Navigating Treatment with OCD and an Anxiety Disorder

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“Lifetime comorbidity between OCD and other anxiety disorders has been identified as

22% for specific phobia,
18% for social anxiety disorder (social phobia),
12% for PD (Pigott et al., 1994),
and 30% for GAD.

Therefore, it is clear that an accurate assessment of OCD and anxiety comorbidities is necessary to achieve a proper treatment and a good response to it.”

References: Pallanti, S., Grassi, G., Sarrecchia, E. D., Cantisani, A., & Pellegrini, M. (2011). Obsessive-compulsive disorder comorbidity: clinical assessment and therapeutic implications. *Frontiers in psychiatry*, *2*, 70. https://doi.org/10.3389/fpsyt.2011.00070

Pigott, T. A., L'Heureux, F., Dubbert, B., Bernstein, S., & Murphy, D. L. (1994). Obsessive compulsive disorder: comorbid conditions. *The Journal of clinical psychiatry*, *55 Suppl*, 15–32.

	Percent of OCD Cases with comorbid disorder (n=73)
Specific phobia	42.7%
Social phobia	43.5%
Panic Disorder	20%
Agoraphobia without panic	7.8%
Generalized anxiety disorder	8.3%

"Fully 90% of respondents with lifetime DSM-IV/CIDI OCD meet criteria for another lifetime DSM-IV/CIDI disorder... The most common comorbid conditions are anxiety disorders (75.8%)"

Reference: Ruscio, A. M., Stein, D. J., Chiu, W. T., & Kessler, R. C. (2010). The epidemiology of obsessive-compulsive disorder in the National Comorbidity Survey Replication. *Molecular psychiatry*, *15*(1), 53–63. https://doi.org/10.1038/mp.2008.94

A community survey of 18,572 individuals in the USA in 1988

	Percent of people with OCD with comorbid disorder
Specific phobia	46.5%
Panic Disorder	13.8%

A community survey of 8,580 individuals in the UK in 2006

	Percent of people with OCD with comorbid disorder
Specific phobia	15.1%
Social phobia	17.3%
Agoraphobia/Panic Disorder	22.1%
GAD	31.4%

References: Karno, M., Golding, J. M., Sorenson, S. B., & Burnam, M. A. (1988). The epidemiology of obsessive-compulsive disorder in five US communities. *Archives of general psychiatry*, *45*(12), 1094–1099. https://doi.org/10.1001/archpsyc.1988.01800360042006

Torres, A. R., Prince, M. J., Bebbington, P. E., Bhugra, D., Brugha, T. S., Farrell, M., Jenkins, R., Lewis, G., Meltzer, H., & Singleton, N. (2006). Obsessive-compulsive disorder: prevalence, comorbidity, impact, and help-seeking in the British National Psychiatric Morbidity Survey of 2000. *The American journal of psychiatry*, *163*(11), 1978–1985. https://doi.org/10.1176/ajp.2006.163.11.1978

Cognitive Behavioral Therapy

"CBT demonstrates both efficacy in randomized controlled trials and effectiveness in naturalistic settings" with:

- OCD
- Social Anxiety Disorder
- Panic Disorder
- Generalized Anxiety Disorder

Otte C. (2011). Cognitive behavioral therapy in anxiety disorders: current state of the evidence. *Dialogues in clinical neuroscience*, *13*(4), 413–421. https://doi.org/10.31887/DCNS.2011.13.4/cotte

Exposure Therapy

According to the APA, exposure therapy is an effective treatment or element of treatment for:

Obsessive-Compulsive Disorder
Phobias
Social Anxiety Disorder
Panic Disorder
Generalized Anxiety Disorder

Reference: American Psychological Association. (2017, July). *What is Exposure Therapy?*. American Psychological Association. https://www.apa.org/ptsd-guideline/patients-and-families/exposure-therapy

Acceptance and Commitment Therapy for Anxiety Disorders

Study of 128 including individuals with

- **OCD**
- **Specific Phobias**
- **Social Anxiety Disorder**
- **Panic Disorder (with and without agoraphobia)**
- **Generalized Anxiety Disorder**

"Overall improvement was similar between ACT and CBT, indicating that ACT is a highly viable treatment for anxiety disorders."

