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I AM FIRE. I AM DEATH.



YET I AM TRAPPED BY MY OWN MIND.





AUDIO TRANSCRIPT

- "...My wings are a hurricane!"
- "You're very powerful and yet, some part of you wants something from seeing me today."
- Bilbo said you have this dog, Tikdah, Tikvah, Tiki yeah, and you say shake and then he shakes your hand and you can give him a tiny piece of cheese...
- "Uh huh"
- It took Smaug some time to build up to the main point, we'll fast forward through this...
- "So, obviously that's how I would defeat Drogon in battle...
- Uh huh, of course.
- My thoughts pester me like dwarves with pick-axes tapping on my brain, tap, tap, tap (insert pick ax sound)
- What kind of thoughts?
- Nevermind that.... How do I make them stop?
- Usually, the harder you try to stop a thought, the more your brain hangs on. Secrecy and shame fuel obsessive fears.
 Bringing them into the light to be observed nonjudgmentally can be healing.
- "OCD thief, come into the light."

OBSESSIVE COMPULSIVE DISORDER

Obsession

Recurrent intrusive thoughts that cause anxiety

Compulsion

Repetitive behaviors or mental actions meant to provide temporary relief

OCD often feels like the thoughts are unique to the OCD individual, but it is actually normal to have irrational intrusive thoughts.

OCD thoughts are uniquely sticky, laden with intensely painful emotions, and often conjure visceral sensory images.

YOU CAN'T STOP OCD THOUGHTS

WHEN YOU TELL YOURSELF.....

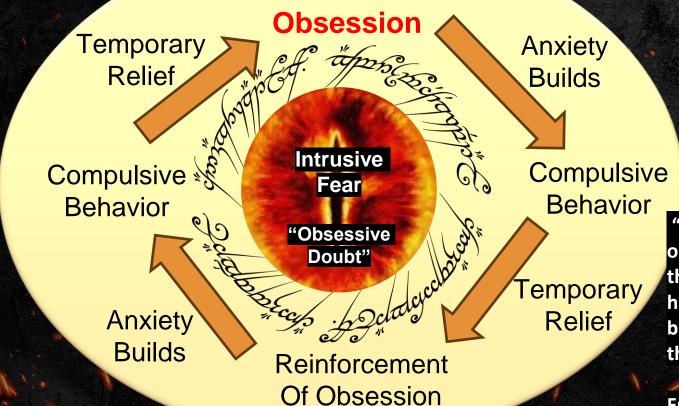
Your Brain Responds.....

Oh no! I never want to Have THAT Thought Ever Again!"

My Precious.....

BUT YOU CAN STOP OCD COMPULSIONS

ONE RING TO RULE THEM ALL



"Compulsions start out as a solution to the problem of having obsessions, but soon become the problem itself."

Fred Penzel, PhD





EXPOSURES ASKS US TO CHOOSE THE MORE UNCOMFORTABLE PATH

TEMPORARY
RELIEF/COMFORT
BUT LONG-TERM AGONY)

MORDOI

LONG-TERM Freedom

DISCOMFORT Uncertainty



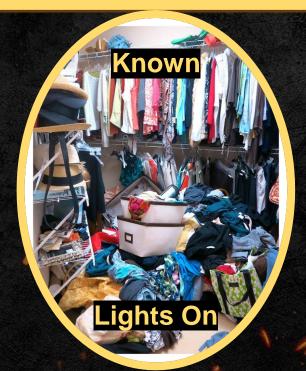
RESISTING COMPULSIONS

SHAME THRIVES IN THE DARKNESS OF SECRECY AND SOLITUDE. IT CANNOT SURVIVE THE LIGHT OF OPEN ACCEPTANCE AND HUMAN CONNECTION.

Secret

Shame derives its power from being unspeakable.
-Brene Brown

Lights Off







- "I can handle whatever you need to tell me."
- "It is understandable that this is really hard to talk about."
- "Your job as a patient is harder than mine as a psychiatrist."

"It is hard to feel shame and togetherness at the same time. Togetherness reduces shame. It is hard to feel lonely and connected at the same time. So, if we are connecting, the patient will feel less lonely and less shame in the here-and-now of the therapeutic moment." David Puder, MD https://www.psychiatrypodcast.com/

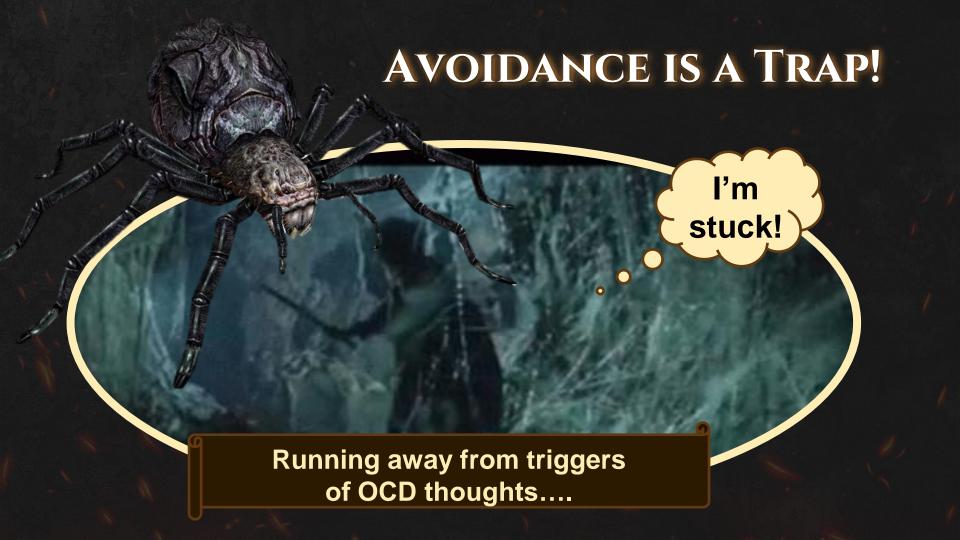


AUDIO TRANSCRIPT

♦ I see a dwarf and I think 'did I look at that dwarf in... a sexual way? What if I'm sexually attracted to dwarves? I know, I KNOW I am attracted to dragons, but how do I know for sure? I get, this vivid image pops into my mind. Why am I even having this thought? Is it because deep down secretly I am...! I eat every dwarf I see... but then... before I ate that last dwarf... perhaps I hesitated? No... how can I live not knowing for certain! I started reading all the Frodo and Sam slash fanfiction I could find to test if I felt anything like they felt. I looked at, uh, images in the adult section of the dwarf library to prove it to myself, once and for all.

I began avoiding dwarves, anything that reminded me of dwarves. I didn't leave the mountain. I counted gold over and over to distract myself but the fear began again and my own mind chained me to the floor of this cavern. Alone...









OCD LIES!



Just one more time, then you willknow for sure!

If you just analyze it long enough, youwill figure it out!

> You should do it, just in case.

If something bad happens, you'll never be able to forgive yourself.

IT'S TRICKSY

If you weren't a bad person, you wouldn't have these thoughts.

> If you don't check it one more time, you won't ever be able to relax.

I can't live with this thought. I have to make it go away.

OCD IS A THIEF!



