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# Shining a Light on the Darkest of Thoughts

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# Learning Objectives

- Describe one client-specific, therapist-specific and treatment-specific clinical consideration when implementing ERP for “taboo” obsessions
- Describe 2-3 ways of differentiating “true” clinical concern for the safety of the client and/or those around the client (requiring safety planning and/or other clinical intervention) from taboo/harm obsessions requiring ERP
- Provide 1-2 ERP examples for use with each of the following categories of taboo obsessions: scrupulosity, sexual obsessions/pedophilia, and harm obsessions

# OCD symptom dimensions

- contamination and washing
- doubts about causing harm
- symmetry, arranging and counting
- unacceptable and taboo obsessions

# Unacceptable and taboo obsessions

- intrusive thoughts that severely violate the individual's (and often society's) morals or values
- misconception: “Because I thought it, it must be important and/or true”
- thrives off of uncertainty: “How do I really know if...”
- includes themes of:
  - aggression and violence
  - scrupulosity (morality or religious)
  - sexual (deviant or unwanted acts)
  - health anxiety

# AKA: Primarily Obsessional, Pure Obsessional, or Pure O

Compulsions are largely covert and more challenging to identify during assessment

- mental ruminations
- neutralizing
- excessive reassurance-seeking
- hyper-awareness
- avoidance

# What do the numbers say?

Among those with OCD:

- 43.0% have moral concerns
- 30.2% have sexual or religious concerns
- 24.2% have harming concerns, and
- 14.3% have illness-based concerns

# What does the clinical research show?

- on average, individuals who experience taboo obsessions
  - are more distressed compared to other categories of obsessions
  - have higher levels of depression, shame and distress
- a growing body of research has linked taboo obsessions with increased risk for suicide
- treatment is more challenging or may take longer

# Clinical considerations

- Client-specific
- Therapist-specific
- Treatment-specific



# Client-specific considerations

Reluctance to disclose the occurrence or content of taboo obsessions due to:

- shame
- fear of eliciting fear/disgust/judgment rather than empathy
- fear of being reported to police and/or child protective services
- fear of being involuntarily hospitalized
- TAF
  - the belief that having a negative thought increases the likelihood of that feared outcome occurring
  - the belief that the thought of a morally reprehensible act is the same as doing it

# Addressing guilt and shame

Provide a sense of safety for the individual

- acknowledge and validate the experience of guilt and shame
- provide appropriate therapeutic reassurance
- allow for gradual disclosure

Provide psychoeducation regarding the normative nature of unwanted thoughts

- Rachman and de Silva (1978)- approximately **80% of a non-clinical sample** experienced unwanted intrusions
- Salkovskis and Harrison (1984)- **88%** of their sample of university students reported experiencing unwanted intrusions
- Radomsky, Alcolado, Abramowitz, Alonso, et al (2013)- approximately **94%** of the sample of 777 university students had experienced an unwanted intrusion in the previous 3 months

# Therapist-specific considerations

- Facilitating ERP provokes therapist anxiety, especially for taboo content
- Parallel process - we only ask people to do things we are also willing to do
- Reassurance loophole - correctly implemented ERP works
- Therapist and client shared belief in the treatment model is a predictor for treatment success

# Therapist-specific considerations- Am I doing this right?

- 2.01 Boundaries of Competence

(a) Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience.

- When learning new skills - seek supervision/consultation

# Therapist-specific considerations - Documentation

- What are we doing and why are we doing it?
- We are not guiding people to harm themselves or others - we are helping them confront their intrusive thoughts - make the chart reflect that clearly
- Documentation does not need to be excessive, just clear
- Your choices as a therapist do not have to always be correct - but you do need to explain your choices to show that you had reasons for what you chose

# Treatment-specific considerations

- When the client is a minor
  - Should parents be present for exposures?
- Getting family/parents on-board is essential
- Gender differences between therapist and client
- “How far is too far?”
  - Reasonable risk and other ethical considerations
- Importance of differential diagnosis prior to implementing ERP