Reference: Arch, J. J., Eifert, G. H., Davies, C., Plumb Vilardaga, J. C., Rose, R. D., & Craske, M. G. (2012). Randomized clinical trial of cognitive behavioral therapy (CBT) versus acceptance and commitment therapy (ACT) for mixed anxiety disorders. *Journal of consulting and clinical psychology*, *80*(5), 750–765. https://doi.org/10.1037/a0028310

“A Broader Syndrome”

“A Broader Syndrome”

- “Intolerance of uncertainty and distress has been demonstrated across a full range of disorders, including...
  - GAD,
  - Social anxiety, and
  - OCD”

Barlow, D. H. (Ed.). (2014). Clinical handbook of psychological disorders: A step-by-step treatment manual (5th ed.).

Boelen, P. A., Vrinssen, I., & van Tulder, F. (2010). Intolerance of uncertainty in adolescents: Correlations with worry, social anxiety, and depression. Journal of Nervous and Mental Disease, 198, 194–200.

Boswell, J. F., Thompson-Holland, J., Farchione, T. J., & Barlow, D. H. (2013). The intolerance of uncertainty: A common factor in the treatment of emotional disorders. Journal of Clinical Psychology, 69, 630–645.

Lee, J. K., Orsillo, S. M., Roemer, L., & Allen, L. B. (2010). Distress and avoidance in generalized anxiety disorder: Exploring the relationships with intolerance of uncertainty and worry. Behaviour Therapy, 39, 126–136.

“A Broader Syndrome”

“a growing number of studies have shown that individuals with anxiety... disorders **tend to use maladaptive emotion regulation strategies**, including attempts to avoid or dampen the intensity of uncomfortable emotions, **that ultimately backfire** and contribute to the maintenance of their symptoms.”

Barlow, D. H. (Ed.). (2014). Clinical handbook of psychological disorders: A step-by-step treatment manual (5th ed.).

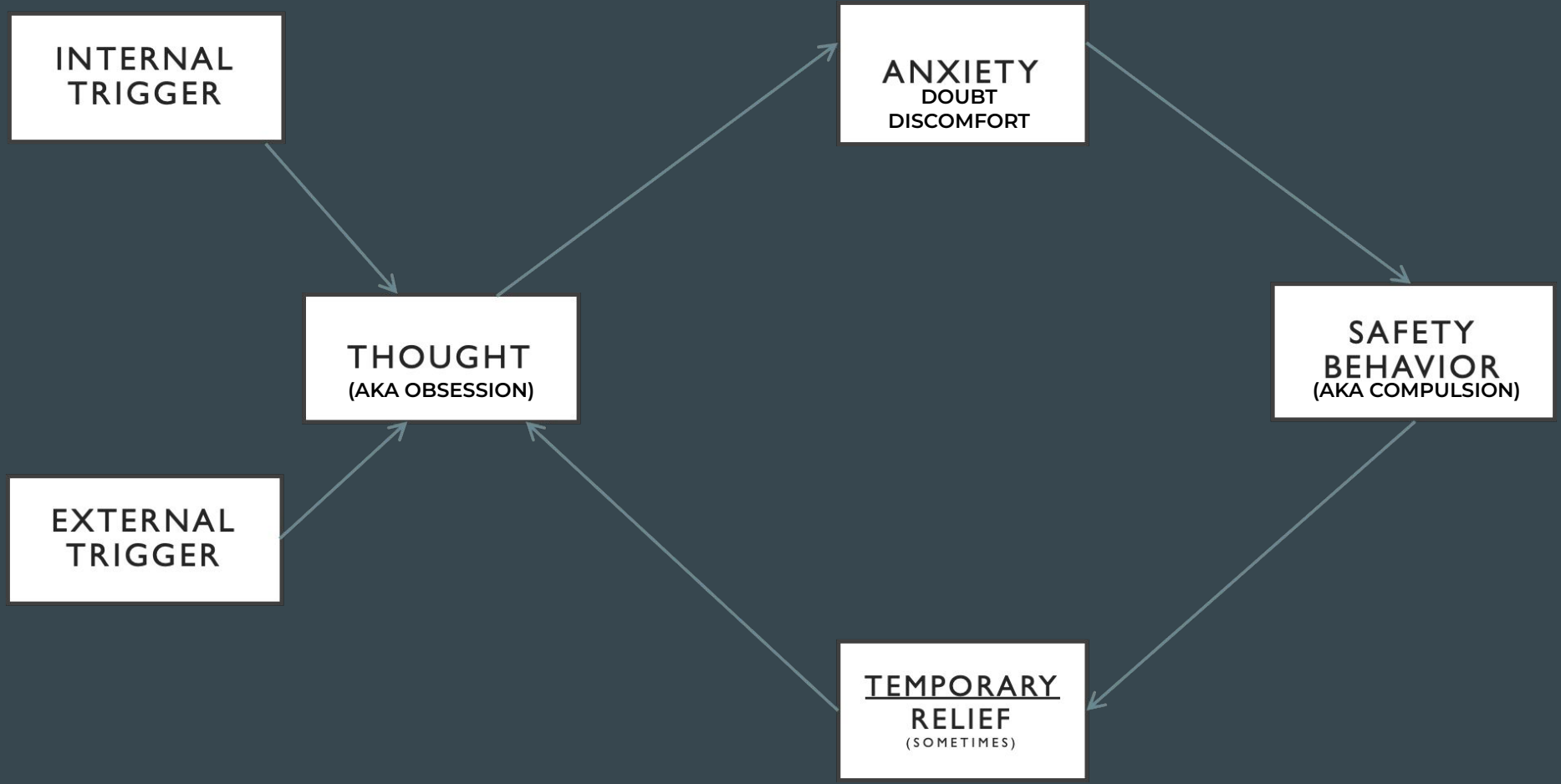
Campbell-Sills, L., Barlow, D. H., Brown, T. A., & Hofmann, S. G. (2006a). Acceptability and suppression of negative emotion in anxiety and mood disorders. Emotion, 6, 587–595.