Space left for meaningful things

Avoiding Triggers

analyzing sexual orientation

Checking for groinal sensations

THE DESOLATION OF OCD

Time Lost

Developmental Periods Lost

7000

Values Lost

Relationships Lost Friends/Family Impacted

IOCDF VIDEO ON GRIEVING TIME LOST TO OCD https://www.youtube.com/watch?v=mg2sB1J2qou SEGMENT FEATURES ETHAN SMITH



DON'T MISS OCD IN YOUR PATIENTS! DIRECT SCREENING IS KEY

Do you have odd thoughts that just get stuck and you can't let them go?

Do you have rituals that don't make sense?

Are there things you have to do over and over again to prevent something bad from happening?

OCI-R is a free, basic screener that patients can fill out in your waiting room. https://www.caleblack.com/psy5960_files/OCI-R.pdf



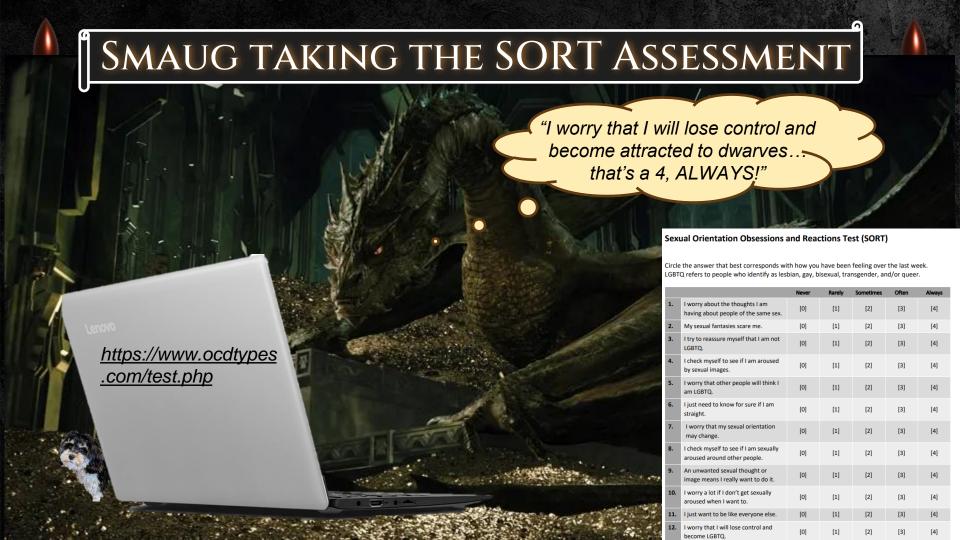




Obsessive-Compulsive Inventory (OCI -R)

Adults

Name: The following statements refer to experiences that many people have in their everyday lives. Circle the number that best describes HOW MUCH that experience has DISTRESSED or BOTHERED you during the PAST MONTH.		DOB_	MF	Date		
		Not at All	A Little	Moderate	A Lot	Extremely
1	I have saved up so many things that they get in the way.	0	1	2	3	4
2	I check things more often than necessary.	0	1	2	3	4
3	I get upset if objects are not arranged properly.	0	1	2	3	4
4	I feel compelled to count while I am doing things.	0	1	2	3	4
5	I find it difficult to touch an object when I know it has been touched by strangers or certain people.	0	1	2	3	4
6	I find it difficult to control my own thoughts.	0	1	2	3	4
7	I collect things I don't need.	0	1	2	3	4
8	I repeatedly check doors, windows, drawers, etc.	0	1	2	3	4



SEXUAL ORIENTATION OCD

- Intrusive doubts about one's sexual orientation and compulsive attempts to gain certainty.
- Often include unrealistic expectations of certainty, fear of harming romantic partner after discovering they are a different sexual orientation, fear of others perceiving them as a different sexual orientation...etc

"THE MORE YOU TRY TO PROVE SOMETHING TO YOURSELF THAT YOU ALREADY BELIEVE IS TRUE, THE MORE YOU DOUBT YOUR EXPERIENCE."

Jon Hershfield, MFT

AUDIO TRANSCRIPT

I keep wondering if anything is real. What if I'm just a character some British guy made up? How would I know? Am I who I think I am? Are these even my real thoughts? What if I'm not real? What if all my gold isn't real? You! My doctor, you might not be real. I could just be talking to myself right now. I don't think Drogon worries about these things, but he doesn't talk either, so I question whether he is even self-aware. Draco from Dragonheart thinks about it but then just lets it go... just like that... but I can't stop!



- Healthy people grapple with these same questions, but for people with existential OCD, this is a never-ending compulsive pursuit of a definitive answer.
 - OCD thoughts are NOT unique.
 - The intensity of the painful emotions they carry, their imagined reality, and their persistence is. (emotionally powerful, sticky, feel real)

Mental Rituals

-Asking, analyzing, trying to solve/fix a problem



HOW TO STOP RUMINATING

Don't try to fix/solve the problem.

Don't try to stop the thought.

Don't follow/chase after the thought.



Smaug is listening to
Fearcast podcast by Kevin
Foss, LMFT Episode 64Rumination with Dr. Michael
Greenberg



OCD THOUGHTS FLYING BY

Did I turn off the stove?



What if I get sick?



Do NOT chase the Nazgul.

Do NOT attempt to stop the Nazgul.

Wait for it to pass.



Could I be a pedophile?



"You *can't* control whether something is in your awareness, but you *can* control whether you direct your attention toward it." – Michael Greenberg, PhD

You can't make the Nazgul leave your awareness, but if you don't try to force it to leave and don't direct attention to it, eventually it will fly away on its own.

https://drmichaeljgreenberg.com/awareness-attention-distraction-and-rumination/



Externalize the Disorder –

-"That's not me, that's OCD"

Cognitive defusion techniques -creating emotional distance between yourself and the OCD thoughts

Brrrr icicles in my beard

I see some OCD clouds over that way OCD

Cognitive Fusion with OCD Thoughts

Cognitive Defusion from OCD Thoughts

GOTTA CATCH EM ALL!

"What if I'm a pedophile!"

"What if I suffocated my baby!"





Twentieth Anniversary Edition

A Four-Step Self-Treatment Method to Change Your Brain Chemistry

BRAIN LOCK

Free Yourself from Obsessive-Compulsive Behavior

JEFFREY M. SCHWARTZ, MD with BEVERLY BEYETTE

With a New Preface by the Author

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STEP 1: RELABEL "That's an OCD Thought!"

STEP 2: REATTRIBUTE "That's a brain Fart, not me"

STEP 3: REFOCUS ON CONSTRUCTIVE BEHAVIORS

"I'm going to Go Burn a Village for 15 mins."

STEP 4: REVALUE

"My OCD thoughts aren't so Relevant Now."

I SEE YOU OCD!
YOU CANNOT HIDE
FROM ME!



THIS TERRIFYING
THOUGHT FEELS
RELEVANT, BUT IT IS NOT.

BEHAVE AS IF THE
THOUGHT IS IRRELEVANT
DESPITE HOW
IMPORTANT IT FEELS.

"It's not a thought problem, it's a feeling problem."

Kevin Foss, Fearcast podcaster





POWERFUL EMOTIONS FUEL THE PERSISTENCE OF OCD THOUGHTS

Why Smaug will never develop harm OCD.....

