UNDERSTANDING OCD AND ITS TREATMENT

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July 12th, 2017
Obsessive Compulsive Spectrum Disorders

- Obsessive Compulsive Disorder
- Hoarding Disorder
- Body Dysmorphic Disorder
- OCD Due To Substance/Medical
- Trichotillomania (hair pulling)
- Excoriation Disorder (skin picking)
WHAT IS OCD AT ITS CORE?
What does OCD look like?

Popular Media only shows a small piece of the puzzle…and that piece doesn’t always fit…
Obsessions

- Thoughts, images, or urges
- Unwanted/intrusive and cause distress
- Attempts to ignore, suppress, neutralize
- Results in more than just anxiety...
  - Disgust
  - Incompleteness/”Uneasiness”
  - Guilt/Shame
Compulsions (rituals)

- Repetitive thoughts or behaviors aimed at preventing a feared outcome or reducing distressing feeling
- One feels “driven” to perform them
- Applied in a rigid manner
- Excessive in nature
- May not be obviously/directly linked to the feared outcome one is trying to prevent
Dimensions of OCD
(Abramowitz et al. 2010)

1. Contamination obsessions (washing/cleaning compulsions)

2. Responsibility for harm (checking/reassurance seeking compulsions)

3. Intrusive/repugnant thoughts concerning sex, religion, and violence (mental rituals/neutralization compulsions)

1. Order and symmetry (ordering/arranging and compulsions associated with “not just right” feelings)
OCD can take many forms…
Many are not easy to spot

**Obsessions**

- Contamination fears
- Fears of harming oneself or others
- Lack of symmetry
- Obsessive doubt
- Scrupulosity
- Sexually oriented
- Not-just-right
- Health Anxiety
- Making a mistake
- Self/Identity

**Compulsions**

- Cleaning (self or objects)
- Checking
- Repeating
- Ordering/arranging
- Counting
- Seeking Reassurance
- Praying (mental)
- Re-imaging (mental)
- Repeating a phrase (mental)
- Figuring it out (mental)
- Repetitive Negative Thinking (mental)
- Worry (mental)
- Self-Deprecation (mental)
Obsession
Anxiety
Increases
Compulsion
Anxiety
Decreases
(OAbramowitz, 2013; Kozak & Foa, 1997)

At its core, OCD is a fear of...
Uncertainty

Trigger
Salkovskis’ Cognitive Theory

Having a thought about an action is the same as performing the act.

Failing to prevent harm to self or others is the same as causing the harm.

One should have control over one’s thought.

If I don’t neutralize the thought then I made it happen!!

Responsibility is all mine.
Intrusive Thoughts

• Unwanted intrusive thoughts are common in over 80-90% of the population (Rachman, 1978)

• The content of OCD thoughts are the same as non-OCD thoughts (Rachman & deSilva, 1978; Morillo et al. 2007)
Education
Finding a Provider
Structure & Support
LEARN AS MUCH AS YOU CAN ... BUT BEWARE NOT ALL INFORMATION IS GOOD INFORMATION
Exposure and Response Prevention (ERP)

- Essentially teaching clients how to face their fears more effectively

- 2 parts
  1. Exposing individuals to stimuli that elicit their obsessional fears
  2. Preventing behavioral & mental acts aimed at reducing/neutralizing the anxiety associated with obsession
Obsession

Anxiety Increases

Anxiety Decreases

Ritual Prevention: Breaking the association between rituals and anxiety reduction

Anxiety Increases

Extinction: Reduction in the conditioned anxiety response associated with obsessions

(Abramowitz, 2013; Kozak & Foa, 1997)
Finding a Provider
Finding a Provider

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Populations Served:
Adolescents
Adults

Payment Options:
Self-Pay Only

Treatment Strategies:
CBT
ERP
Home Visits

Specialty Areas:
Perfectionism
Violent/Sexual Obsessions
Hoarding

Other Languages:

Training Description:
In 1996, I graduated from Assumption College's Masters in Counseling Program with a focus on Cognitive Behavior Therapy. I completed my graduate school practicum and internship at McLean Hospital in Belmont, MA, during which I treated people with OCD via homebased behavior therapy and have been doing so ever since. In 1997 I helped to open the OCD Institute at McLean Hospital, the first residential treatment program for people with OCD in the United States, and worked there for ten years in various capacities, including Director of Milieu Services and Research Project Coordinator. While working at the OCD Institute, I served as a consultant to other OCD residential programs during their development, supervised trainees and participated in the treatment of hundreds of people with OCD. I have been the President of the Greater Boston Affiliate of the IOCDF for over ten years and I am currently the Secretary of the IOCDF.

Narrative of Services:
I provide home and community based behavior therapy to adolescents and adults with OCD and OCD Spectrum Disorders who live in the greater Boston area. I have been in practice for over ten years and have treated hundreds of people. I believe homebased behavior therapy is an effective way to treat people whose symptoms occur mostly in their home, who have not benefitted from traditional outpatient level of care and/or who need in vivo support to complete exposure and response prevention.

See Treatment Provider's Location On Map

Gugino, 2013
Tips for Interviewing Therapists: What Should I Ask?

• What techniques do you use to treat OCD?
• Do you use Exposure and Response Prevention to treat OCD?
• What is your training and background in treating OCD?
• How much of your practice currently involves anxiety disorders?
• Do you feel that you have been effective in your treatment of OCD?
• What is your attitude towards medicine in the treatment of OCD?
• Are you willing to leave our office if needed to do behavioral therapy?
For more information on OCD:

IOCDF.org
International OCD Foundation

www.ocfoundation.org/affiliates/massachusetts/
International OCD Foundation Affiliate - Massachusetts