One Is Too Many and a Thousand is Never Enough:
Obsessions, Compulsions, Alcohol and Drugs

Stacey Conroy, LICSW, MPH

Patrick McGrath, PhD

Lauren Rosen, LMFT

Alexandra Z. Reynolds

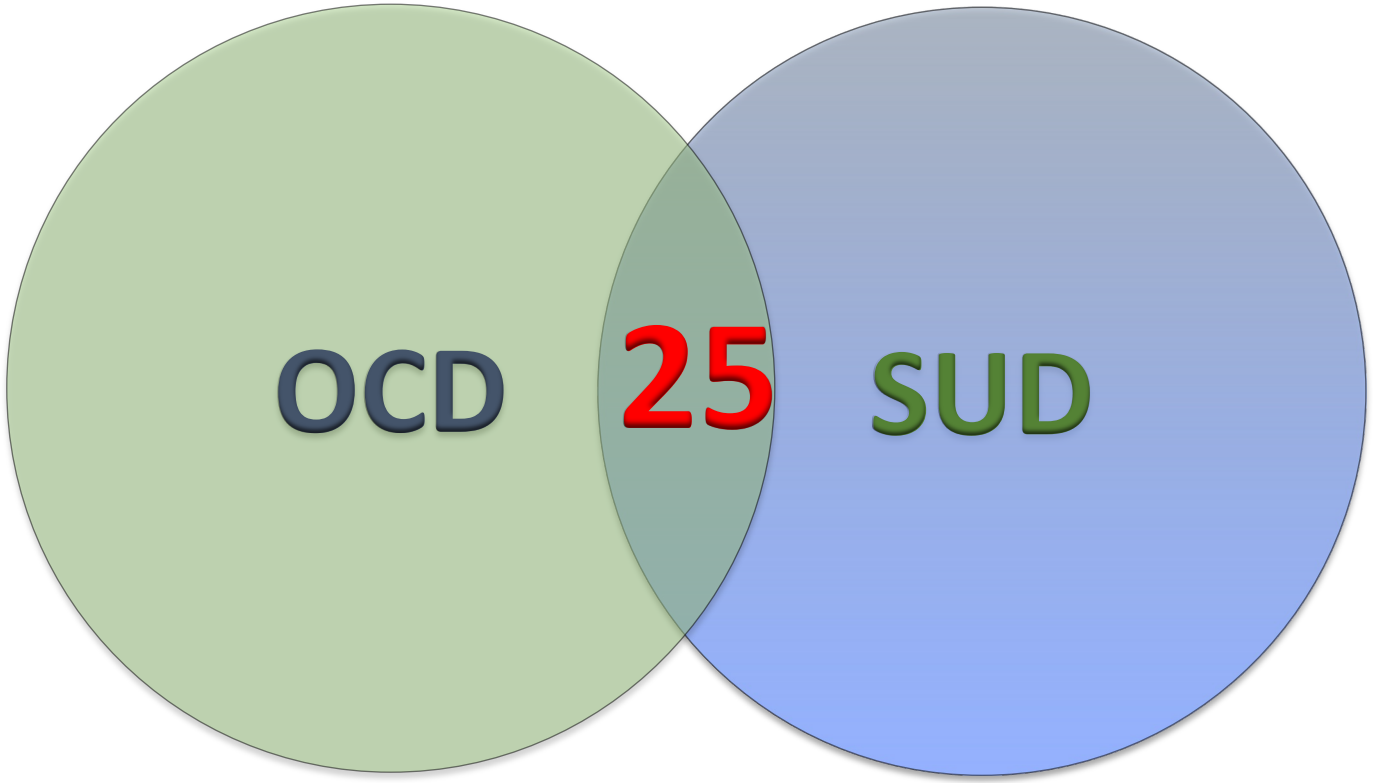
A Few Questions to Start

