CBT in OCD

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Unique treatment challenge

- Lack to see them senseless and excessive
- Try to keep secret
- Difficulty tolerating anxiety
- Involvement of other family members
- The importance of presenting a clear definition

Common obsessions

- Contamination/germ fears
- Fear of harming self or others
- Aggressive or sexual thoughts
- Just-so worries (need for exactness and symmetry)

Common compulsions

- Performing in a rule-bound manner and are often bizarre
- Cleaning, washing
- Checking, ordering
- Arranging
- Counting
- Repeating
- Hoarding or collecting

Specific questions

- Pay attention to domains not violated by OCD.
- Identify child's strengths, situations inn which child enjoys or al least takes risks.
- It relieves embarrassment and permits to feel understood.
- Do you count when you wash?
- Other children...how about you?

Step one: psychoeducational session

- Establish rapport
- Introducing a neurobehavioral model (not a bad habit)
- Giving it a nasty nickname
- Bossing back (saying NO)
- Introducing story metaphor
- Generating a new story in which the child authors OCD out of his life
- Who is boss?

Step two and three

- Mapping the child ‘s experience with OCD
- Determining:
- specific obsessions and compulsions
- Triggers
- Avoidance behaviors
- Consequences
- Generating stimulus hierarchy

Sharpening insight

- When obsessive-compulsive symptoms are overvalued
- Distinguish it from normative behaviors and from the behavior of other children

1. Timing
2. Content of behavior

(bizarre or common)

3. promotion of mastery or dysfunction

- Examining specific feared and aversive consequence

Applying humor

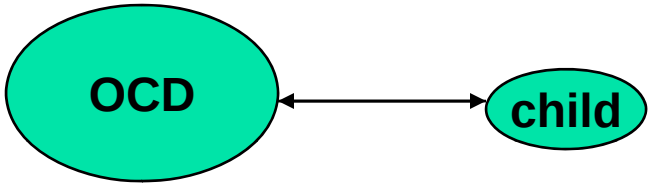
- How silly and bossy OCD really is
- Hooking a different affect to the OC symptoms
- Causes OCD less powerful in the mind of the child
- Metaphoric language separate OCD as a problem from child

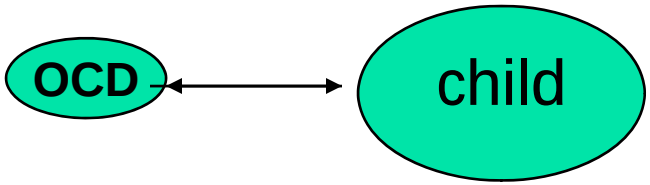
Distinguish comorbidity

- Depression
- Comorbid anxiety disorder are especially common
- Avoidance triggers may be related to a social phobia
- ADHD

Cartographic metaphors

- Understanding where the child is free from OCD
- Where the child and OCD each win some of the time: Transition zone
- Where the child feels helpless against OCD





Fear thermometer

- A tool for rating the anxiety or other dysphoric affects
- Assisting the child in writing stimulus hierarchy for E/RP
- Counting or coloring
- For measuring anxiety when it attenuates.
- For choosing a task to produce tolerable anxiety.

Trial E/RP tasks

- To gauge the patient's tolerance of anxiety
- Level of understanding,

Willingness or ability to comply with E/RP

- Demonstrating whether or not TZ accurately located

Step four: AMT

- When urge to ritualize peaking
- Relaxation (FT)
- Constructive self-talk
- Breathing exercises
- Positive coping strategies (doctor's bag)
- Treatment will proceed at child's chosen pace
- Child must know exposure increases anxiety.
- There must always some movement toward the goal. (otherwise as an avoidance behavior)

Exposure-based treatment

- Failure in exposure reinforces anxiety and disrupts therapeutic relationship.
- Short exposure increases anxiety.
- Exposure decreases anxiety.
- RP decreases rituals.

- Gradual
  - Imaginal
  - In vivo practice
- Flooding (aversive and surprising)

Exposure-based treatment

- To providing lists of cues that lead to:
  - Avoidance
  - Obsession
  - Compulsion
  - Ritual
- RP: blocking rituals or minimizing avoidance behaviors.
- Role play for decreasing involvement of family members in rituals.
- Reversing role

Exposure-based treatment

- Habituation lead to behavioral change. (especially in recent-onset OCD)
- Decline in:
- Ritual
- Urge
- Anxiety
- It needs 15 sessions. (at least 90 min)
- Systematic program, definite target and homework dairy

Cognitive therapy

- Satiation (satiating impulses, with AMT)
- Thought stopping
- Cognitive restructuring
- Reality of obsession
- Necessity of compulsion
- Enhancement of compliance by bossing back

Cognitive therapy

- Bossing back:
- General strategies; go jump in a lake of OCD, I'm boss.
- General emphasis on "I think I can" rather than "I know I can't."
- Self-talk:
- Replace maladaptive cognitions with positive self-statements "I can cope OCD."
- Negative self-talk
- due to comorbid affective or anxiety disorders.
- List negative self-talk and alternative coping statement for child in his book.

