



Mindfulness and Cognitive Behavioral Therapy for OCD

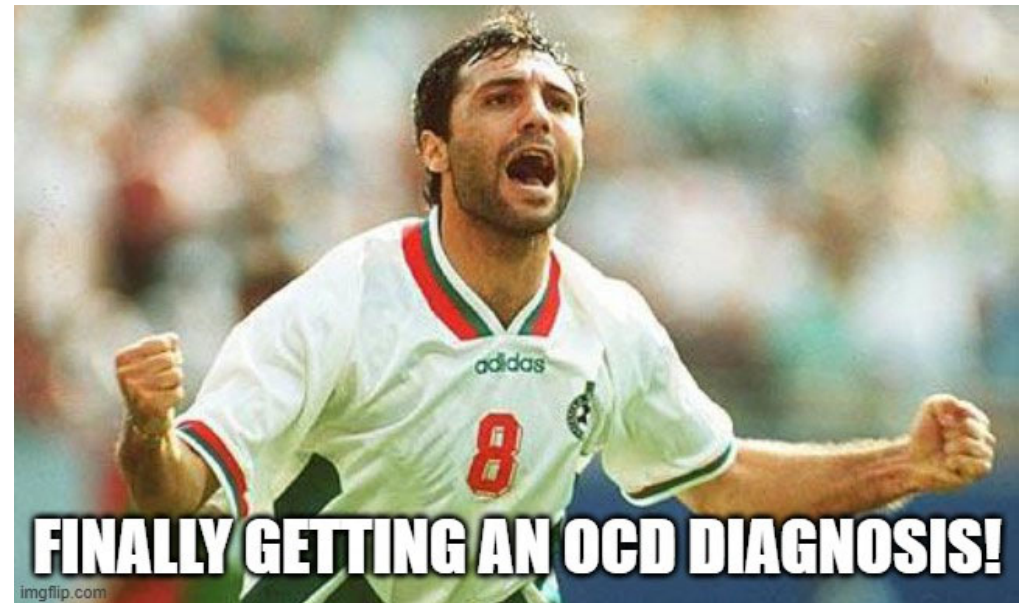
JON HERSHFIELD, MFT

DIRECTOR, CENTER FOR OCD AND ANXIETY AT SHEPPARD PRATT

OCD CONFERENCE 2025, SOFIA, BULGARIA

OCD BASICS

- ▶ 2-3% lifetime prevalence
- ▶ 1 in 200 children
- ▶ 4th most commonly diagnosed psychiatric condition (after depression, substance use disorders, and phobias)
- ▶ Runs in families
- ▶ It can take 14-17 years between first symptom onset and getting appropriate treatment



Common obsessions

- ▶ Unwanted, intrusive, recurrent thoughts, images, and urges:
 - ▶ Contamination
 - ▶ Aggressive (Harm)
 - ▶ Sexual
 - ▶ Symmetry/Just-Right
 - ▶ Religious scrupulosity
 - ▶ Moral scrupulosity
 - ▶ Sensorimotor/somatic
 - ▶ Relationship-themed
 - ▶ Miscellaneous (existential, superstitious, etc.)



Common compulsions

- ▶ Repetitive behaviors or mental acts aimed at preventing or reducing distress associated with obsessions
- ▶ Physical/Overt
 - ▶ Washing, cleaning, grooming
 - ▶ Checking
 - ▶ Repeating
 - ▶ Arranging, ordering, evening up
 - ▶ Reassurance-seeking and confessing
 - ▶ Avoiding
 - ▶ Rumination, mental review, mental checking, and other mental rituals