Scan the QR code to join our interactive polls and questions about OCD and SUD

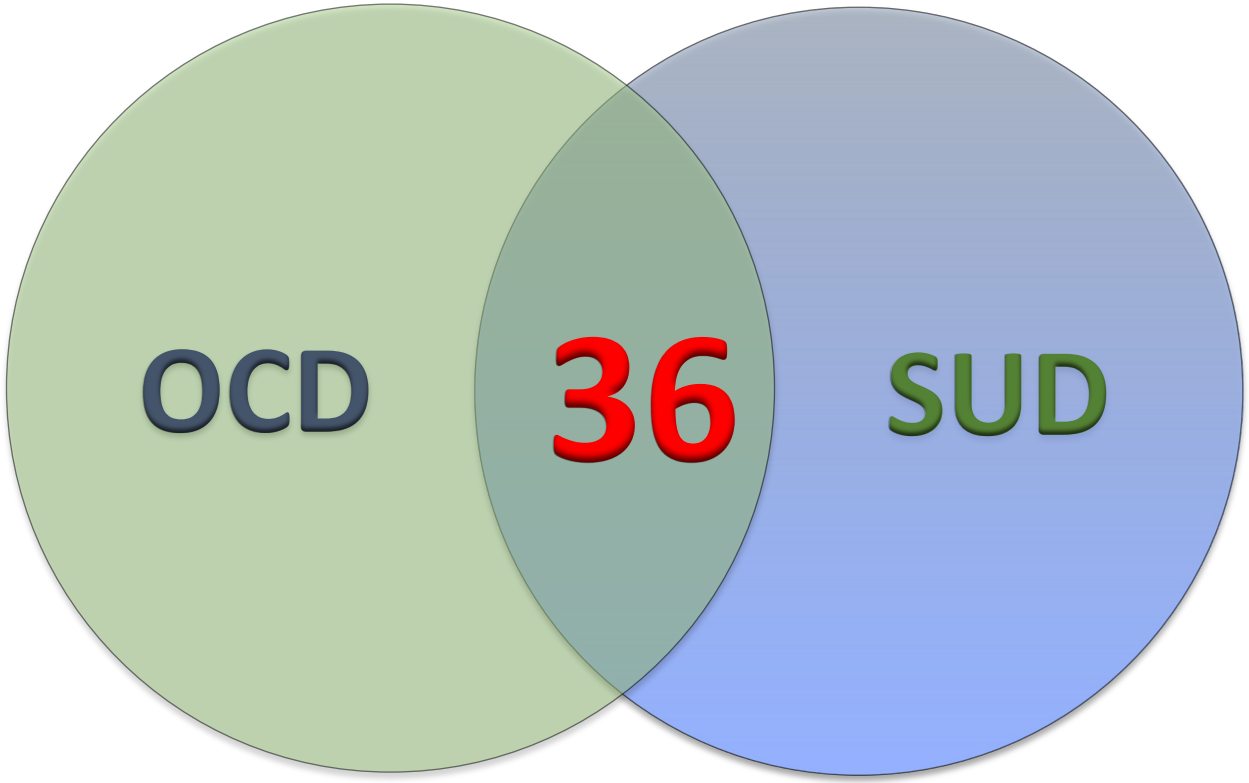
Having spent the better part of my life
either trying to relive the past or
experience the future before it arrives,
I have come to believe that in between
these two extremes is peace.

