MASSACHUSETTS GENERAL HOSPITAL
PSYCHIATRY ACADEMY

CBT for OCD and Related Disorders

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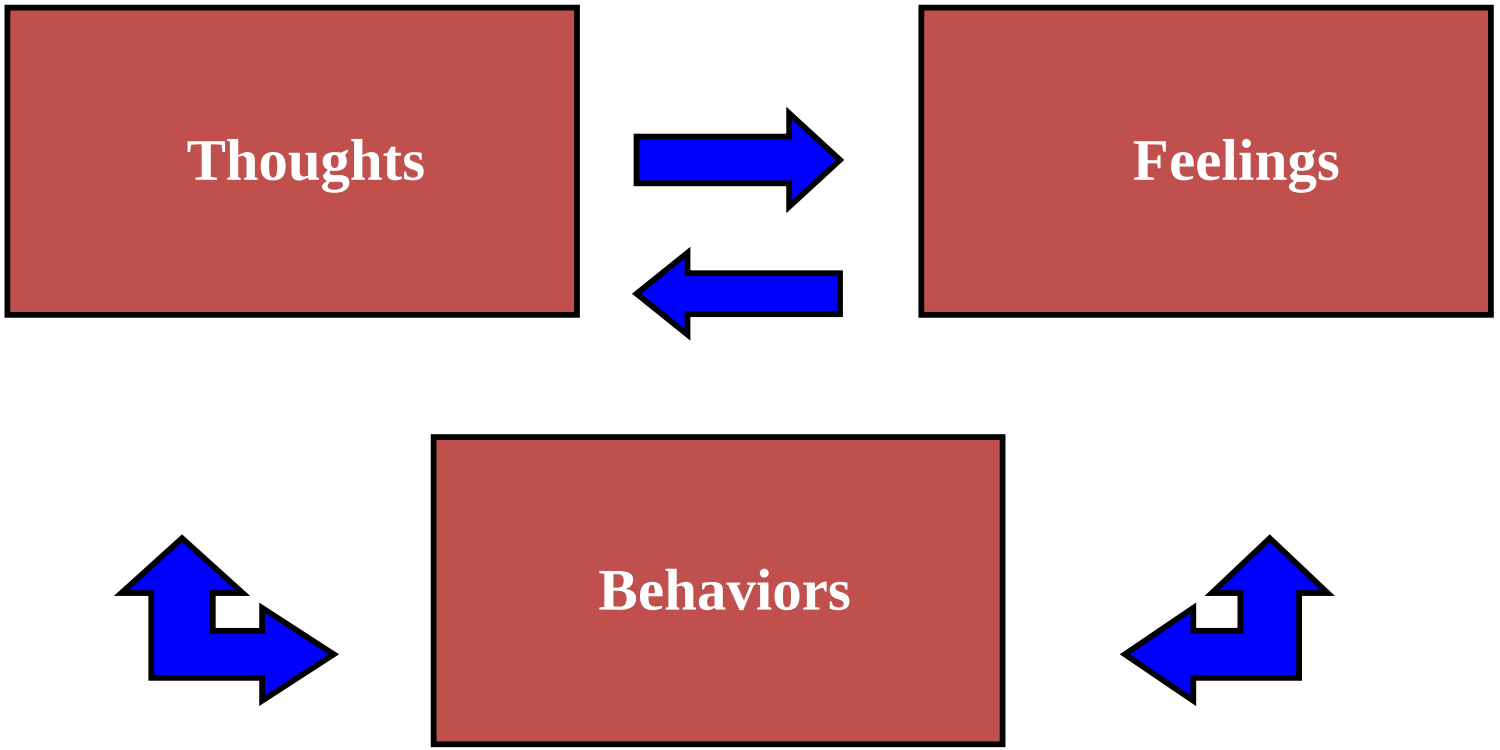
Disclosures

I receive royalties from Oxford University Press for co-authoring treatment manuals. I receive royalties from Springer for co-editing a book. I receive honoraria from the Association for Behavioral and Cognitive Therapies (ABCT) for being Associate Editor of a journal.

