

OBSESSIVE COMPULSIVE DISORDER

did you see that tv
program on OCD the
other night?

see it? i taped it and
replayed it 367 times!



MAIN TYPES OF OBSSESIVE COMPULSIVE DISORDER

- **LEE AND KWON (2003)**
- **Autogenous(Involuntary and guilt provoking, no identifiable trigger)**
- **Reactive (Caused by external events)**



WHAT IS OBSESSIVE COMPULSIVE DISORDER (OCD) ?

- **OCD is a chronic anxiety disorder characterised by intrusive thoughts, followed by repetitive actions made in a bid to relieve anxious thoughts and feelings.**
- **Most people suffering from OCD are aware their thoughts are irrational but cannot stop them.**
- **Obsessive thoughts and their consequent anxiety relieving actions can be mild or can be constant, intruding on the day to day life of the sufferer.**

OBSESSIONS

- Recurrent negative thoughts and images.
- The attempt to suppress these thoughts and images.
- A great deal of time will be taken up by the sufferer trying to quash these obsessive and intrusive thoughts.



COMPULSIONS

Compulsions are actions taken by the sufferer in order to:

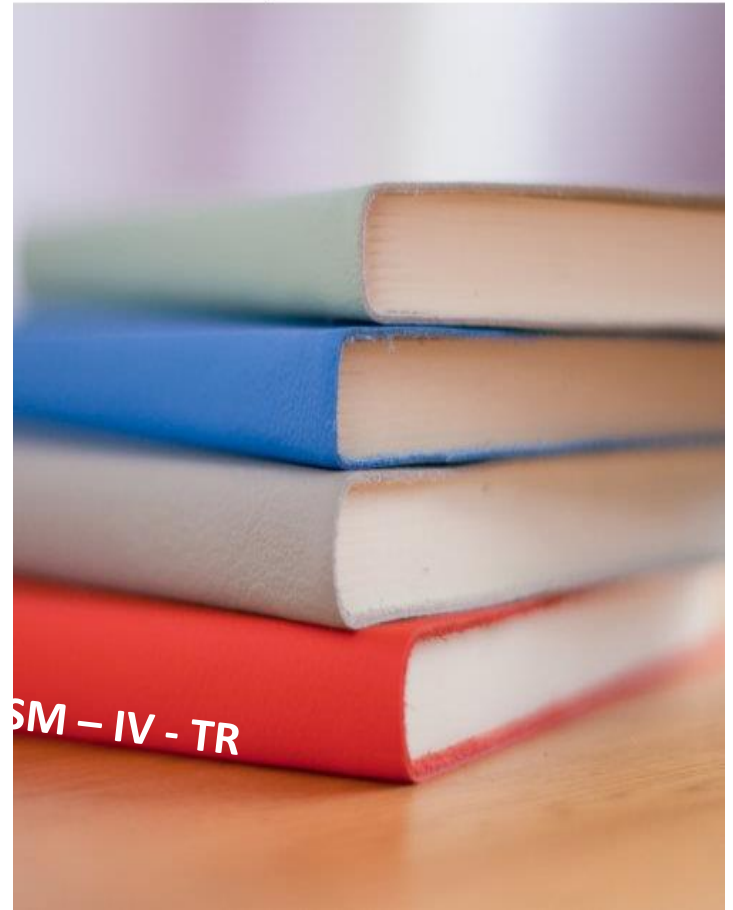
- **Reduce anxiety**
- **Minimise discomfort**
- **Obtain reassurance**
- **Increase perceived safety**
- **To obtain certainty.**



DIAGNOSTIC CRITERIA.

According to DSM-IV-TR

**“The essential features of Obsessive Compulsive Disorder are recurrent obsessions or compulsions... that are severe enough to be time consuming (i.e., they take more than 1 hour a day) or cause marked distress or significant impairment”
(p. 456).**



PANDAS

Paediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcal Infection

- Research ongoing.
- Associated with sudden onset OCD or tick disorders in children.
- Caudate nucleus becomes inflamed in PANDAS patients'.
- Obsessions about urination frequent.
- Comorbidity with other neuropsychiatric disorders.