Author Unknown

Early Articles 25% Lifetime Prevalence of OCD and SUD



Veterans Treated for SUD 36% Met Criteria for OCD



VHA Diagnosis OCD 2010-2016

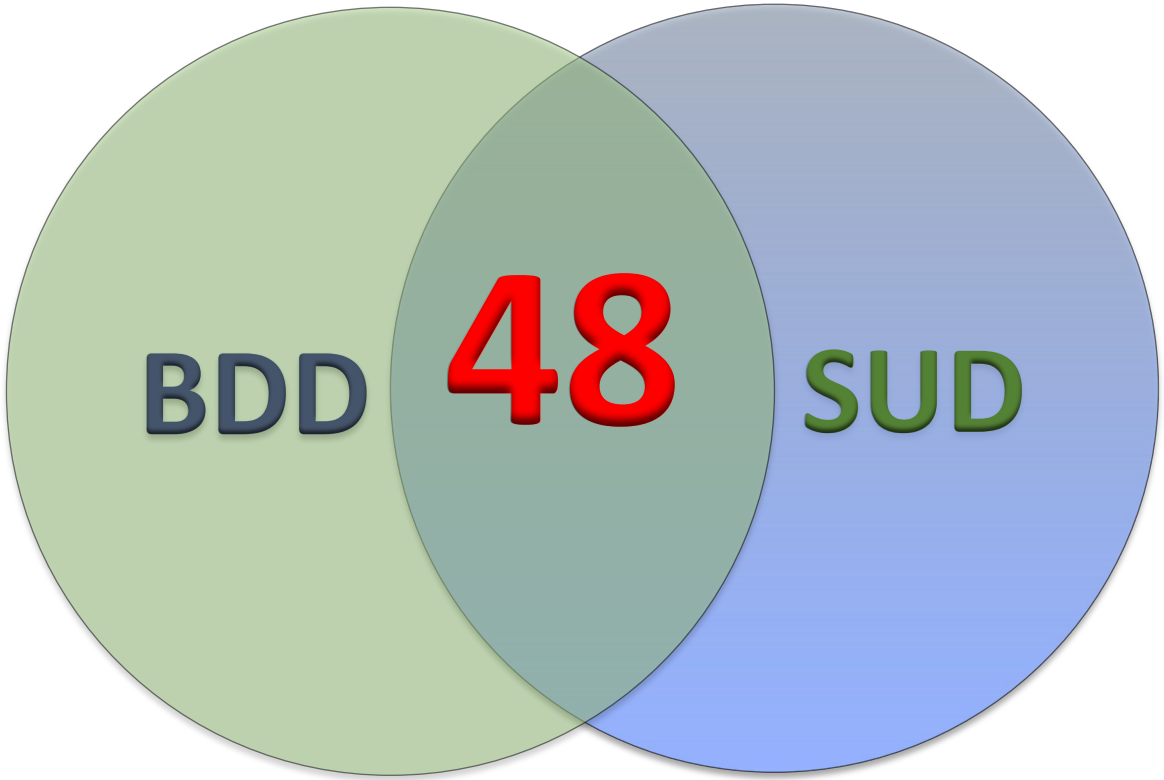
N = 38,157 Veteran diagnosed with OCD

- 36.70% also had a SUD diagnosis.

- Specific SUD rates are
  - alcohol-use disorder 17.17%
  - cannabis-use disorder 5.53%
  - opioid-use disorder 3.60%
  - amphetamine-use disorder 1.49%
  - cocaine-use disorder 3.37%
  - tobacco-use disorder 26.50%.

Co-occurrence of Obsessive-compulsive Disorder and Substance Use Disorders Among U.s. Veterans: Prevalence and Mental Health Utilization. Journal of Cognitive Psychotherapy, 2019;33(1):23-32.

BDD 43% Met Criteria for SUD



BDD and SUD

- 48.9% had BDD and a lifetime SUD
  - 29.5% has DSM 4 Substance Abuse
  - 35.8% had DMS 4 Substance Dependence
- 17% were active with substances at the time of the study
- 68% of study participants with SUD stated BDD contributed to SUD
- 60% identified BDD onset was about 1 year before SUD

BDD with SUD and without SUD

- Prev. suicide attempt
  - w/SUD 38.4% w/o SUD 18.9%
- Outpatient psychiatric treatment
  - w/SUD 88.4% w/o SUD 84.4%
- Psychiatric hospitalization due to BDD
  - w/SUD 17.4% w/o SUD 6.7%
- Missed Work
  - w/SUD 58.6% w/o SUD 53.6%

Grant, J. E., Menard, W., Pagano, M. E., Fay, C., & Phillips, K. A. (2005). Substance use disorders in individuals with body dysmorphic disorder. *The Journal of Clinical Psychiatry*, *66*(3), 309–316; quiz 404–405.