# Errors in the assessment of individuals with unacceptable/taboo obsessions

- Clinicians frequently miss the diagnosis of OCD - Researchers (Glazier et al, 2013) found that 38.9% of providers who were members of the American Psychological Association misdiagnosed vignettes of OCD
- Incorrect response frequencies by type of OCD vignettes:
  - homosexuality (SO-OCD) = 77%
  - sexual obsessions about children = 42.9%
  - aggressive obsessions = 31.5%
  - religious obsessions = 28.8%
  - Non-taboo obsessions (e.g., contamination) = 15.8%
  - non-taboo obsession (e.g., contamination) = 15.8%

\* **Rule out question:** "Is this something you would like to do, or is it something that you are afraid you might do?"

# How do you know if thoughts are due to SO-OCD?

## Likely Gay

- Thoughts about engaging in same-sex relationships are arousing
- You look forward to same-sex romantic relationships
- You have mostly enjoyed sexual experiences with a person of the same sex

## Sexual Orientation OCD

- Thoughts about engaging in same-sex relationships are unappealing
- You feel anxious about sexual or romantic relationships with people of the same sex
- You have mostly enjoyed sexual experiences with a person of the opposite sex



# How do you know if thoughts are due to SO-OCD?

## Likely Gay

- You like it when people of the same sex find you attractive
- You worry about your same-sex thoughts mainly because of what others might think or because of religious concerns
- Even though you often think about same-sex relationships, you are able to stop thinking about them

## Sexual Orientation OCD

- You worry people of the same sex might find you attractive
- You worry about your thoughts mainly because you don't want to give up being with people of opposite sex
- You cannot stop thinking about same-sex relationships; thoughts are distressing and a severe distraction

# How do you know if thoughts are due to Postpartum-OCD?

## Postpartum Psychosis (rare, 1/1,000)

- Experiencing delusions and hallucinations saying one must kill baby ( e.g., to save from the Devil)
- Feels that this is required behavior, so no anxiety, ego-syntonic / ego-identified
- Wants to harm
- Tells no one about thoughts

## Postpartum OCD (5-7.5% of new mothers)

- Feel disgust/horror at unwanted thoughts of harming child, ego-dystonic/ego-alien
- Extreme worry of any harm coming to baby-overprotective
- Extreme fear and guilt about possibly harming baby/child
- Avoids being alone with baby
- Asks others for reassurance that one would not harm

# How do you know if thoughts are due to P-OCD?

## **Pedophiles**

- Derives pleasure from sexual behavior with children (ego-identified)
- Minimal worry about consequences
- No guilty conscience
- Seeks opportunities to find children to target
- History of child abuse

## **Pedophilia Themed OCD**

- Feels disgust or horror at thoughts of sexual behavior (sexual abuse) of child (ego-alien)
- Extreme worry about consequences
- Extremely guilty conscience
- Avoids places or events where there are children
- No history of abuse

# How do you know if thoughts are due to self-harm OCD or true suicidality?

## **Suicidal**

- You find the idea of killing yourself desirable, attractive, looking forward to it providing relief from emotional pain
- You look into ways to kill yourself, gather materials (pills, gun), develop a plan

## **Self-Harm OCD**

- You are terrified of unwanted thoughts or images of harming yourself, and you wonder why you are having them
- You avoid things that could hurt yourself, like pills, guns, knives

# How do you know if thoughts are due to self-harm OCD or true suicidality? (cont'd)

## Suicidal

- You avoid talking about your plan or giving hint of suicidal intent so that no one will stop you
- You think about suicide when you want to, but not all the time

## Self-Harm OCD

- You talk to trusted people (family, doctor, therapist, friend) about thoughts and say you don't want to kill yourself
- You are unable to stop self-harm thoughts, or images but wish you could stop them, and you fear you could act on them
- Note: Because individuals with OCD can have actual (ego-identified) suicidal thoughts and probably will not talk about it, screen for suicidality

# Scrupulosity obsessions

Obsessions that are moral and religious in nature

- Blasphemous thoughts about religious figures
- Fear of committing a sin
- Experiencing immoral thoughts
- Fear that one will act on immoral thoughts
- Overly concerned with practicing religion “correctly”

