvenience, perceived stigma, & cultural beliefs
- Major cause of treatment failure → Lack of treatment compliance, esp. noncompliance with homework

Limits of Face-to-face Treatment (con't)

Low number of adequately trained providers

Therapists
- negative beliefs about safety of ERP
- believe clients won't tolerate exposures, &
- their own discomfort during ERP practices

Leads to "therapist drift"

Remotely-delivered Self-help

- saves financial costs & clinician time
- eliminates travel time
- reduces stigma
- offers autonomy…
- while providing treatment protocol
- can be entryway into treatment with clinician
- can serve as companion to treatment

Pandemic has increased the acceptability of digital treatments

Levels of Therapist Input in Remote Self-help

- client-guided
- therapist-guided
- therapist-directed

Contact with a clinician at any point may enhance results

Who Benefits from Remotely-delivered Self-help? Who Doesn't?

We don't know

? Pre-treatment depression

? Pre-treatment OCD severity

? Those who tend to use avoidance

Economic Benefits

The absolute benefits of face-to-face CBT are higher

Remotely-delivered therapist-guided self-help
= most cost-effective
cost savings up to 90%

Potential for Remotely-accessed Self-help

- reduces therapist time & costs of face-to-face CBT

- improves client outcomes prior to & even alongside CBT

- allows more people to receive treatment more readily

- reduces need for any professional treatment for those with lower severity

Table 2. Changes in Obsessive Compulsive Disorder Symptoms

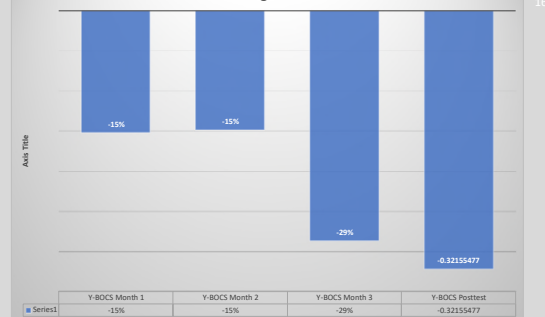|	Mean	SD	SE	95% CI	t	df	p	Cohens d
YBOCS Pre-treat → Month 1 (before Coaching session 1)	3.58	4.69	1.43	.43-6.74	2.50	11	.029	4.96
YBOCS Pre-treat → Month 2 (before Coaching session 2)	5.75	3.93	1.14	3.25-8.25	5.06	11	<.001	3.93
YBOCS Pre-treat → Month 3 (before Coaching session 3)	6.75	6.24	1.80	2.79-10.71	1.68	11	.003	6.24
YBOCS Pre-treat → Post-treat (1 month after Coach session 3)	7.58	5.21	1.50	4.27-10.90	5.04	11	<.001	5.21

Notes PHQ-9 = Patient Health Questionnarie-9; SD= Standard deviation; SE: Standard Error 95% CI= 95% confidence interval
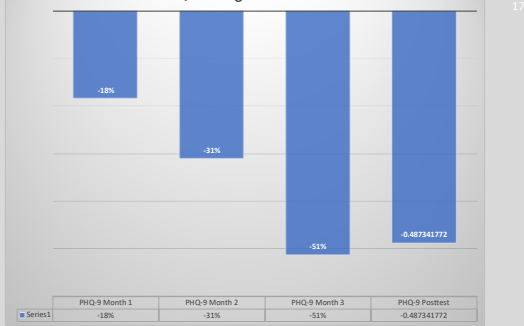
Table 3. Changes in Depression Symptoms

	Mean	SD	SE	95% CI	t	df	p	Cohens d
PHQ9 Pre-treat → Month 1 (before Coaching session 1)	2.42	4.98	1.44	-.75-5.58	1.68	11	.121	4.98
PHQ9 Pre-treat → Month 2 (before Coaching session 2)	4.08	4.44	1.28	1.26-6.91	3.19	11	.009	4.441
PHQ9 Pre-treat → Month 3 (before Coaching session 3)	6.75	5.53	1.60	3.24-10.26	4.23	11	.001	5.23
PHQ9 Pre-treat → Month 4 (1 month after Coach session 3)	6.50	4.03	1.16	3.94-9.06	5.58	11	<.001	4.03

