FACILITATING EFFECTIVE RESPONSE PREVENTION STRATEGIES IN OCD TREATMENT

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WHY DO AN ENTIRE TALK ON RESPONSE PREVENTION?

- Exposure without response prevention or the alternate is partially effective.
- Response prevention is necessary to learn that the feared outcomes are unlikely & unwanted.
- Learning to tolerate and face fears occurs when both parts are present.
- Rituals can be complex, habitual, & subtle. At times patients don't recognize them (especially the mental rituals).
- Exposure can be delivered during session in a "controlled" environment whereas response prevention requires commitment to sustained distress tolerance after session.

EXPOSURE & RESPONSE PREVENTION REVIEW

- Exposure is facing one's fears.
- Response prevention is the intentional reduction & elimination of safety seeking behaviors.
- Don't forget about avoidance as a compulsion!

PSYCHOEDUCATION

FUNCTIONAL BEHAVIORAL ASSESSMENT

BUILD A HIERARCHY

INITIAL DECREASE OF COMPULSIVE BEHAVIORS

INITIAL EXPOSURE EXERCISES

MORE CHALLENGING EXPOSURES; INCORPORATE VERBALIZATION OF CORE FEARS

ASSESSMENT IS THE FIRST STEP

- Differential diagnosis
- Functional behavioral analysis
- Structured measures (Y-BOCS etc)
- Clinical factors (co-morbidity, suicide risk)
- Motivation and readiness for change
- Determine treatment plan (frequency of sessions, CT vs. ERP, family accommodation, motivational interviewing)

FUNCTIONAL BEHAVIOR ANALYSIS

- Cornerstone of cognitive behavioral therapy.
- A detailed understanding of specific symptoms (problematic thoughts and behaviors) along with the factors that influence their initiation and maintenance.
- Often referred to as an "ABC" model.
- Will help identify the **triggers**, **fears**, **compulsions**, **avoidance**, and the **consequences**.

Functional Analysis leads naturally into a hierarchy

ANTECEDENT (TRIGGERS): EXTERNAL

- Triggers can be internal (cognitions, sensory, emotions) and external (environmental events or circumstances).
  - **External triggers:** objects, situations, places that trigger fear & urges to do rituals (ex: driving by funeral home, the number 3, doctor office, mom saying she will be late, public bathroom)
    - What kinds of situations, objects, places cause you anxiety?
    - What situations make you want to do a ritual?
    - What situations do you avoid for fear or worry that something bad will happen?
    - What activities in your typical day are difficult or you avoid?

ANTECEDENT (TRIGGERS): INTERNAL

- Internal triggers are a person's fears, thoughts, or images that trigger anxiety and compulsions.

- **Thoughts:**
  - What if I die?
  - What if I am a bad person?
  - What if I give someone an illness?
  - What if I ran someone over?
  - What if I stay in this relationship that is not the "one?"

- **Sensory Triggers:**
  - Feeling like something landed on skin (tingling, breeze)
  - Seeing something from corner of eye

BEHAVIORS

- The B refers to the target behaviors, which are the actual rituals and avoidance.
  - These are the details of the actual rituals and avoidance.

- Match triggers to obsessions & compulsions
  - Each category of obsessions should have a separate list of compulsions

BEHAVIORS: COMPULSIONS

- Make a list of the compulsions that correspond to each obsession.

- Gather detailed list of the rituals step by step.
  - EX: One pair of gloves to remove dirty clothes, Place clothes on the corner of bathroom, Replace gloves to turn on faucet, Take off gloves, Wash hands before body, Count to 5 for each body part, Liquid soap after bowel movement & bar soap on other days, wash hair first, etc.

SELF MONITORING OF SYMPTOMS

TARGET OBESSION: What if I am dating the wrong person? How do I know I love him? What if he/she isn't the right one?

