

Three Therapists Talking Taboo Pedophile OCD

Jenna Overbaugh, LPC
Krista Reed, LSCSW
Lauren Rosen, LMFT



Lauren Rosen, LMFT, #110644

- Psychotherapist and Clinical Supervisor
- Founder & Director of The Center for the Obsessive Mind
- Co-host of the "Purely OCD" podcast
- Specializing in OCD & Anxiety since 2016



Krista Reed, LSCSW

- Clinical Social Worker & Clinical Supervisor since 2008
- IOCDF Advocate
- Owner of A Peaceful Balance: OCD and Anxiety Clinic in Wichita, Kansas
- OCD/BDD/BFRB Specialist



Jenna Overbaugh, LPC

Have been working with people who have
OCD/anxiety since 2008

Host of the "All The Hard Things" podcast

Creates educational digital products on OCD,
anxiety, and Exposure and Response
Prevention

Objectives

1. Ability to differentiate between Pedophilic OCD (POCD) vs pedophilia
2. Understand the components of the OCD cycle within POCD
3. Identify treatment modalities for POCD including alternate or adjunct strategies

Common obsessions/fears

- Fears of being attracted to children/adolescents
- Fears of having touched a child inappropriately
- Fears that they're actually a pedophile and actually want these thoughts
- Fears that they've done something in the past and will get exiled from society
- Fears they will lose control of their impulses
- Core fears: social exile, being a horrible person, being "bad", fear of disappointing others/family

Common rituals

- Avoiding of the child/places where children are present
- Putting childcare onto another person (eg spouse)
- Mentally reviewing past events/interactions
- Checking the person or checking their own body/arousal levels for any signs of attraction
- Self-assurance, trying to logic or negate the thought somehow
- Reassurance seeking either online or from others
- Anything could be a compulsion
 - eg. gentleman wearing sunglasses – fear of eye contact

With OCD treatment,

OCD is OCD is OCD

The content doesn't impact how we support people in navigating the disorder itself.

The OCD/anxiety/fear cycle

Normal intrusive thought, idea, image, impulse, urge, feeling, uncertainty, doubt, etc



The OCD Cycle

Random ego-dystonic, unwanted thought that comes in about your 2 year old niece

"Did I want that thought?"
"I must be responsible for that thought."
"That must mean I want it."
"I can't handle that nasty thought."

Self-assurance, avoidance of child,
reassurance seeking

Freaking out, panicking, whoosh of anxiety



Ways in which we can misinterpret thoughts as significant:

1. Taking responsibility for the thought
2. Overimportance of thought
3. Thought action fusion (moral equivalent of doing)
4. Catastrophizing
5. Probability overestimation
6. Wanting to control thoughts (good thoughts only!)
7. Judging thoughts as good/bad, gross/clean



Treatment isn't
one size fits all.

Even though OCD is OCD is OCD people
who experience taboo thoughts face a
specific set of challenges.

Special considerations for POCD

The question of uncertainty

- But I can't accept this uncertainty!!



Special considerations for POCD



The question of uncertainty

- But I can't accept *this* uncertainty!!
- "Does accepting uncertainty mean I have to accept being a pedophile?!"

Special considerations for POCD



The question of uncertainty

- But I can't accept *this* uncertainty!!
- "Does accepting uncertainty mean I have to accept being a pedophile?!"
- Bottom line:
 - If we don't have compelling reasons to take the thoughts seriously, it doesn't matter what the thoughts are.
 - Allowing for uncertainty to exist while moving forward with life is really the only thing that makes sense.