Notes PHQ-9 = Patient Health Questionnarie-9; SD= Standard deviation; SE: Standard Error 95% CI= 95% confidence interval
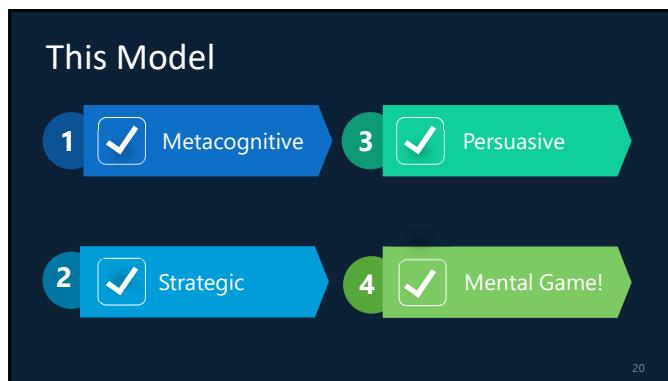

Y-BOCS Change from Pretest

	Y-BOCS Month 1	Y-BOCS Month 2	Y-BOCS Month 3	Y-BOCS Posttest
Series1	-15%	-15%	-29%	-0.32155477

PHQ-9 Change from Pretest

	PHQ-9 Month 1	PHQ-9 Month 2	PHQ-9 Month 3	PHQ-9 Posttest
Series1	-18%	-31%	-51%	-0.487341772

The next study???

The model this is based on

This Model
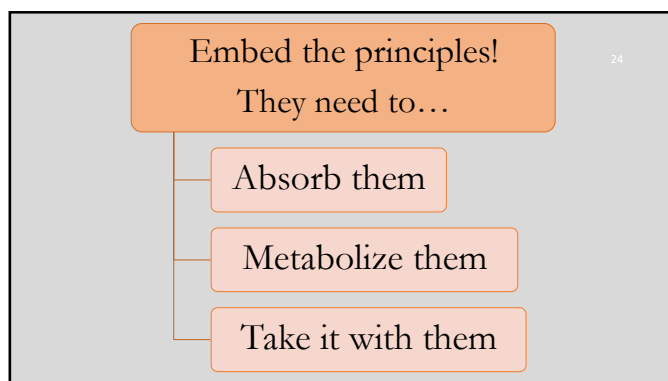
1 ☑ Metacognitive   3 ☑ Persuasive

2 ☑ Strategic   4 ☑ Mental Game!
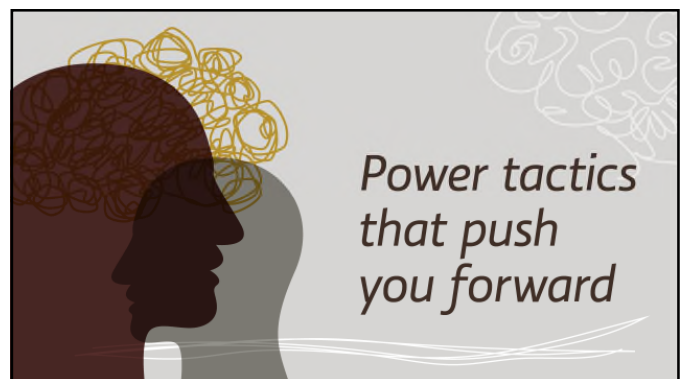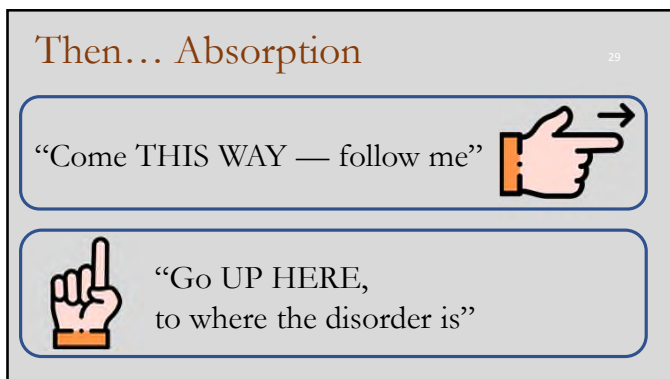
20

Meta = transcending, rising above   21

"Elevate to dominate"

Meta: Thinking about
what challenger is thinking about   22

OCD's Strategy ⟶   ⟵ Our Strategy

Its sequence of moves ⟶   ⟵ Our Sequence of moves

"What might it do now?"

