

# Understanding and Treating Obsessive-Compulsive Disorder

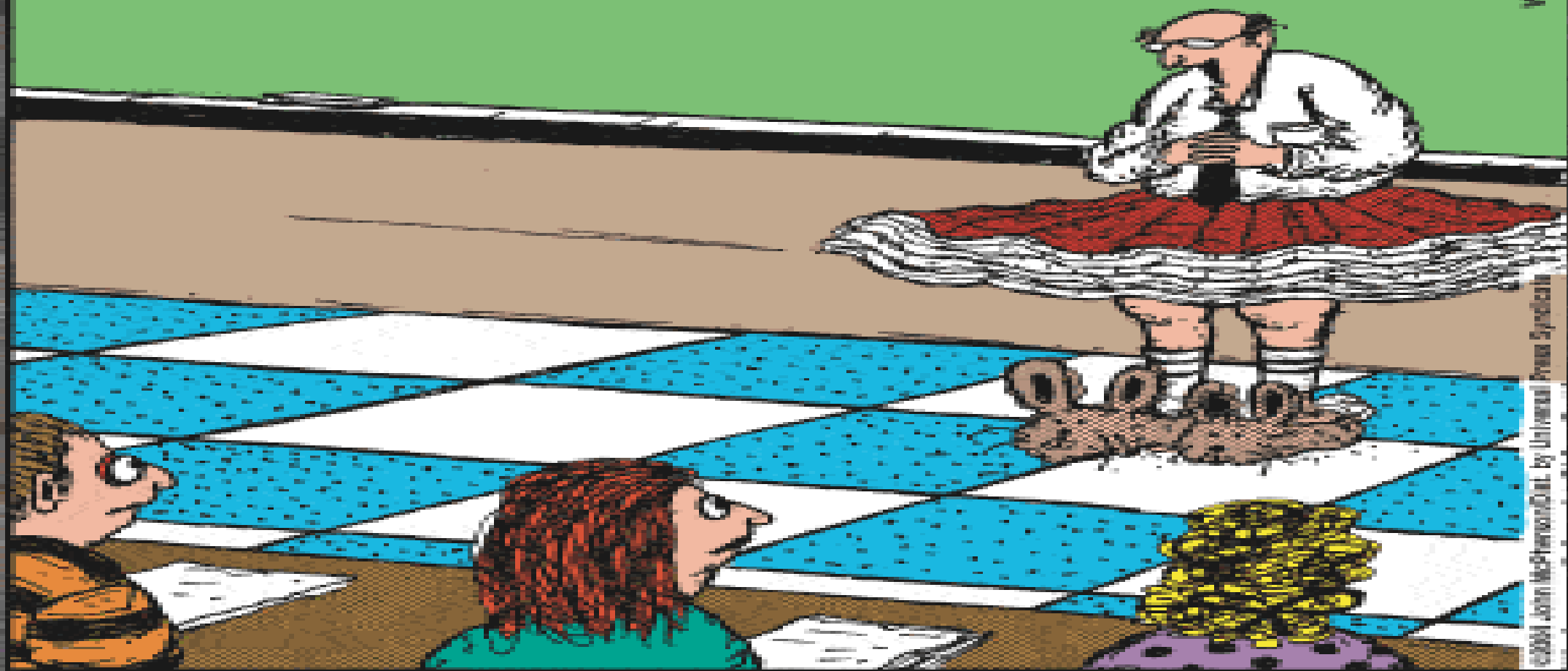
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# Disclosures

I have many interests and some of them are financial but none worth much or related to this presentation.

No pixels were harmed in the making of these slides.

# Abnormal Psychology



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**"Good morning, and welcome to Abnormal Psychology."**

# Obsessions and Compulsions

## Obsessions

- Recurrent and persistent thoughts, impulses or images...causing distress

## Compulsions

- Repetitive behaviors, or mental acts, the person is driven to perform, according to rules and intended to reduce or avoid distress or dreaded outcome

# DSM-IV TR Criteria

Either Obsessions or Compulsions

At some point the person recognizes obsessions and/or compulsions are excessive or unreasonable\*

Obsessions or compulsions cause marked distress, are time consuming (> 1 hr) or significant interference with function

