CASE PRESENTATIONS:

OCD TREATMENT FOR DIVERSE POPULATIONS FROM A DIVERSITY, EQUITY & INCLUSION LENS

International OCD Foundation

Annual OCD Conference 2023

Friday
July 7, 2023
12:30 - 2:00 PM
Room Golden Gate B

Speakers

A Diverse Panel of Clinicians Specializing in the Treatment of OCD and Related Disorders

Jelani Daniel
LPC

Marcia Rabinowitz
PsyD

Chris Trondsen
LMFT

Jenny Yip
PsyD, ABPP

OCD in Diverse Populations

Jenny Yip, PsyD, ABPP

Executive Director, Licensed Psychologist
Renewed Freedom Center for Rapid Anxiety Relief

Clinical Assistant Professor of Psychiatry
USC, Keck School of Medicine

Ethnic Minorities & OCD

- OCD affects any person regardless of age, race, gender, culture, ethnicity, or socioeconomic status.
- Despite availability of effective OCD treatment, the challenge to access it is greater for ethnic and racial minorities given persistent societal stigma and existing cultural barriers.
- According to findings by the Surgeon General, large-scale mental health research involving racial and ethnic minorities is staggeringly lacking, which has resulted in disparities between existence of effective treatments and access to quality mental health services in minority populations.
- To date, research related to OCD symptom presentation, diagnosis, or evidence-based treatment in ethnic and racial minorities is minimal to none.
- Research that currently exists on culturally diverse populations has focused on psychotic and somatoform disorders.

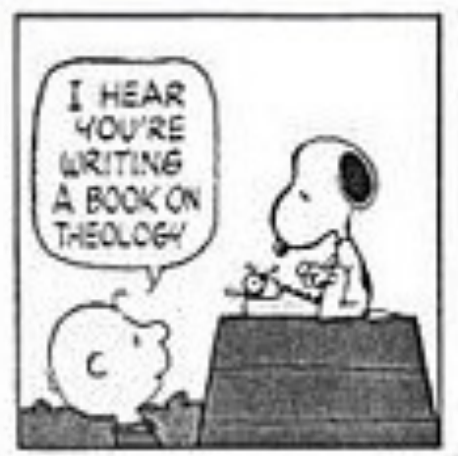
RenewedFreedomCenter

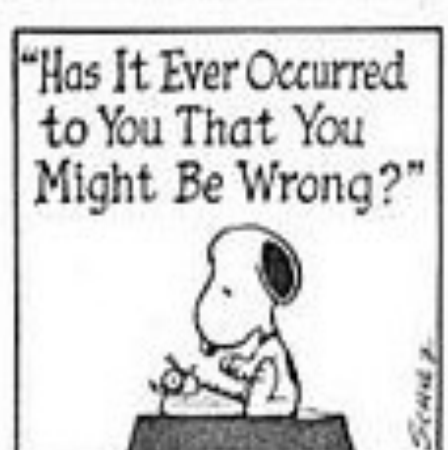
Barriers to OCD Treatment

General Population	Added Barriers for Minorities
Fear of social stigma.	Cultural stigma of perceived weakness or being labeled as “crazy”.
Lack of accurate public awareness.	Distrust of healthcare professionals.
Insufficient OCD specialists in local communities.	Discrimination, racism, and bias in healthcare settings.
Inadequate mental health training in healthcare professionals.	Reliance on alternative support (i.e., religion, traditional healers, cultural rituals).
Treatment costs.	Language & communication obstacles.
Lack of insurance coverage.	Transportation challenges.
	Difficulty finding childcare.
	Inability to take time off work for fear of losing job.
	Insufficient culturally competent treatment providers.
	A mental health system weighted heavily towards non-minority values and cultural norms.