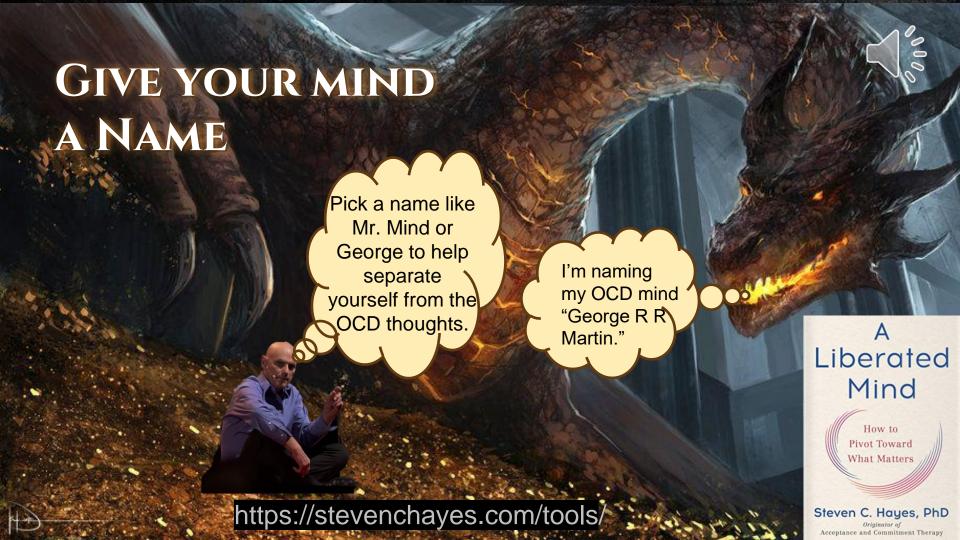
Burning another village....
Weeeee!

all the happy feels

"It's not a thought problem, it's a feeling problem."

Kevin Foss, Fearcast podcaster





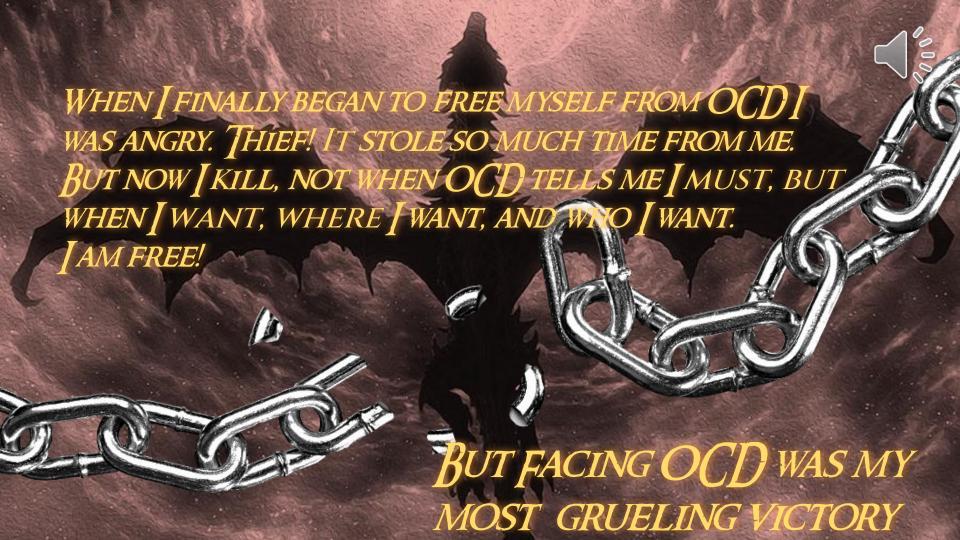
NEWSPAPER HEADLINE GAME

Breaking News

VOL.XI - no.4350 NEW ISS

While setting table for second Breakfast, local Shire resident Places fork at a tilt, disrupting The mood of all party goers with a dark inescapable feeling of Wrongness. All villagers lose appetite for Second Breakfast, Elevensies, luncheon, supper and Dinner and entire village starves.







"You have a nice a**! ahem, AXE! I like your axe! It looks deadly.

Resists urge to murder

Thanks Smaug!
I keep it really
sharp!

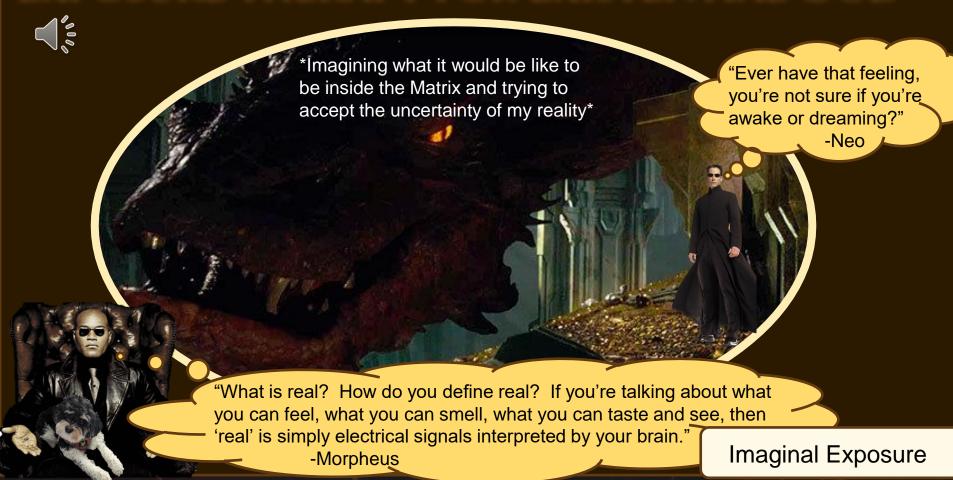
"Ok, I can have gay thoughts and not be gay."

"I can let go of certainty about my sexual orientation."

"I can tolerate the discomfort of this uncertainty."

In Vivo Exposure

EXPOSURE THERAPY FOR EXISTENTIAL OCD



HABITUATION.....

CAN'T BE BORED AND AFRAID AT THE SAME TIME

Repeat feared stimulus until habituation happens.

Sing Your OCD thoughts to the tune of Happy Birthday until you are bored.

Practice Doing the Opposite of what OCD Tells you to Do?



HABITUATION MODEL OF ERP

Aims for gradual decline in anxiety also called subjective units of distress(SUDs) during exposures to create habituation to feared stimulus

Post-partum harm OCD example mother with post-partum OCD and fears of harming baby holds baby close waiting for her fear of harming her baby to subside



Inhibitory Learning Model of ERP

Arch, J. J., & Abramowitz, J. S. (2015). Exposure therapy for obsessive—compulsive disorder: An optimizing inhibitory learning approach. *Journal of Obsessive-Compulsive and Related Disorders*, 6, 174-182.

- Focuses on **Anxiety Tolerance** instead of Habituation Creates experiences that support a new belief that
 - + obsessional fears are less likely to happen
 - + obsessional thoughts are tolerable
 - + compulsive rituals are not necessary to ensure safety or to tolerate anxiety

Post-partum harm OCD example

Mother with post-partum OCD fears harming baby and holds baby close for 30 minutes, learning that the feared outcome of harming baby is less likely and that she can tolerate the anxiety and thoughts that appear when she holds her baby. Anxiety may subside as a natural consequence, but that is not the primary goal.