Campbell-Sills, L., Barlow, D. H., Brown, T. A., & Hofmann, S. G. (2006b). Effects of suppression and acceptance on emotional responses in individuals with anxiety and mood disorders. Behaviour Research and Therapy, 44, 1251– 1263.

Liverant, G. I., Brown, T. A., Barlow, D. H., & Roemer, L. (2008). Emotion regulation in unipolar depression: The effects of acceptance and suppression of subjective emotional experience on the intensity and duration of sadness and negative affect. Behaviour Research and Therapy, 46, 1201–1209.

Mennin, D. S., Heimberg, R. G., Turk, C. L., & Fresco, D. M. (2005). Preliminary evidence for an emotion dysregulation model of generalized anxiety disorder. Behaviour Research and Therapy, 43, 1281–1310.

Tull, M. T., & Roemer, L. (2007). Emotion regulation difficulties associated with the experience of uncued panic attacks: Evidence of experiential avoidance, emotional nonacceptance, and decreased emotional clarity. Behaviour Research and Therapy, 38, 378–391.


INTERNAL TRIGGER
EXTERNAL TRIGGER
THOUGHT
(AKA OBSESSION)
ANXIETY
DOUBT
DISCOMFORT
SAFETY BEHAVIOR
(AKA COMPULSION)
TEMPORARY RELIEF
(SOMETIMES)

Cognitive Therapy

"The therapist seeks in a variety of ways to produce cognitive change—modification in the patient's thinking and belief system—to bring about enduring emotional and behavioral change."

Reference: Beck, J. S. (2011). *Cognitive behavior therapy: Basics and beyond* (2nd ed.). Guilford Press.

Exposure (and Response Prevention)

- In exposure therapy, we expose the client to the things that cause them anxiety and help them to disengage from compulsions.

Exposure and Response Prevention

- Habituation
  - Repeated exposure leads to
    - Extinction of the association between trigger and response
    - Reduced emotional reactions with consistent exposure
  - Is a typical byproduct of this work

Exposure and Response Prevention

- The Inhibitory Learning Model
  - With repeated exposure
    - New associations are created that compete with (inhibit) the fear associations
    - Distress tolerance in cultivated

Inhibitory Learning Theory can Inform Concurrent Treatment

- Combining multiple exposures supports the element of surprise and thus learning.
- Varying contexts supports synthesis of learning.
- Increasing the time between exposure trials leads to forgetting and relearning (increasing that element of surprise)

Acceptance and Commitment Therapy

- Experiential Avoidance:
  - “the ongoing attempt to avoid, escape from, or get rid of unwanted thoughts, feelings, and memories—even when doing so is harmful, useless, or costly.”
  - involves “inappropriate or excessive use of control strategies”

  The Happiness Trap by Russ Harris (p. 27)

Acceptance and Commitment Therapy

- Experiential avoidance is the problem.
- **Acceptance** of private experiences (thoughts, feelings, urges, sensations) is the solution.
- **Cognitive Defusion** -recognizing thoughts as thoughts - can help with this acceptance.
- We can further support acceptance by viewing the **self as context** - i.e. identifying with being the objective observer of your private experiences instead of identifying with the experiences themselves.
- By cultivating non-judgmental acceptance of private experiences, you can practice **being present** by returning to experiencing your life more directly here and now and focus on expressing your **values** through your **committed action**.

