TEAM-CBT WEBINAR

Treating Intrusive Thoughts with TEAM-CBT

Thai-An Truong, LPC, LADC, Certified TEAM-CBT Therapist & Trainer, Level 4

ABOUT ME

- 11 years in practice, 4 years in private practice
- Introduced to TEAM-CBT in 2013
- First certified TEAM-CBT therapist and trainer in Oklahoma
- Mom of 2 girls

WHAT ARE INTRUSIVE THOUGHTS?

- We all experience intrusive thoughts (e.g., seeing ourselves run over a pedestrian while at a stop light, walking over a bridge and thinking I could jump off this bridge and die!).
- 90% of people surveyed acknowledge having intrusive thoughts. (Winston & Seif 2017, p. 1.)
- Unwanted intrusive thoughts or obsessions are upsetting distressing, frightening thoughts that enter your mind unbidden. (Winston & Seif 2017). They don't make sense to you or align with your values/identity. (Hershfield & Nicely 2017, p. 2)
- "Pure O" is a misnomer, because everyone with "pure O" engage in compulsions. Hershfield 2018, p. 16)
- People with "Pure O" often have more mental compulsions/acts, which is not as easy to spot as physical compulsions like excessive handwashing or checking behaviors

WHAT ARE COMPULSIONS?

- Compulsions are mental or behavioral rituals to reduce obsessional distress or prevent feared harm (Foa, et al. 2012, p.12).
- Repetitive
- Attempts at getting certainty about imagined threat and disproving fears (Hershfield 2018, p. 13)
- Unwanted intrusive thoughts get stuck because of attempts to push them away - compulsions (Winston & Seif 2017, p. 15)
- Compulsions are the fuel for OCD
- For "pure O," there is at least mental acts/rituals
  - Pushing thoughts away/attempts to suppress thoughts
  - Excessive prayer
  - Mentally reviewing memories to make sure no harm has been done
  - Reassuring themselves that they are "good" and safe
  - Mentally repeating certain words
  - Counting

OTHER COMPULSIONS

- Avoiding things, activities, or people that trigger thoughts of harm
- Engaging in safety behaviors (e.g., hiding knives, making sure someone is there when bathing son)
- Checking to make sure you haven't harmed or wouldn't harm yourself or anyone
- Engaging in superstitious behaviors to ensure that no harm will take place
- Confessing unwanted harm thoughts
- Seeking reassurance from others that harm-related thoughts are acceptable or that harmful acts did not or would not take place
- Repeatedly researching/googling for reassurance
- (Hershfield 2018, p. 14)

COMMON THEMES/OCD SUBTYPES

- Contamination: Excessive concern with germs, bodily fluids, chemicals, and the like
- Checking: Excessive concern with being responsible for making sure things are as they are "supposed" to be; for example, doors are closed and locked, appliances are powered off, items are where they belong, and so on
- Just right: Excessive concern with symmetry or exactness
- Harm: Excessive fear of committing acts of violence toward oneself or others
- Sexual themes: excessive intrusive thoughts about sexual orientation or sexual appropriateness
- Relationship: excessive concern with whether a relationship is "right"
- Hyperawareness/Sensorimotor: Excessive concern with awareness of involuntary processes such as blinking or swallowing off (Hershfield & Nicely 2017, p 1)
- Hoarding: collect trivial objects and become very anxious when attempting to rid themselves of these possessions (Foa, et al. 2012, p.12).

TEAM-CBT

- T – Testing
- E – Empathy
- A – Assessment of Resistance
- M – Methods

METHODS - 4 TREATMENT MODELS

- Motivational
- Cognitive
- Hidden Emotion
- Exposure

MOTIVATIONAL

- Invitation – invite them to do the work on intrusive thoughts
- Specificity – get a moment in time when they struggled with an intrusive thought
  - Complete daily mood log

Upsetting Event: Yesterday, had thought about hurting my son during bath time, 6:30 PM

Emotions	% Now	% Goal	% After	Emotions	% Now	% Goal	% After
■ **Sad** □ blue ■ depressed □ down □ unhappy	100			■ **Embarrassed** □ foolish ■ humiliated ■ self-conscious	90		
■ **Anxious** ■ worried ■ panicky ■ nervous ■ frightened	100			■ **Hopeless** ■ discouraged ■ pessimistic ■ despairing	90		
■ **Guilty** ■ remorseful ■ bad ■ ashamed	80			■ **Frustrated** ■ stuck □ thwarted ■ defeated	100		
□ **Inferior** ■ worthless □ inadequate ■ defective □ incompetent	80			■ **Angry** ■ resentful ■ annoyed ■ irritated ■ upset □ furious	100		
□ **Lonely** □ unloved □ unwanted □ rejected □ abandoned	--			**Other:**			