EXPOSURE HIERARCHY

Do you really need to do more intense exposures beyond the avoided behavior for full treatment?

Hierarchy Item (without washing)	SUL
Visit someone ill, delay hand wiping for 30 minutes	30
Visit someone ill, no hand wiping	40
Visit someone ill, no hand wiping or hand washing	45
Visit someone ill, no hand wiping, washing, or changing/washing clothes	50
Wear clothes (unwashed) day after visiting someone ill	55
Visit someone ill, husband shakes their hand, Caroline shakes husband's hand, no wiping or washing (ritual prevention by both husband and Caroline)	65
Visit someone ill, husband shakes their hand, Caroline shakes husband's hand + complete ritual prevention (no wiping, washing, cleaning, showering)	70
Visit someone ill, Caroline shakes their hand, + complete ritual prevention (no wiping, washing, cleaning, showering)	75
Visit someone ill, Caroline shakes their hand,	80
no wiping or washing or changing clothes	80
Visit someone ill, Caroline shakes their hand, + complete ritual prevention (no wiping, washing, cleaning, showering)	90
Visit someone ill, Caroline shakes their hand, + imagine they get cancer and die + complete ritual prevention (no wiping, washing, cleaning, showering)	95
Visit someone ill, Caroline shakes their hand, + shake another person's hand (i.e., purposely "spread cancer") + complete ritual prevention (no wiping, washing, cleaning, showering)	100

RUMINATION FOCUSED ERP

TWO REASONS TO DO EXPOSURES

Do exposures to eliminate avoidance.

If you are avoiding touching the doorknob, touch it. You don't have to go the extra mile and lick your hand afterward.

Confront a trigger in order to practice not doing a compulsion.

If public bathrooms are triggering, practice entering them and don't wash your hands.

https://drmichaeljgreenberg.com/



- [A] Iways: Anxiety Tolerance
 Emphasize tolerance of anxiety, not erasure of it.
- [D] o: Disconfirming Expectations
 When feared outcome does not happen, an OCD trigger is linked with a new expectation.
- Something: Surprise Inhibitory learning is most powerful when there is a large mismatch between expected feared outcome and actual outcome.
- [C] ourageous: Combining Fear Cues
 Combining multiple fear cues/OCD triggers in one exposure exercise
- Variety
 Frequently change the context and style of exposures to increase
 the chances of generalizing the learning that you can tolerate any
 experience/thought/feeling





Now that you did this exposure, what was the experience like? How was it different than you feared it would be?

"ITHOUGHT THAT IF I COMPLIMENTED THAT DWARF, IT WOULD PLAGUE ME FOREVER. I WOULD NEVER BE ABLE TO LET IT GO. I HATED IT, BUT IT WASN'T AS BAD AS I THOUGHT IT WOULD BE. IT DIDN'T REALLY MATTER THAT MUCH TO ME AS TIME WENT ON."

-Smaug



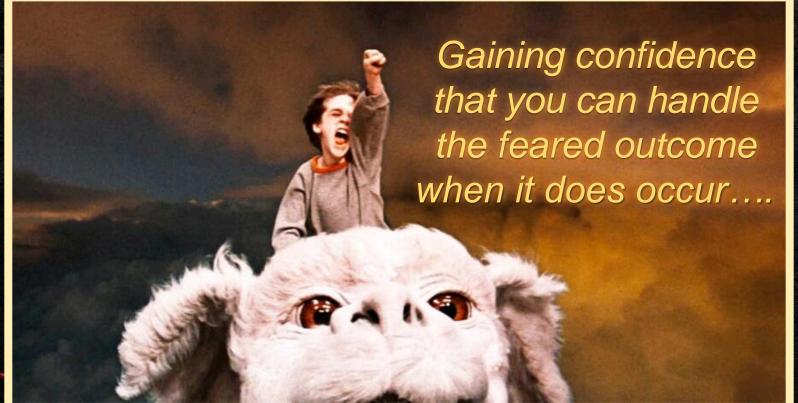
number 4, all my friends would suffer terrible luck and my entire identity as a luck dragon would be lost!

When I did my exposures and no bad luck came that was helpful, sure, but you know what really freed me... the day I purposely did all my corkscrew dives in multiples of four and everyone had the worst luck.

Atreyu stepped in his horse's dung, the childlike empress lost one of the pearls from her headpiece, tripping on it in front of the whole court, and I ran into a window from the upper tower, shattering it. Everyone just laughed and said, guess even luckdragons have bad days."



WHAT IF THE FEARED OUTCOME DOES OCCUR AFTER EXPOSURE?!





Identifying Smaug's core fear

THE PRIMARY FEAR THAT ALL COMPULSIONS AND AVOIDANCE ARE AIMED AT PREVENTING....

(MOST OFTEN ETERNAL EMOTIONAL SUFFERING)

Why does the core fear matter....

~Identifying the core fear tends to make exposure therapy more precise/targeted, more effective and faster.

~Shows patients that their seemingly nonsensical compulsions are actually strategies that they are using to protect themselves/loved ones.

OCD treatment is about choosing to take risks, and you can't choose to take a risk if you don't know what the risk is that you're taking.

Michael Greenberg, PhD

https://drmichaeljgreenberg.com/the-core-fear/



I always.... (compulsion)

I kill every dwarf I

I never.... (avoidance)

meet immediately.

I would never befriend a dwarf.

What are you afraid might happen otherwise?

I would be a weak, disgusting lover of my enemy.

I might be a sympathetic, emotional dwarf lover.

What would be the worst possible consequence of this for you?

I won't be able to defend myself.

My enemy would control me.

How would this feel if this happened?

Helpless

Powerless



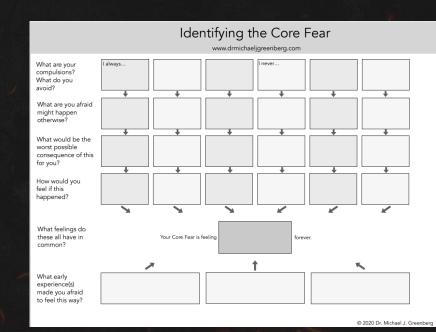
IDENTIFYING SMAUG'S CORE FEAR

FEELING POWERLESS FOREVER....

Common Core Fears

- ~Fear of being a bad person (ie neglectful mother)
- ~Fear of suffering forever (ie going to Hell)
- ~Fear of irreversibly ruining one's life
- ~Fear of being alone forever
- ~Fear of dying/causing loved one to die

https://drmichaeljgreenberg.com/the-core-fear/







SNEAKY LITTLE COMPULSIONS!



VS

COMPULSION

Smaug confronts a trigger (complimenting a dwarf).

Smaug nonjudgmentally tolerates any OCD thoughts that come to mind while talking to the dwarf.

Smaug resists engaging in his compulsion to murder the dwarf to stop the OCD thoughts.

Smaug looks at the pornographic dwarf images and then monitors his groinal sensations to prove that he is not attracted to dwarves.

Any OCD thoughts that come to mind, he tries to find new ways to prove them false to reassure himself that he is not attracted to dwarves.