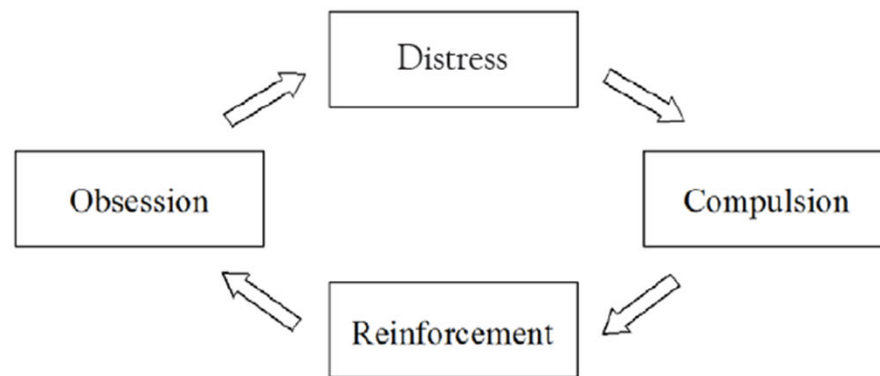


Insight: The ability to mindfully observe OCD



- ▶ Good/Fair – clear understanding that obsessions and compulsions are unreasonable but difficult to resist, may lack confidence in their ability to discern
- ▶ Poor – some awareness that behavior is excessive, may think they are reasonable but still open to contrary evidence sometimes
- ▶ Absent/delusional – believes obsessions and compulsions are necessary, resistant to contrary evidence or incorporates it into same belief. Correlates with worse severity but may have diagnostic implications.
- ▶ About a quarter of those with OCD are unsure whether symptoms are reasonable

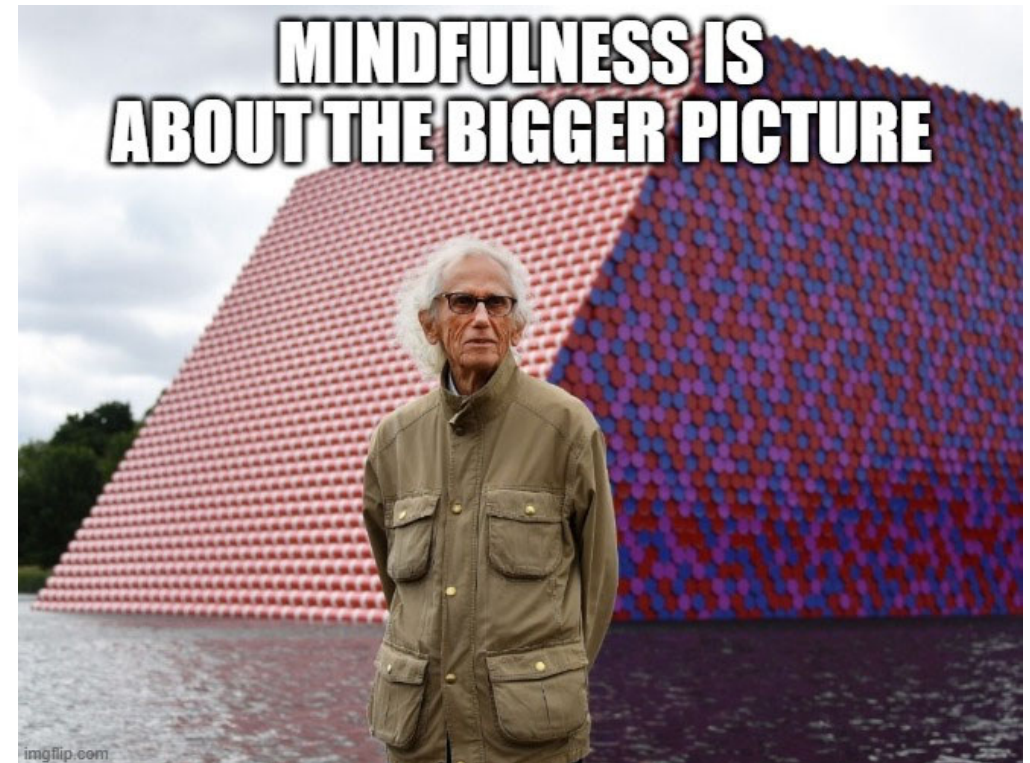
The Obsessive-Compulsive Cycle



The O-C
Cycle

Why pay attention to mindfulness for OCD?

- ▶ Two core problems of OCD:
 - ▶ Failure to notice when getting carried away by the OCD story and slipping into rituals
 - ▶ Difficulty returning from the OCD story without preconditions (i.e. without ritualizing)



Mindfulness

THE ABILITY TO OBSERVE EXPERIENCES AS THEY ARE IN THE PRESENT MOMENT WITHOUT JUDGMENT AND WITHOUT THE INTENTION TO CHANGE THEM



NECESSARILY INVOLVES INCREASING AWARENESS, NOTICING WHEN DISTRACTED FROM THE PRESENT MOMENT, AND RETURNING WITHOUT JUDGMENT