Similarities Between OCD & SUD

OCD

- Can be chronic condition
- Impacted by stress
  - Obsessions/compulsions may return
- Fear of uncertainty
  - We want to know we want hurt others, be wrong, become ill
- Can change a new obsession

SUD

- Can be chronic condition
- Impacted by stress
  - Cravings may return
- Fear of uncertainty
  - We want to know we won't hurt of suffer, having anxiety
- Can change to a different substance

Assessment for SUD in OCD TX

- OCD therapist, you should consider adding the following questions to your assessment to determine the possibility of a co-occurring SUD:
  - How many times in the past year have you used an illegal drug or used a prescription medication for nonmedical reasons?
  - In the last year, have you ever drunk or used drugs more than you meant to? (2 question screening ???
  - Have you felt you wanted or needed to cut down on your drinking or drug use in the last year? (Single screening question)
- "Yes" answers to any of the above question would warrant further assessment for SUD, which would include information on the substance(s) being used, the frequency of use (e.g., daily, weekly, or monthly), and how recently the individual used a substance.

Assessment for OCD in SUD TX

- SUD provider, here are some basic screening questions you could consider to rule in (or out) the likelihood of OCD:
  - Do you have thoughts that make you anxious that you cannot get rid of, no matter how hard you try?
  - Do you keep things extremely clean or wash your hands frequently?
  - Do you check things to excess?
- “Yes” answers to any of these questions would warrant further assessment for OCD. If it appears that OCD may be present, further assessment includes finding out more specific details of the patient’s obsessions and compulsions, including the level of distress associated with each and the degree to which symptoms are getting in the way of function

How OCD and SUD Cross in Treatment

- Moral Scrupulosity
  - Obsessions
    - What if I'm a bad person because of what I did while drunk or high?
    - What if I did something awful while blacked out that I don't remember?
  - Compulsions
    - Self-flagellation
    - Avoiding joyful or happy circumstances due to feelings of guilt
    - Ruminating about whether or not they're deserving of recovery
- Triggers
  - Pitching at a meeting
  - Doing Step Work especially Steps 4, 5, 8

How OCD and SUD Cross in Treatment

- Perfectionism
  - Obsessions
    - If I don't do this perfectly then I am not really in recovery.
    - I must be absolutely thorough or I might relapse.
  - Compulsions
    - Checking written work for errors and any missing content
    - Avoiding recovery-oriented activities
      - E.g. Avoiding service job because of fears of doing it imperfectly
      - E.g. Avoiding step work
    - Reassurance seeking about the quality of step work and recovery
    - Reviewing memories to make sure that 12 Step Principles were perfectly followed

- Triggers
  - Misunderstand iing a concept
  - Realizing you forgot to add something to some form of Step Work.
  - Doing Step Work

How OCD and SUD Cross in Treatment

- False Memory OCD
  - Obsessions
    - What if these images or thoughts are memories of something I did while drunk or high?
  - Compulsions
    - Trying to figure out whether a thought is a memory by:
      - Seeking Reassurance
      - Mentally Reviewing
      - Physical checking

- Triggers
  - Listening to others tell their stories at meetings.
  - Seeing a person that you last saw while drunk.
  - Giving your pitch at a meeting

How OCD and SUD Cross in Treatment

- Substance-related contamination fears
  - Obsessions
    - I smelled alcohol and marijuana.
      Did I want to get high or drunk?
      Does that mean I relapsed?
    - What if this drink or food has alcohol in it?
    - What if by eating this food with alcohol in it I am relapsing?
  - Compulsions
    - Avoiding parties, social events or being in public
    - Checking or asking others to check the taste of beverages and foods
    - Asking for reassurance related to what constitutes a relapse
    - Excessively analyzing intentions
    - Tracking to ensure that a food or beverage is not contaminated

- Triggers
  - Going to a party
  - Going to a sports bar
  - Seeing news articles or stories about marijuana
  - Eating or drinking something you haven't had before

OCD and SUD Treatment Planning

Exposure and Response Prevention

- With OCD
- With SUD

OCD and SUD Treatment Planning

Acceptance and Commitment Therapy (ACT)

- Experiential avoidance and control strategies are the problem.
- **Acceptance** of private experiences is the solution.
- You are not your thoughts.
  - **Cognitive Defusion**
- You are not your feelings, either.
- You are the objective (i.e. non-judgmental) observer of these private experiences. (**self as context**)
- Cultivating non-judgmental acceptance of private experiences supports acceptance and facilitates a return to directly experiencing the **present moment.**
- In each present moment you can focusing on expressing your **values** through your **committed actions**.