DATE & TIME	TRIGGER	RITUAL	DISTRESS BEFORE COMPULSION	DISTRESS AFTER
July 1 at 7pm	Cuddling on couch watching movie. Feeling distracted & not feeling engaged in conversation.	Mental checking. How much love am I feeling right now? Reassurance seeking: Asking him if he loves me.	9	5
July 2 at 8am	Saw morning news feature on destination weddings.	Reviewing past conversations about our wedding wishes. What was our excitement level.	8	4

BEHAVIORS: AVOIDANCE

- Get the specifics of avoidance:
  - Is a public restroom more or less anxiety provoking than their home bathroom?
  - Not using credit card for fear of losing it, only paying with cash
  - Wearing only "clean" clothes to church
  - Avoiding watching TV shows bc of the unlucky number of the channel)

- Avoidance behaviors on the surface make the client appear more functional bc they aren't doing many active compulsions. But if they were to actually face these situations, their OCD would be evident.

CONSEQUENCES

- The C refers to the consequences of the behavior, which includes both the short term and long term cognitive, emotional, behavioral, and environmental outcomes of the behavior.
  - How they you feel after doing compulsions? Short vs. the long term?
  - Does it lead to more compulsions later? Does it create more or less uncertainty and doubt?
  - How does family respond?
  - How does my day get impacted by doing compulsions?

RESPONSE PREVENTION

DELAY

REDUCE

MODIFY

ELIMINATE

GENERAL TIPS FOR RESPONSE PREVENTION

- PSYCHOEDUCATION:
  - Emphasize to patient that rituals interfere with the learning goals in ERP.
- Patient's tolerance for response prevention impacts difficulty level of exposures.
  - A response prevention plan is part of the exposure exercise plan.
  - Adjust exposure difficulty level ***or*** encourage modification of ritual.

DELAY DOESN'T ALWAYS WORK

- Often modifying/reducing compulsions is more practical than delaying. Identify if delay will lead to response prevention

  If we touch the clinic front door and don't wash after, what will happen after session? Can you delay washing?
  - No….because I won't touch my car or phone or I'll have to clean them. I can sit in car for hours after session, but I'll still have to eventually clean the car, keys, and phone.
  - So, how about we touch something less "contaminated"? How about you clean the car with only one wipe instead of two? How about you skip cleaning one area of car?

STRUGGLE WITH MENTAL RITUALS

- Often automatic, habitual, and patient isn't aware.
- Distinguishing intrusive thoughts from mental rituals is complex.
- Interrupt mental rituals with songs, nonsense words or letters, delaying, or better yet…confirming and articulating the worst fear. "Yes I did run someone over while driving and they are probably laying in the road bleeding. Nothing I can do about it now"

RESPONSE PREVENTION: THINKING IT ALL THE WAY THROUGH

- THEN WHAT GAME

- Initial exposures should discreet…time & geographically limited

FLEXIBILITY IN RESPONSE PREVENTION

- How to choose?
  - Inconvenient & distressing to continue for patient
  - Unhealthy or dangerous
  - Correspond to the obsession you're working on.

COMMON MISTAKES IN ERP

LAY PEOPLE	CLINICIANS
Just stop it	Not enough psychoeducation
Bribe or punishment	Not enough prep
Shaming	Not seeking enough details
Interrupting rituals	Timing during exposures
Surprise acts	What should therapist do & say in an ERP

DEVELOP A DISTRESS TOLERANCE MINDSET

- All emotions are temporary.
- Negative emotions are uncomfortable not dangerous.
- Negative emotions are inevitable in life.
- Reflect on non-OCD success tolerating life challenges & obstacles.
- Accept and embrace them as part of change.
- Adopt a *curious* mind to discomfort. Observe and label it.
- DBT & ACT can help.

ACCEPTANCE & COMMITMENT THERAPY

- Values Based actions
- Mindfulness
- Cognitive Defusion
- Tolerating distress

- WHEN TO ADD?
- SECONDARY GAINS?

FAMILY INVOLVEMENT

- Family coaching to support the distress, set realistic expectations, and facilitate homework.