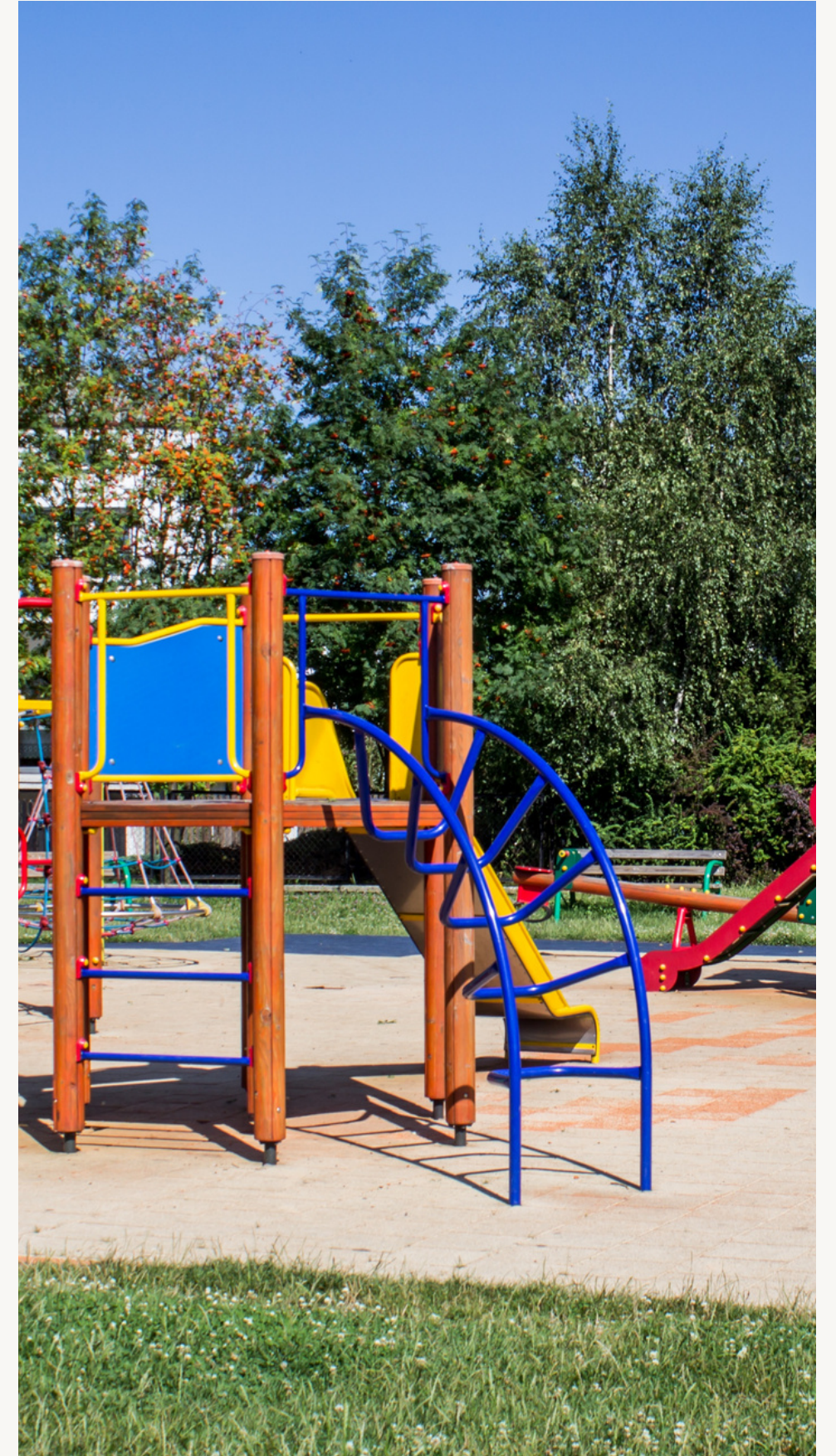
Special considerations for POCD

- Anxiety related to what might happen in treatment
 - "What will ERP entail?"
 - "Will exposure and response prevention involve me watching child porn?!"



Special considerations for POCD

- Concerns about being misunderstood
 - Ignorance of mental compulsions and of different subtypes can increase the incidence of misdiagnosis
 - A sense of isolation – even from others who have OCD
 - "What does it mean about me that I have these thoughts?" and concerns about being "bad"



Shame

"the intensely painful feeling or experience of believing that we are flawed and therefore unworthy of love and belonging."

-Brené Brown, Daring Greatly

Shame vs. Guilt

Shame vs. Guilt

Guilt

Helpful – we can learn from it!

I did something bad.

"it's holding something we've done or failed to do up against our values and feeling psychological discomfort."

Shame

Unhelpful.

I am bad.

"the intensely painful feeling or experience of believing that we are flawed and therefore unworthy of love and belonging."