# Epidemiology

6 month point prevalence 1.6%

Life time prevalence 2.5%

Forth most common mental disorder

Cross cultural numbers

Gender 48.6% male, 51.4 female

Age of onset, earlier in males

>15% after age 35

# Assessment

Y-BOCS Checklist

Y-BOCS

Maudsley Obsessional-Compulsive Inventory

Padua Inventory

A good interview

# Common Obsessions

Contamination 50%

Pathologic Doubt 42%

Somatic 33%

Need for symmetry 32%

Aggressive 31%

Sexual 24%

Multiple obsessions 72%



# Common Compulsions

Checking 61%

Washing 50%

Counting 36%

Need to ask or confess 34%

Symmetry and precession 28%

Hoarding\* 18%

Multiple compulsions 58%

# OCD Spectrum

Eating Disorders

Trichotillomania

Body Dysmorphic  
Disorder

Compulsive Skin  
Picking

Hypochondriasis

Globus Hystericus

Tourette's

Pathologic Gambling

Bowel/Urinary  
Obsessions

Compulsive Water  
drinking

# Treatment Options

## Psychopharmacology

First line SSRI, SNRI and SRI drugs

Augmentation: Second generation antipsychotics, Buspirone, Memantine\*

## Cognitive Behavioral Approaches

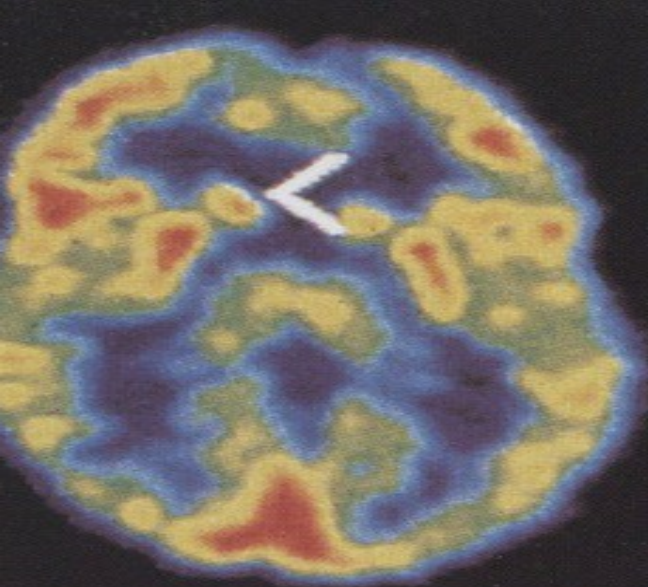
ERP, Cognitive Therapy, Metacognitive Therapy, Acceptance and Commitment Therapy

# Efficacy

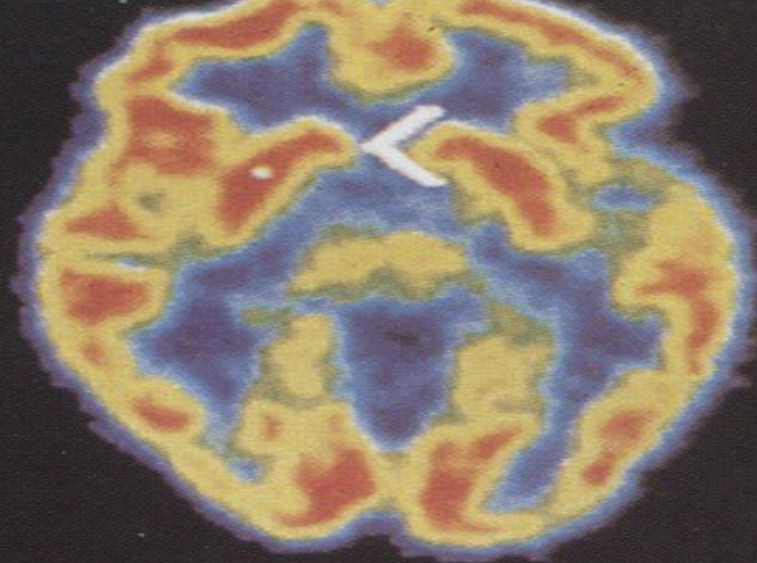
Psychopharmacology: Approximately 70% of patients respond at least moderately (30%-40%) improvement

CBT in the form of ERP: Approximately 85% of treatment completers are described as responders, and average improvement is roughly 75% reduction in symptoms

