A Model to Promote Rapid Gain in OCD Treatment
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**Bold** = principles OR strategies

Bullets = quotes or examples in video segment

Session

— 200-300
— Initial as Intervention
— Behavioral experiments
— Authority PLUS naïve/curious student
  • Figure it out together
  • Quiz her
Look for any signs that they can dissociate from the content. Work that.

- “In my mind…”
  - “What does that tell you?”
- “Naïve question: so why don’t you just not wash, since you know it’s in your mind?”
Flesh out & get rapport with their struggle

Be curious & respectful

• “Tell me how it’s hard to resist”

Any attempts to change? Any tricks? Any control in some arenas?
Personify & externalize OCD. When they are all better, they will have separated from the disorder. Why don’t we *start* treatment from that position?

- “What’s your OCD tell you is going to happen?”
- She immediately follows suit: “The main thing OCD tells me is...”
If they have made any gains, use them to challenge their OCD logic

Move away from a continuum & toward a black or white, either/or scenario

Continue with naïve curiosity

• “If you believe it is about contamination, then why would relaxation help?”
It’s “great news” if they have used *any* therapeutic strategy to dissociate from the content. This means we don’t have to add anything from outside of them. We simply have to embellish a resource *within* them. Embellish, reinforce actions that manifest belief that content is irrelevant.

• Here she uses relaxation
You have a perspective

The problem is that the closer you get to the threat, the further away that perspective drifts.

[And that will be our goal: to find a way to maintain that perspective while facing threat. The work is moment-by-moment.]
Every step of the way, check in if they have alliance with you about the principles

- “Am I saying this correctly for you? Do you want to fix something I am saying?”

Step-by-step, we are dismantling their OCD protocol & building the therapeutic protocol
Build a logical system that explains how OCD wins

— OCD takes a natural part of all of us & uses it against us

— And then, it looks for what each of us is personally vulnerable to

Seek agreement with that principle

[Again] Personify OCD as our challenger who is pretty damn smart!
[Again] You must dissociate from the content. That is OCD’s territory. You can’t win within that territory.

• “You & I want to figure out how to step out of the territory of contamination”
• “We want to get into the territory that makes you vulnerable to the disorder” [intolerance of uncertainty]
We want to go one level up in abstraction.

“\textquoteacco{I wash my hands to get rid of contamination}” becomes

\textquoteacco{I do a repetitive behavior to get rid of my doubt about something that seems risky or dangerous.”}
I reflectively listen to *what I want to emphasize*. I control the conversation & dominate our direction.

- “So you’re saying, ‘What I do is too time-consuming & mind-consuming.’ What would you rather be doing?”

**Build a competing agenda. Reflective listening:**

- “So you’re saying, ‘I value some things greatly, & I am not living into them like I would like to’”
Plant seeds about doing a behavioral experiment

1. “You have to be motivated, because they call this ‘work’... what you & I are about to do.”

2. “We’re going to go do that in a few minutes...”

Inquire: how you think a person gets better? Embellish anything they say that has validity.
DISSOCIATION & ABSORPTION

We are not removing the obsessive voice. We are bringing up a parallel voice.

You need to dissociate from the obsessive voice & absorb yourself in the messages of the therapeutic voice.
Generate a simple protocol.

— You **absolutely** know how to tolerate uncertainty

— You simply cannot tolerate uncertainty about this topic

— That’s our job: to strengthen your skill of tolerating uncertainty

[Verify that they understand]
You also have to tolerate anxiety

• “You have been in a treatment where you provoke the distress & then calm yourself down. For a little bit, we’re going to throw that out.”
[Again] We are going to externalize & personify OCD

Instead of trying to calm down, ask for \textit{more} anxiety

Therapeutic stance: “I am in a relationship with OCD. That’s not going to change. I’m going to stay in a relationship with OCD. But I’m going to redefine the nature of the relationship.”
Quiz them:

For OCD to win, what do you need to do?
• “Do what it says”

And for you to win?
• “Ignore it?”

Let’s go one step further than to ignore it
• “Do the opposite?”

Yes. But only in the early stages of the work. When you are all done, you will do just that: ignore it.
Normalize obsessions: everybody has them

You don’t *need* to get rid of them
Our work is to get you **willing** to not know. This is the *generic* experience of uncertainty, not a content-specific one. The only reason we go get content is to generate a *generic* experience of uncertainty & distress.

- “The opposite of knowing that my hands are clean is...?”
  — “Know that they’re dirty?”
- Let’s change that to, “**not** know whether they are clean.” [uncertainty]
This is **not** just exposure

It’s an attitude change

- “I am not asking you to feel contaminated. I’m asking you to *want* to feel contaminated, & *then* feel contaminated. I am asking you to actually go get it, on purpose.”
EXTERNALIZE – DISSOCIATE

“Why am I asking you to change your attitude about getting contaminated? What happens to OCD when you start saying, ‘I’m looking for opportunities to feel a sense of contamination’?”

• “It’s not feeding it” [meaning “then my stance would not feed the OCD”]
“When you do that, you will now feel anxious. What’s going to happen to OCD if you then say, ‘This is exactly what I want right now; I don’t like this, but I want it’?”

• “Maybe it makes the OCD uncomfortable”

“Like turning the tables on OCD? How would you like that, theoretically, to turn the tables on OCD?”

• “That would be awesome!”
Habituation requires

— Frequency
— Intensity
— duration

We are not doing that. We are just using that as a logic, to rationalize our strategy.
Ownership

— Put your game face on

Dissociation & Absorption

— Focus on your outcome picture

— I want my family back, etc. So, I don’t like it, but I want it!

Take the hit
DISSOCIATION & OWNERSHIP

• Challenging the difference between what OCD is asking her to be afraid of & what she’s actually afraid of. She is just plain scared. Perfect.

• Therefore, we can [but don’t have to] go to the highest item on OCD’s list. And why not? It’s a meaningless hierarchy.

• She picks the dirtiest spot on the floor to touch. Ownership in the protocol!
Ownership by linking with outcome picture

- She can’t get behind “I want this”
- But totally gets behind “I want the outcome”

[Again] The work is *always* moment-by-moment

[Again] “It is totally understandable that you want to resist, but...”
You bring the frequency

Make OCD bring the intensity & duration

Give all the work to OCD

- “What we are doing is changing your mindset. It doesn’t matter whether your uncertainty is strong or your anxiety is strong. It matters that you ask for OCD to make it strong.”
Hebb’s Law: neurons that fire together, wire together

Self-messages that motivate or command

Short & sweet

• “I’m doing this for my family”
Play the game

Score points

Operate as though the more points you score, the stronger you get

The tally counter
Some General Principles of Strategic Treatment of OCD

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Therapist Tasks

Get rapport (and get it again)
Get placebo
Collaborative curiosity
Persuade them to adopt paradoxical frame of reference
Collaborative paradoxical strategies
Frame-up the action
Behavioral experiments
Pull them away, step-by-step, from their frame of reference (FofR)

- dismantle their logical system
- box it all up into one entity
  - “It’s irrelevant”
  - “It’s white noise”
  - “That’s the disorder talking”

Get them to disconnect, to detach, to put distance between them & old FofR
It’s NOT that. It’s THIS!

“Keep coming this way; keep coming this way”

Continually check that they are still with you

— “What do you think?”
— “Does that make sense to you?”

Build a compelling new logical system

— Don’t just explain it; install it!
— Install it NOW, at the beginning of treatment
— Install it deeply enough that it holds over time

But do all this with finesse