IS DISTRACTION GOOD OR BAD? IT CAN BE EITHER ONE



HELPFUL DISTRACTION

Directing attention to things more important to you than OCD thoughts without trying to suppress OCD thoughts.

"These thoughts will come and go but I don't have to focus on them or try to solve them, I can just reorganize my treasure like I originally planned for this afternoon."

-Smaug

UNHELPFUL DISTRACTION

- Focusing on something else to try to force thoughts out of awareness, "thought suppression"
- "I need these thoughts to go away, so I'll keep pushing them out and thinking about my treasure as I organize it, can't stop organizing treasure or the thoughts will come back."
 - -Smaug

INFERENCE BASED CBT (I-CBT)





WHAT IS AN OBSESSIVE DOUBT?

♦ Obsessive Doubt-

 A "what if" fear that is not based on sense data from the here and now

Rational Doubt-

 A fear based on direct evidence that is relevant in the here and now.

Inferential Confusion

-a distrust of your senses and common sense and over-valuation of imagined possibilities

-fuels obsessive doubts

Clinician's Handbook for Obsessive-Compulsive Disorder: Inference-Based Therapy, First Edition. K. O'Connor and F. Aardema.

OBSESSIVE FEAR REASONING

If I don't wash my hands again, I could get sick and everyone else sick too.

- Abstract Fact: "Germs exist."
- General Rules: "People should stay clean."
- Heresay: "I saw someone on national geographic get hepatitis that way."
- **Personal Experience:** "I once got diarrhea after sharing a bathroom with my roommate who had diarrhea, probably from the doorknob."
- Possibility: Germs are all over and there is always a possibility of fatal illness.

Rational Fear:

I see in the here and now that your finger is amputated. You really should disinfect that Frodo.

THE OCD BUBBLE- A DISSOCIATIVE VORTEX OF FEAR AND IMAGINED POSSIBILITIES





"FEAR OF HARMING PEOPLE BY ACCIDENT? WHO WOULD EVER WORRY ABOUT THAT?!" -Smaug

THE OCD SEQUENCE

ERP

Targets

I-CBT Target

Obsessional Doubt

> Maybe I could be one of those parents

Imagined Consequence

If I am, then I am a danger to my children.

Anxiety

Compulsion

I couldn't live knowing that I hurt my children.

I better hide all of the knives at home.

News story about someone hurting their children

Trigger

Someone who harms people

THE FEARED SELF

An evil person

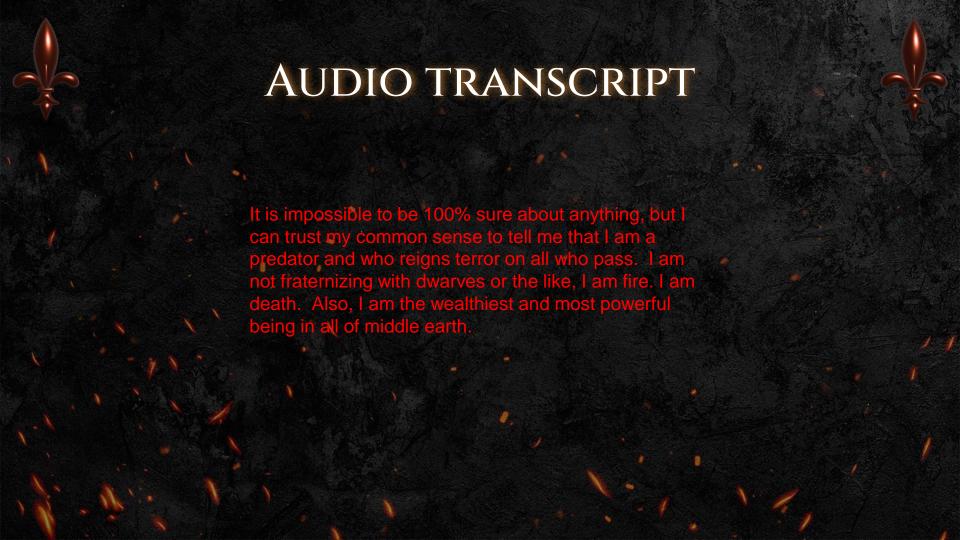
Who I am

Who I fear I could become

A Negligent Person

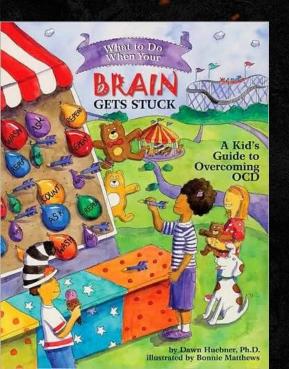
A Wasteful Person

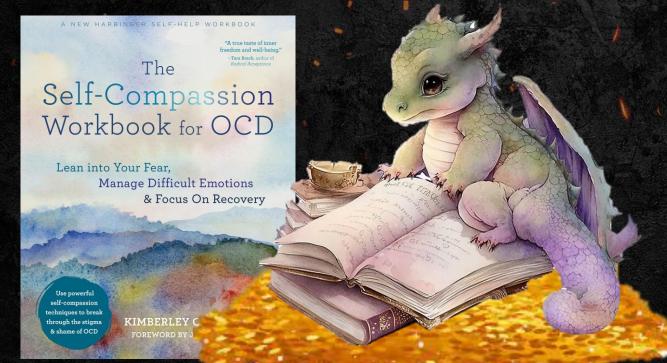




FOR JUVENILE DRAGONS

SELF COMPASSION







LET'S NOT THROW THE WHOLE BEHAVIORAL THERAPY BABY OUT WITH THE BATH WATER....

Bath Water

- Coercion
- Exposure therapy inadvertently teaching patient to hide their distress.

Attempts to change identity/traits to appear more neurotypical

Treating special interests and stims like obsessions/compulsions

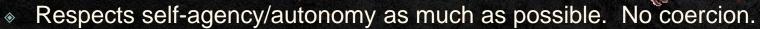
Keep the Baby

- Exposure therapy is effective for OCD treatment in autism.
- Collaborative agenda setting/goals.
- · Values-based.
- Acceptance.
- Compassion.

* May need to work on interoception and alexithymia first to enable emotional awareness

* Flexibility, creativity, and special interests are key.

TREATMENT IS AN INVITATION.... NOT A COMMAND



- Celebrates neurological differences.
- Values lived experience of neuro-diverse individuals.
- Explores the functions of behaviors instead of focusing solely on their extinction.
- Free from guard-railing





OCPD

OBSESSIVE COMPULSIVE PERSONALITY DISORDER

Chronic maladaptive pattern of:

- -excessive perfectionism
- -preoccupation with orderliness/detail
- -need for control over one's environment
- -intense rigidity

Often associated with:

- -excessive delayed gratification
- -relationship stress
- -burn-out
- -intense self-criticism

Behaviors may be ego-syntonic/take pride in them

OCD OBSESSIVE COMPULSIVE DISORDER

Preoccupation with intrusive fears.

Attempt to neutralize these fears with compulsions.

TREATING OCPD AND OCD TOGETHER



https://www.ocpd.org/

https://www.ocpd.org/support-group

May supplement exposure and cognitive work with acceptance and commitment therapy and compassion focused therapy.