Concurrent Treatment for Co-occurring Anxiety Disorders

- Considerations with prioritizing
  - Willingness
    - Degree of functional impairment
    - What would be most rewarding & support expression of values

Benefits of using a similar conceptualization/treatment approach

- It's efficient, given that "high rates of comorbidity suggest considerable overlap among disorders." (Barlow, 2014, p. 238)
- Process over content may support relapse prevention and the development of other anxiety disorders

Barlow, D. H. (Ed.). (2014). Clinical handbook of psychological disorders: A step-by-step treatment manual (5th ed.).

Benefits of using a similar conceptualization/treatment approach

- Finding the similarities across disorders helps to address the ”I’m so broken” narrative that often accompanies co-morbidity

Navigating Generalized Anxiety Disorder

Generalized Anxiety Disorder

What is Generalized Anxiety Disorder (GAD)?

A condition characterized by excessive and uncontrollable worry and anxiety about various aspects of life, even when there is no apparent reason for concern. People with GAD often experience persistent and intrusive thoughts about everyday situations, such as work, health, family, or finances, and find it challenging to control their anxiety.

Navigating Generalized Anxiety Disorder

Effects:

- Decision-making
- Social interactions
- Work or academic performance
- Relationships
- Physical health
- Self -confidence and self-worth
- Engaging in new experiences

Navigating Generalized Anxiety Disorder

Safety Behaviors:

- Mental rumination
- Avoidance of places, events, people or tasks
- Over preparation
- Seeking reassurance from others
- Indecisiveness/ paralysis
- Researching excessively
- Excessive planning
- Asking an excessive amount of questions

Treatment Considerations

Abramowitz and Foa found that OCD with comorbid GAD was associated with higher rates of indecisiveness and pathological responsibility among adults. Furthermore, they found that these individuals report a higher degree of generalized worries but no difference in the severity of OCD symptoms (Abramowitz and Foa, 1998).

Generalized Anxiety Disorder vs. OCD

Generalized Anxiety Disorder

Centered mostly around real life daily stressors: work, family, relationships, etc.

vs.

OCD

Thoughts, images, or urges are patterned around, or fixated on, a particular fear that does not align with who you are or what you know about yourself or the world.

Navigating Generalized Anxiety Disorder

Exposure and Response Prevention

Example: Client seeks treatment due to her chronic feelings of anxiety and struggles with decisions, specifically when it comes to any purchase.

- Set goal
- Identify triggers and safety behaviors
- Build a hierarchy
- Create exposures
- Inhibitory learning

Navigating Generalized Anxiety Disorder

Goal: To reduce time client spends on decisions around purchases.

Safety behaviors: Excessively checking bank accounts. Spending an excessive amount of time ruminating on how much things cost. Researching excessive amount of multiple price points for a single item. Asking others opinions on item beyond what the average person might engage in. Spending an excessive amount of time budgeting finances. Mentally ruminating over all the options and opinions gathered from others, ultimately preventing client from making the purchase.

Navigating Generalized Anxiety Disorder

Hierarchy:

Checking bank account 1x a week

Make a purchase decision without the help of others

Purchase item without checking other price points

Spend 10-seconds on what cereal you will buy at the grocery store

Buy more expensive gas

Buy an item that is not budgeted for

Navigating Generalized Anxiety Disorder

Acceptance and Commitment Therapy (ACT)

- Acknowledging and allowing the presence of anxiety when making a purchase.
- Defusing from the thoughts as thoughts, rather than facts.
  - “Thank you, mind, for that thought”
  - “I notice I am having a thought that...” “I notice that I am believing...”
- Using values to inform choices rather than feelings
  - Does this behavior get me closer to the things I value the most, or does it take me away from them?