Negative Thoughts	% Now	% After	Distortions	Positive Thoughts	% Belief
1. I'm straight up crazy for thinking this way.	80				
2. I could snap and kill my child and will end up killing myself.	15-20				
3. I should be present with my son instead of focusing on the what ifs	100				
4. I shouldn't be a mom. They'll be better off without me.	80				
5. Others will judge me, reject me, and think I should be locked up if they knew.	100				
6. I'll never get better.	80-85				
7. I have to do compulsions/safety behaviors or something bad will happen.	100				

MOTIVATIONAL

- Address outcome resistance
  - Positively reframe their negative emotions and thoughts
    - How do these negative feelings and thoughts benefit you?
    - What do the show about you and your values that's really positive?
  - Positively reframe anxiety and specifically the intrusive thoughts
    - Does the anxiety and even the intrusive thought benefit them in some way?
    - What does it show about them and their values that's really positive?
    - E.g., I'm anxious about harm because I greatly value child's life, the scary content drives me to be more cautious to protect my child, I value health and safety.
  - Helps them work through shame
    - The strongest predictor of quality of life with OCD is not how bad your OCD symptoms are. It's how much shame you experience having OCD (Singh et al. 2016).

MOTIVATIONAL

- Address process resistance
  - Identify in that moment in time what compulsions and safety behaviors they engage in, both mental and physical
  - Provide psychoeducation about the long-term effects of compulsions and safety behaviors.
  - Identify the benefits of these compulsions (eases my anxiety, for the moment I feel like my child is safe)
  - What do the compulsions show about the client that's really positive? (I desperately care about protecting my child's life and well-being)
- Voice the resistance
  - Rate motivation to change 0-100 after identifying benefits and values of compulsions.
  - Considering all of these powerful benefits to your compulsions, why should we do exposure to let them go? (e.g., it's taking time away from my child. They don't really work. They ease my anxiety short-term but in the long-term, make things worse and make the intrusive thoughts stick harder, they are the fuel to my OCD.)
  - Rate motivation to change again after voicing the resistance 0-100.
  - Only move forward with exposure when motivated to change (at least above 50)
  - Have them keep on their phone to read on a regular basis, especially when tempted to do compulsions.

COGNITIVE

- Effective for thoughts about the *meaning* of having intrusive thoughts (e.g., means I'm crazy, I'm bad)
- Often not effective with the intrusive thoughts themselves unless modified
  - With the intrusive thoughts, be sure to not use tools that engages with arguing with the probability of the content, helps them seek certainty, disproves the fear, or gives them reassurance.
    - Why would examine the evidence or the double standard method possibly be problematic?
  - This often becomes a compulsion in and of itself
  - Much more effective to do exposure types of responses using externalization of voices (example in exposure slide)
- Can be effective with self-doubt thoughts before engaging in exposure (e.g., this is too hard, I won't be able to do this).

HIDDEN EMOTION

- Often there is a hidden emotion or desire.
- Dr. Burns finds that in about 70-80% of cases of anxiety, including OCD, there is a problem the client is not dealing with or sweeping under the rug because they want to be "nice."
- Always a problem in the here-and-now
- Two step process:
  - 1) Insight – figure out what's bothering them that they're not addressing; it is often tied to anger/frustration but not always. It could also be a hidden desire that feels threatening to share.
  - 2) Action – they have to do something about it in order for the intrusive thoughts/anxiety to get better (e.g., share their anger, find a new job
- Hidden emotion is not always there. Use tentative wording. Give it as homework.

EXPOSURE

- Often a key component to healing is exposure and response prevention – facing the fear WITHOUT engaging in compulsions.
- Go toward the source of fear and face the monster, you'll realize it has no teeth
- The more compulsions you do, the more you reinforce the cycle. The obsession grows stronger, the drive to do compulsions grows along with it, and around and around you go. To beat an obsession, you need to starve it out, which means you need to target and eliminate compulsions. (Hershfield & Nicely 2017, p. 3)
- Exposure helps the client recreate the source of anxiety (e.g., think of intrusive thought content, contaminate hands and keep playing with daughter), and practice letting go of compulsions.
- The intrusive thoughts will get less and less sticky. Over time you will habituate (feel better, find intrusive thoughts to be easily tolerated) and/or inhibit your fear response, and gain freedom.