Operant procedures

- Positive reinforcement as an adjunct to encourage exposure.
- Negative reinforcement (removal of an aversive event) increases adaptive E/RP.

Modeling and shaping

- Obsessioal slowness (limit setting)

Modeling: therapist completes exposure first. (not harmful)

- Reduces anticipatory anxiety
- Provides opportunity for constructive self-talk
- Overt and covert

- Shaping: Positively **reinforcing** successive approximation to a target behavior.

DRO and overcorrection

DRO: extinction while reinforcing more adaptive behavior.

Overcorrection: substitution via massed practice in the same domain of functioning.

- They foster RP.
- Paying more attention to schoolwork and emphasizing on appropriate cleaning.

Habit reversal

- Used for hair pulling
- Self-monitoring
  - Where, when
  - How long
  - With what affect
- Choose a competing response for the habit. (to use same muscles for 2 min)
- Relaxation especially during situations as potential triggers.

Stop technique

- Primary obsession, as adjunct to habit reversal and for stopping anxiolytic mental ritual
- Instruct to purposely think, then clap and say “stop!”
- The startle interrupts and redirects to relaxation or diversional activity.
- Wearing a rubber band on left wrist.

homework

- Discuss at beginning of each session.
- In the context of child's story
- Pay attention to how child is feeling in her battle.
- Praise her for successes. (increasing motivation and self-esteem)
- Reinforce that your Role is coaching.
- Select time-limited and specific exercise at a certain time.

homework

- Select task from TZ.
- Choose exercise with her cooperation.
- Coach her with talking back to OCD and encouraging to relax.
- Child must refuse to do rituals until fear thermometer reaches to 1-2.
- It is higher at home.
- Disentangle the family at session six.

Homework dairy

- Child must write:
- Task
- Beginning and ending time
- The peak of anxiety
- comment

OCD and family

- Assess which OCD has involved family.
- Ask child what temperature result if his parents boss back OCD. (engage in RP or extinction)
- Extinction: omission of OCD-related behaviors by removal of positive reinforcement. It is hard in common or bizarre behaviors.
- child must define OC symptoms involving parents by using symptom hierarchy.

OCD and family

- Support child instead of OCD.
- Role of parents:
- Helper of OCD; nontherapeutic, discourage it.
- Cheerleader for child; encourage it. (support and encouragement for practicing bossing back)
- Co-therapist; with child's permission, structure it. (on sitmulus hierarchy)
- Don't encourage to fight all of OCD all the time.
- Parents and child decide together how not to participate.

Tips for families

1. Supportive and neutral approach lead to anxiety reduction during E/RP.
2. Don't criticize or punish him for OCD.
3. Permit E/RP to take place at child's pace.
4. Correct child's expectations of fighting all of OCD all of the time.

Tips for families

5. Ceremonies and rewards or symbolic tokens for bossing out OCD.
6. Encourage using of tool kit.
7. When OCD urge comes, encourage EX task.
8. OCD hiccoughs in form of avoidance seem harmless or difficult to detect. Confront these situations immediately.