What are typical family accommodations in OCD and SUD?

- Helping someone to complete their compulsions.
- Facilitating in avoidance of triggers
- Providing reassurance to people
- Allowing for distractions when there are stressors
- Purchasing drugs or alcohol for your family member
- Leaving your prescriptions out and readily accessible to someone who may abuse them

Challenging Accommodations in OCD and SUD

- Educate family on the basics of CBT and ERP
- Let family know that things may get worse before they get better
- Use the detox example: If a family member were in detox and begged you to sneak in alcohol for them, would you do it? If not, and you are able to deal with them suffering through this physically, then what is it that prevents you for having them do that mentally?

Challenging Accommodations in OCD and SUD

- Give family permission to not accommodate – they may have been given advice from previous treatment providers that it is important to always provide accommodations.

- Identify ways to be supportive in safe ways
  - A young adult with SUD is still your child, give clothes, take them to McDonalds, drive them to detox
  - Remind the person you love/care for them and any frustration is at the OCD or SUD

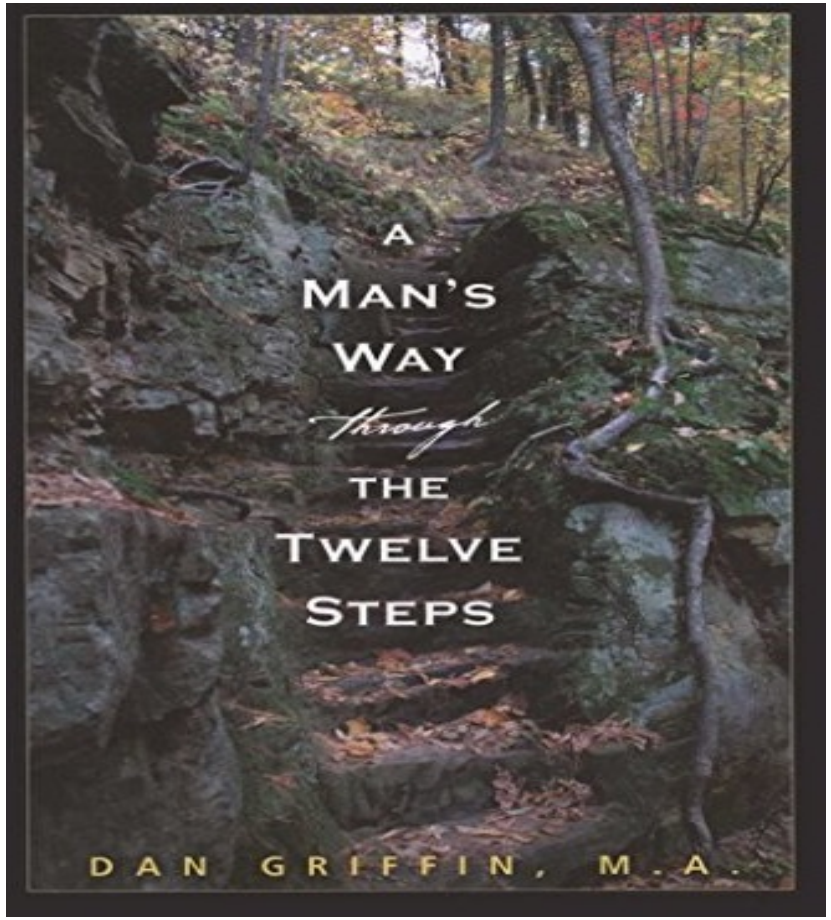
Experiential Avoidance Among Caregivers

- Study: parent's experiential avoidance predicts their child's anxiety.
- One theory: Parental experiential avoidance of anxiety about their child's anxiety may lead to accommodation and enabling.