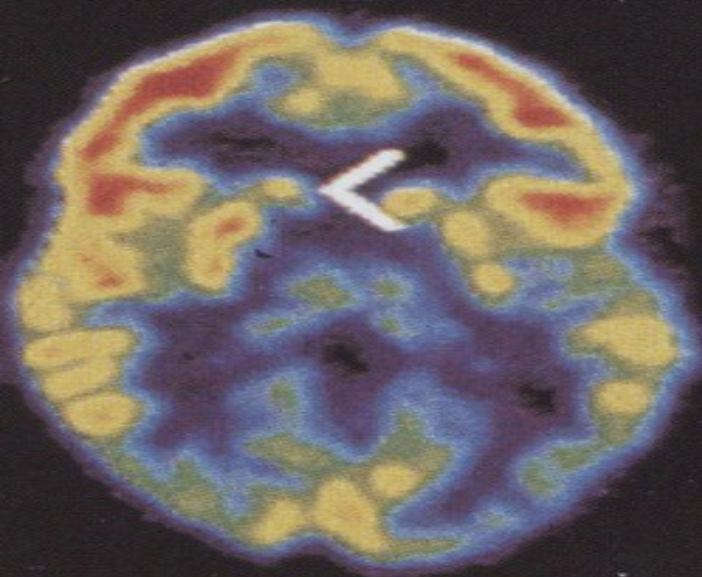
Combined treatment not different from CBT



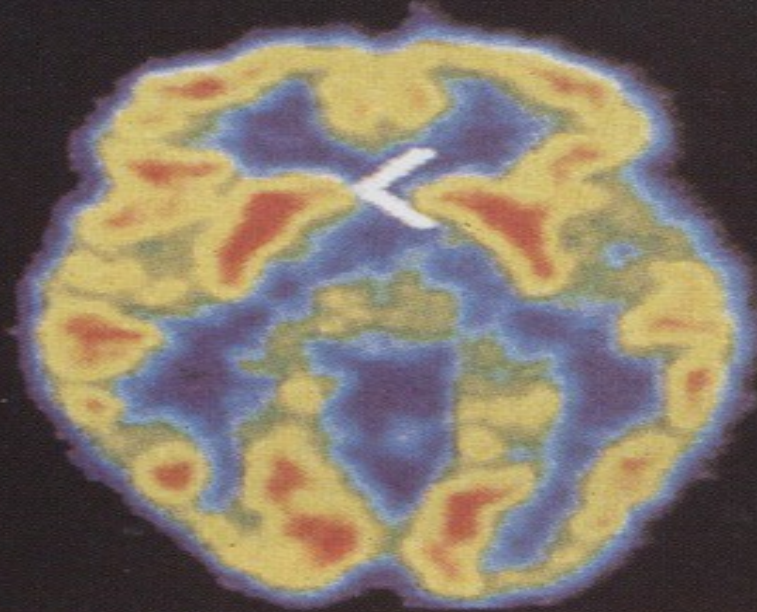
OCD Pre Drug Tx



OCD Pre Behav. Tx



OCD Post Drug Tx



OCD Post Behav. Tx

# Neurobiologic models of OCD

Corticostriatal circuitry models

Amygdalocentric models

Neurochemical models

Each of these models can be seen as speaking to different aspects of the phenomenology of OCD and may be considered synergistic rather than mutually exclusive

# Behavioral Model

Obsessions produce anxiety

Compulsions are negatively reinforced

Failure to be exposed to the lack of consequence prevents learning that compulsion is not necessary

# Cognitive Behavioral Model

Intrusive thoughts as normal events  
(Rachman, Salkovskis)

Interpretation of intrusive thoughts linked to anxiety or other uncomfortable emotions

Thought action and other forms of fusion, responsibility, perfectionism, ect

Compulsions negatively reinforced

The problem of safety behaviors





## **White bears and other unwanted thoughts**

What ever you do, don't think about polar bears



...I ALWAYS PUT MY DUCKY IN FIRST.



WATSON



# Behavioral treatment

Exposure and Ritual (response prevention)

From P. Janet to A. Myer, to E. Foa

Expose the individual to the triggers for or content of obsessions

The individual intentionally refrains from compulsions or other neutralizing behaviors

# Elements of ERP

Development of a hierarchy and SUDS

Where to begin exposure

What to expect

What is habituation and how does it work

The dog and the door bell

Variations, imagery exposure, mental rituals

# Examples

Crackers on the floor

Throw the children off the bridge

Slice and dice a loved one

A chair, table and lunch

The playschool bus driver

Postal workers use drugs

...THE STANDARD THERAPIES HAVEN'T WORKED, SO I'M GOING TO TRY OVERWHELMING YOU WITH PSYCHOBABBLE!



# Cognitive Interventions

The International Obsessive-Compulsive  
Cognition Working Group

Cognitive therapy (Beck's model) may be as effective as ERP and more acceptable to patients as it involves less direct confrontation with distressing situations

# Problem Beliefs in OCD

Over-importance of thoughts

Importance of controlling thoughts

Perfectionism

Inflated Responsibility

Overestimation of threat

Intolerance for uncertainty



# Over-importance of thoughts

Belief that the occurrence of a thought, image, or impulse implies some importance

Thought action fusion: Probability or Moral

Implications about the individual who has the thoughts beyond moral TAF

# Importance of Controlling Thoughts

Overvaluation of the importance of exerting complete control over intrusive thoughts, images and impulses.