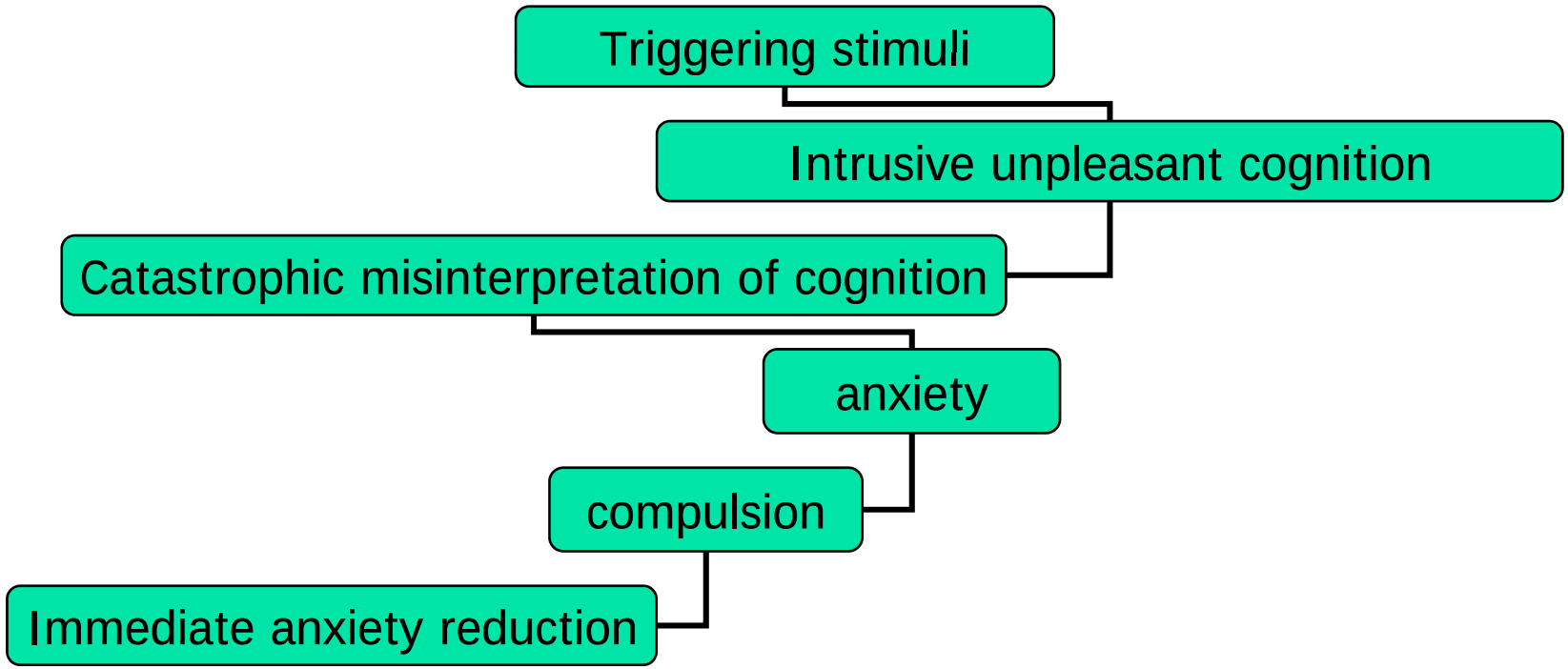
Relapse prevention

- Use hiccoughs to refer to brief and expectable symptoms. (not substantial and persistent return)
- Do imaginal exposure: OCD trying to reclaim territory
- Apply AMT and E/RP tools.
- Emphasize the role of child not drug for eliminating symptoms and her possessions for fighting.

Cognitive therapy of OCD

- Targets:pathological misinterpretations of intrusive cognitions.
- Case conceptualization illustration;
  triggering stimuli,
  cognitions,
  emotions, behaviors.

Cognitive therapy of OCD



Restructuring exaggerated or distorted perceptions of responsibility

- Overestimation of responsibility for catastrophe
- Construct *pie chart of responsibility*
- List all of the factors that may have play role
- Consider each factor

Separately

- at first estimate the percentage of responsibility of other factors. Little pie is remaining for themselves.

Restructuring Likelihood TAF

- To believe his thought increased likelihood of event actually happening.
- Intrusive thought was different from an intention.
- Thinking thought was different from acting out.
- Thought experiment: imagine that radio caught on fire when no one was home.

Restructuring Moral TAF

- Having a thought about engaging in a personally unacceptable behavior is moral equivalent of engaging in overt behavior.
- To *survey other* people's unpleasant thought (whom she trusted)
- Presenting a definition of morality regarding to intentions, plans and actual behavior.

Restructuring Beliefs about Foreseeability

- I should be able to anticipate and prevent any...
- Consider advantage and disadvantage of this perspective.
- The concept of acceptable risk. (highly excessive to test one's brakes everyday.

Restructuring Views of Self as Seriously Defective

- Intrusive cognition:
- I am an evil person, dangerous, unreliable, and uncontrollable.
- it means that:
- I am not like other people.
- I am going crazy.
- I will lose control and become violent.
- I will never get better.
- I am a bad person.

Restructuring expectations of Debilitating Distress

- Intrusive cognitions:
- If I think about it, I become very anxious, unable to stop, unable to do things.
- It Completely ruins.
- Panic induction was reversible and didn't lead to a catastrophe.