CAUSES OF OCD

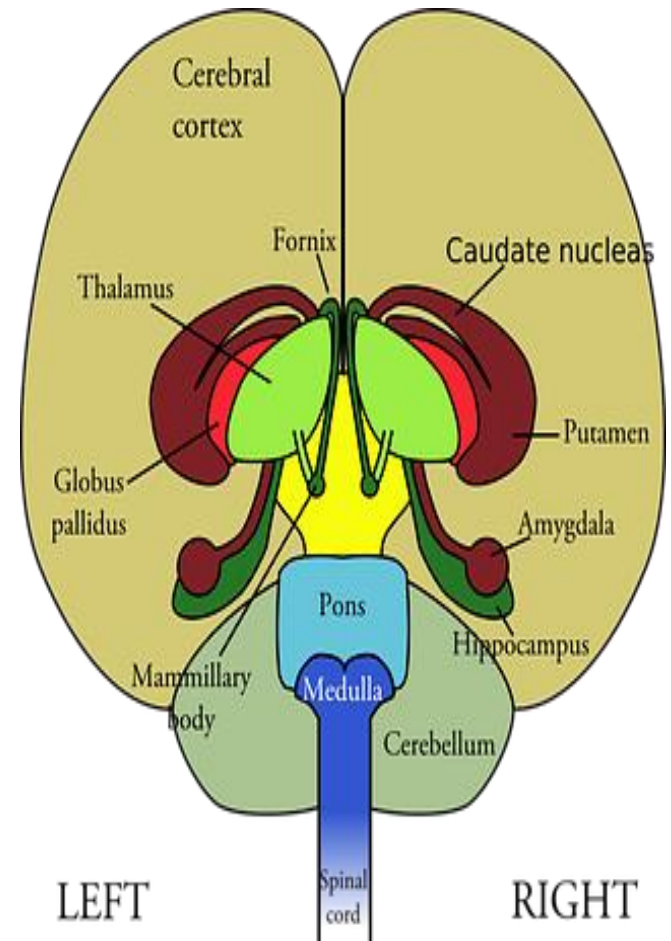
- **No one definitive cause, a possible combination.**
- **Neurobiological.**
- **Genetic.**
- **Behavioural.**
- **Cognitive.**
- **Environmental factors.**



BIOLOGICAL THEORIES

The orbital frontal cortex part of the brain found just behind the eye brows and has to do with decision making, planning and processing of consequences, also it has a part in detecting mistakes.

In OCD there is often difficulties reported with decision making, planning and over reaction to danger.



GENETICS AND OCD

- **No specific gene found.**
- **Possibility that OCD may be inherited in some cases.**
- **A sufferer of OCD is more likely than someone without the condition to have a family member suffering from the disorder.**

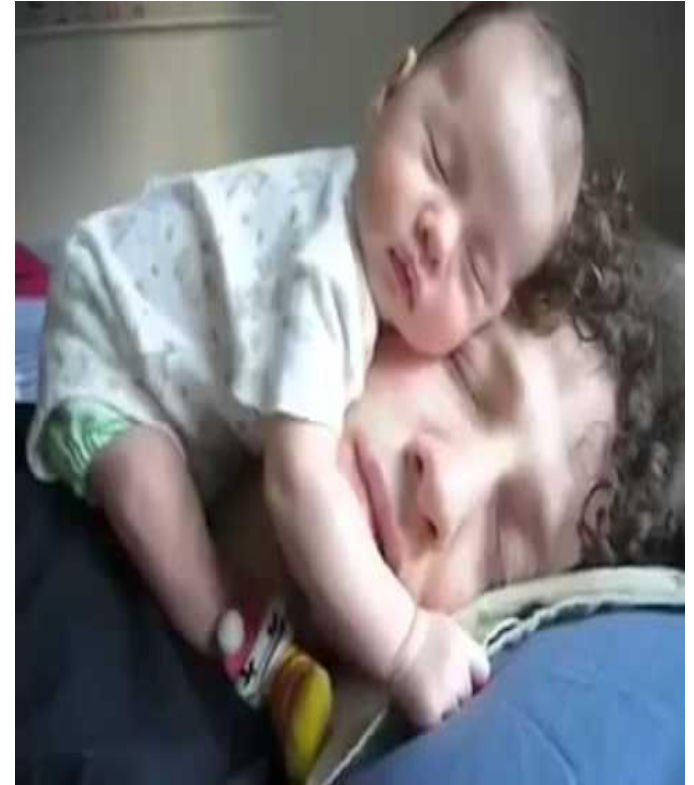


LEARNING AND BEHAVIOURAL CAUSES

- **Social learning theory - integrates behavioural and cognitive learning theories.**
- **New behaviors acquired by observing and imitating others.**
- **BANDURA - the Bobo doll experiment.**
- **Clients with OCD may have previously learned their anxiety and subsequent coping mechanism through prior contact with others.**
- **Parents, media, entertainment etc. may all play a role in the onset of OCD symptoms.**

ATTACHMENT AND OCD

- **Doron and Kyrios (2005) - OCD group showed higher attachment anxiety than other groups.**
- **Parenting styles such as rigid rules or neglectful parenting may lead to the child having huge sense of responsibility.**
- **Ambivalent self beliefs may lead to dysfunctional thinking.**
- **Attachment anxiety can give rise to perfection, overestimation of threat and fear of abandonment.**



COGNITIVE THEORY

- Based on the assumption that the average person experiences intrusive thoughts. But those suffering from OCD give negative meaning to their thinking and interpret their thoughts as a sign of danger.
- Irrational or faulty thinking styles. Thoughts are seen as threatening and in need of neutralizing. Faulty thinking may be a result of genetic factors.
- In general, over responsibility, indecision and doubt contribute to the maladaptive thought.
- No evidence to show faulty thinking causes OCD, more likely to be the consequences of the disorder.