Belief that such control is both possible and desirable.

Implications of failure to control thoughts.

# Perfectionism

There is a perfect solution to every problem

Doing something perfectly is possible and necessary

Even minor mistakes have serious consequences

# Inflated Responsibility

Belief that one is especially powerful in producing or preventing personally important negative outcomes

Belief that it is critically important to prevent these outcomes

# Overestimation of Threat

Beliefs in an exaggerated estimated probability of harm or severity of harm

World is viewed as extremely dangerous and ability to cope with the danger is seen as very limited

# Intolerance for Uncertainty

Belief that it is necessary to be certain

Belief that one has poor capacity to cope with unpredictable change

Belief about the difficulty of adequate function in ambiguous situations

# Cognitive Techniques for Responsibility

Role of guardian angel vs good citizen

Recognize limits of responsibility

Double standard and responsibility

Demonstration of responsibility pie

Take a day off from responsibility

Example

# Becoming a Personal Scientist

Identify belief as hypothesis

Review of evidence

Generate alternative hypotheses and  
search for evidence

Set up behavioral experiments to collect  
data on hypotheses



# Courtroom Technique

Patient can be in defense or prosecutor role and therapist acts as judge

May involve patient taking on different roles

What would the jury decide based on the evidence

# Calculation of Probabilities

Rule of multiple independent event probabilities

Estimate individual event probabilities

Calculate probability of sequence of events

Example

# Thought Action Fusion

Behavioral experiments testing positive events.

Testing on minor negative events Give me a flat tire

Write this sentence

# Dealing with Uncertainty

Cost benefit of acceptance of uncertainty

Identification of situations in everyday life where uncertainty is tolerated

Understanding the effect of attaining certainty in terms of reinforcement

Experiments such as day on and day off

# Thought Control

White Bear experiment

Examples of intrusive thoughts from a non-clinical samples

What would you tell a friend who has such thoughts

How many times have you acted on thoughts

Downward arrow

# Importance of Thoughts

Steven King as example

Survey and samples as examples

Moral thought action fusion

Demonstration of continuum

# Metacognitive Therapy

Developed by Adrian Wells

Represents a true cognitive therapy, in that the model holds that distress is the result of thinking patterns, but focuses on a different level of cognition

# How Problems Develop

People are trapped in emotional disturbance because their metacognitions produce a pattern of responding to internal experience that maintains the emotional distress and reinforces negative ideas

This pattern is the Cognitive Attentional Syndrome (CAS)



# Understanding CAS

The CAS consists of engaging in excessive sustained verbal thinking that takes the form of worry and rumination

The CAS involves an attentional bias, attention is directed and locked into perceived threat

# Examples of Metacognitive Strategies

Focus of attention in attempt to be prepared for  
a threat

Suppression of thoughts

Trying to think positive thoughts or to distract  
from distressing experiences

# Modes of Experience

Rather than experiencing thoughts as inner experience we typically fuse them with reality

We fail to see thoughts as a representation or construction independent of the actual world

This is functioning in the OBJECT mode

# Research on Treatment of OCD

Modifying metacognitive beliefs dramatically improves ERP  
done as behavioral experiment

Metacognitive belief change predicts improvement in treatment  
using ERP

Case series study 4 patients all recovered

Metacognitive treatment using Wells' manual produced  
significant YBOCS and metacognitive beliefs

In pediatric OCD MCT produced clinically significant drop in  
YBOCS similar to ERP

# Challenging Specific Metacognitive Beliefs

Verbal challenges to fusion beliefs

Behavioral experiments as challenges to fusion beliefs

Adaptive checking as a form of ERC

Modifying beliefs about rituals

Advantages-Disadvantages and Behavioral experiments

Stop signals and criteria for knowing

WELL...  
IN LAYMAN'S  
TERMS, I  
THINK YOU'RE  
OUT OF YOUR  
FREAKIN'  
MIND



# Acceptance and Commitment Therapy

Developed by S. Hayes and others from  
contextual behaviorism and RFT

Experiential avoidance

The problem of language and thought fusion

Therapy involves diffusion, contact with the  
present moment, values, and committed  
action

Third wave?

# ACT and OCD

Preliminary research suggests it is as effective as other CBT approaches.

No specific variation in technique for OCD

Variations of mindfulness across CBT approaches

Does ACT really include exposure as contact with the present or mindfulness?