EXPOSURE

- **Here and now exposure** as intrusive thoughts come up
  - Recognize and label – "This is an intrusive thought"
  - Accept and allow – These thoughts are automatic and are best left alone. Allow them to be in your mind without pushing them away. Have a "bring it on" attitude. Tell the thoughts to stay as long as they'd like. Can do some positive reframing.
  - Float and feel – Objectively notice your feelings/physical sensations and allow them to be there.
  - Let time pass – Don't rush it or urge it on, literally slow down.
  - Proceed with life – Even while having the thoughts, continue whatever you were doing; act as if the thought had no meaning.
  - (Winston & Seif 2017, p. 115.)

COGNITIVE CONT'D

- Externalization of Voices Example
  - Therapist: You will snap and kill your child and end up killing yourself.
  - Client: This is an intrusive thought. I know this because my body feels tense and I feel frightened hearing it. But you're trying to protect my child in your own weird way, so you can stay as long as you want. A thought is just a thought. Despite the risks, I'm choosing to proceed with life anyway. There's risks with everything in life, including driving my car, traveling, and really, just existing. I will bathe my child and spend time with him despite the risks, because I want to care for him and connect with him. I want to live aligning with my values instead of being dictated by fear.

EXPOSURE

- Planned practice exposure.
- Cognitive Scripts:
  - Start in session.
  - Present tense most effective. The more brutal and direct you can be, the more impactful the script.
  - Important to read as homework; twice a day even better.
  - Only start exposure if they agree to homework.
  - Be in the presence of fear and uncertainty without compulsions – that's how you get better.
  - Rate anxiety before, during, and after
  - Point is to not lower anxiety, however; it is to sit in the anxiety and even increasing the anxiety, getting more graphic, staying in the thoughts longer, without engaging in compulsions. Anxiety will decrease if decrease/eliminate compulsions.
  - Assess changes in intrusive thoughts intensity and frequency

EXPOSURE CONT'D

Cognitive Script Example (DISCLAIMER – GRAPHIC CONTENT):

Bob (husband) forgets to drop) Luke (son) off at my grandma's. I call him and text him and he realized he left Luke in the car. I panic. He goes to his car and Luke is in his car seat, dead. He got too hot and died. Someone calls for an ambulance. I just drive there to Bob's work. We're distraught. Everyone is there. There's police and ambulances. The news is there. It's hard for me to get in b/c so many people are there.

Date & Time	Physical Sensations	Anxiety Before	Peak Anxiety	Anxiety After
3/5/18 4pm	Palm sweaty, heart racing, stomach drops	95	100	50
3/5/18 8pm	Heart not pounding like it was, sick to stomach still	80	80	60
3/6/18 4pm	Same as above	70	60	40

HOW FAMILY CAN HELP

- Two best things a family member (or any trusted love one) can do to help
  1. Stop reassuring you
     - Help client come up with what family can say to them when they seek reassurance
     - E.g.,
       - Sounds like you're having an intrusive thought and doing exposure will be best right now
       - This is an intrusive thought. No reassurance!
  2. Stop facilitating avoidance
     - Let client bathe child alone
     - Stop buying them special hand wipes that's gentle on their skin

MY TRAININGS

- **2-Day TEAM-CBT Boot Camp for Anxiety and Depression**
  - February 12th & 19th (2 Fridays)
  - $249 (10% discount if you register 3 or more together, 10% discount for Oklahoman therapists)
  - Register here: www.teamcbtraining.com/trainings

- **1:1 Training**
  - Learn and practice TEAM-CBT skills
  - Level 3 Exam Prep
  - Case consultation
  - Personal work

REFERENCES

Foa, E. B., Yadin, E., & Lichner, T. K. 2012. Exposure and Response (Ritual) Prevention for Obsessive-Compulsive Disorder: Therapist Guide (Treatments That Work) (2nd ed.). Oxford University Press.

Hershfield J., Nicely, S. 2017. Everyday Mindfulness for OCD: Tips, Tricks, and Skills for Living Joyfully (Illustrated ed.). New Harbinger Publications.

Hershfield, J. 2018. Overcoming Harm OCD (Mindfulness and CBT Tools for Coping with Unwanted Violent Thoughts) (1st ed.). New Harbinger Publications.

Singh, R., C. T. Wetterneck, M. T. Williams, and L. E. Knott. 2016. "The Role of Shame and Symptom Severity on Quality of Life in Obsessive-Compulsive and Related Disorders." Journal of Obsessive Compulsive and Related Disorders 11: 49-55.

Winston, S. M., & Seif, M. N. 2017. Overcoming Unwanted Intrusive Thoughts. New Harbinger Publications