Cultural Competence vs. Clinical Competence

- **Cultural Competence** implies the existence of a specific endpoint where no additional learning is needed.
- **Cultural Humility** describes a commitment to engage in an ever-evolving active process:
  - Lifelong learning and critical self-reflection
  - Patient-focused interviewing and treatment strategies
  - Recognizing and challenging power imbalances
  - Community-based research and advocacy
  - Pursuing institutional accountability
- **Cultural humility doesn't replace "clinical" competency.**





LGBTQ+ Case Study and Conceptualization

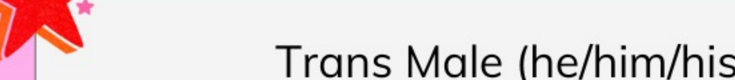
Chris Trondsen, LMFT (he/him)

IOCDF 2023 Annual OCD Conference

Overview: "Jimmy"

This section provides an overview of the client used for this case study and conceptualization, demonstrating how to treat a client with OCD through a DEI (diversity, equity, and inclusion) lens

- Currently a 20 Year Old Male



- Trans Male (he/him/his)
- Transitioned at Age 14 (Testosterone)
- Started Treatment Around 17th Bday
- High School Student at Arts HS
- Gender Identity Obsessions
- Brought by Mom & Dad (Divorced)

Background Information

- Parents supported Jimmy's transition after a gender dysphoria diagnosis
- Prior to diagnosis, Jimmy demonstrated high levels of anxiety and depression around their gender
- Suicidal ideation
- Once Jimmy began his transition, he reported no longer experiencing anxiety and depression
- Parents noticed their son was extremely happy and living a care-free and happy life
- At an arts school (K-12) with high LGBTQ population and supportive staff

Triggering Event

One of Jimmy's friends began to detransition at age 16. Their mom was good friends with Jimmy's mom. The friend's mom would talk to Jimmy's mom about their child detransitioning and Jimmy's mom began to second guess her decision to allow Jimmy to transition (FTM)

Note: Jimmy's mom was diagnosed with GAD (and who I believe also has OCD herself)

Subsequent Triggering Events

- Mom began asking her friend if there were any signs of their child wanting to detransition
- Jimmy's mom began to ask, and eventually interrogate Jimmy with questions around their decision to transition
- Mom would show Jimmy detransitioning videos
- Mom's theory was Jimmy wanted to transition after a man broke into their home prior to Jimmy's transition. She believed Jimmy felt scared as a female and wanted to transition to male to feel safe in the world
- Began making subtle comments about no longer authorizing gender affirming care

Jimmy's Initial Therapy

The change in mom's behavior began to cause Jimmy to experience high anxiety and panic

Jimmy's mom first put him in general counseling to discuss transitioning. Jimmy requested a LGBTQ+ therapist and began seeing him. However, when he did not come to conclusions mom wanted, Jimmy was placed in general counseling

General counselor confirmed initial gender dysphoria diagnosis and diagnosed Jimmy with OCD

Jimmy's OCD Diagnosis

When not under distress, Jimmy would report being clear they were male, used he/him pronouns, felt comfortable in their gender expression, and wanted to go by their name Jimmy (versus birth name)

Despite this, when triggered, he would find himself now doubting his gender identity and experienced great distress around needing to be one-hundred percent certain about their gender identity after the triggering events initiated by his mom

Obsessions and Compulsions

Obsessions

- Did I transition under false pretenses?
- Am I really transgender?
- Did I have ulterior motives for transitioning?
- Should I detransition?
- Is my mom right?
- Am I really female? Confused?

Compulsions

- Asking mom for reassurance & her opinion
- Watching detransition videos compulsively
- Questioning friend who detransitioned
- Sometimes avoidance of all the above
- Mental compulsions (rumination)

Initial OCD Treatment

- Cis-gendered, heterosexual male therapist
- Did not ask much about client's gender identity
- Treated Jimmy's OCD experience as any other client
- Exposures included imaginal of really being a female and transitioning in error, made wrong decision, and never knowing true gender identity
- Watching hours of detransitioning videos and finding similarities in his story
- Mom in session telling Jimmy she should never have let him transition
- Dress up in skirts and blouses
- Put on make-up and wigs
- Get called dead name by parents and therapist

Results of Previous OCD Treatment

Client became very depressed in previous treatment

No longer wanting to continue OCD treatment despite being person who initiated it

Further rift with mom and prioritized time with dad

Felt even more lost

OCD Treatment Through a DEI Lens

Collected extensive background information. It became very clear to me that this was purely OCD. Jimmy was very clear on their gender, remembered being depressed as a female, and loved everything about being male

Asked treatment goals. He wanted a relationship with their mom and to split the time with both parents. He wanted to stay at his high school and continue to hang out with friends, including the friend who detransitioned

Wanted to stop questioning his transition and go back to living life prior to being triggered by his mom