The BIG Moves   23

Embed the principles!
They need to…   24

Absorb them

Metabolize them

Take it with them

Then it's self-help!
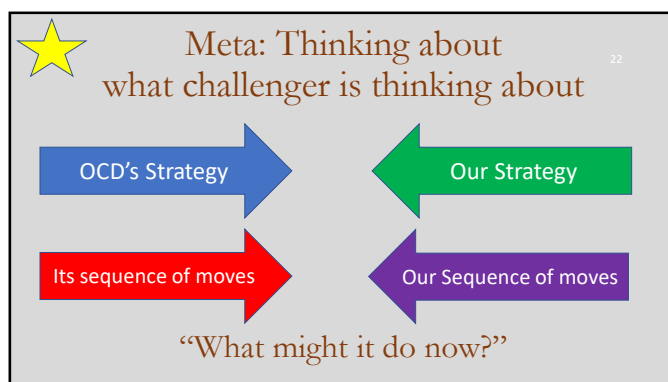
Treat your theme as irrelevant noise
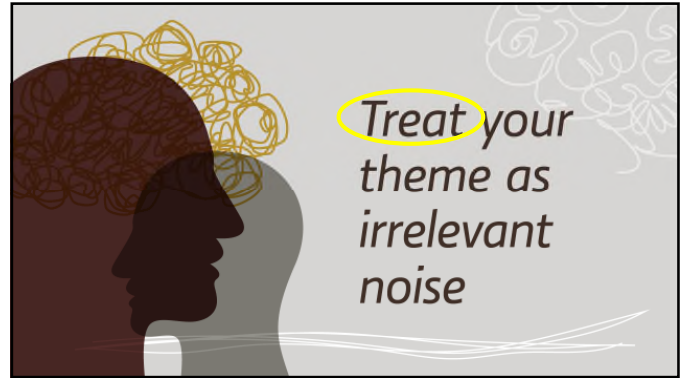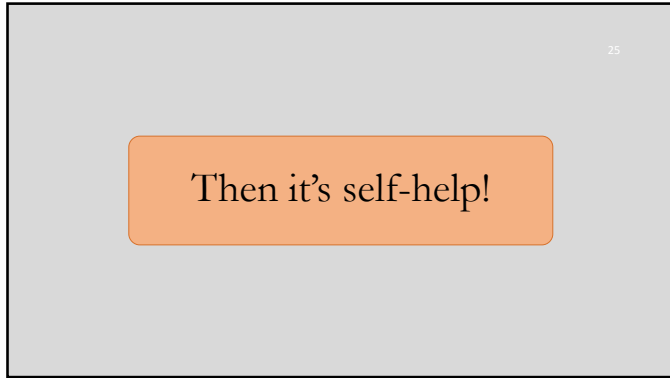
"I can't handle that!"	"I don't like it, but I can handle it"
• Humiliating self with coworkers • Allowing kids to be in danger • Harming family → salmonella • Burning house down • Realizing I'm bad person • Running someone over • Touching a child sexually	A generic sense of uncertainty & distress

Detachment

Chunk it up
"That's the Disorder"

then…
Degrade it

Then… Absorption

"Come THIS WAY — follow me"

"Go UP HERE,
to where the disorder is"

Power tactics that push you forward

Want something for YOU!

