

Module 12: Knowing and Doing: Moving On and Preventing Relapse

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Source: O'Connor, K., & Aardema, F. (2012). Clinician's handbook for obsessive compulsive disorder: Inference-based therapy. Chichester: Wiley-Blackwell.

Summary



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- If you knew, you would do
- Repositioning authentic self as the “self” is a long-term goal
- We should strive for **mastery** of the ability to apply the model to every obsession
- You know the tools, and you can apply them more quickly if symptoms reappear; once you see it, you can’t unsee it
- Doing frequently will keep you from forgetting
- If there’s some belief that makes avoidance of triggers or compulsive action still seem attractive, make a concrete plan to address it more over time
- Stay mindful of your feared self theme and most used tricks and cheats even when symptoms are hardly noticeable. If you can anticipate situations that will spike your self doubt along the lines of your feared self theme, you can proactively address inferential confusion that is likely to arise.

If you knew, you would do

- Avoiding the doctor even though there was a promise of no shots.
- Jumping off the top bunk
- Knowing is not just about acknowledging some new rule or cliché or generality. Its deeply held belief without ambivalence.
- If your client knows their true self, knows their obsessional doubts are false, knows that their evidence for doubt came from inferential confusion, then they will start acting as if their OCD is resolved.



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Letting go

- Its tempting to hold on to doubt “just in case”
 - With knowing, just in case does not apply
- Sometimes its hard to resist compulsion because of the memory of intense anxiety after facing a past trigger, even when any doubt has resolved in the present.
 - Then vs now, more inferential confusion
- Can’t have it both ways, any remaining conviction of belief in the OCD story is incomplete buy in to the IBT model, and we should go back and address
 - Time to eat the cake



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Mastery

- We are aiming for mastery here. As we wrap up the authentic self module, we are looking for:
 - Confidence in knowing the IBT model
 - Confidence in current successful control over OCD and confidence in progress made in recovery
 - Experience of change in OCD intensity and associated feelings
 - Experiencing the diminished importance of OCD and its impact on life.
- Mastery feels like a repositioned focus toward desired lifestyle rather with no effort given to avoiding becoming the feared self.
- Commonly need to brush up on tricks and cheats of the OCD con artist and reality sensing during the concluding sessions to really achieve mastery, and it is common to spend time reinforcing the learning from the last few steps. Sometimes may even start from the beginning to apply the model to a newly recognized obsession.



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Adding exposure to I-CBT

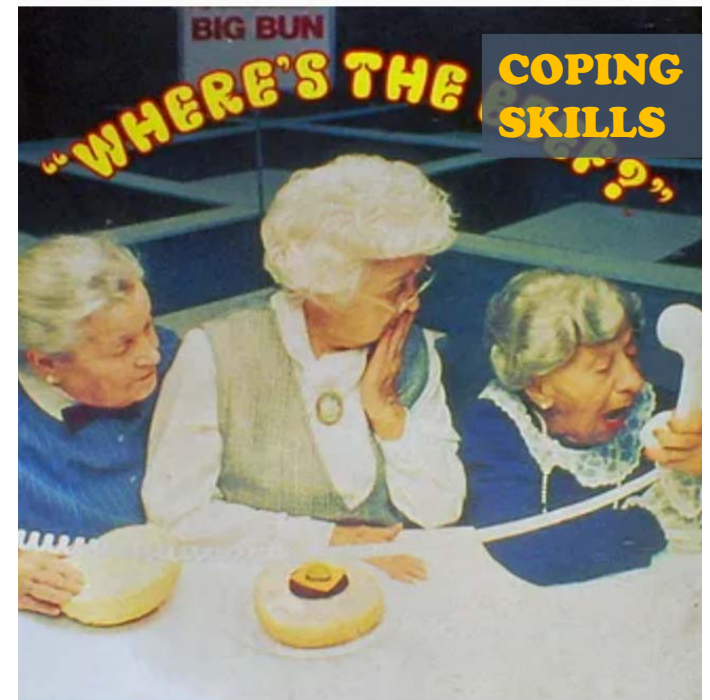
- Optional exposure done after significant change in conviction of beliefs from I-CBT to resolve lingering anxiety
- Use at end of therapy when emotional and cognitive avoidance remain
- Typically, this is to show that avoidance is no longer necessary, and no significant habituation is actually needed
- Knowing the primary inference is false still precedes any planned exposure.