May need to work on willingness and flexibility and values prior to engaging in exposures for OCD. ACT World a of

ACT Workbook for Perfectionism

Build Your Best (Imperfect) Life Using Powerful Acceptance and Commitment Therapy and Self-Compassion Skills

✓ Overcome self-criticism
✓ Let go of fear and self-doubt
✓ Take risks with confidence
✓ Achieve a fulfilling and
productive life

Jennifer Kemp, MPsych Receword by Lisa W. Coyne, PhD





Dragon Differential Diagnosis for Repetitive Behaviors



"I LOVE SHOWING OFF MY ELVEN ARTIFACTS TO MY FRIEND DROGON.

I LIKE TO CAREFULLY PLAN OUT HOW I CAN TRADE CERTAIN THINGS OUT FOR NEW THINGS TO ENHANCE MY COLLECTION."



HOARDING DRAGON

"AT FIRST | FEEL A RUSH OF EXCITEMENT WHEN I FIND A NEW ELVEN ARTIFACT. CAN'T LEAVE IT. | HAVE TO BRING IT BACK BUT | HAVE NO SPACE FOR IT. DROGON TRIES TO COME OVER BUT MAKE EXCUSES WHY HE CAN'T COME INSIDE... I'M TOO ASHAMED. BILBO URGED ME TO DONATE THINGS BUT THE THOUGHT OF LOSING A SINGLE PIECE FOREVER JUST OVERWHELMS ME WITH GRIEF. WHAT IF REGRET IT LATER?"

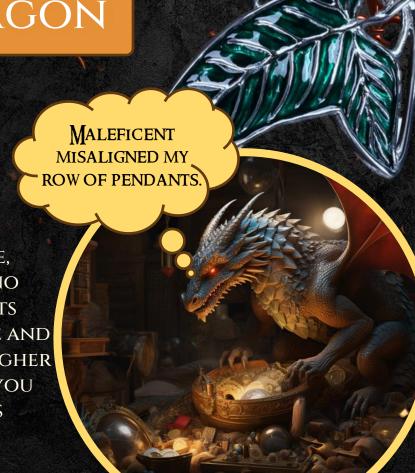




"Dragons who throw all their gold in one heap don't have treasure, they have trash! These same trash lizards fly over towns leaving 70% of the townsfolk still alive."

Get a life Smaug!

"I ORGANIZE MY TREASURE FIRST BY CIVILIZATION OF ORIGIN, THEN DATE, THEN UTILITY OF OBJECT. THERE IS NO TOWN I HAVE NOT DEMOLISHED IN ITS ENTIRETY! IF YOU PILLAGE A VILLAGE AND THERE IS A STRUCTURE STANDING HIGHER THAN 3 FEET WHEN YOU ARE DONE, YOU SHOULD BE ASHAMED; THAT IS GROSS NEGLIGENCE!"



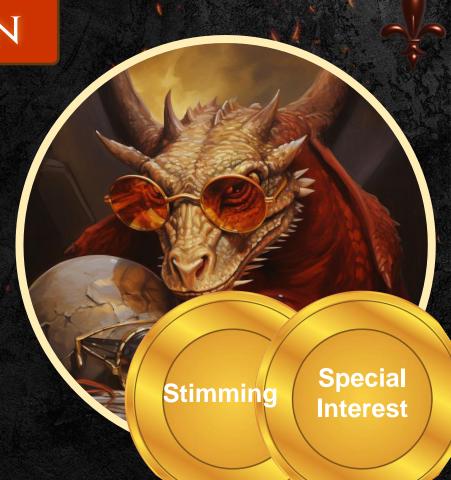
"I see that Arkenstone and DREAD COMES OVER ME. IF I DON'T HAVE IT FACING JUST RIGHT, SOMETHING TERRIBLE WILL HAPPEN. MAYBE MY FRIEND DROGON WILL DIE. Then I have to fix the other GEMS. IF I TOUCH ONE SIDE, I MUST TOUCH THE OTHER SIDE THE SAME WAY. IF I DON'T, I MIGHT BE STUCK WITH THIS 'NOT RIGHT' FEELING FOREVER."

OCD DRAGON



AUTISTIC DRAGON

"WHEN THE OUTSIDE WORLD OVERWHELMS ME, CAN ESCAPE TO MY TREASURE PILE AND RESEARCH MY ARTIFACTS AND FIND NEW WAYS TO REORGANIZE THEM. THIS HELPS ME RECHARGE. WHEN HAVE TO GO OUT AND TALK WITH OTHER DRAGONS, IT'S REALLY A DRAIN UNLESS SOMEONE WANTS TO TALK ABOUT ANCIENT ELVEN ARTIFACTS! THEN, IT'S LIKE 'WHERE DID THE TIME GO?"



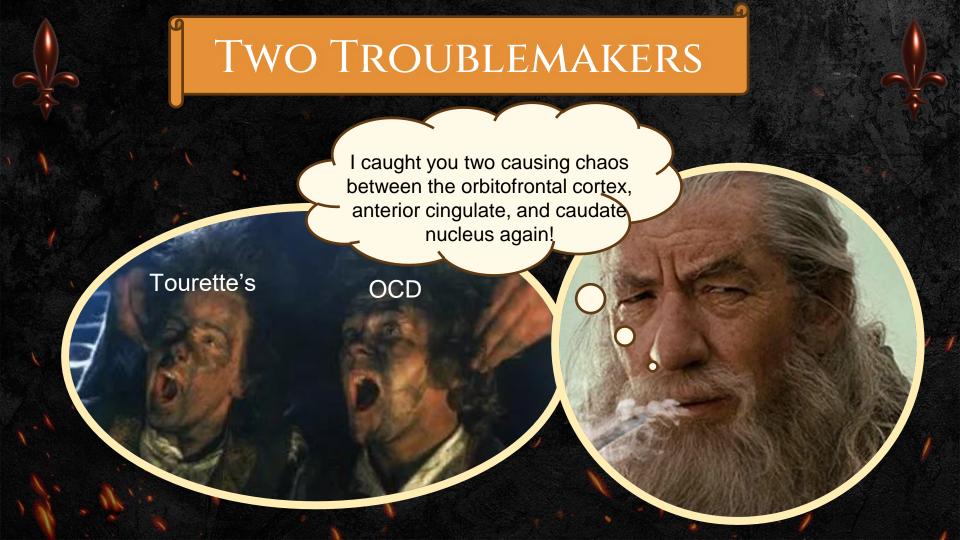


TOURETTE'S DRAGON

"AN URGE BUILDS IN MY TALONS. I CAN RESIST FOR A WHILE, BUT THEN JUST HAVE TO SCRAPE MY TALONS ACROSS THE GOLD AND FEEL RELIEF FOR A WHILE BUT THE URGE COMES BACK. IF SOMEONE'S LOOKING AT ME OR I'M STRESSED, IT'S EVEN WORSE. CAN HOLD IT BACK FOR A WHILE BUT EVENTUALLY IT JUST COMES OUT WORSE. T'S THE SAME FEELING | GET WHEN | HAVE TO BLINK MY EYES OR CLEAR MY THROAT."







Stimming

Self-soothing repetitive movements that provide emotionally regulating sensory input, tend to be prolonged.

Usually present from <u>very young</u> age.