Want what you don't want!
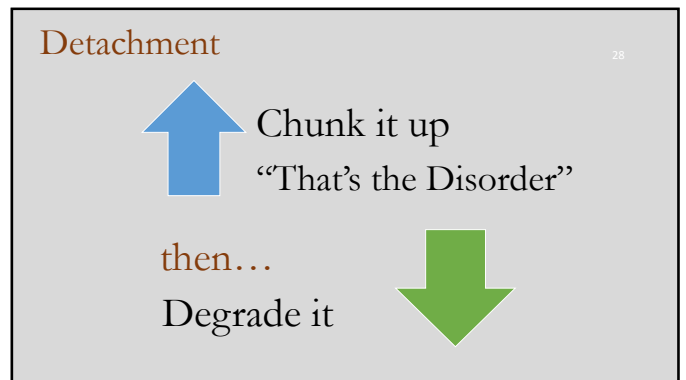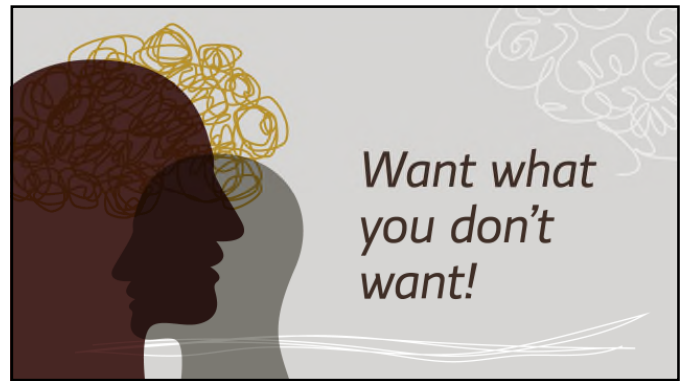
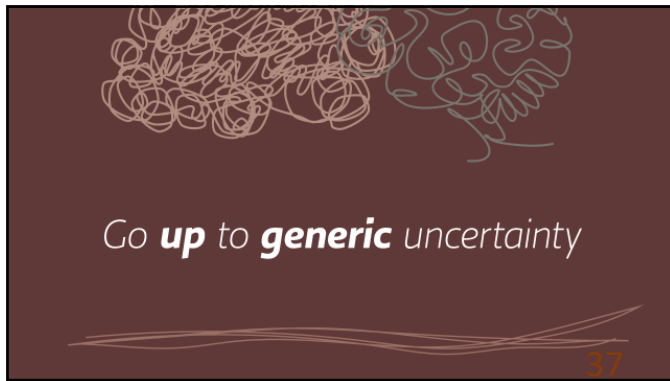"I don't want to do this.
But my therapist tells me I need to."

VS.

"I get it: Go toward my theme to get stronger.
I want to get stronger."

Get off the specifics!

"I want to not know if [content]"

vs.

"I want to not know — period"

❖ Go get specific to sit with generic

Drop the prepositional phrases!

"I don't know ~~if I just prayed to Satan~~"

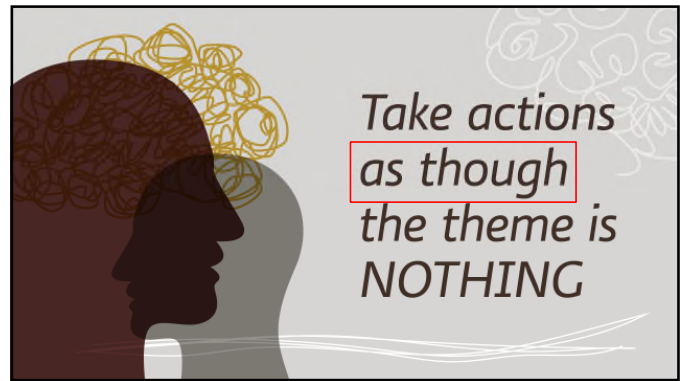"I'm uncertain ~~whether I cleaned well enough~~"

"I'm unsure ~~if I just ran someone over~~"

"Maybe I touched a child inappropriately.
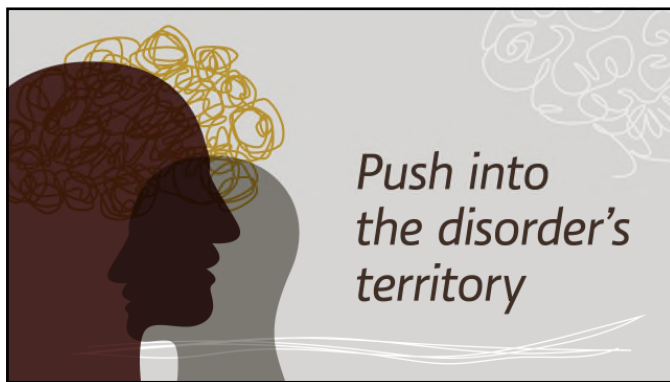Maybe I didn't.
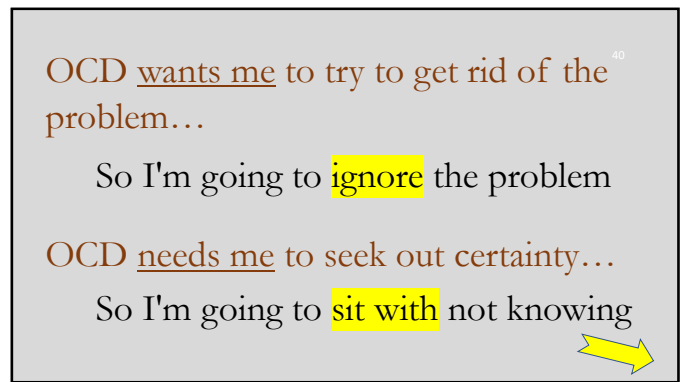I can handle uncertainty."