- C: Well, look, if I don't give it I'm scared. I'm scared I'll get emotional. I won't be able to cope and the doubt's going to be there ... I dunno how long, maybe days, haunting me.
- T: OK, I understand. But on the bright side you've dealt with a lot of the OCD. I mean, like seeing red at the supermarket. What happens there now?
- C: Well, I can just go past it. It's true. My husband often remarks that I just carry on in places where, before, I would have had a problem big time.
- T: Great. That's real progress. So if we see what's happening really, now you're not experiencing the anxiety and preoccupation you were experiencing beforehand.
- C: That's true, but I'm afraid mostly of the emotion. You know how I can get emotional. I mean it sweeps over me. I really hate it.
- T: OK. Well firstly as you know the obsession and all the doubt and fear start when you leave reality. That first cast-off point where you go further in your mind from reality.
- C: Yeah, I know and I try to always get myself back to ground.
- T: Good. So if the doubt is unfounded, the consequences and emotions are also false.
- C: Yeah, but they're still there.
- T: OK, I see. But emotions can only hang around so long if they're not serving any purpose and you know they're not serving any purpose, don't you?
- C: Yeah, it's just a leftover from how I used to be.
- T: Well good news, there is a law ... the law of habituation, which shows that as long as you do nothing to feed it, the emotion will decrease and go away by itself. The more times you don't feed it, the quicker it will disappear.
- C: Oh ... well, that's good news.
- T: So we will systematically apply this procedure to instances where you anticipate emotion that you think you might not be able to manage.

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Coping skills?

- In clients with OCD with no comorbidities, there is no reason to expect that our clients can't cope.
- It is important to convey to clients that their doubt in their coping ability parallels the other self doubts they have resolved. "Is it a deficit or is it OCD?"
 - Coping skills may be intact but inaccessible behind assumptions about self efficacy and self vulnerability
- Can develop an alternative narrative based on 5 senses experiences in other stressful situations not related to the feared self to build a mental model for what coping looks like for normal stressors and reasonable doubts.
- If authentic self is re-positioned to front and center, and reality sensing skill is effective, what are we coping with anyway?

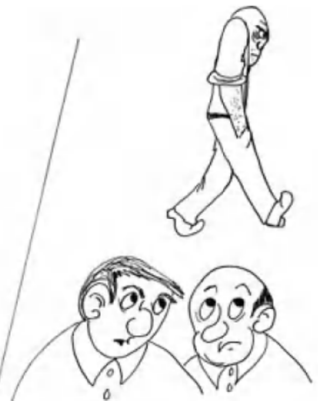


Further repositioning sense of self toward authentic self

- Huge identity shifts don't always happen in 20 sessions, and clients are well served to continue for months and years to notice and consolidate learning about authentic self
- They can do this by:
 - Behaving authentically rather than according to imagined possible selves
 - Praising self for all accomplishments to draw attention to authentic positive attributes
 - Try new activities that are congruent with authentic self view and choose activities that play to strengths
 - Show your authentic self to family and friends to avoid this:



I've got to take precautions not to hit someone. I'll hunch my shoulders, stuff my hands in my pockets, stare straight ahead, walk stiffly...



Wow! See that weird looking guy? Do you think he could be dangerous?



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Thoughts that stick around: volitional or intrusive?

- Clients may report that the obsessions stick in their head and keep recurring even though they have no conviction of belief.
- The “intrusive thoughts” model would say, leave these thoughts alone and they will pass.
- But meta-cognitive therapy suggests that thought is a volitional behavior so if we are revisiting these thoughts, we must believe they serve some value to us. And this works well with IBT’s model where doubts are actively inferred.
- Get clarity why the client is still feeding these doubts:
 - They feel important/ useful, its immoral to ignore ways I could cause harm, the thoughts teach me about myself, I want to work on them more and I’m not ready to move on, an urge to check and see if the thought is still there
 - They are being reinforced by blocking, distracting, or efforts to have a blank mind

After mastery, consolidate learning

- Recognize/internalize all the progress made
- Completing Y-BOCS, ICQ again and comparing pre and post intervention scores is part of internalizing the change
- Journaling about most important insights and qualitative descriptions of observable improvements
- Explain it to people who care about you
- Get a dodecaflex tattoo (kidding!)