- Family accommodation vs. antagonism

CASE EXAMPLE 1

Obsession: What if I'm a bad person (moral, scrupulosity)

Compulsions

1. Ask my family for reassurance if I am a good person and do they love me
2. Say sorry too much
3. Go out of way to say thank you
4. Help strangers at a store
5. Ask others if I hurt their feelings
6. Mentally review past relationships & check for evidence if I hurt or upset them
7. Do tasks for others that they should be doing themselves

CASE EXAMPLE 1 HIERARCHY

- 20 Don't throw out my trash at fast food restaurant
- 30 Don't say thank you to cashier
- 40 Inconvenience salesperson by asking questions repeatedly
- 45 A day without complimenting anyone
- 50 Bump into someone and don't apologize
- 55 Ask waiter for multiple items throughout a meal
- 60 Use curse word
- 70 Delegate tasks for family to do
- 75 Send email delegating a task
- 80 Walk into work & don't say hello to colleagues
- 90 Give critical feedback to colleague

Case Example 2

- **Obsession**: Fear of harming self by accidently going crazy, losing control and stabbing my family.

- **Core Fear/Disastrous Consequence:** If I go crazy, lose control, stab self, be stuck in a psych hospital with mentally ill people, be alone and forgotten.

- **Compulsions**:
- 1. Checking for knives
- 2. mental reviewing actions throughout the day to make sure he didn't lose control
- 3. "check" one's sanity
- 4. count to 4 when I see a knife (some are superstitious & don't match the fear intuitively)
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- **Avoidance**: Don't cook, hide knives, violent movies, being in the same room when others use knives, steakhouse, mental health articles etc.

CASE EXAMPLE 2 HIERARCHY

- Look at a knife on youtube or photos (butter knife, steak knife, butcher knife, sword, weapons)
- Go to a retail store and walk by knives
- Say the word knife, death, stab, pain, blood, lose control, crazy
- Touch knives (butter, steak, butcher, sword etc.)
- Watch cooking shows
- Watch a scene in a violent movie
- Watch ads about suicide hotline
- Read an article on mental illness
- Watch the nightly news
- Walk by the utensil drawer
- Be left alone in a room with a knife
- Sit in room when someone else is cutting
- Make buttered toast
- Make a salad alone
- Make salad with wife
- Make a salad with kids
- Stand at the utensil drawer for a longer period
- Eat steak or food that has to be cut
- Write an imaginary script of your descent into madness losing control
- Write your own obituary about dying by suicide

CASE EXAMPLE 3

- **Obsession:** What if I'm really a lesbian? What if that is my authentic self and I'm just in denial.

- **Core Fear/Disastrous consequences:** (1) I don't know who I am. I thought I knew myself and now I don't. Who am you? Change (2) Others' reactions (3) Losing relationships (friends/family) (4) Not being the norm (5) Being seen as abnormal/not perfect

- **Compulsions**
- Mental reviewing of how attracted she was to her last boyfriend.
- Look for the evidence that she is attracted to men
- Research about OCD to prove she has it
- Comparisons to others/situations looking for similarities/differences
- Projecting into future & predicting worst case (leading to problem solving/deciding what I would do if it haphappened)
- Analyzing past relationships

- **Avoidance**
- Dating & apps
- Limit social media
- Not eating dinner with family

CASE EXAMPLE 3 HIERARCHY

- **Hierarchy**
- ***Low***
- Describing dreams
- Rainbows
- Words
- Complimenting a girl
- Sitting at dinner with parents

- ***Medium***
- General news stories
- Going on a date
- Looking up social media on “people”
- Looking at same sex couples
- Looking up lipstick L
- Becca T video
- Rebel Wilson story

- ***HIGH***
- Finding things in common/relatable with someone gay
- Video of Ingrid (youtuber who talks about coming out)
- Stories coming out later in life/switching - Glennon Doyle book
- Descriptions of intimacy in books
- Bringing phone into session (what if someone hears session)
- Imagining never being in love
- Having Sex

GENERAL TIPS TO SUCCESSFUL EXPOSURE EXERCISES

- Pacing: Distress not panic during exposures
- Consent: Seek permission
- Collaboration: Do exposures with patient
- De-brief afterwards…
  - What was that experience like?
  - What is your current distress? Can you go home and manage the residual distress?
  - What did you learn?

HIERARCHY TIPS

- **Hierarchy Examples:** Not all these have to be done, sometimes patients can consolidate things into chunks or doing some leads to facing others naturally. These would have to be separated into LOW, MEDIUM, HIGH or assigned general numbers from 1-10 or 1-100 in order of difficulty or distress inducing.