## OCD, Disability, & Me: Exploring the Intersections between Chronic Illness, Research Gaps, & Help-Seeking Behavior

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### Meet Our Team.



Jessie Birnbaum



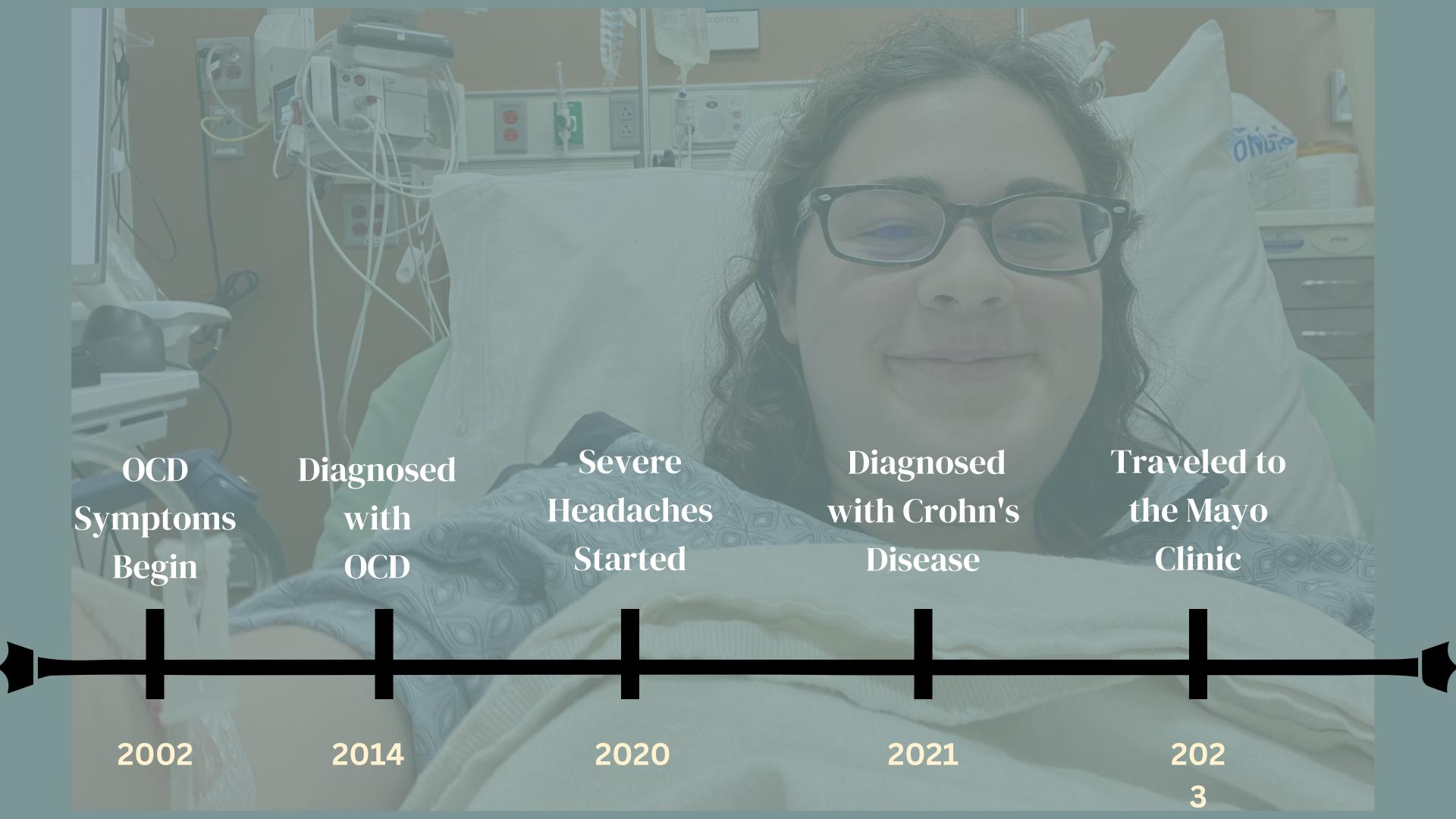
Sandy Robinson

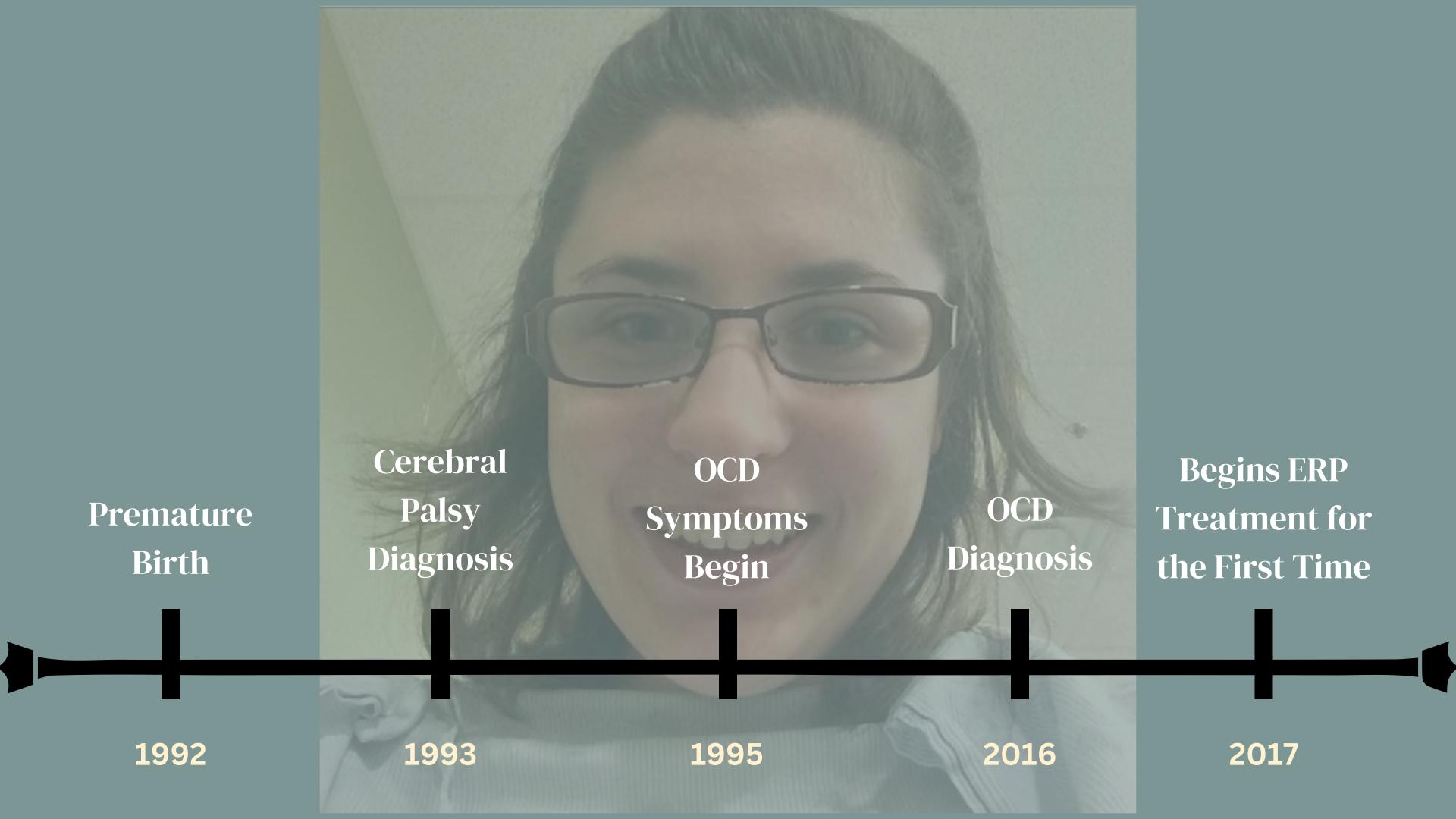