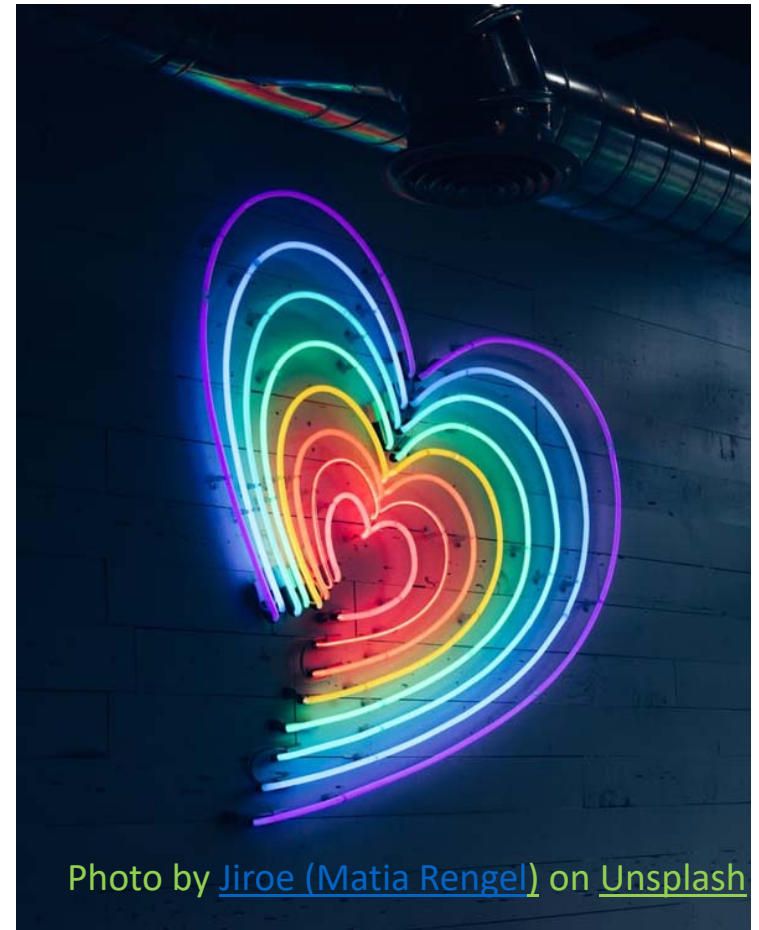


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Relapse Prevention, more of the same

- Reality sensing is relapse prevention, and we do it all the time.
- Keep catching yourself before crossing the bridge
 - Doubts are created. If you don't create it, then it won't appear
- When new doubts arise, work through the steps (sequence doubt, find reasoning, ocd story vs alternative story, vulnerable self vs real self, seeing where evidence for doubt was from the imagination or irrelevant, identifying the tricks and cheats in the OCD story. It won't take much time at all.
- Its like riding a bike



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But slip-ups happen because...

- Lack of focus and attention
 - not noticing you started to give some inferentially confused reasoning some credit or
 - minimizing the need to deal with a new obsession
- Obsessions show up when you are in a vulnerable state
 - Feeling exhausted or distracted or overwhelmed or excited
 - If it feels inconvenient to deal with now, just remember how exhausted you were when compulsions felt mandatory
- Particular (unplanned for) triggering contexts or events that remind you to fear your feared self- (I could make a mistake-> file a legal brief)



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Or slip-ups are inadvertent when...