ACT for Caregivers

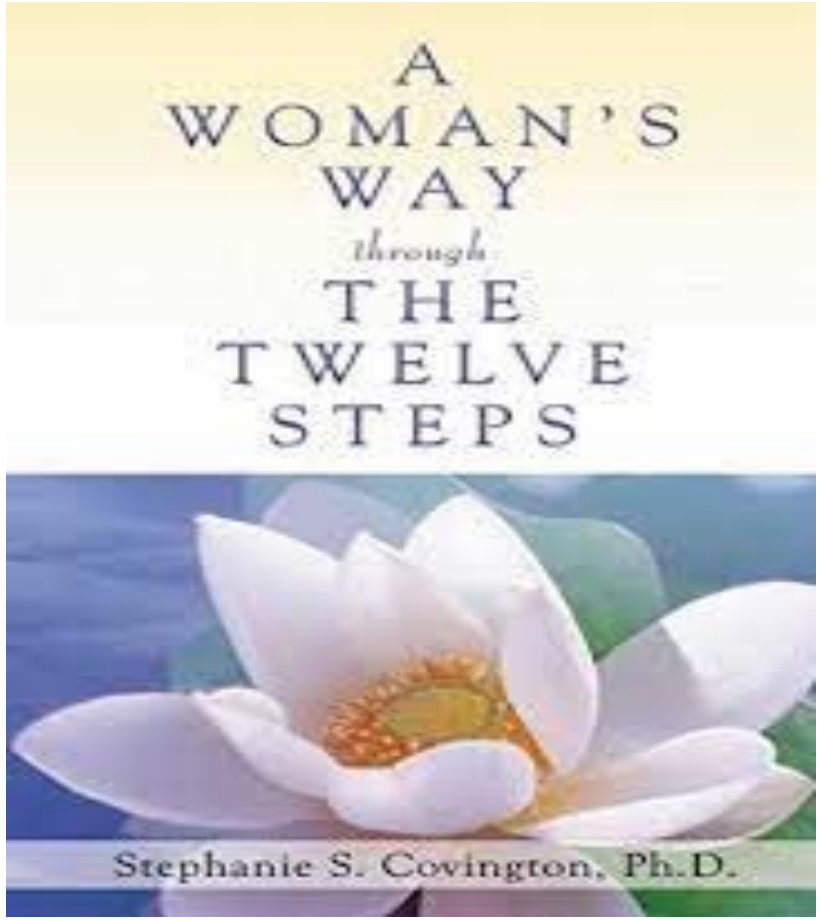
- Study:
  - ACT helps family members of individuals with Schizophrenia in navigating the psychological toll of their loved one's mental illness.
- Meta-analysis:
  - ACT for Caregivers was associated with decreases in:
    - Depressive symptoms
    - Stress
    - Anxiety
  - It was suggested that ACT's beneficial impact on caregiver was secondary to the six ACT processes.