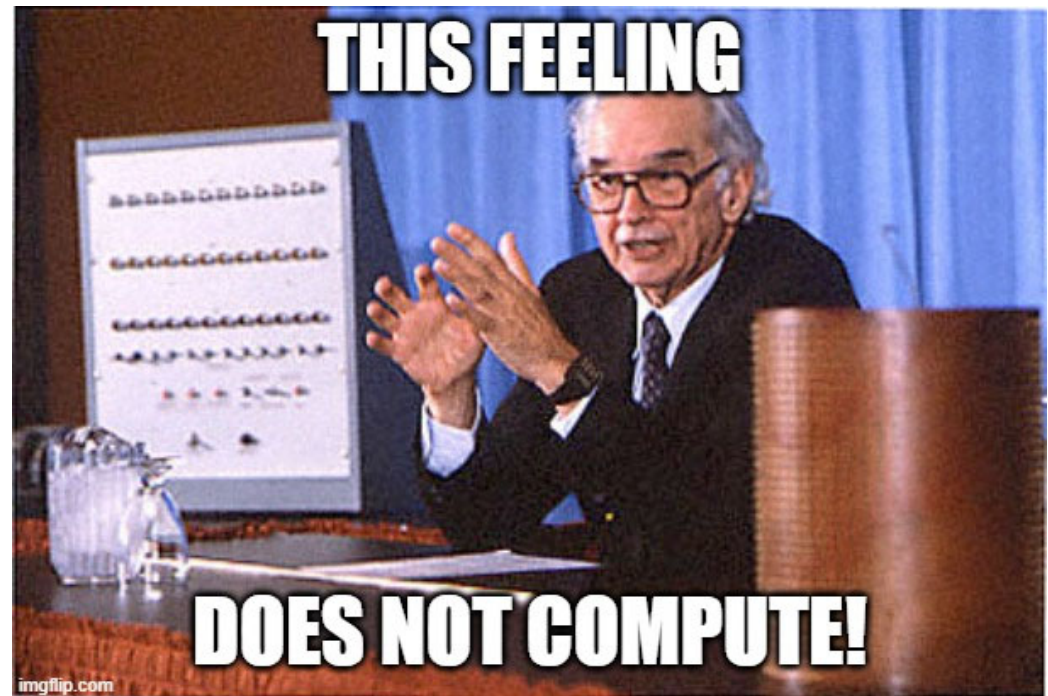
Thoughts as mental events

- ▶ Thoughts are thoughts, not threats (not “*JUST* a thought” – which implies value)
- ▶ Value is unknown, not intrinsic
- ▶ To be acknowledged, observed
- ▶ Be curious about them or disinterested, not avoidant



Feelings as raw data

- ▶ Feelings are feelings, not facts
- ▶ Not evidence, significance is unknown
- ▶ Mental appraisals of physical sensations
- ▶ To be experienced in the moment, not sought after or checked for



Physical sensations as nerves firing

- ▶ Not mandates to act
- ▶ Also not evidence, personal significance uncertain (i.e. groinal response as fear or arousal)
- ▶ Cause may be unknown
- ▶ To be experienced, not explained unless medically impairing



The Aquarium

- ▶ To be *mindless* is to view your thoughts as sharks and yourself as being in the shark tank in imminent danger, reacting to evade being eaten
- ▶ To be *mindful* is to view yourself as standing in an aquarium, watching sharks swim by, allowing both the disturbing feelings that come with being near them and the curiosity about them free from the threat of annihilation



CBT: Cognitive Behavioral Therapy

- ▶ Cognitive:
 - ▶ Identifying ways of *thinking* that make it feel like compulsions are necessary.
 - ▶ Noticing this distorted thinking.
 - ▶ Becoming aware of more objective interpretations of the experience.
- ▶ Behavioral
 - ▶ Exposure to situations that elicit compulsive urges
 - ▶ Response Prevention: Resisting compulsions.
 - ▶ Repeated practice changing relationship to obsessions and compulsions.



Mindfulness and ERP

Exposure with Response Prevention (ERP)

Gradually making contact with feared stimuli while resisting urges to compulsively neutralize or reassure

Mindfulness = ERP to acknowledging the presence of unwanted thoughts/feelings without engaging in rituals

ERP Goals

Bring the unwanted thought or feeling into the present moment

Stay with the discomfort associated with uncertainty about the thought/feeling

Resist the urge to avoid or change this discomfort

Willingness to cope with experience

Habituation (reduced anxiety over time) and/or inhibitory learning (reduced reactivity to anxiety as a threat signal)

Mindfulness Goals

Allow

Allow unwanted thoughts and feelings to be present when they occur, neither trying to elicit them or avoid them

Acknowledge

Acknowledge any associated experience, including discomfort

Observe

Observe (not react to) urges to avoid or change the discomfort/reduced reactivity