- You start reminiscing about the old days with OCD without any intent to start doubting again
- You feel safe from the OCD so you let it in a little bit because you see it as harmless
- A new trick that never had appeal before now is very convincing
- You let in subtle safety behaviors:
 - Passive avoidance (behavioral or cognitive)
 - Checking to see if the OCD is still there
 - Reassurance seeking
 - Mini rituals
 - Testing behavior

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Planning ahead

- Identify things coming up in the future that you know will give rise to obsessional doubt. (Avoidance and Situational Profile Scale, Appendix 4)
- Proactively anticipate what the obsessional doubt sequence is likely to be.
- Rehearse stopping before you cross the bridge.
- Make sure to be explicit that the doubt is obsessional and invalid before it ever shows up in a moment of distraction or emotion.
- Label characteristics of situations that tend to touch on your feared self. Notice patterns that lead you to be insecure about your authentic self.
- Learn to predict when you would benefit from rehearsing the steps of I-CBT for stressors before facing them.
- Three questions to ask to help identify OCD doubt: (a) Does it touch my theme? (b) Is it a doubt? (c) Do I experience that old OCD feeling? If the answer to all three is yes, then it's OCD doubt to be dismissed.



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Decision Chart

The Client Is Ready to Move On If . . .

1. The person has prepared for relapse prevention in the face of future challenges. This will mean the client
 - (a) Identified situations or events most likely to provoke difficulties.
 - (b) Formulated a plan of action to deal with existing beliefs or emotions.
 - (c) Listed concrete ways to improve and receive feedback from friends family and colleagues about the repositioned self.

What recovery looks like

- Talk to folks with lived experience.
 - Less duration noticing obsessional thoughts,
 - then less emotionality following from obsessions,
 - then a reflexive rejection of doubts and urges to engage in compulsion because the lack of utility is obvious.
4. Integrating the therapy implies . . .
- I automatically apply what I've learnt without effort.
 - I need to constantly repeat what I should know.
 - I carry prompt cards around with me.
 - I tell other people about IBT.

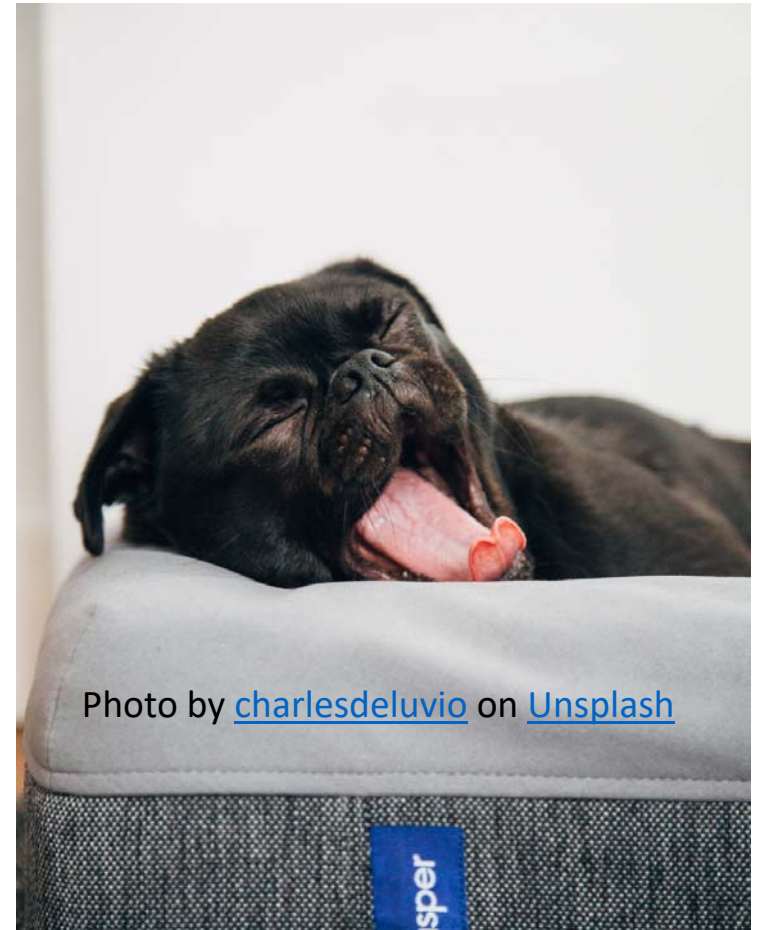


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