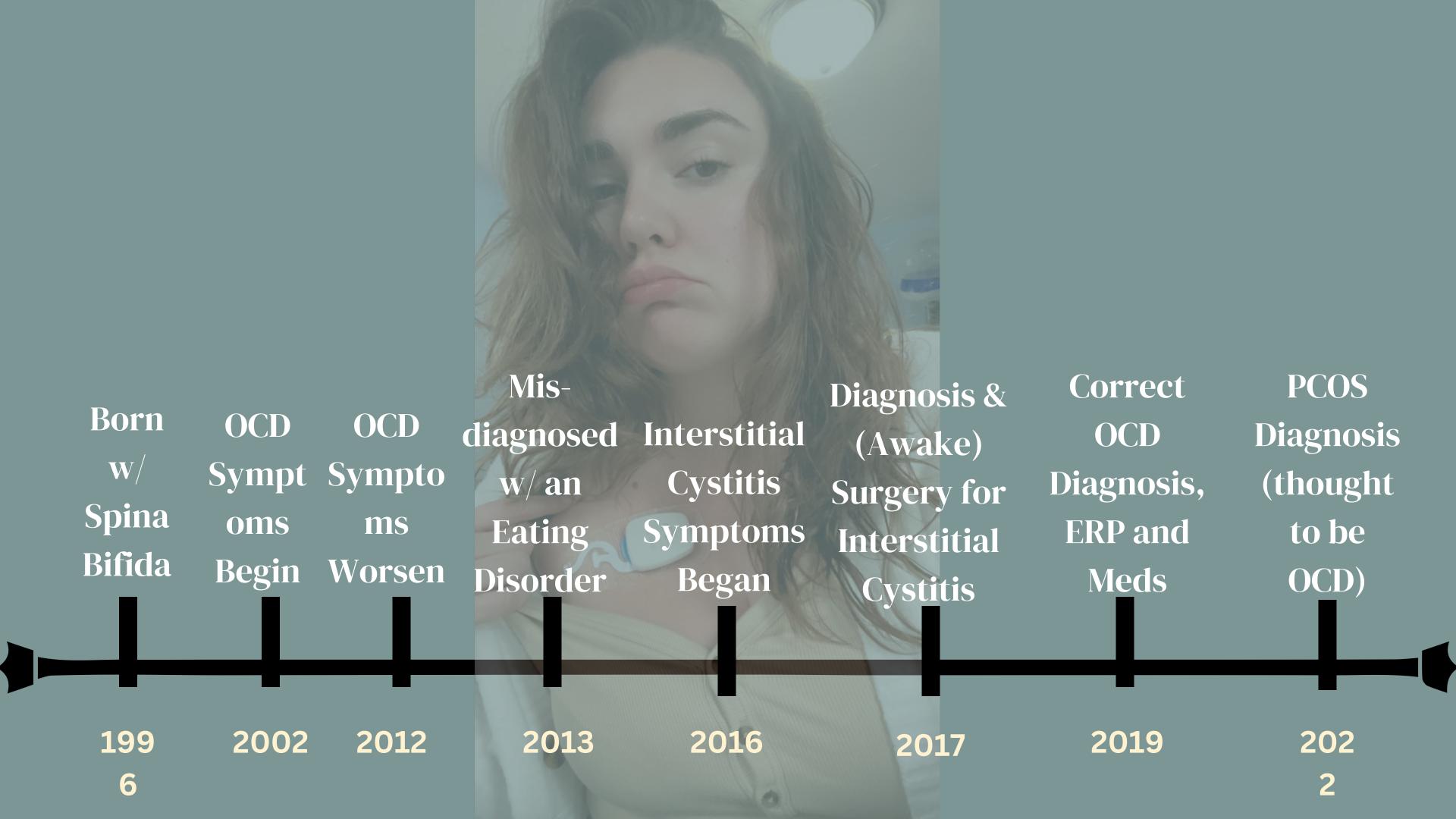
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# Objectives

- Learn how to explain the overlap of OCD & co-morbid chronic illness/disability
- Learn how OCD & chronic illness/disability influence one another
- Learn how to help clients with health anxiety & chronic illness/disability
- Hear personal testimonials
- Learn how clinicians can better support their clients with OCD & chronic illness/disabilities







### Definitions

### Chronic Istness

Conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both.