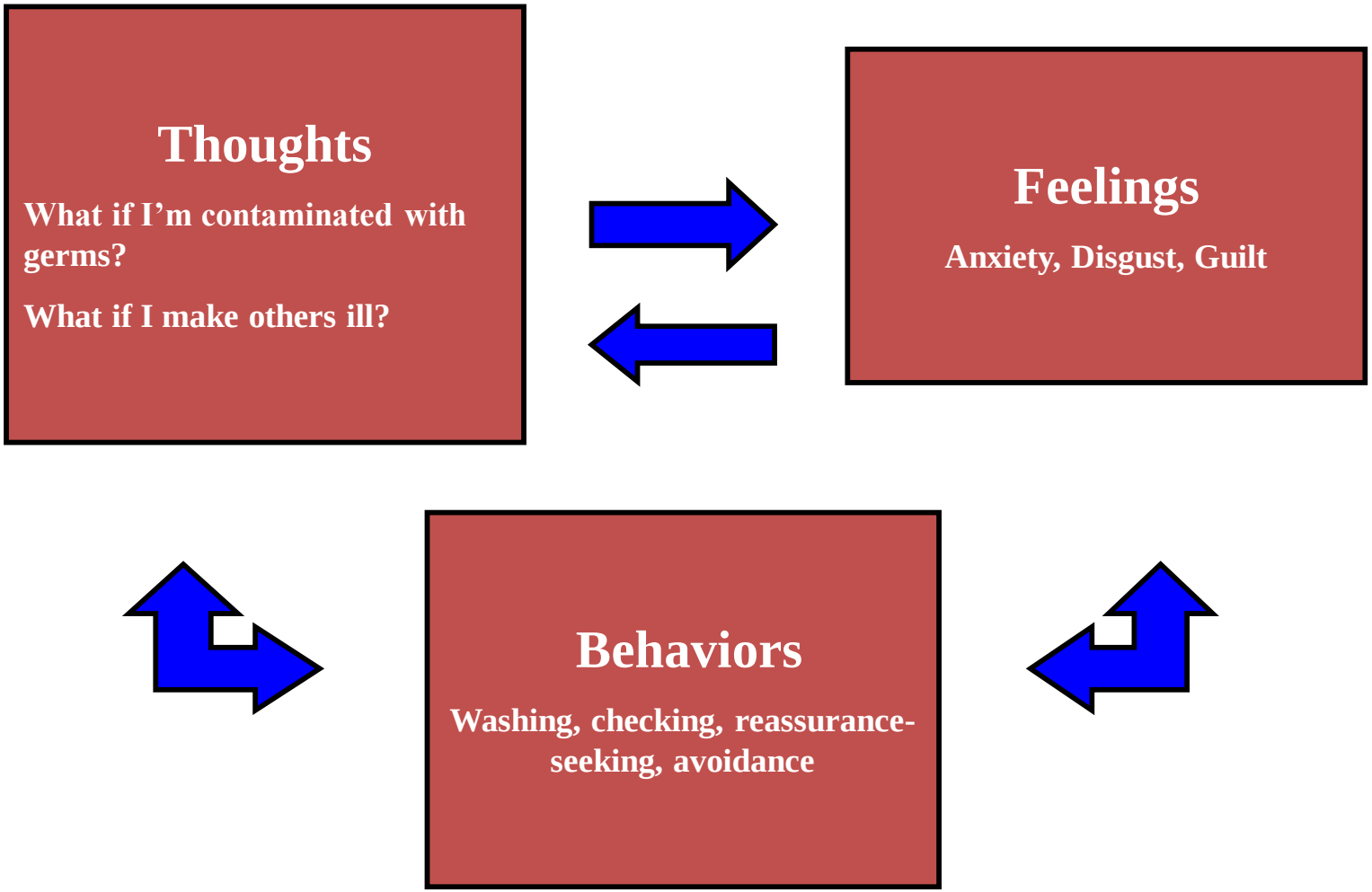
OCD

- Presence of obsessions or compulsions or both
- Take more than an hour per day, cause significant distress or impairment in functioning
- In DSM-5 (APA, 2013) moved to a separate section called Obsessive-Compulsive and Related Disorders that also includes BDD, hoarding, trichotillomania, excoriation disorder and other O-C related disorders
- We discuss it here because anxiety is still a prominent feature of OCD