Navigating Social Anxiety

Navigating Social Anxiety

What is Social Anxiety

Social Anxiety is an intense and persistent fear of being watched and judged by others

- NIMH

Navigating Social Anxiety

Effects:

- Occupation functioning
- Social Relationships
- Educational functioning
- Romantic relationships

Navigating Social Anxiety

Physical Effects:

- Sweat, increased heart rate, red face flushing, shaking, feeling stiff
- Speaking quickly
- Lowed speaking volume
- Rigid / stiff body
- Avoiding eye contact

Not All Situations

Navigating Social Anxiety

Common Compulsions

- Avoiding talking to strangers
- Avoiding situations where they'll be seen or the center of attention
- Over preparation for events
- Drugs/ alcohol
- Analysis of interactions
- Anticipation of future interactions, planning all steps, etc.
- Needing the aid of "safe people"
- Ruminate about a future event weeks in advance (OCD conference, job interview, etc)

Navigating Social Anxiety

Where's The Evidence?

- For the Feared Story
- From your actual experience
- From things around you

What's Informing The Fear?

- That one time that thing happened?
- Seeing that thing happen to someone else?
- Movies/ TV shows?
- It's possible....

Navigating Social Anxiety

Exposure and Response Prevention

- Set your goals

Navigating Social Anxiety

Exposure and Response Prevention

- Set your goals
- Building a hierarchy

Navigating Social Anxiety

Raising my hand in class to ask a question- 7

Raising my hand to answer a question- 5

Making eye contact with classmate- 4

Telling a joke to a friend- 7

Volunteering to present in class- 8

Going to a new campus club- 8

Going to a new campus club without a friend- 9

Navigating Social Anxiety

Comorbid OCD and Social Anxiety

OCD:

Touching public trash cans (Contamination)

Looking partner in the eyes (ROCD)

Going to church/ facing God's judgement (Scrup)

Driving the work carpool/ cause accident (Harm)

Over preparation for a presentation (Just Right)

Go to presentation about the solipsism (Existential)

Social Anxiety:

Others may think I look silly

Vulnerability of being seen/ judged

Rejection by others or not fitting in

Making off color joke and others not liking you

Judgement by others, social failure, center of attention

Looking foolish or unintelligent

Navigating Social Anxiety

Exposure and Response Prevention

- Set your goals
- Building a hierarchy
- Imaginal Exposures
- In-Vivo Exposures

Navigating Social Anxiety

Exposure and Response Prevention

- Set your goals
- Building a hierarchy
- Imaginal Exposures
- In-Vivo Exposures
- Inhibitory Learning
    - What did I actually experience?
    - Did my worst fear happen?
    - Was I able to handle the feeling?
    - What can I do different next time?

Navigating Social Anxiety

Using Acceptance and Commitment Therapy

Acceptance: “Yes, I feel anxiety”

Defusion: I’ve got that thought again

Present Moment: What’s happening now, vs what’s not happening right now

Context: In your head, not in your reality

Values: Defining your goals

Committed Action: One step...

Navigating Specific Phobias & Panic Disorder

Specific Phobias

- Unreasonable, excessive fear caused by specific trigger or situation
- Immediate anxiety response
- Avoidance or extreme distress
- Life-limiting; causes impairment
- Lasts for six months
- Does not require recognition of fear as irrational

- Examples: animals, weather, dentist, planes, claustrophobia, emetophobia

Panic Disorder

- Occurrence of repeated panic attacks
- Fear of additional panic attacks, resulting in avoidance of potential panic-inducing situations
- Expected vs unexpected — specific trigger vs non-specific
- Agoraphobia no longer explicitly connected to panic disorder