# Common compulsions related to scrupulosity

*Rituals typically create the perceived assurance that one is morally sound and devout*

- Excessive prayer
- Reassurance from religious leaders
- Frequent confessing
- Cognitive reassurance
- Mental reasoning (e.g. debating ethics)
- Mental review
- Excessive acts of altruism (i.e. “good deeds”) to compensate for perceived moral violations

# Scrupulosity: Common core fears

- *Going to Hell for eternity*
- *Offending religious figures*
- *Being a bad person*
- *Deceitful and fraudulent/disingenuous*
- *Being ostracized from religious communities and family*



# In vivo ERP: Scrupulosity

## 1) Blasphemous Statements

- I'm definitely Hell bound (SUD = 100)
- I'm probably going to Hell (SUD = 80)
- I may be going to Hell (SUD = 60)
- There's a very small chance that I am going to hell (SUD = 40)

### *Things to consider...*

- Interchangeable with various core fears
- Multicontextual
- Should be included with other exposures, when ready

# In vivo ERP: Scrupulosity (cont'd)

## 2) Hell ambiance



# In vivo ERP: Scrupulosity (cont'd)

## 3) Deal with the Devil



# In vivo ERP: Scrupulosity (cont'd)

## 4) Religious Malpractice

- Intentionally skipping prayer and religious services
- Showing up late for religious services
- Not finishing prayers or saying prayers incorrectly
- Questioning Gods existence
- Skipping communion, “sign of the criss cross,” withholding confessions, eating during religious fasting
  - *Coping Statement* - “I acknowledge the risk with skipping services, and will put my faith in the possibility that God understands my need to conquer my OCD.”

# Prolonged imaginal exposure (PIE)

## ***Things to consider***

- 1) Keep it consistent with the core fears and specific worries*
- 2) Make it concise and avoid irrelevant information or “fluff”*
- 3) Always in first person and in the present tense*
- 4) Include emotions, thoughts, senses*
- 5) Make it believable*
- 6) Push it to the limit!*

# PIE: Building the hierarchy

- 1) *Start with trigger words (Devil, sinner, etc.)*
- 2) *Continue with trigger phrases (I love Satan, God sucks, I love sinning!)*
- 3) *Chunk the script*
- 4) *Complete script in its entirety*
- 5) *Read through script in different places, and around different people*
- 6) *Combine script with in vivo exposures*

# Sexual obsessions

Sexual Deviance - Unwanted thoughts that are sexual in nature.

Individuals are typically concerned they will uncover and/or act on sexual desires that are inconsistent with their core values.

- 1) Pedophilia
- 2) Necrophilia
- 3) Zoophilia
- 4) Incest
- 5) Sexual or gender identity

# Sexual obsessions: Common core fears

*Acting on the sexually deviant thoughts*

*heinous/repulsive/scum of the earth*

*Going to prison*

*Being raped in prison*

*Not going to prison*

*Being a fraud*

*Being ostracized from family and society*

*TAF- The thoughts make them a bad person*



# In vivo ERP: Pedophilia obsessions (P-OCD)

## *Barely Legal Internet Exposures...*

- Google, “little girls dancing,” “children in bathing suits,” etc.
- Watching beauty pageants and dance shows
- Photo hunt
  - observing pictures of kids and making suggestive comments
  - ranking kids from least to most attractive
- Cyber stalking
  - using social media to view, like, and comment on pictures of kids

# In vivo ERP: P-OCD (cont'd)

## *Sexual Shopping Spree*

- Spending time in the toy section
- Waving and smiling at kids
- Sorting through underwear, training bras, etc.
- Taking pictures of underwear, training bras, etc.
- Walking around store with underwear, training bras, etc.

# In vivo ERP: P-OCD (cont'd)

## *Mental Grooming*

- Go to a popular park where children play (don't forget your candy!)
- Sit on a bench and watch the children play
- Select a child to “groom” or “play with”
- Imagine playing with the child
- Imagine grooming the child (tickling, complementing, giving candy)
- Imagine taking the child to a private area in the park...