### Disability

Any condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities and interact with the world around them.

OCD

Disability

**Chronic Illness** 

# Stigma















### Research Gaps



### AGE DIFFERENCES



GENDER DIFFERENCES



LGBTQIA+ DISPARITIES

### Research Gaps



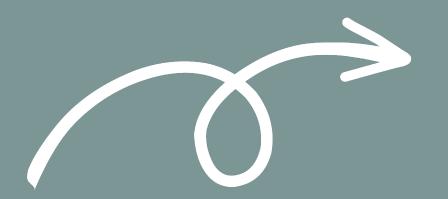
### RACE & ETHNICITY DIFFERENCES



(UNDER)FUNDING



HELP SEEKING BEHAVIORS



### Chronic Illness x OCD



"This journey was long and difficult where it shouldn't have been"

"It can be hard to know when something is a serious problem" "My chronic illness and the traumatic medical experiences I've had really fueled and worsened my OCD"

"It makes everything more complex" "My chronic illnesses
have made some of
my worst fears come
true, and that has
fueled my OCD".

### Complications to ERP

- ROCD with Doctors
- Health Anxiety
- Medication
- Second Opinions
- Google/Research
- Flares/Exhaustion



# Higher Levels of Care

"Sadly I was discriminated against for having a disability when I was seeking OCD treatment. I was at a point in my life where it was 'do or die' and I was ready to get help, although no-one was wiling to help me"

# Distinguishing Health Anxiety from Chronic Illness



Getting diagnosed with OCD

"was actually an easier
experience because I was
validated from the start and not
dismissed"

"A lot of my chronic illness physical disability includes things that are not testable so in lieu of an actual diagnosis they just say it's OCD"

"I find that having a diagnosis of Crohn's disease makes medical professionals believe me more now; it is seen as a serious and 'legitimate' physical illness so doctors are more willing to run tests and not dismiss things, at least not as much as they used to"

> Doctors "often assume it's 1) my health anxiety acting up 2) side effects from psych meds. Both of these are unhelpful at best and traumatic at worst"

Rule Out the
Medical and
Communicate with
Other Doctors



# ERP helping with chronic illness





Clearly Define Your Role in Their Care

"I've gone months with treatable painful conditions bc I was so determined to "not give in to a compulsion" by seeking medical care. I view this as being a result of mental health specialists insisting and reinforcing that everything was OCD when I actually had separate medical issues"

"I feel that most therapists are really compassionate about chronic illness, though I do feel I have to teach them a lot about it" Using Self as Instrument





How do we make ERP more accessible?

(From a client perspective)

### Our Recommendations

- Make ERP Accessible
- Avoid Timelines
- Other Modalities (ACT)
- Grey Space practice what you preach!

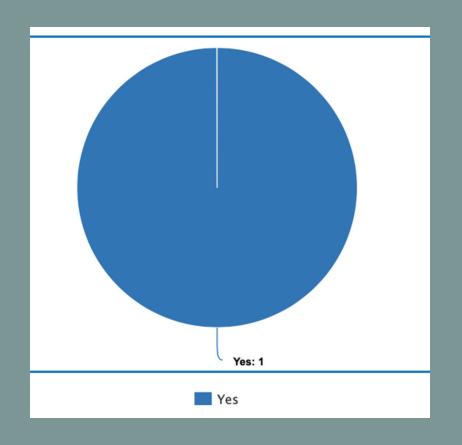


### Advice from SIG Members

- Validate
- Use Dialectics
- Stay Open Minded
- Treat Fairly
- Acknowledge the Unknown
- Be Willing to Learn



"Have you ever felt invalidated by a medical professional when seeking treatment for either your disability/chronic illness or your OCD?"