Phobias/Panic vs OCD

OCD

- Obsession evokes distress
- Compulsions unintentionally reinforce OCD cycle

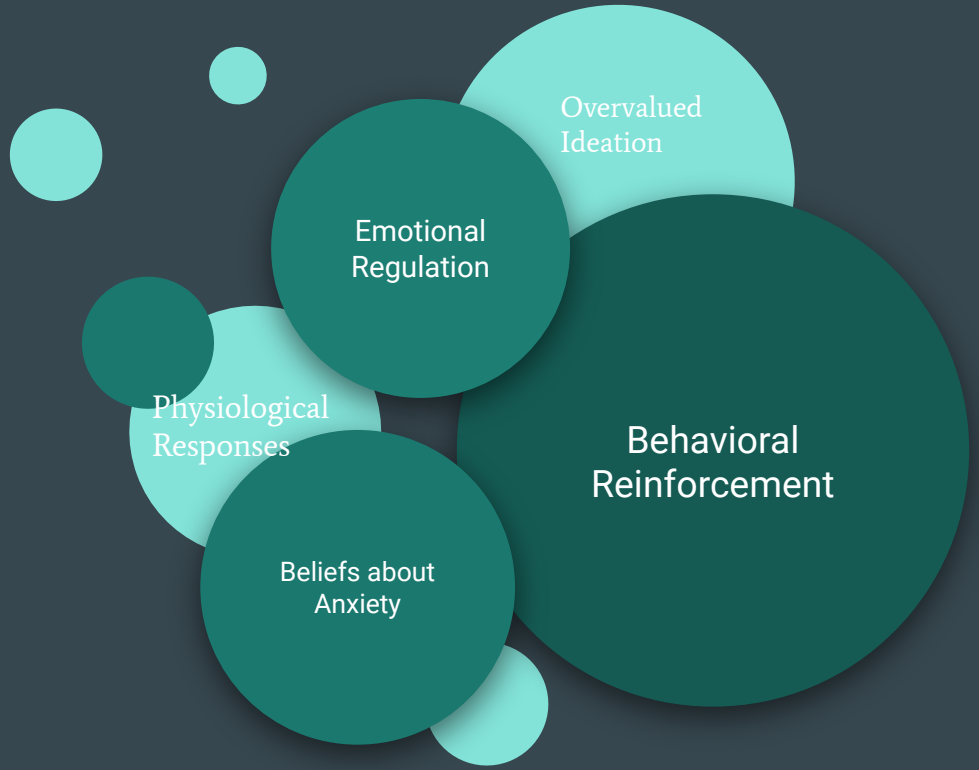
Panic/Phobias

- Trigger or anxiety state evokes distress
- Efforts made to control or avoid, which inadvertently reinforce fear

Emetophobia — phobia or OCD?
Claustrophobia — phobia or panic?

What's the difference?

Overlapping Processes



- Anxiety sensitivity
- Intolerance of uncertainty
- Inferential confusion
- Thought/action fusion
- Behavioral reinforcement
- Physiological responses
- Emotional regulation
- Beliefs about thoughts
- Beliefs about anxiety
- Overvalued ideation
- Executive functioning
- Past experiences

Exposure should target your client's specific anxiety/OCD recipe.

Treatment Planning ERP for Anxiety + OCD

- Separate from ERP for OCD
  - Building separate hierarchies
  - Anxiety experienced as distinct from OCD
  - Does not interfere — ERP for OCD can be completed with or without treating anxiety
  - E.g. bug phobia that does not get in the way of ERP for ROCD
- Instead of ERP for OCD
  - Anxiety primary diagnosis
  - Disruptive enough that ERP cannot be completed effectively
  - E.g. Panic that prevents client from staying in exposure
- Concurrently with ERP for OCD
  - Overlapping triggers or experiences
  - Integrated hierarchy
  - Exposures complementary — augment each other
  - E.g. Needle phobia overlapping with health obsession

Integrating Exposures — Anxiety Sensitivity

- It is important for me not to feel anxious.
- When I cannot keep my mind on a task, I worry that I might be going crazy.
- It scares me when my heart beats rapidly.
- When my stomach is upset, I worry that I might be seriously ill.
- It scares me when I am unable to keep my mind on a task.
- I worry that other people will notice my anxiety.
- When my chest feels tight, I get scared that I won't be able to breathe properly.

Anxiety Sensitivity Index (ASI-3)

18 items

Taylor et al. (2007)

I FEEL ANXIOUS

WHY AM I SO ANXIOUS?

I FEEL ANXIOUS ABOUT FEELING ANXIOUS

FEELING EVEN MORE ANXIOUS

#MindfulSchools

Anxiety Sensitivity

- It is important for me not to feel anxious.
- When I cannot keep my mind on a task, I worry that I might be going crazy.
- It scares me when my heart beats rapidly.
- When my stomach is upset, I worry that I might be seriously ill.
- I worry that other people will notice my anxiety.
- When my chest feels tight, I get scared that I won't be able to breathe properly.

- Explore meaningful activities while anxious
- Learn to get distracted and normalize the experience
- Increase heart rate
- Normalize stomach upset; approach avoided foods or experiences
- Get anxious in public! Draw attention to yourself.
- Interoceptive exposure — breathe through a straw.

Takeaways

- We work with individuals, not disorders.
- Manualized treatment is great, and yet improvising to some degree based on theory makes sense to support people's diverse experiences
- Ultimately, we can model tolerating ambiguity to clients by being willing to go "off script"

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