Trauma Informed Gender Specific 12 Steps



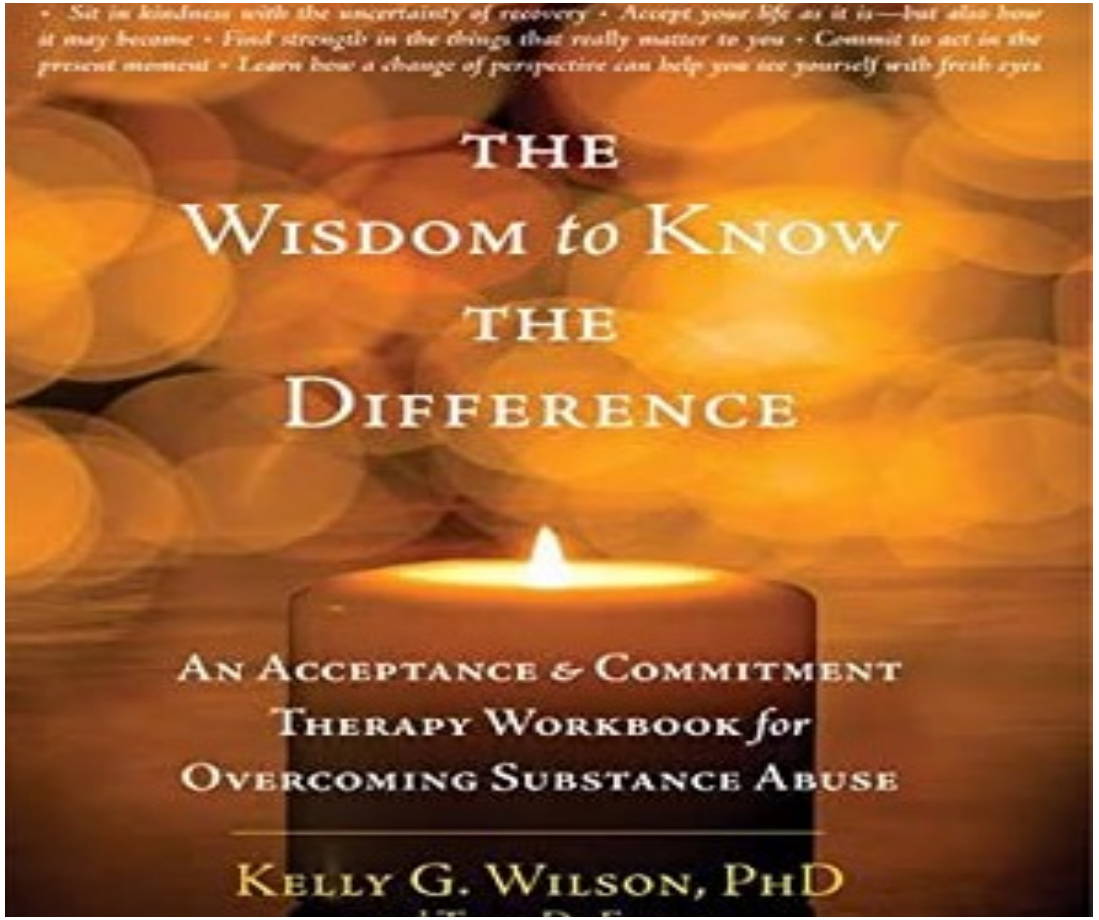
In A Man's Way through the Twelve Steps, author Dan Griffin uses interviews with men in various stages of recovery, excerpts from relevant Twelve Step literature, and his own experience to offer the first holistic approach to sobriety for men. Readers work through each of the Twelve Steps, learn to reexamine negative masculine scripts that have shaped who they are and how they approach recovery, and strengthen the positive and affirming aspects of manhood.

Trauma Specific Gender Specific 12 Steps



Women's recovery can differ from men's, and each person's recovery is in many ways unique. That's why Stephanie Covington has designed A Women's Way Through the Twelve Steps to help a woman find her own path-and find it in terms especially suited to the way women experience not just addiction and recovery but also relationships, self, sexuality, and everyday life. Unlike many "rewritten" Twelve Step interpretations for women, this guide works with the original Step language, preserving its spirit and focusing attention on its healing message.

SUD and ACT



The Wisdom to Know the Difference is an addiction recovery workbook based in acceptance and commitment therapy, or ACT. Research shows that ACT is a powerful treatment for alcoholism, drug addiction, depression, and other issues, and it can be used alone or in combination with any 12-step program. On this particular path, you'll learn to accept what you can't change about yourself and your past and commit to changing the things you can.

Security is mostly a superstition. It does not exist in nature, nor do the children of men as a whole experience it. Avoiding danger is no safer in the long run than outright exposure. Life is either a daring adventure, or nothing.

Helen Keller

OCD/SUD Special Interest Group (SIG) Website

www.ocdsud.com