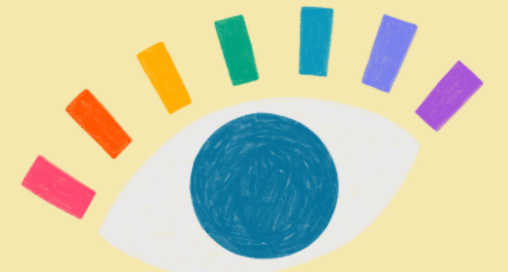
ERP for OCD

- How we got here: Doubt was not coming from an internal source. It was coming from an external source (mom, others transitioning) and the questioning and compulsions were making it feel relevant to him
- Values based exposures including returning to his arts high school, spending time at mom's house, and hanging out with cis, heterosexual, and detransitioning friends
- Eliminated questioning and other mental compulsions through a mindfulness (objective observer), acceptance model (ERP/ACT)
- Did not seek out detransitioning and anti-trans videos but did not shut off devices if one popped up
- Accepted uncertainty around mom not authorizing gender affirming care and we would deal with that when it happened
- Not trying to present as overly male as a compulsion (motive)
- Tell others he was trans when he wanted to
- Saw triggers from mom as an opportunity to practice ERP

Results of Treatment

- Client in weekly therapy for 6 months, then once a month, then quickly to every other month for a little over a year
- Felt no longer needed care, especially at 18 when mom could no longer make decisions for him
- Client relieved for "permission" to no longer question his gender identity
- Stayed and graduated from arts HS; at college
- Kept close relationship with mom and aware of her anxiety as driving force
- Mom has stopped brining up the transition
- Additional notes: Aware of small OCD presentations when younger. Was open to medication but never went on. Currently doing well; not needing therapy for OCD but came in for general therapy (roommate issues)

Final Thoughts



Queer clients can also suffer from sexual-orientation OCD and gender identity obsessions (refrain from considering these obsessions as taboo)

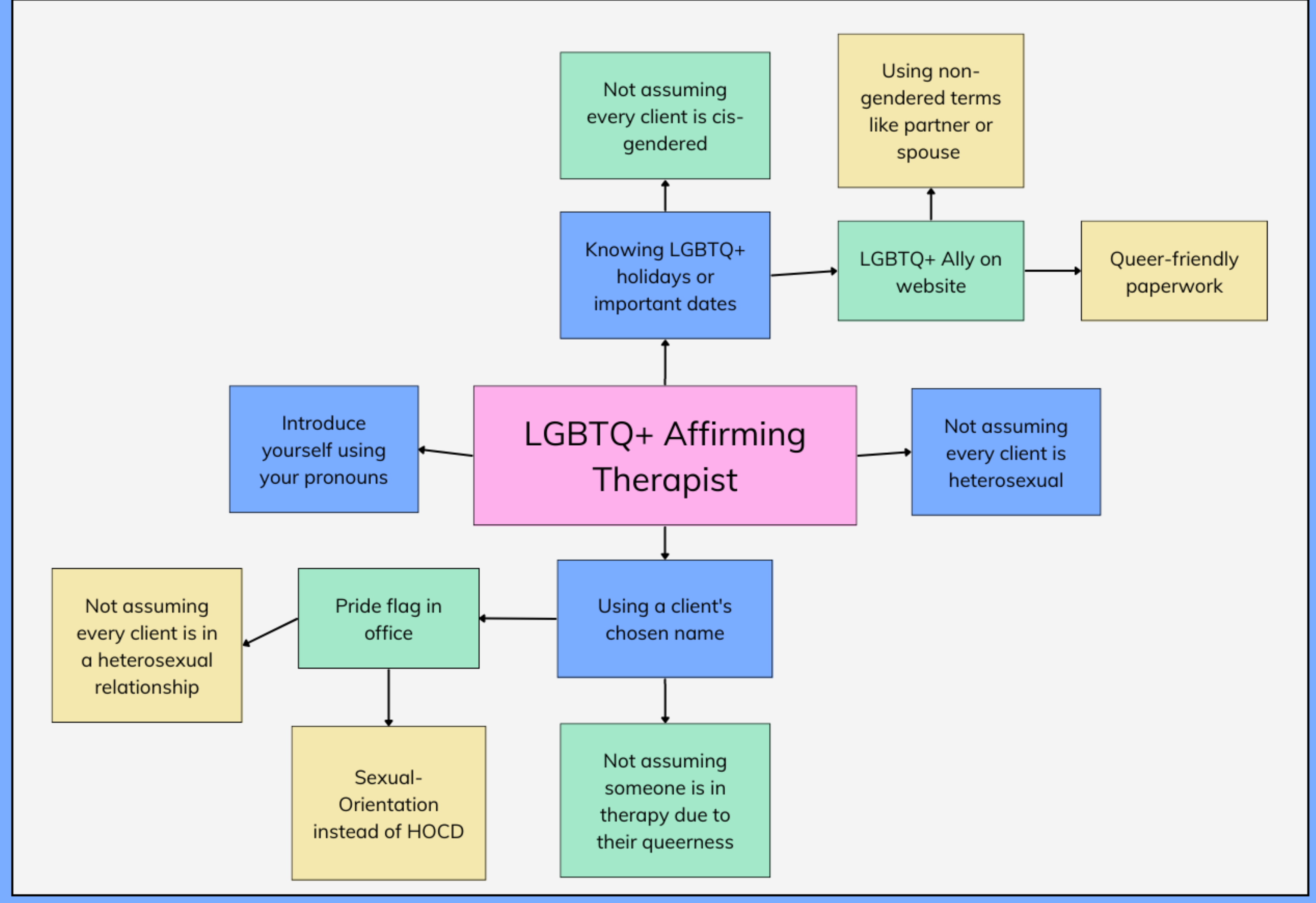
Whether the client is queer or not, they are struggling with issues of identity and wanting certainty (perfect boxes)--that is the core fear and main focus