# In vivo ERP: P-OCD (cont'd)

## ***The Hidden Truth***

- I'm definitely sexually attracted to kids (SUD = 100)
- I'm probably sexually attracted to kids (SUD = 80)
- I may be sexually attracted to kids (SUD = 60)
- There's a very small chance that I am sexually attracted to kids (SUD = 40)

## ***Trigger Words and Statements***

- Fondle, fondling my little sister, I want to fondle my sister
- Groping, groping my sister, I want to grope my sisters ass
- Penetrating, penetrating my sister, I want to penetrate my sister

# PIE: P-OCD

## Bathtime Script...

*“My nephew is taking a bath and my sister asks that I help wash and rinse him. I shut the door and it’s just the two of us. I begin to scrub his soft and supple body, and notice that I am feeling aroused. I touch myself as I continue to scrub his body. I then begin to fondle him while I rinse the soap from his body. I tell him, “dont’ tell mommy, it will be our little secret.” I feel guilty for molesting my nephew, but decide not tell me sister, and live with this secret, which I know will likely weigh on my conscience forever.”*

# Sexual-orientation obsessions (SO-OCD)

Unwanted thoughts and uncertainties regarding one's sexual orientation

May manifest as:

- “What if?” and other uncertainty thoughts
  - What if I'm gay? Straight? Bi-sexual?
  - What if I impulsively kiss \_\_\_\_\_ (who is counter to my SO)?
  - What if I'm really gay/straight and I'm misleading my boy/girlfriend?
  - Was I attracted to/aroused by that person (who is counter to my SO)?
- Intrusive images or mental movies
- Intrusive “command” thoughts
- unwanted urges to act on an impulse

# Common compulsions: SO-OCD

- avoidance
  - movies, shows, articles, social media posts involving related content
  - places/situations where it's more likely to encounter individuals counter to one's SO (LR, club)
  - being alone with individuals who are counter to one's SO
  - looking at, touching, conversing with others who are counter to one's SO
- repeated online research about being gay/bi-sexual
- confessing and/or reassurance seeking
- mental compulsions

# Common compulsions: SO-OCD

- checking
  - how one felt/reacted during an interaction
  - being/imagining being intimate with an individual counter to and/or congruent with one's SO to "check" for attraction/arousal
- repeated prayers for forgiveness or to ensure not acting on a thought or impulse
- magical undoing
  - thinking a "good" thought to undo "bad" thought
  - repeating things a good/safe number of times
- hypervigilance



# SO-OCD: Common core fears

If these thoughts are true then:

- "I am a bad person."
- "My family/friends/society may ostracize me."
- "I am going against God and will go to Hell."
- "I am lying to/misleading my significant other."
- (TAF) "Having these thoughts/doubts means those things are already true of me."

# In vivo ERP: SO-OCD

- Rate the attractiveness of pictures (internet) of individuals who are counter to one's SO
  - fully clothed
  - in underwear with shirt → underwear and shirtless → speedo
  - in underwear and bra → swimsuit → lingerie
  - identify the most attractive feature → describe the most attractive feature
- Rate the attractiveness of counters (in real life)
  - identify the most attractive feature → describe the most attractive feature

# In vivo ERP: SO-OCD (cont'd)

- Interact with a counter
  - smile at
  - initiate a conversation with
  - touch on arm/shoulder while talking with
  - compliment
  
- Imagine
  - kissing
  - a sexual encounter with
    - ... that same individual

## In vivo ERP: SO-OCD (cont'd)

- Like and comment on social media posts of attractive counters
- Look at pictures of counters
  - screenshot pics and look at them multiple times throughout the day
  - print pics and place around living area
  - “Maybe someday I’ll be as happy and in love with \_\_\_\_\_ (a counter).
- Browse profiles of counters on a dating app
- Write a fake profile for a dating app

# In vivo ERP: SO-OCD (cont'd)

## ***Uncertainty statements (also triggers TAF)***

- Maybe I am gay/straight/bisexual and I'm just in denial.
- Someday I might realize I'm gay/straight/bisexual.
  - In the next few years I might realize ...
  - Within the next year... month... week...
  - I could wake up tomorrow and realize...
- I'm probably gay/straight/bisexual and just in denial.
- Maybe I was aroused/"felt something" when he/she/they smiled at me.
- Maybe I am misleading my fiance'/fiancee' if I don't figure this out for sure... maybe I'll figure it out after we're married and will hurt him/her/them even more.