“Shame derives its power from being unspeakable... If we cultivate enough awareness about shame to name it and speak to it, we’ve basically cut it off at the knees... If we speak shame it begins to wither.”

–Brené Brown, *Daring Greatly*

I'M MELTING...

MELTING!!!!!!



Vulnerability

“The definition of vulnerability is uncertainty, risk, and emotional exposure... Are we willing to show up and be seen when we can't control the outcome.”

–Brené Brown, *Braving the Wilderness*

Vulnerability and Connection

“Vulnerability is the birthplace of love, belonging, joy, courage, empathy...and authenticity.”

-Brené Brown, *Daring Greatly*

“You share with people who've earned the right to hear your story...You have to earn the right to hear my story. It's an honor to hold space for me when I'm in shame.”

- Brené Brown

"people...misrepresent... vulnerability and
conflate it with disclosure or emotional purging."

-Brené Brown, *Dare to Lead*

Talking Taboo

(Oxford dictionary definition: a cultural or religious custom that does not allow people to do, use or talk about a particular thing)

Even in the OCD Community, Pedophilia OCD continues to be one of the least represented topics.

WHY IS THAT?!?

- Society's view of Pedophilia is often confused for violent sexual crimes/abuse.
- Attraction to a minor child or incest is widely unaccepted in many cultures.
- A very particular physiological symptom

Groinal Response

- The Groinal Response is an obsession where swelling, tingle, or movement in the groinal area may occur
- Think George Costanza (Seinfeld) when "it moved"
- Arousal Non-Concordance

- People may fear talking about this response due to the confusion OCD/Pedophilia/Sexual Molestation
- Connection between fear and arousal (blood flow increase)
- Avoidance makes the response stronger

Approaching via Exposure and Response Prevention

- Front line treatment for OCD
- Two part problem to two part solution
- Exposures
- Ritual/response prevention
 - Yes, even mental ones!
- Habituation, inhibitory learning theory, and neurological changes in the brain



What ERP is all about

- 1) Pushing self outside of comfort zone, 2) reducing safety behaviors, 3) reducing avoidance
- Identify triggers, best if they are real life and connected to values
- Develop a hierarchy, approach in gradual fashion (challenging but manageable)
- Open self up to new learning, experience of habituation, new neural pathways form
- RITUAL PREVENTION IS ESSENTIAL

What you learn in ERP

- 1) your feared event wasn't as likely to happen as you thought
- 2) your feared event wasn't as catastrophic as you believed
- 3) even if your fear did happen, you learn that you can handle it
- 4) learn to tolerate distress in general, that discomfort does not = danger
- 5) learn to trust self, increase self-efficacy
- 6) secondary gains shown for depression and stress

An obvious
example
(helpful to do
something NOT
so emotional)

HANDWASHING

When triggered, Susie would typically wash her hands for 3 minutes under hot water with 9 pumps of soap.

- resist completely
- reduce (eg 2 minutes)
- postpone (delay 5-10 min)
- undo (touch something dirty)
- practice non-engagement
- mess with the pattern (different soap)

A POCD example

WANTING TO GOOGLE FOR REASSURANCE

- resist completely
- reduce (search a vague term)
- postpone (delay an hour)
- undo (say to self "who's to say I that person knows?")
- practice non-engagement
 - Dr. Lisa Levine
- mess with the pattern (sing it out loud in a room by yourself)

**Okay.. so now
what?**

MESS WITH OCD'S PATTERN

- resist
- reduce
- postpone
- undo
- practice non-engagement
- mess with the pattern
- make it less satisfying
- bring it on/lean in
- defusion/sing it out loud
- so many more creative ways

ERP – barriers and strategies to implement

- "Do I have to do my worst fear, 10/10?"
- Nothing illegal, nothing we wouldn't do
- Normalized, values based exposures
- Collaborative process
- Jonathan Grayson: "I don't want anyone to do something they don't want to do unless I've convinced them of why they need to do it."
- Examples: walk by school, hang out with nephew, walk around shopping mall



Acceptance and Commitment Therapy (ACT)



Acceptance and Commitment Therapy (ACT)

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)



ACT in a Nutshell

- 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, we are free to drop compulsions and to return to **being present**. This allows you to experience your life more directly here and now and to focus on expressing your values through your **committed action**.