Clients, especially younger clients, may be genuinely exploring their sexual orientation and gender identity / expression. Your goal is not to help the figure that out but instead get the OCD out of the process

Treat these obsessions more gentle than other subtypes but still prevent providing reassurance or focusing too much on thoughts

Becoming an LGBTQ+ Affirming Therapist

Want to be a more LGBTQ+ affirming treatment provider? Here are some initial action steps you can take to let members of the LGBTQ+ and OCD community that you are supportive of them and validate their existence



LGBTQ+ Resource Page

These organizations will provide safe, LGBTQ+ services for your clients

Additionally, many of them have sections on their websites that share LGBTQ+ affirming in-person and virtual trainings for mental health providers

- https://www.thetrevorproject.org
- https://translifeline.org/
- https://suicidepreventionlifeline.org/help-yourself/lgbtq/
- http://www.glbtnationalhelpcenter.org/
- https://www.nami.org/Your-Journey/Identity-and-Cultural-Dimensions/LGBTQI
- https://lalgbtcenter.org/
- https://www.rainbowlabs.org/
- https://pflag.org/

Contact Information:

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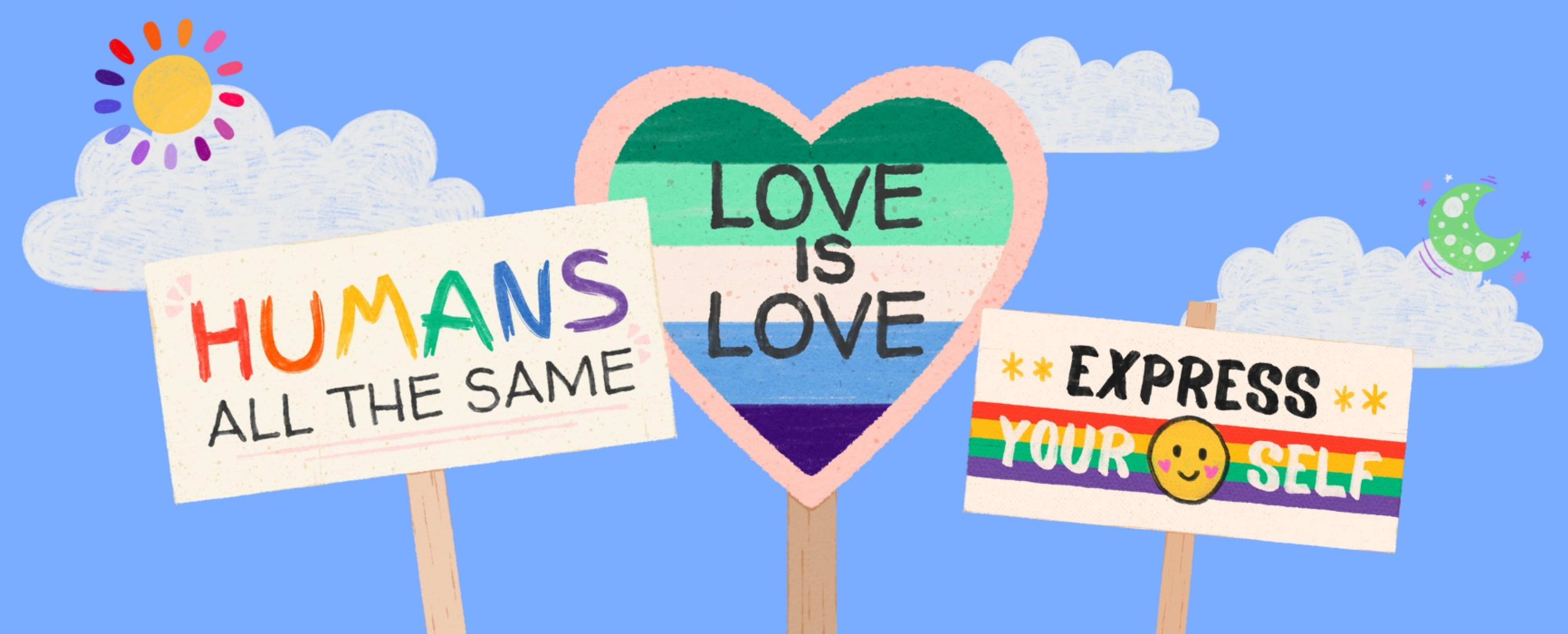

What does being
LATINX
MEAN TO YOU?
Getting peeps that Afro-Latinx are Latinx too!
PERIODT!
THAT I CAN HONOR ALL MY IDENTITIES!
It's part of me!
Passion
Vibing through Dance
Music!
Getting a degree for my family!
Si se puede!
no less than anyone else
Ser chingona!!
LOVE
PROUD to be part of a WARM & LOVING community!
Siempre hechandole GANAS!
Proud of the BEAUTIFUL culture!
Diversity
Queer is Latinx, Latinx is Queer
yes!
x = everyone
Puro pinche
LATINX CASE STUDY AND CONCEPTUALIZATION
MARCIA RABINOWITS, PSYD
IOCDF CONFERENCE 2023
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CASE CONCEPTUALIZATION - EMILIA

- EMILIA IS A 31- YEAR- OLD SINGLE LATINA FEMALE REFERRED BY HER PSYCHIATRIST FOR TREATMENT OF OCD
- EMILIA IS CURRENTLY LIVING AT HOME BY CHOICE / SHE HAS BEEN LIVING AT HOME SINCE SHE GRADUATED FROM COLLEGE A FEW YEARS AGO
- EMILIA IS A SUCCESSFUL YOUNG PROFESSIONAL
- INITIAL CONTACT WAS MADE BY PHONE BY EMILIA'S MOTHER

EMILIA

- STRENGTHS IN THIS CASE INCLUDE:

1) WILLINGNESS TO ENGAGE IN TREATMENT
2) SUPPORTIVE FAMILY
3) SMART AND SUCESSFUL IN HER CAREER

- WEAKNESSES AND LIMITING FACTORS IN THIS CASE INCLUDE:

1) LACK OF SOCIAL SUPPORT OR ENGAGEMENT
2) LACK OF COPING SKILLS
3) MINIMAL ENGAGEMENT IN LEISURE ACTIVITIES

EMILIA'S OCD SYMPTOMS

- PAST

CHECKING BEHAVIORS AT HOME AND AT SCHOOL

FEAR OF LOSING THINGS

FEAR OF CAUSING HARM

- CURRENT

SINCE 2020 DEVELOPED CONTAMINATION FEARS/GERMS

REASSURANCE AND CONFESSING TO HIS MOTHER

INTRUSIVE SEXUAL THOUGHTS

AVOIDANCE

MENTAL REVIEWING/RECORDING

EMILIA'S BACKGROUND HISTORY

- EMILIA IS AN ONLY CHILD
- PARENTS IMIGRATED FROM CUBA TO FLORIDA WHEN EMILIA WAS A YEAR OLD
- EMILIA WAS ALWAYS OVERWEIGHT AND WAS BULLIED FOR MOST OF HER ELEMENTARY AND MIDDLE SCHOOL YEARS
- EMILIA IS BILINGUAL
- FATHER IS RETIRED AND SPANISH SPEAKER
- MOTHER NEVER WORKED
- MOTHER AND FATHER ACCOMMODATES SYMPTOMS AT HOME
- MOTHER IS WILLING TO PARTICIPATE
- CATHOLIC – RELIGION IS VERY IMPORTANT TO CLIENT AND HER FAMILY

WHAT WOULD YOU SUGGEST FOR EMILIA'S TREATMENT PLAN?

HOW WOULD YOU APPROACH TREATMENT?

EMILIA'S TREATMENT PLAN

- PSYCHOEDUCATION ON OCD, CBT, ERP AND ACT
- DESIGNED ERP PLAN IN COLLABORATION WITH EMILIA FOR CONTAMINATION SYMPTOMS
- ASKED CLIENT'S THOUGHTS ABOUT FAMILY INVOLVEMENT
- PROVIDED PSYCHOEDUCATION ABOUT SYMPTOMS ACCOMMODATION TO BOTH PARENTS
- COMMUNITY ERP (METRO, MALLS, GROCERY, RESTUARANTS)
- ASKED PERMISSION TO ASSESS RITUALS AT HOME ENVIRONMENT AND TO CONDUCT ERP AT HOME
- DESIGNED ERP PLAN IN COLLABORATION WITH EMILIA TO TARGET INTRUSIVE SEXUAL THOUGHTS
- DESIGNED PLAN FOR EMILIA TO START ENGAGING SOCIALLY AND IN LEISURE ACTIVITIES (CHURCH GROUP, VOLUNTEER, MEETUP.COM, DATING, GYM