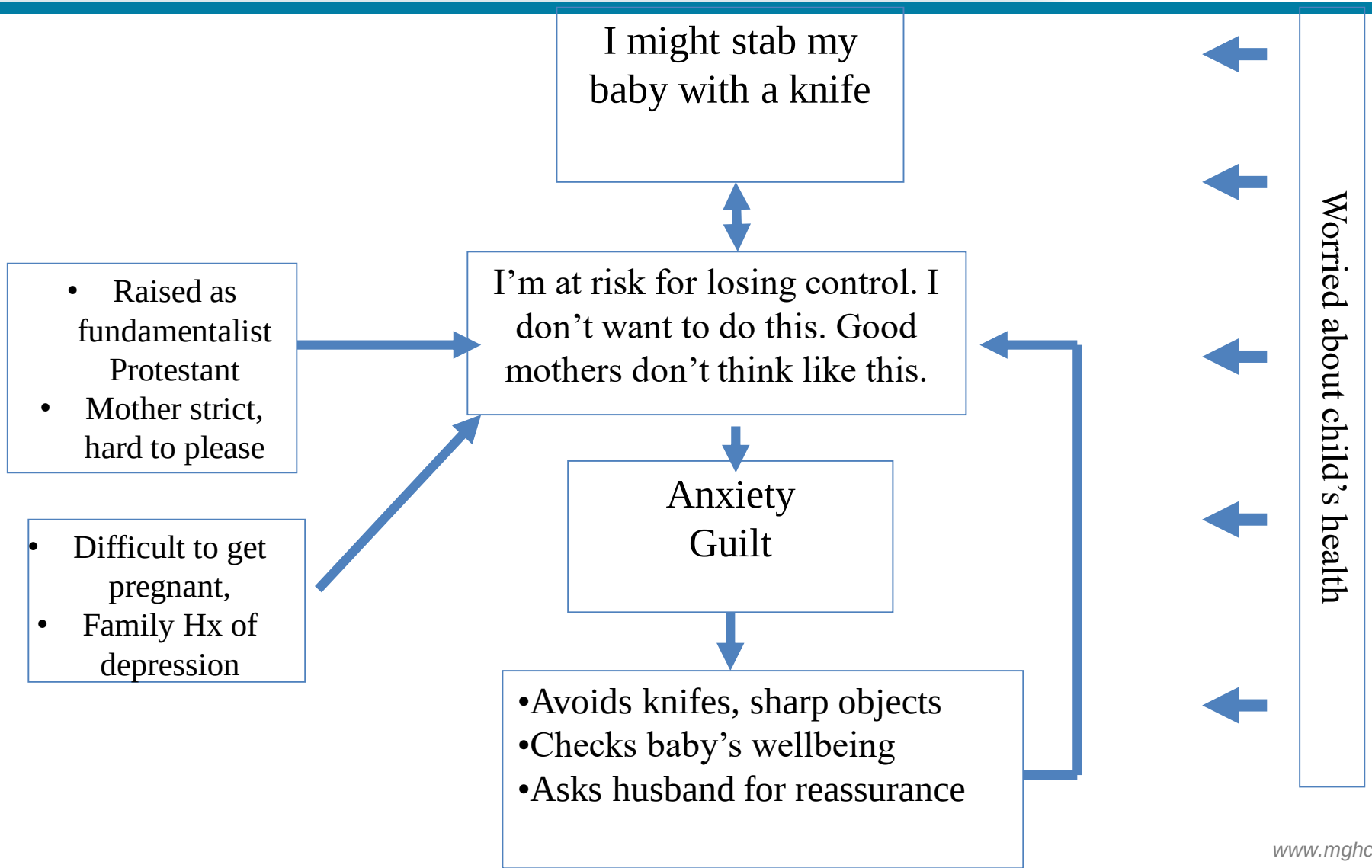
Simple CBT Model



Simple CBT Model of OCD



CBT Model of OCD



Behavioral Strategies

- Primary treatment for OCD is exposure and response prevention (ERP)

Exposure and Response Prevention

- Overall goal is to help the patient identify maladaptive behaviors (e.g., avoidance behaviors, rituals) and replace them with healthier ones by gradually:

1. exposing them to feared and avoided situations

2. asking them to not engage in any maladaptive behaviors (safety strategies, checking, counting, washing, etc.)

Exposure

Mechanisms

- We used to think that Habituation (i.e., the anxiety will decrease after a while on its own) was the primary mechanism

- We now think that Learning is the primary mechanism, that the feared consequence (e.g., people will mock or laugh at me, I will have a heart attack) doesn't come true

Exposure

Example Exposure Hierarchy for OCD (contamination)

Distressing Stimuli/Situation	SUD (0-100)	Avoidance (0-100)
Eat grapes off floor	100	100
Eat cheerios off floor	95	100
Give cheerios from table at restaurant to baby	90	95
Eat food that fell on table at restaurant	90	90
Eat sticky food without washing hands first	85	80
Eat cracker without washing hands first	75	70
Touch handle on subway car	65	65
Touch main door of public building	60	65
Touch front door to house	55	60
Touch bedroom door	45	45
Touch door handle of side door to garage	40	35
Touch door handle of little used closet with bare hand	30	40

Response Prevention

Safety Behaviors

- Any behavior designed to minimize anxiety or discomfort
- Examples: having someone else open door, hand washing, asking for reassurance

Response Prevention Strategies

- Stimulus Control--Making it Difficult for the ritual to occur
- Selective Ritual Prevention (Picking your Battles)
- Restricting your Rituals (Watching the Clock)
- Postponing a Ritual--(When Procrastination is a Good Thing)
- Using Competing Actions (That are incompatible with the ritual)

Cognitive Strategies

- Many of the cognitive strategies that we use for other disorders are relevant for OCD
- Important to have patient label thoughts—”This is just an OCD thought”—and not always take it seriously because this can become a ritual in its own right.