Collaborate with each individual to help them do more of what is regulating for their body, find alternatives to stims that cause harm, and decide when they want to mask/suppress their stims in order to meet their needs (ie being pulled over by police) while intentionally finding more environments in which it is safe to unmask.

Tics

Repetitive motor movements or vocalizations in which a premonitory <u>urge builds</u> until the tic is completed. Can be voluntarily suppressed for a time. <u>Tend to be brief</u>.

Average age of onset is 7 years.

Habit Reversal Training CBIT Psychoeducation

Guanfacine Clonidine Aripiprazole Risperidone

Topamax and Memantine are father down the treatment algorithm.

Compulsions

Driven by need to reduce fear temporarily and the urge to act on them tends to dissipate over time, the longer someone resists.

People wish that they could stop.

SSRIs, clomipramine ERP, I-CBT



DO NOT TREAT BFRBS LIKE OCD! BODY FOCUSED REPETITIVE BEHAVIORS

- Treatment is more similar to an addictive disorder than an anxiety disorder.
- Some describe feeling a strong urge to pull hair/pick in a specific area that they resist.
- Others describe not realizing they are picking/pulling until they've already started and almost dissociate while engaging in the behavior.
- Treatment Strategies
 - Habit Reversal Training
 Glutamatergic strategies are first line, not SSRIs
 N-acetyl-cysteine, riluzole, naltrexone
 Avoiding/reducing triggers
 -gloves, vaseline, etc



bfrb.org

Differential Diagnosis for Repetitive Behaviors

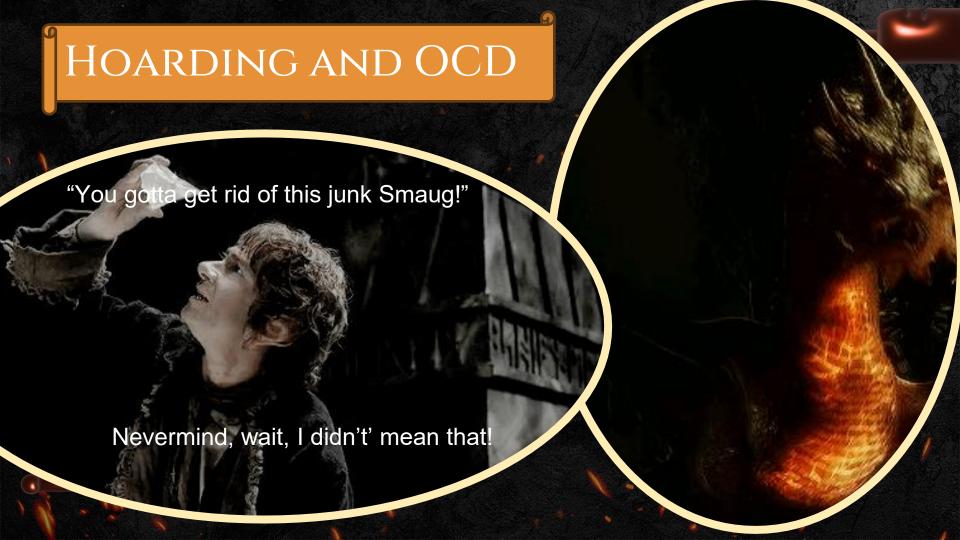
How does the patient feel about the behavior?

What function does the behavior serve?

What feelings drive the behavior?

- -Are they avoiding a certain feeling?
- -Are they seeking a certain feeling?

BASE DIAGNOSIS ON PATIENT'S INTERNAL EXPERIENCE, NOT JUST THEIR EXTERNAL BEHAVIOR!



HOARDING VS OCD

Hoarding was previously considered a subtype of OCD but is now recognized as its own distinct disorder.

About 20% of people with hoarding disorder also have OCD.

Experience intense joy when acquiring a new item and intense fear when faced with discarding an item.

- -sentimental value of an item
- -fear of forgetting memories associated with an item
- -may anthropomorphize items and fear hurting their feelings
- -may hold strong beliefs that items hold value that others cannot see

WHAT DRIVES HOARDING BEHAVIOR?

There's evidence that hoarders form stronger and faster attachments to objects than non-hoarders.

- -more likely to have an anxious attachment style
- -may attach to objects due to unmet human attachment needs
- -more likely to have interpersonal trauma

Hoarding is associated with impairments in attention and impulse control.

Anthropomorphizing objects/sentimental value more commonly drives hoarding in women and avoiding waste more commonly drives hoarding in men.

HOARDING

Breaking News

WHILE SPRING CLEANING, LOCAL SHIRE RESIDENT DONATES OLD RING BELIEVED TO BE WORTHLESS TRINKET, LATER TO DISCOVER THAT HE HAS DOOMED MIDDLE-EARTH TO TOTAL ANNIHILATION BY EVIL LORD.

REGRETS DECISION FOREVER, CRUSHED UNDER THE WEIGHT OF HIS OWN GUILT. "If only I hadn't given the ring away!"

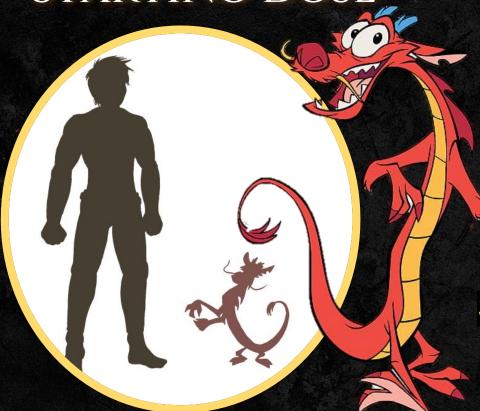
MEDICATION TREATMENT

Start SSRIs at hobbit dosages but titrate them to dragon dosages for OCD!





MUSHU STARTING DOSE



- Fluoxetine 10mg
- Sertraline 12.5-25mg
- Fluvoxamine 25mg
- Escitalopram 5mg

Start small to avoid activation and increased anxiety!





Fluoxetine up to 120mg
Sertraline up to 400mg
Fluvoxamine up to 450mg
Escitalopram up to 40mg

With partial response and tolerable side effects, keep going up.

SMAUG IS CURRENTLY LISTENING TO....

PSYCHIATRY &

PSYCHOTHERAPY

Episode 119: Obsessive

Compulsive Disorder (OCD)

Dosing SSRIs in OCD

	Starting dose (mg/d)	Maximum dose (mg/d)	Occasional dose (mg/d)
Fluoxetine	20	80	120
Sertraline	50	400	400
Paroxetine	20	80	100
Fluvoxamine	50	400	450
Citalopram	20	80*	120*
Escitalopram	10	40	60
Clomipramine	25	250	250

* Black box warning: Dose-dependent QT interval prolongation, Torsades de Pointes, ventricular tachycardia, and sudden dea



Psychopharmacology Institute
https://psychopharmacologyinstitute.com

03.Adequate Treatment
Trials in OCD: FDA Approvals and Maximal
Dosing

PUBLISHED ON: JULY 1, 2020.



ROBERT HUDAK, M.D.



Review > Psychiatry Res. 2019 Nov:281:112583. doi: 10.1016/j.psychres.2019.112583.

Epub 2019 Sep 27.