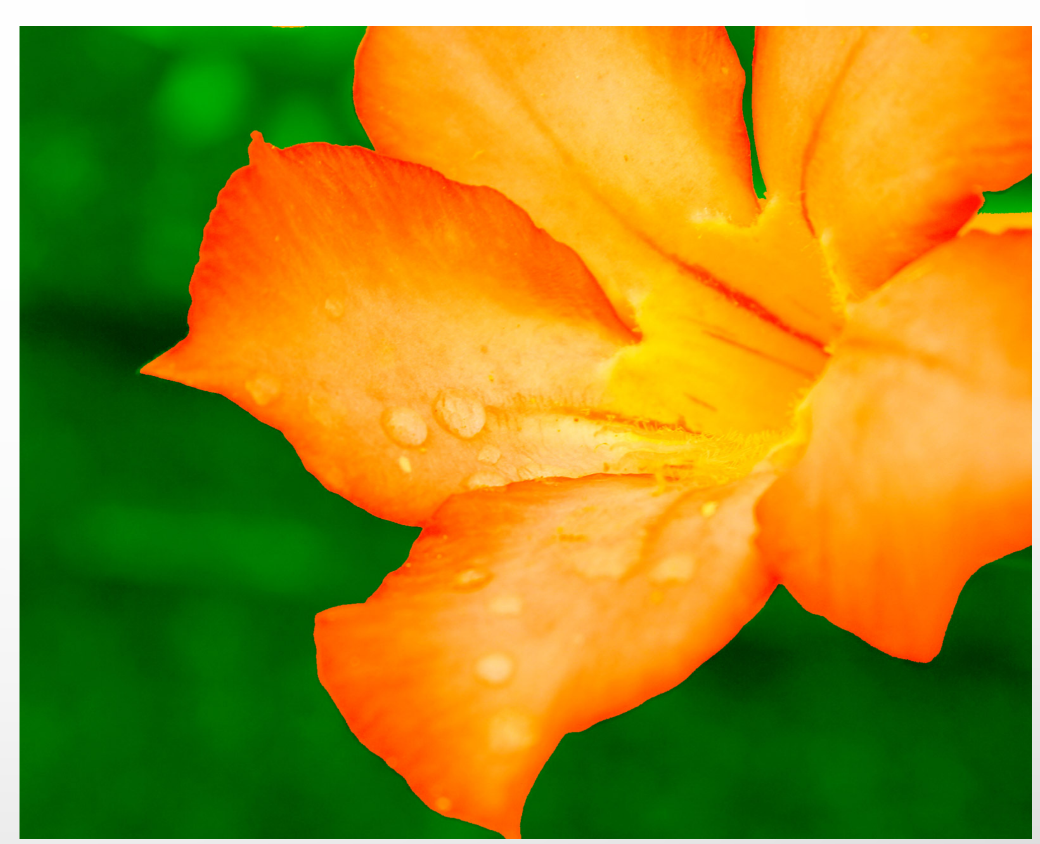
WHAT CAN YOU DO TO IMPROVE YOUR PRACTICE AND MAKE IT MORE INCLUSIVE

- Consider Family involvement when appropriate
- Establishing strong therapeutic alliance
- Be mindful of client's level of acculturation
- Remember to be aware of your own bias and resist generalizing

WHAT CAN YOU DO TO IMPROVE YOUR PRACTICE AND MAKE IT MORE INCLUSIVE

- Exploring the client's cultural identity
- Curiosity, interest, finding out more about your client's culture
- Compassionate and Collaborative approach
- Provide Education (native language if possible)
- Community Resources

- IOCDF website
- IOCDF town hall for the Latinx/Hispanic communities
- Therapy for Latinx
- National Alliance for Hispanic Health
- American Society of Hispanic Psychiatry (ASHP)
- Mental Health America's Resources for Latinx/Hispanic communities
- National Alliance on Mental Illness (NAMI) website
- NAMI's Compartiendo Esperanza
- Mental Health America (MHA) website – screening tools and psycho education in Spanish
- ADAA website
- www.resolvve.ca/peer-support (Alexandra Reynolds)



Understanding Asian Values & Attitudes

- Relationships within and across generations are effected by beliefs in caste and karma.
- Obedience, discipline toward success, and high work ethic are valued.
- Family-centeredness take priority over individual needs.
  - ✓ Respect = obedience to the family and culture.
  - ✓ Love includes loyalty and control.
- OCD Symptom Disclosure Challenges
  - ✓ 5,000+ Years of Civilization = Pride
  - ✓ Mental Health Stigma
  - ✓ Generational Conflicts – Saving Face

Case Conceptualization

- 16yo, 1st generation Chinese-American, attending elite private school.
- Parents divorced when pt was 10yo.
- Pt lives with mother full time, who is a well-known artist.