# PIE: SO-OCD

I imagine I'm out to dinner with my wife and excuse myself to use the restroom. On my way, I walk by an attractive man. Our eyes lock and he smiles and nods at me. Why did I notice him when I am in love with my wife? I enter the bathroom and soon after, he also walks in. Is he gay? Does he think I'm gay? Am I gay? Why else am I thinking about these things? Oh, gosh. Am I sexually aroused? I resist trying to figure it all out and just allow the thoughts- and the uncertainty- to be there.

An image of myself suddenly grabbing and kissing him enters my mind. Do I *want* to kiss him? What if I suddenly do it? What if I'm gay and someday I'll leave my wife and children for a man? I can't do that... I can't hurt them like that. I'll have no choice but to live a lie for the rest of my life- and I'll never be truly happy. I allow the thoughts and images to continue- agreeing with the possibility of my fate- as I exit the bathroom and return to my wife.

Even though I'm afraid and uncertain, I choose to continue confronting these thoughts and refraining from rituals the best I can- and hope for a day when I'm free from them- even if that only comes as a result of realizing I'm actually gay.

# Aggressive and violent obsessions

Unwanted thoughts, images or impulses about harming oneself or others

May manifest as:

- “What if?” thoughts
  - What if I stab my loved one while they’re asleep?
  - What if I kill myself when I’m alone in my apartment?
  - What if I “just snap” and go shoot up a school/movie theater?
  - What if I’m at the top of a bridge and suddenly decide to drive off of it?
- Intrusive images or mental movies
- Intrusive “command” thoughts
  - Stab them with the knife!
  - Slit your wrist!
  - Just Do It!
- Unwanted urges to act



**JUST DO IT**





# Aggressive and violent obsessions: Post-partum

Unwanted thoughts, images or impulses about harming one's newborn shortly after the child is born

- may also involve causing accidental/unintentional harm to the newborn and/or fear of something happening to one's baby
- fathers experience them as well
- added layer of worrying that their new child will be taken away if they seek help.

# Common compulsions: Aggressive/violent obsessions

- avoidance
  - knives, scissors, and other sharp objects
  - movies/shows/series/the news with violent or suicidal themes
  - being home alone
  - being home alone with the child/children (or pet)
  - becoming angry
  - bad numbers
- repeated online research about murderers or serial killers
- reassurance seeking
- mental compulsions

# Common compulsions: Aggressive/violent obsessions

- checking
  - how one feels or reacts to intrusive thoughts or images
- repeated prayers for forgiveness or to ensure not acting on the thoughts
- repeating things a good/safe number of times
- magical undoing
- hypervigilance
- confessing

# Aggressive/violent obsessions: Common core fears

- I am a horrible person... a monster
- If others knew about these thoughts, they would fear and hate me
- I am a fraud
- If I act on these thoughts, I will go to jail for the rest of my life
  - My significant other will leave me
  - I won't get to see/raise my children... they will grow up without me
  - I will lose everything I've worked hard for
  - I may be raped/beaten in prison
- I will have to live with the guilt for the rest of my life
- (TAF) Having these thoughts/doubts means those things are already true of me

# Case Example: Aggressive/violent obsessions

- Linda, age 43
- married with 3 children (son 20; daughter 17; son 14)
- childhood anxiety/OCD since age 6
- intrusive harm obsessions began within 3 months of the birth of her oldest child

# Harm obsessions

- What if I kill my kids? Family?
- What if I suddenly become crazy and do it?
- What if the devil possesses me and I do it?
- What if I act on a sudden impulse and I do it?
- What if I decide it's better for everyone and I do it?
- What if I really have a psychotic disorder- and not OCD- and I do it?