Go **up** to **generic** uncertainty

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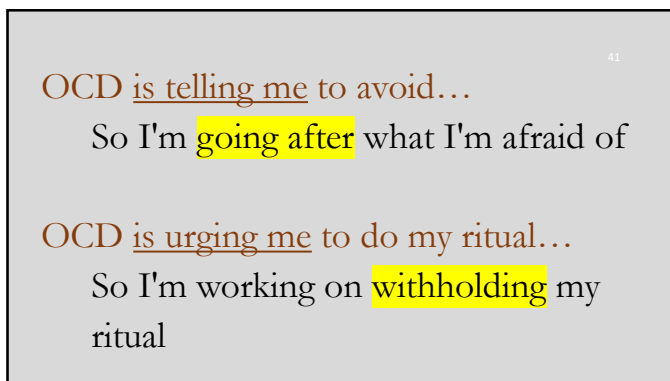Take actions
as though
the theme is
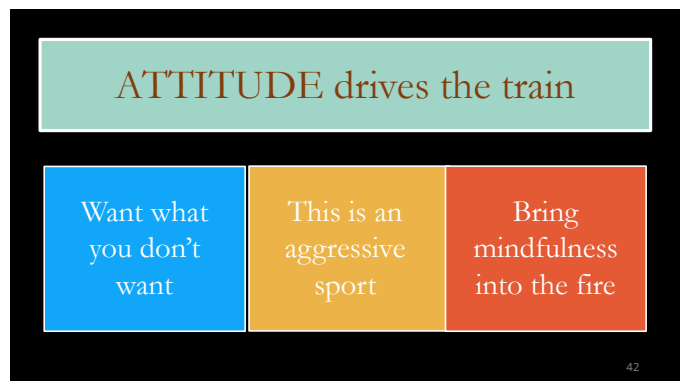NOTHING

Push into
the disorder's
territory

OCD <u>wants me</u> to try to get rid of the [40]
problem…

So I'm going to ignore the problem

OCD <u>needs me</u> to seek out certainty…

So I'm going to sit with not knowing

OCD <u>is telling me</u> to avoid… [41]

So I'm going after what I'm afraid of

OCD <u>is urging me</u> to do my ritual…

So I'm working on withholding my ritual

ATTITUDE drives the train

Want what you don't want	This is an aggressive sport	Bring mindfulness into the fire

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Once we sell it, then…
behavioral experiments

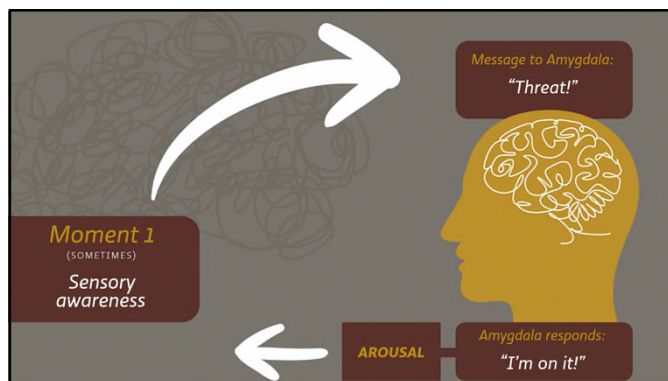"Some degree of
distressing uncertainty
about your theme"

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Work during the session so that…