Restructuring the Need to Be in perfect control

- OCD subjects are more perfectionistic.
- The result of imperfection:
  - To be punished, humiliated and rejected.
  - Long-term ill health or personal or financial catastrophe.
  - They interpret inability to control intrusive cognitions as they weak, dangerous and out of control.
  - Attempting to have perfect control paradoxically decreases their control.
- Interventions:
  - Thought suppression
  - Reasonable expectations about to control their thoughts.
  - Considering the advantage and disadvantage

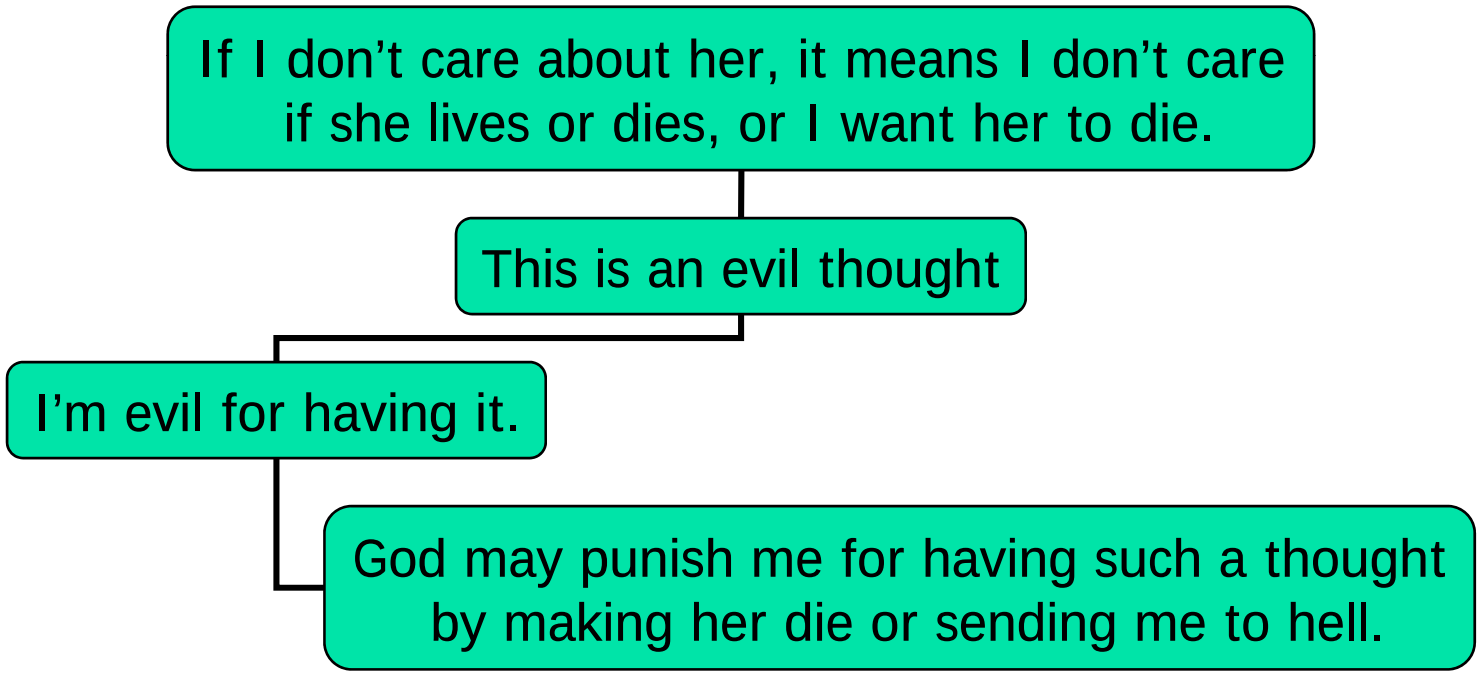
Restructuring overestimation of probability & negativity of events

- Help to realize that a series of exceedingly improbable events would occur before feared catastrophe.
- Astronomically small chance for occurring catastrophe.

Downward arrows technique

- To uncover significance and meaning that clients attach to intrusive cognitions.
- To probe underlying meaning of intrusive thoughts
- If ..... Were true, what would that mean about you or about things?
- If ..... Were true, what would be the most upsetting part for you?

Downward arrows technique



Response to CBT

- **Poor:**

1. Noncompliance; TMC cause
2. Depression
3. Overvalued ideas
4. Schizotypal personality disorder
5. Avoidance: a form of poor compliance
6. Distancing tactic: a form of dissociation or mental ritual for undoing exposure

Poor response to CBT

7. Self distraction
8. Short exposure
9. Lack of rituals
10. Undoing ritual

- **Good:**

1. Adherence to treatment at first week