# Triggers

- sharp objects (knives, scissors, sewing needles)
- being close (proximity) to the children
- being home alone with the children
- watching/listening to the news
- tv shows depicting violence
- anything about schizophrenia, psychosis





# SUDS: 20-30

- scroll through news headlines, watch local news
- sleep with butter knife next to bed
- research books on women who have killed their own children

# SUDS: 40s

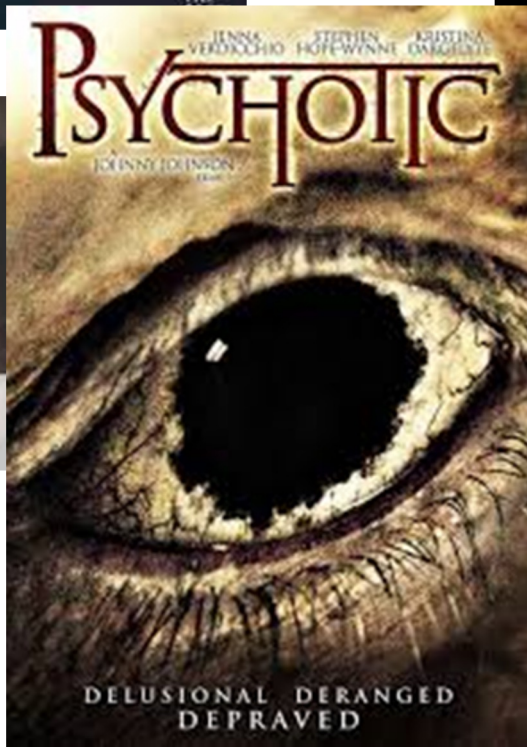
- *cued ERP to trigger words*- index cards/post it notes... “serial killer”
- place a plastic bag on the back of each kid’s chair at the dinner table
- scissors- upside down in tin, tip up
- force self to do 1 thing/day you don’t want to do (go for a walk, eat healthy, chore)
- scissors- upside down in tin, tip up
- remain seated next to kids while having a harm thought (not alone)
- look at pictures of women who have killed their children

# SUDS: 50s

- *cued ERP to uncertainty*, commercials- "I can't be sure that someday I won't harm my kids."
- *cued ERP to trigger words*- Write "M" or "K" on hand (murder, kill)
- sit in kitchen and look at knife block (alone)
- hug kids while having thoughts of stabbing them
- use scissors on a project with a child in the room
- go for a walk with Lauren with butter knife in pocket
- hold fake knife to picture of kid/s

# SUDS:60s

- *cued ERP to uncertainty* when initiating a conversation with husband- "Maybe I am a serial killer."
- *image board*- Psychotic
- read about psychotic disorders
- *cued ERP to trigger words*- Write "P" on hand (psychotic)
- eat dinner with steak knife at place setting
- watch a Nike commercial (Just Do It)
- *cued ERP to trigger phrase*- hang up Nike magazine ads
- home alone with kids for variable durations of time
- chop food/fruit in kitchen (husband at home)
- watch Snapped, Dexter, American Psycho with husband
- (in session) make a list of all the ways you could kill your kids, then play game
- force self to do 2 things/day you don't want to do



# SUDS: 70s

- (in session) *ERP to uncertainty* while holding knife- "I can't be sure that someday I won't harm my kids."
- *cued ERP to trigger phrase* during commercial breaks- say or write "Today's the day."
- hold knife to picture of kid/s
- *cued ERP to trigger words*- put up index cards/post its with murder, kill, stab around the house
- sleep with scissors next to bed
- remain seated next to kids while having a harm thought (alone)
- knit sitting next to one of the kids
- watch *Snapped*, *Dexter*, *American Psycho* while alone
- read books/listen to podcasts of women who have killed their children (alone)
- (in session) close eyes and stab pillow with fake knife, imagine it's one of the kid

# SUDS: 80s

- *cued ERP to trigger phrase* when initiating a conversation with husband- “I am going to kill \_\_\_\_\_.”
- go for a walk with Lauren with steak knife in bag
- *script- A Matter of Time*
- chop food/fruit in kitchen while home alone with the kids, kids in another room
- *listen to podcast “Sword and Scale”*
  - “An immersive true-crime podcast audio experience covering the dark side of humanity and human nature. Our stories delve into the worst of the worst and include murder, rape, dismemberment and cannibalism. No crime is too brutal and no victim is too pure. The worst monsters are real.”