By the end of the session they agree to…

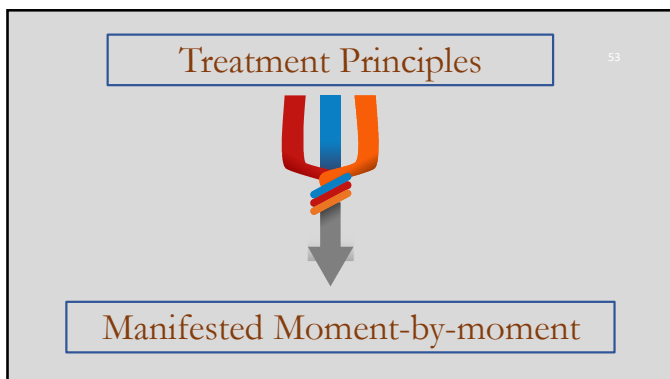Generate some degree of uncertainty & distress…
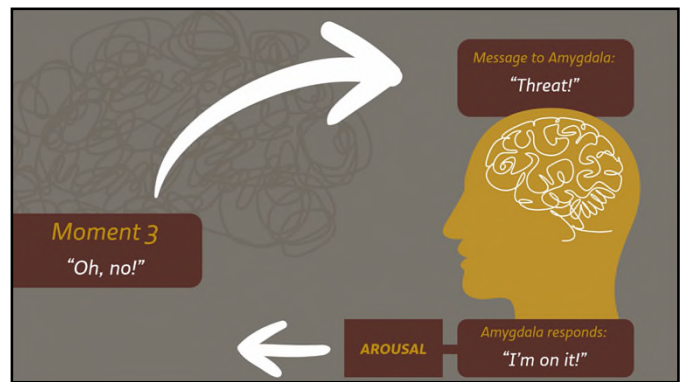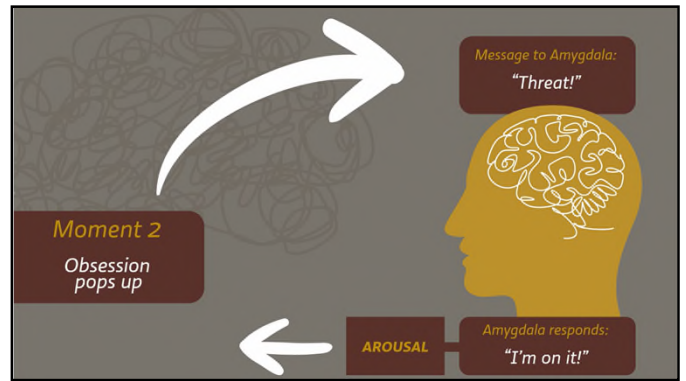
Regarding their themes

44

"Your job is to put yourself in
circumstances within which the
obsessions are more likely to pop up"
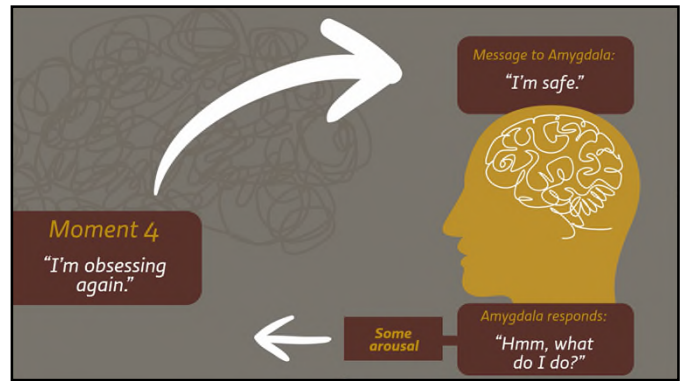
45

Get to
Moment 4

Moment 1: Sensory Awareness

Message to Amygdala:
"Threat!"

Moment 1
(SOMETIMES)

Sensory
awareness

AROUSAL

Amygdala responds:
"I'm on it!"

Moment 2: **The Obsession**

Moment 2
Obsession pops up

Message to Amygdala: "Threat!"

AROUSAL

Amygdala responds: "I'm on it!"

Moment 3: **The Fear Response**

Moment 3
"Oh, no!"

Message to Amygdala: "Threat!"

AROUSAL

Amygdala responds: "I'm on it!"

Treatment Principles

Manifested Moment-by-moment

The 3 Stages of Detachment

Moment 4: Stepping back

Verbal Cues: Stepping back

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- "There's my obsession"
- "I'm worrying again"
- "I'm focusing on my theme again"
- "Whoops, I'm doing it"