Using ACT with POCD

- Accept the presence of private experiences
- Practice defusion
 - Accept the presence of thoughts, not the content.
- Be the objective observer of your private experiences so you can better accept emotions, physical sensations, etc.
- This allows you to get present – which will help you to drop mental compulsions.
- Develop and practice exposure work that is informed by values.



Our goal in recovering from POCD is never going to be to fight it out with content.

Logic will never win against OCD.

OCD lives in the imagination, therefore it is always more expansive than what's logical.

There is always one more "but what if?"

Inference-Based Cognitive Behavioral Therapy (I-CBT)

- **Inferential Confusion:** The idea that an imagined possibility can be a real probability.
- I-CBT focuses on using one's senses in the here and now to differentiate between normal and obsessional doubts.
- Reasoning distortions are explained, in detail, about how and why, the individual can become stuck in the obsessive cycle



The Obsessional Sequence

Explains why Obsessions are really not random!

Internal or External Trigger
(e.i. sitting by your child)



Obsessional Doubt
(e.i. What if I lose control and molest my child?)



Obsessional Consequence
(e.i. My child will not have a good life and not trust me or any adults.)



Anxiety/Distress
(e.i. My partner and child would leave me and I would be alone.)



Compulsion:
(e.i. reassurance seeking, avoid being near child)

How is treatment for POCD different with ICBT?

- Works "upstream" versus "downstream" (obsessional doubts v compulsions)
- 12 Modules within the framework that target: psychoeducation, treatment, and response prevention- ALL cognitive.
- Heavy focus on the "here and now"; leave the obsessional doubt and story behind- Regain trust in self, not reassurance



The "Logic" Behind OCD: POCD Example (How does OCD attempt to reason with us?)

1. Abstract facts/Common Sense: Pedophiles exist.
2. Rules: Adults SHOULD not be attracted to minors.
3. Hearsay: I saw a story on facebook about a parent who was sexually attracted to their newborn.
4. Personal Experience: I thought this actor was good looking only to find out they were underaged.
5. Possible: OCD'S M.O.!!! BUT IT'S POSSIBLE!!!!

- I-CBT shows the client that obsessional doubts are the result of a distorted obsessional narrative.
- Obsessional doubts do not arise in the same way as normal doubts.
- Normal doubts come about for legitimate reasons, whereas obsessional doubts always come without any basis in objective reality. (e.i. Rain outside that may ruin a picnic)
- The Client is encouraged to trust their senses during reasoning. They already do so in most non-obsessional situations- so this is not a new concept!

ICBT GOALS:

- Give doubt ZERO credibility
- Give doubt ZERO reactions- emotional/behavioral
- Be less of your "feared self" and more of your "real self"

What ICBT IS NOT:

- We do not provide discovery to our clients; we guide
- Not Researched- there is plenty of research. This is an EVIDENCED BASED MODEL
- We do not challenge the doubt; challenging can increase rumination

OTHER CHALLENGES

- When OCD goes Meta
 - What if I am actually a pedophile and do not have OCD?!?
 - Backdoor Spike- What if your thoughts are not giving you enough anxiety?!?
- Navigating mental compulsions

**Okay. So now
what?**

- You don't have to just choose one approach.
- We are OCD therapists, not ERP or ICBT therapists.
- Strategies can be used alongside one another with emphasis on overarching themes.

SUMMARY

- OCD is OCD, *but* this specific theme carries a level of stigma and shame that isn't seen with other subtypes
- POCD involves ego-dystonic, unwanted thoughts that are not consistent with true pedophilia
- Evidence based treatment includes ERP, ACT, and ICBT

Ask yourself these questions...

What would be good for my recovered self?

What's good for me 5 minutes from now vs 5 years from now?

What would I tell anybody else who has the exact same types of thoughts that I have? In what tone would I say it?

Now – apply that to yourself.

Taboo Topics are hard...

Self care and compassion are key.

Loving kindness

**Sit back and relax for some loving
kindness**





Jenna

www.jennaoverbaughlpc.com

Instagram: @jenna.overbaugh

Lauren

<https://theobsessivemind.com>

@theobsessivemind

Krista

www.apbwichita.com

Instagram: @anxiouslybalanced