



How To Conceptualize OCD Treatment With Consideration To Sensory Dysregulation

Is the behavioral treatment of treating sensory problems in the context of OCD all that difficult?



No, not really. You just have to be aware of certain things and tinker with CBT treatment a bit to accommodate people with *different operating systems*.



What goals are we trying to accomplish in treating OCD/sensory issues?

- Building coping skills and self-efficacy
- Reducing avoidance by increasing capacity for aversive stimuli
- Eliminating accommodation

How Do We Know We're Dealing With Sensory Issues and Not OCD?

- Lack of intrusive doubtful thoughts as in OCD
- Reactions tend to be more visceral and overwhelming than in OCD
- Not usually bothered by things typically observed in Disgust-based OCD
- No distress experienced when not in the presence of particular sensory stimuli
- Sensory issues in OCD tend to be misinterpretations of ordinary experiences

The Therapy Environment Itself

Your office setting can present problems to patients even before treatment begins

1. Visual – e.g. – fluorescent vs. incandescent lighting, brightness levels, flickering, pictures of objects they do not like, colors, etc.
2. Auditory – e.g. – white noise machines, outside noises
3. Tactile – e.g. – The feel of your seating
4. Olfactory – e.g. – Things you have habituated to and cannot detect

Evaluating Symptoms

It really shouldn't be all that difficult to discriminate between obsessions and sensory aversions. A simple behavioral analysis should be able to provide the necessary information, however there can be some challenges.

Challenges in Discriminating Between Obsessions and Sensory Issues

- A patient's difficulty in expressing and describing what they are experiencing (symptoms, emotions, anxiety levels, etc.) due to expressive language issues.
- Precise questioning may be needed when interviewing patients regarding symptoms, to get correct information. You may have to specifically ask the patient what the correct words to use are (they may not like your choice of words) in labeling or describing these.

Potential Pitfalls in Treating an ASD/OCD Patient, in General

- Lack of interest/motivation to change on the patient's part (due to rigidity, poor self-awareness, or a fear of change in general)
- Lack of insight causing unwillingness to give up their only source of relief from anxiety or discomfort and to accept experiencing discomfort in order to reach desired behavioral goals (short-term vs. long-term thinking)
- Interference by other well-meaning helpers and caregivers (contradicting instructions, etc.)

Potential Pitfalls in Treating an ASD/OCD Patient, in General - 2

- Family accommodation of compulsions or homework refusal (fear of meltdowns, making them anxious, etc.) can undermine treatment
- Work in one particular area may not generalize to others
- Be sensitive to and respect a patient's limits when engaging in detailed questioning about fearful stimuli – give breaks, and also try to recognize when they may have reached their limit for a particular session and need to end it

Treatment Modifications For ASD/OCD Patients – Pt. 1

- May require contingency management to increase motivation for treatment especially with kids – everyone has their price
- Treatment rationale must be explained with care:
 - why and how treatment, change and self-improvement can better their life
 - why the need to feel some discomfort and anxiety in the present is necessary to achieve long-term improvements
- Establishing SUDS levels (if used) when creating a hierarchy may require extra assistance (e.g. – a visual aid, such as a ‘fear’ or ‘discomfort’ thermometer’)

Treatment Modifications For ASD/OCD Patients – Pt. 2

- Executive functioning may be a problem, so it is recommended to use homework charts, checklists and reminders (signs, post-its, cellphone apps, etc.) to keep patients focused and organized
- Also due to executive functioning limitations, sessions may need to be shorter to accommodate difficulties with sitting and attending
- Creating a daily homework schedule can also be a help for those with organizational/executive functioning problems
- Having other family members or aides involved as therapy aides

Treatment Modifications For ASD/OCD Patients – Pt. 3

- Divide homework assignments into smaller increments so that they will seem less overwhelming or intimidating
- To help with motivation, allow patients to have some control over their therapy in terms of choices of what assignments they will carry out and the order in which they will do them
- Assign homework at a pace the patient can manage – not too many assignments at one time or pressure-creating deadlines for accomplishment