OTHER EXPLANATIONS

- **PSYCHODYNAMIC** - Now widely disregarded.
- **STRESS** - No Evidence for causing OCD. Stressful situations or trauma may precipitate the condition.
- **DEPRESSION** - More likely a consequence of OCD.
- **TRAUMATIC BRAIN INJURY (TBI)** - In adolescents and children, one study found that 30% of children with TBI developed OCD within a year of injury.
- **EVOLUTIONARY** - Some aspects of OCD may be adaptive.

ONSET AND MAINTAINANCE OF OCD

Researchers have identified six types of dysfunctional beliefs associated with OCD

- **Over responsibility.**
- **Over importance of thoughts.**
- **Control of thoughts.**
- **Overestimation of threat.**
- **Perfectionism.**
- **Intolerance for uncertainty.**

(Obsessive - compulsive cognitions working group)

WHERE TO START

OR FLYING TOWARDS THE LIGHT

- **Thorough assessment including family history.**
- **Exploring commitment, and support network.**
- **Working Relationship.**
- **Boundaries/contract.**
- **Bespoke model/interventions.**
- **Cognitive Behavioural Therapy including ERP.**



BUILDING FOUNDATIONS

- Building a strong therapeutic alliance.
- Psycho education.
- Diet/exercise.
- Mindfulness/relaxation.
- Telling the story.
- Creative interventions.
- CBT/ERP.
- Safe place work if client dissociates.



REASSURANCE

- **OCD clients are experts at gaining reassurance.**
- **Family accommodation.**
- **Reassurance is counter productive in the treatment of OCD.**
- **Produces a vicious circle of a repetitive need for comfort.**
- **Any initial relief is short lived.**



CBT and ERP

- CBT can be helpful.
- Based on the premise that clients need to identify that their thoughts are irrational.
- Requires commitment to regular homework.
- May be offered in groups.
- Clients do react well to unhelpful thinking styles resources.
- Exposure + response prevention = Graduated exposure to feared stimulus.



CAN WE MIX ?

- Cognitive behavior therapy.
- Exposure and response prevention.
- Integrative model.
- Can we mix humanistic or creative approaches with purely cognitive models?

Clinical effectiveness is predicted on the Therapists flexibility, versatility and technical eclecticism.
(Corsini and Wedding 2008)

If the only tool you have is a hammer,
you will treat everything as if it is a nail.
(Maslow)



SO WHY INTEGRATIVE THERAPY?

- Relationship is key.
- Thorough history important.
- Psycho education essential.
- Resolution of there and then issues as well as here and now.
- Family psycho education.
- Helpful if stress and high anxiety are recognised and lowered.



LIFE SCRIPT AND FAIRY TALES

- Berne believed that from birth children developed a life script from their primary carers.
- Fairy tales can help identify life scripts. Helps address difficult issues and promotes a sense of self.
- Artwork - my favorite fairy tale.
- Making up a fairy tale to help conceptualize OCD and treatment.



THE OCD MONSTER, FRIEND OR FOE ?

DANGER !



DO SOMETHING !



**JUST TRYING TO
HELP !**



ART THERAPY AND OCD

- **Helps cope with irrational thoughts whilst self soothing.**
- **Therapeutic way to refocus.**
- **Encourages coping skills and channels energy positively.**
- **Can help with graduated exposure.**
- **Can help combat the OCD monster.**



DRAMA, AUTHENTIC MOVEMENT AND OCD

- Uses Action to facilitate new levels of playfulness.
- Increases creativity, imagination, learning and insight.
- Teaches tolerance of ambiguity, helps towards more flexible thinking.
- Vehicle for self expression.
- Creates an audience(witness)



HAVE A GO!

- **Draw or make the monster in your life.**
- **Make up and write a fairy tale to explain OCD or therapy to a client.**
- **Find a partner and discuss what you have done.**
- **Feedback.**

TODAY SHOULD LEAVE US WITH QUESTIONS

- **Should I Integrate?**
- **What therapy has my client already received?**
- **Have I got the right resources?**
- **How much time have we got?**
- **Will medication help?**
- **Shall I use ERP?**
- **Would it be useful to involve family members?**
- **What about supervision?**