### Validation

"In my case, knowing that my doctors will believe me and run the tests when I tell them that something feels off has reduced my OCD health anxiety symptoms"

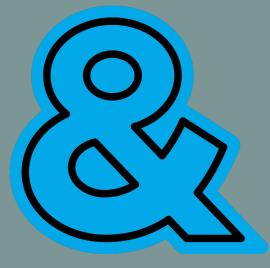
"Don't invalidate medical conditions by attributing everything to anxiety!"

"Don't invalidate the patient" "Believe patients and please run all necessary tests before you say it's anxiety"

### Dialectics

"Know it can be both mental and physical"

"Make sure your patients know that you can hold these two truths at the same time: My patient has OCD that causes distressing and excessive health anxiety AND my patient has a chronic physical illness that needs to be monitored and treated"



### Open-Mindedness

"Learn what it is and unlearn stereotypes"

"Admit what you don't know, run the tests, and build trust/rapport with your patients"

"It's okay not to know if your patient's symptoms are due to chronic illness, or due to their OCD, or some combination of them both"

"Each case is individual, complex, and should be treated without using black-and-white thinking"

"Be open minded and willing to learn"

### Fairness

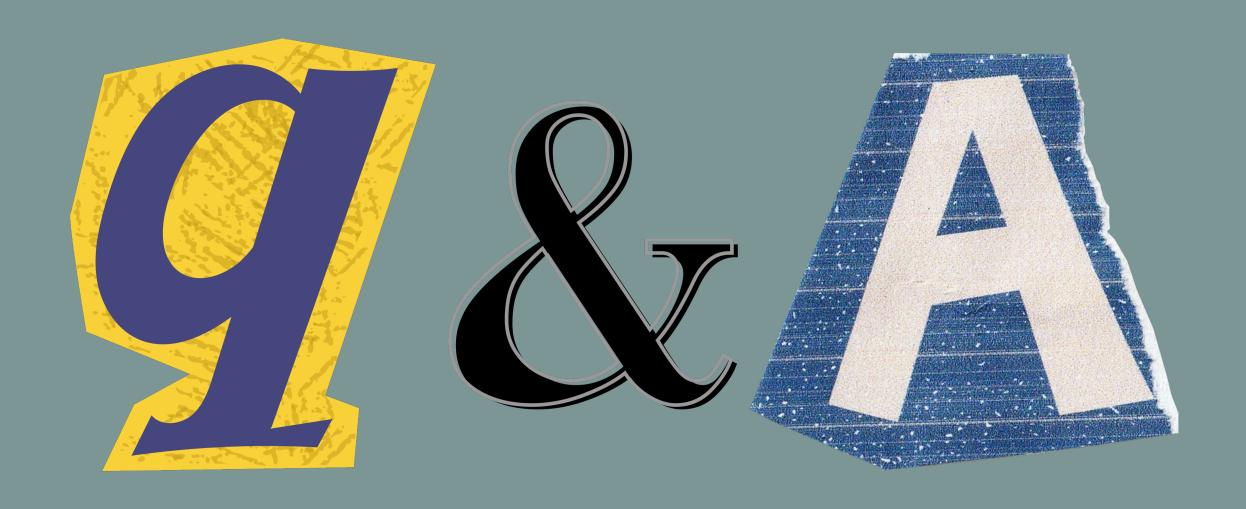
"Give all equal opportunity to take life back from OCD - we are all deserving no matter our differences or how challenging our case may be"

"You and your patient are not failing if you cannot distinguish OCD from physical chronic illness flares without testing"

"Listen to us and don't look down on us" "Don't judge or base a decision to accept someone to treatment based on them being different"

# Closing Thoughts





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