# Script- It's just a matter of time

Any day could be “the day” that I finally kill the kids or Ed. All of my harm thoughts reflect who I really am inside and some day the “real me” is going to come out. Maybe I'll have a schizophrenic episode and I will kill my kids, enjoying every moment of it. Maybe I'll become possessed and kill them, realize after the fact what I've done, and be horrified and remorseful and full of guilt. Maybe God will tell me to kill the kids and I'll find reassurance that I was only doing what God wanted me to do... or maybe after I kill them I will realize it wasn't God after all, and I'll be left with the horror of what I've done. Or maybe I'll just kill them in order to make the thoughts stop. I won't want to kill them but I will do it anyway, because it is the only way to permanently get rid of these thoughts. I may not know how I'll do it, but I DO know it's only a matter of time.

# SUDS: 90s

- *cued ERP to trigger phrase* when initiating a conversation with husband- "Today I am going to kill \_\_\_\_\_."
- *script*- Finding Peace
- watch "Silence of the Lambs"
- sleep with steak knife next to bed
- stab photo of child
- watch documentary on serial killer or mother who killed their children
- home alone with kids, no rituals/avoidance

# Script: Finding peace

There's nothing stopping me from killing my family at any time because nothing is permanent- not how I feel at any given moment, or my values, or my anxiety level, or my reasons for or against killing them.

I can imagine getting to the point where it makes more sense to kill them and myself than to not. I've habituated to the idea of killing them, so I think it through more than ever before. It just makes sense to end everyone's problems and my own this way. Why- if I love and care about them- would I want them to continue to suffer in this life? There's no fear... there's no forcing myself to do it. I'm ALL in with nothing to stop me.

I plan it all out very carefully and am at peace with my intentions. I feel greater and greater relief and I stab each of my children, and then my mom, my dad, and my husband, because I know what I have done is the right thing for everyone. It's just me know, and I take a full bottle of klonopin. I close my eyes one last time, knowing everyone is finally at peace.

# SUDS: 100

- (in session) write newspaper account of murdering children
- make list of similarities between self and serial killers
- exposure statement- "I can't wait to kill my children!"
- sleep with butcher block next to bed
- chop food/fruit in kitchen, kids present, while home alone with kids

# Wilmington Mother Brutally Murders Her 3 Children

Monday August 12, 2023

Written by David Earnest

Police were called to the neighborhood of Country Gates in Wilmington, Delaware Saturday afternoon and were horrified at what they discovered. Forty-three year old Linda Cleaver was taken into



custody for the brutal and fatal stabbings of her three children, ages 20, 17, and 14-years old.

Their father, Eric Cleaver, had left the house only 20 minutes earlier, running out to pick up milk for the children's breakfast. He came home to find his wife holding a bloodied butcher knife, her clothes soaked in blood. She was crying hysterically and repeating the phrase, "I can't believe I did it! It wasn't my OCD! My best guess was wrong and I've killed my babies!"

He fought back tears as he explained his wife had suffered from obsessive fears she would kill the children, ever since their oldest was born. He had always supported his wife's OCD treatment, never imagining it might not be the correct diagnosis and that she would some day act on her thoughts.



First responders were traumatized by what they saw upon entering the home. One local psychologist said “Only a deranged, unloving, evil monster could do such a thing.” Neighbors are gathering together this evening to mourn the tragedy of the 3 young lives taken too soon, and to offer support to their grieving father.

Fifty-eight year old Chip Albertini has lived across the street from the Cleaver’s for the past 10 years and has watched the children grow up. He told our reporters, “Linda seemed like a loving and attentive mother. I can’t imagine what snapped inside for her to have done this to those children.” Funeral arrangements have not yet been announced.

**Time for Q&A**