Stay

Stay present with the experience as it is, without getting lost in stories about it

Basic meditation (the “practice” of mindfulness)

- ▶ Checking in: “Here I am in this space.”
The weight of the body. Touch: Feet on the floor, legs on the seat, hands on the lap, air on the face. Tastes, smells. Sounds: Opening up the ears to sounds close and far away.
- ▶ Resting attention on the anchor (e.g. the breath coming in and going out)
- ▶ Noticing when attention is not on the anchor
- ▶ Resting attention on the anchor (beginning again)



Why Meditation Can Help



- ▶ Practice for coming back from intrusive thoughts as *distractions*
- ▶ Allows for the question, “What would I do in this moment if this trigger occurred while I was meditating?”
- ▶ Makes the assessment of “thoughts as thoughts” more habitual/instinctual, less prone to ritualizing, taking the bait, or self-reassuring.
- ▶ Functions as a *reminder* of the difference between *story* and *experience*

Misuses of Mindfulness

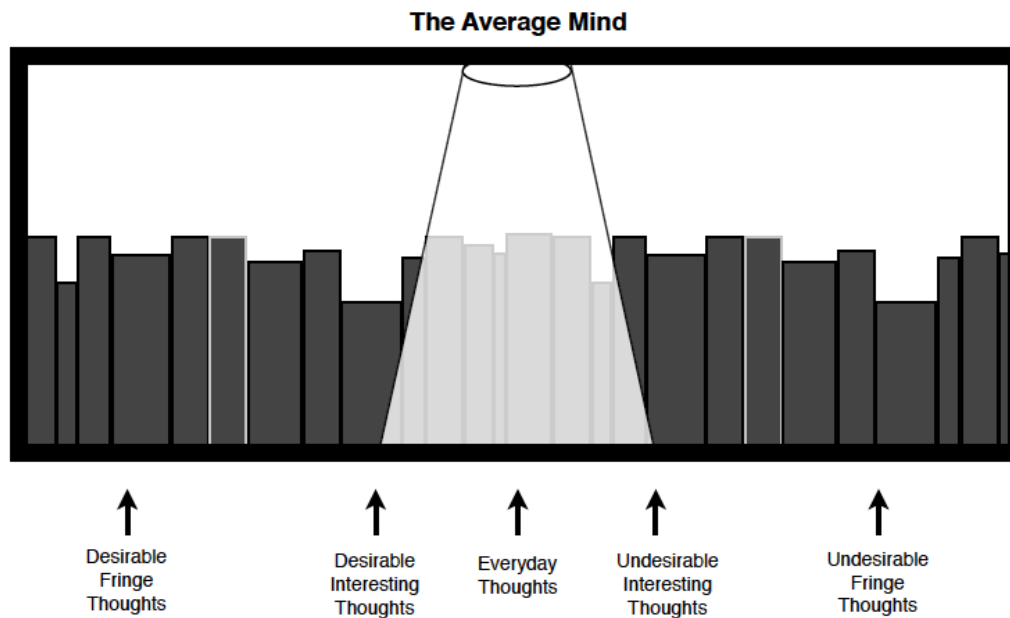
- ▶ Using “thoughts are just thoughts” as compulsive reassurance
- ▶ Perfectionism and the solving ritual
- ▶ Compulsive checking to be sure you’re present
- ▶ Meditation as a compulsion or avoidance
- ▶ Issues with counting or other rituals in meditating
- ▶ “Using” mindfulness to make feelings go away (perspective vs. intervention)