- Father who is remarried with new family hasn't seen pt for 5 years.
- Pt is a high academic achiever, and is socially withdrawn – sometimes bullied.

- **OBSESSIONS:**
- Right/Wrong Morality
  - ✓ Conforming to dominant social expectations vs. maintaining Asian cultural identity.

- Fears of Harm – Racial Trauma
  - ✓ Fears appearing, acting, talking, behaving too Asian to prevent targeted bullying, magnified by recent racial hate crimes & discrimination. Previously misdiagnosed as social anxiety.

- Perfectionism
  - ✓ Just right expectations initially driven by social comparisons/criticisms from mother.

- **COMPULSIONS:**
  - ✓ Seeking reassurances of morality from mom and social media.
  - ✓ Avoidance of places/activities (other than school) populated with same-age peers.
  - ✓ Checking surroundings for safety & appearance/behaviors for racial discrimination.

Treating Asians with OCD

- Strategies to Strengthen Family Boundaries and Minimize OCD Accommodations:
  - ✓ Separated mothers fears of not being "enough" from unrealistic expectations of perfectionism.
  - ✓ Minimized implicit double messages that were unhelpful, confusing.
    - ✓ Expecting pt to adapt to mainstream cultural norms w/o losing Asian obedience.
  - ✓ Strengthened mother's parental role as valued, respected guide vs. strict disciplinarian.
  - ✓ Help mother conceptualize family accommodations = harm.
- Strategies to Enhance Exposure Success:
  - ✓ Psychoeducation & research is key and respected.
  - ✓ Accurately identify emotional experience of exposures.
  - ✓ Team Sports Metaphor
  - ✓ Reframe "achievement" as that of the entire family.
  - ✓ Decrease emphasis of family pride by connecting OCD symptoms to a debilitated future.

Questions

Feel free to ask us your questions!
We will be glad to respond