Cognitive Strategies--Example

- **Situation:** Leaving house
- **Intrusive thought:** I didn't turn off the stove and the house will burn down.
- **Interpretation:** I must not care about my family because I want them to get hurt.
- **Emotion:** Anxiety
- **Compulsion/Ritual:** repeatedly checking stove
- **Rational Response:** This is just a thought. I have had this thought many times and my house has never burned down. This shows that the thought cannot cause actions.

Challenging Thoughts

- Important not to argue with patient—ask questions, show curiosity
- Follow the logic of the patient
- Ask about logical inconsistencies
- Collaborate with the patient

Overimportance of Thoughts

- Just having the thoughts means it is important -"*I think about this so it must be true*"
- Thoughts can cause behavior (thought-action fusion) - "*Having violent thoughts means I am going to act on them*"
- Thinking is as bad as doing -"*Having a blasphemous thought is as sinful as committing a sacrilegious act!*"

Psychoeducation

- Important to normalize that almost everyone has intrusive thoughts from time to time
- Difference is not in having the thoughts, but rather how people react to them
- Can use experts (e.g., religious advisors) to provide additional information

Advanced Cognitive Techniques

- Can use advanced cognitive techniques, such as having the patient view him or herself as a scientist and predict the future based on available evidence
- Continuum technique—draw a line from 0-100 representing opposite ends of a characteristic and then have patient place self on the line
- Ask patient to bet money on outcome (e.g., patient who is worried about house burning down—how much money would they bet that house is gone by the time that they return home?)

Controlling Thoughts

- When patients are distressed about thoughts, they often try to push them away
- This causes a rebound effect which intensifies the thoughts
- Can do an experiment—ask patient not to think about something specific…then ask what happens

Take Home Message for Patients

- Everyone gets intrusive thoughts
- Need to react to them differently—use mindfulness—let thoughts come and go without reacting to them
- Important not to ritualize or change behaviors in other ways in response to thoughts because this will strengthen OCD

OCD in Children and Adolescents

- Often there is a lot of family involvement—family tries to avoid triggering OCD which can involve a lot of family accommodation (parents open doors for child, only prepare certain foods, engage in long bedtime ritual, etc.). It is important to involve parents and other parties in treatment.

Clinical Challenges

- When the feared consequence is something that is not testable (e.g., I'm going to hell because I have these bad thoughts)
- May need to involve others (e.g., trusted clergy) to provide additional information/perspective
- ERP can be very difficult/anxiety-provoking, can be difficult to engage patients

Application to COVID-19 Pandemic

- It is more difficult to differentiate when thoughts are “OCD thoughts” and when they are valid thoughts
- Therapists need to be careful about exposure assignments and not assign tasks that don’t follow current CDC guidelines

Related Disorders

- CBT is often used to treat O-C Spectrum disorders
- Trichotillomania (hair pulling) and excoriation disorder (skin picking) are treated with habit reversal training which has to do with increasing awareness of the habit and developing a response that is incompatible with the habit to use instead.
- CBT for hoarding disorder uses behavioral techniques (reducing acquisition of items, increasing discarding behaviors) as well as cognitive strategies (cognitive restructuring around maladaptive thoughts having to do with acquiring and discarding items).

Related Disorders, Cont.

- CBT for BDD uses both behavioral strategies (exposure, ritual prevention, behavioral experiments) and cognitive strategies (cognitive restructuring, belief work) to attempt to reduce the distorted thinking patterns and maladaptive behaviors associated with the disorder.

Additional Resources-Online Courses

- Some of the slides used in this presentation were drawn from the MGH Psychiatry Academy online course entitled, CBT for OCD (Wilhelm, course director)
- The MGH Psychiatry Academy also has courses on Cognitive Behavioral Therapy for Body Dysmorphic Disorder (Wilhelm, course director), CBT and Medication Treatment for BFRBs (Keuthen and Greenberg, course directors) and CBT for OCD in Children and Adolescents (Henin and Hirshfeld-Becker, course directors)
- Please visit our web site www.mghcme.org for more information.

Additional Resources—Books

- *Mastery of OCD* (Foa & Kozac, 1997). Oxford.
- *Getting Control; Overcoming your Obsessions and Compulsions* (Baer, 1991). Little Brown.
- *Feeling Good About the Way you Look; A Program for Overcoming Body Image Problems* (Wilhelm, 2006). Guilford.
- *Treatment for Hoarding Disorder* (Steketee & Frost, 2014). Oxford.
- *Help for Hair Pullers; Understanding and Coping with Trichotillomania* (Keuthen, Stein, & Christenson, 2001). New Harbinger.