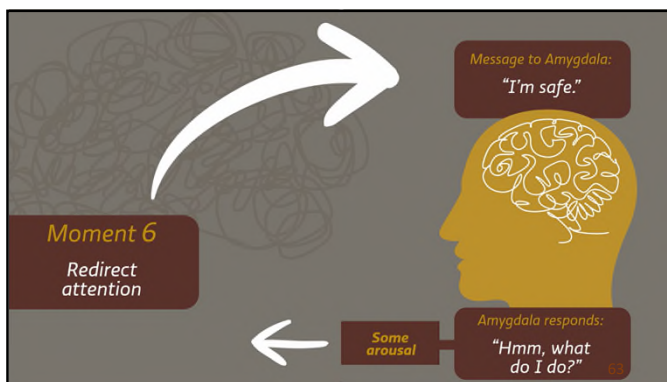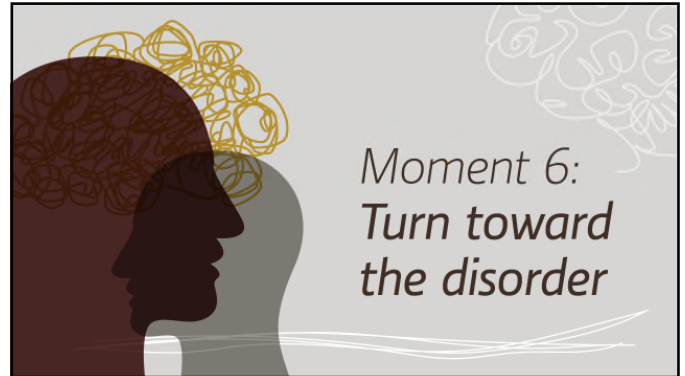### They HAVE to detach

Protect & Defend

Courageously Step Forward & Risk

DETACH

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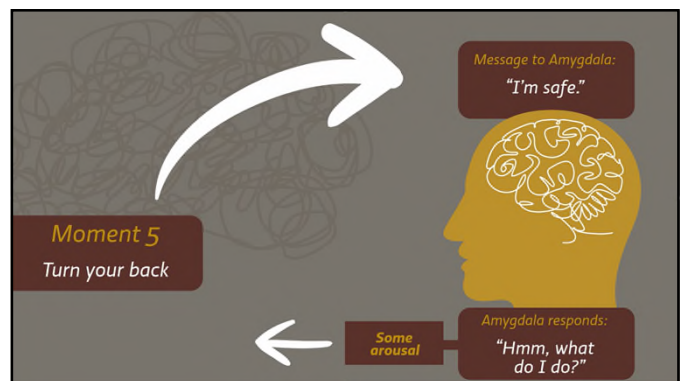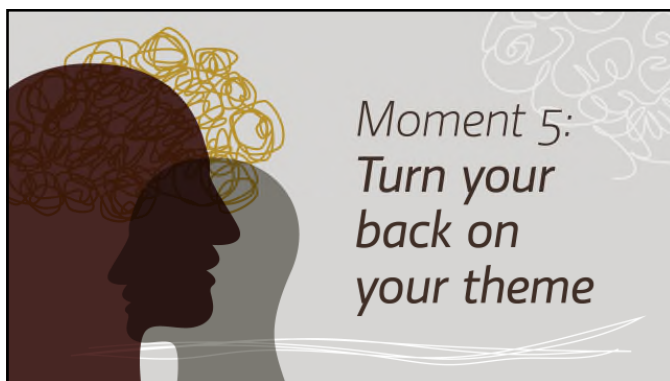
Moment 5: Turn your back on your theme

Verbal Cues:
Turning Your Back on Your Theme

- "Not going there"
- "None of my business"
- "I'm turning my back on that"
- "I'm treating this is nothing"
- "And… I'm out of here"

Moment 6:
Turn toward the disorder

Moment 6
Redirect attention

Message to Amygdala:
"I'm safe."

Some arousal

Amygdala responds:
"Hmm, what do I do?"

Verbal Cues: Turn Your Attention Elsewhere

- "I'm getting back to work"
- "Leave the room now!"
- "Now, where was I?"
- "Keep moving. Keep moving."
- "I guess it's time to count those ants on the sidewalk"

It's a single transaction!

Rules are your best friend!

(Theirs too)

Rituals, Rules & Commands!   67

Reduce obligation to

think critically about the moment

Rituals, Rules & Commands!   68

Our brains work more efficiently

when our conscious minds

are not involved

Rituals, Rules & Commands!   69

- Everything's happening crisis-mode fast
- They're competing
    - with intense resistance
    - against a pre-existing rule, ritual, or command
- Not open to discussion

When you master the rules of   70
ANY game…

You can play strategically, cleverly

Know them cold – Get to auto-pilot

What's the other choice?   71

Arguing!

Then they stay in the middle…
        …and OCD wins

A couple of the…

Tactics that mess with the pattern

Modifying the ritual pattern

What they can change

- order
- add something
- objects used
- location
- posture

- length of time
- how they use their hands
- words & tone of voice
- image
- participation of others

Postpone!