Planting the seeds of mindfulness

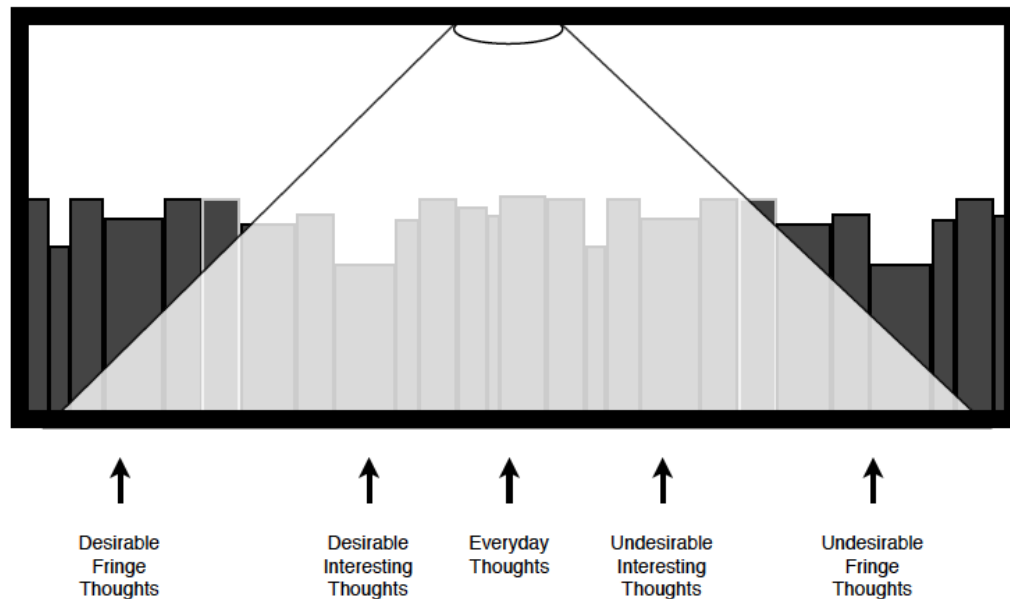
- ▶ Your OCD patients want to know:
 - ▶ Why do I think this way?
 - ▶ Do other people have these thoughts?
 - ▶ What if these thoughts mean something important?
 - ▶ How should I think about having these thoughts?





We all have
these
thoughts but
most are
filtered out

The OCD Mind



Your OCD makes you confuse the volume or brightness of a thought with its importance or relevance

So
mindfulness
is...

- ▶ Observing your thoughts, images, and urges as objects of attention
- ▶ Non-judgmentally
- ▶ Asking whether it is *useful*, not whether it is possible

Being Mindful of Family Involvement

- ▶ OCD is a “familial disorder” with complex genetic involvement
- ▶ 5 x increased risk among 1° relatives
- ▶ Authoritarian parenting style associated with symptom severity, as well as over-interfering/over-protection, parental criticism/hostility, and high expressed emotion
- ▶ No strong evidence that family directly causes OCD, rather, a reciprocal relationship between parent and sufferer exists
- ▶ Family members are often negatively impacted by symptoms as well as highly involved in accommodating symptoms

Types of accommodation

- ▶ Obeying family member's OCD rules
- ▶ Participating in washing/cleaning/checking or other rituals
- ▶ Offering reassurance or taking confessions about obsessions
- ▶ Assuming responsibilities of sufferer to allow for avoidance (e.g. taking out the trash, doing the dishes because too triggering)
- ▶ Participating in excessive analysis and rationalization around obsessions
- ▶ Avoiding using certain words, hiding triggering objects, or avoiding in engaging in triggering behaviors

Reassurance

- ▶ Reassurance teaches the brain that uncertainty is intolerable and fuels obsessional doubt.
- ▶ Resisting giving reassurance is hard. It feels like compassion to ease someone's short-term psychological suffering. Consider the compassion in addressing the cause of the suffering (OCD) for long-term improvement.
- ▶ One-time reality check *may* be ok.
- ▶ Have loved ones contract with each other on how to respond to reassurance-seeking efforts.
- ▶ Always lead with compassion

What Can Loved Ones Do to Help?

27

1

IDENTIFY the OCD,
not the person, as
the problem

2

INVITE
collaboration on
addressing the
problem

3

INTERRUPT the
obsessive-
compulsive cycle
with permission

4

INTEGRATE and
model healthy
behaviors

Identify

- ▶ Criticism of the person is associated with worse symptoms (as is negative expressed emotion generally)
- ▶ Families must be clear about what it is they do not want to accommodate anymore (the washing, the checking, the reassurance...)

Invite

- ▶ How can I help you reduce this compulsion? What can we do about this compulsion in our lives?
- ▶ The OCD sufferer should be involved in the decision and strategy to reduce the accommodation

Interrupt

- ▶ Gradual reduction of accommodations as part of a planned hierarchy
- ▶ Contracting to deny reassurance, resume normal activities, leave on time, leave triggering items visible, etc.
- ▶ If in treatment, work with therapist to reinforce ERP homework, non-avoidance, no reassurance
- ▶ Family member supports therapy but does not become the therapist

Integrate

- ▶ As compulsions diminish, there is more time. Do something with that time. Welcome meaningful family activity and communication in the absence of rituals.
- ▶ Address your own anxiety or struggles with uncertainty (including getting your own treatment and support)
- ▶ OCD/Anxiety has stolen your loved one from the family. Be the family to return to.



въпроси?