The psychopharmacology algorithm project at the Harvard South Shore Program: An algorithm for adults with obsessive-compulsive disorder

Ashley M Beaulieu ¹, Edward Tabasky ², David N Osser ³

Affiliations + expand

PMID: 31600606 DOI: 10.1016/j.psychres.2019.112583



Journal of Obsessive-Compulsive and **Related Disorders**

Volume 6, July 2015, Pages 7-26





Biological treatments for obsessivecompulsive and related disorders

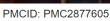
Neuropsychiatr Dis Treat. 2010; 6: 233-242.

Eric H Decloedt1 and Dan J Stein2

Published online 2010 May 25. doi: 10.2147/ndt.s3149

Current trends in drug treatment of obsessive-compulsive disorder

Xenia Borue a, Mehak Sharma b, Robert Hudak 2



PMID: 20520787

AUGMENTATION STRATEGIES FOR OCD!

FLUVOXAMINE

"You augment me perfectly!"

CLOMIPRAMINE

"I know! I'm also OK just on my own though!"

Starting dose 25mg
Max 250mg

Target blood level 250-400 range (clomipramine plus norclomipramine) cardiac toxicity at levels > 900

WATCH OUT FOR INHIBITION OF CYP1A2.

FLUVOXAMINE

"Ok, ok! I'll check a blood level on you and ECG before going above 75mg."

CLOMIPRAMINE

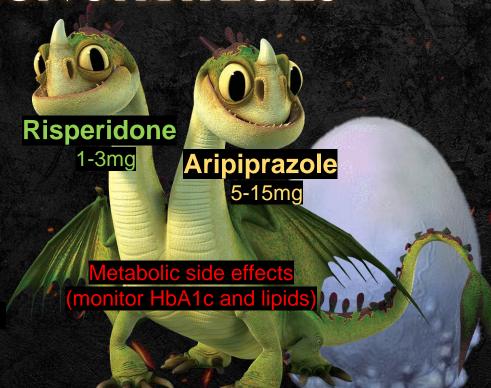
"You're inhibiting my metabolism!"

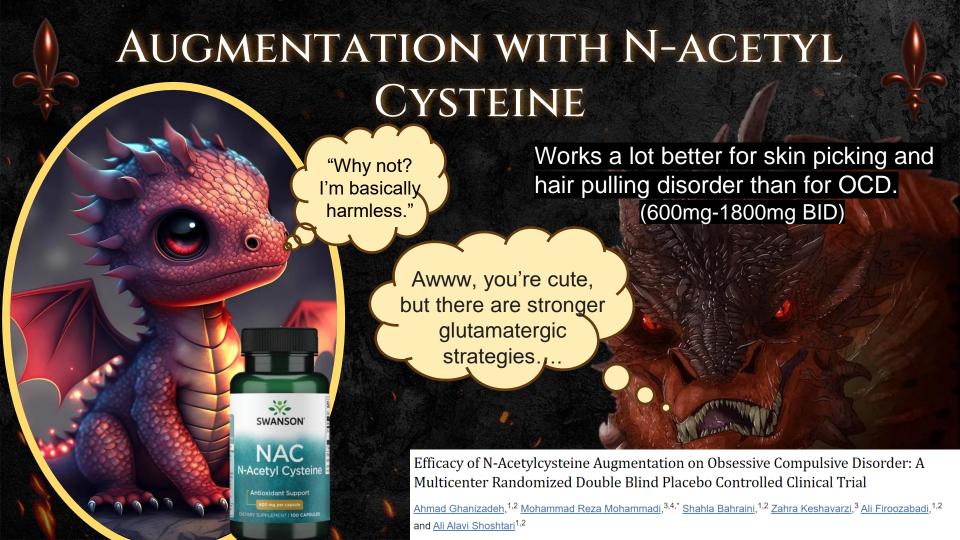
ATYPICAL ANTIPSYCHOTIC AUGMENTATION STRATEGIES

Risperidone and aripiprazole have the largest evidence in support of their use.

Can also consider olanzapine and quetiapine.

Use metformin to decrease metabolic risks.





GLUTAMATERGIC AUGMENTATION STRATEGIES

Overall, less evidence to support these augmentation agents than for clomipramine or atypical antipsychotics, but they have a pretty benign side effect profile.

- Memantine (start at 5mg, go up to 10mg BID or 20mg once daily)
- Riluzole (100mg)

Monitor LFTs

D-cycloserine may be used in the future to accelerate inhibitory learning during ERP exercises.

Xia, J., Du, Y., Han, J., Liu, G., & Wang, X. (2015). D-cycloserine augmentation in behavioral therapy for obsessive-compulsive disorder: a meta-analysis. Drug design, development and therapy, 9, 2101.

Curr Treat Options Psychiatry. 2015 Sep;2(3):271-283. doi: 10.1007/s40501-015-0051-8.

Glutamatergic agents for OCD and related disorders

Christopher Pittenger ¹

Affiliations + expand

PMID: 26301176 PMCID: PMC4540409 DOI: 10.1007/s40501-015-0051-8

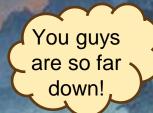
A systematic review and meta-analysis: Memantin

A systematic review and meta-analysis: Memantine augmentation in moderate to severe obsessive-compulsive disorder

Meta-Analysis > Psychiatry Res. 2019 Dec:282:112602. doi: 10.1016/j.psychres.2019.112602.

Atieh Modarresi ¹, Samira Chaibakhsh ², Neda Koulaeinejad ³, Shahram Rafieian Koupaei ⁴





SSRIs

Clomipramine

Our effect sizes are smaller, but we're still worth a shot.

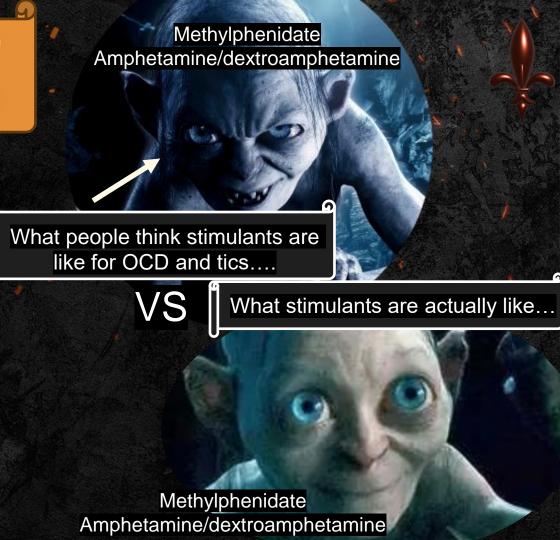
Buspirone
Ondansetron
Inositol
Celecoxib

Lamotrigine Minocycline Topiramate

WHAT ABOUT STIMULANTS?

- It is certainly true that stimulants can worsen tics and OCD.
- However, stimulants are likely to U improve tics and OCD.
- Especially for patients with ADHD, their tics and OCD may be treatment refractory without stimulant treatment.

Give stimulants a chance!



THERE'S EVIDENCE FOR STIMULANTS IMPROVING TREATMENT REFRACTORY OCD EVEN WITHOUT COMORBID ADHD.

Combined fluvoxamine and extended-release methylphenidate improved treatment response compared to fluvoxamine alone in patients with treatment-refractory obsessive-compulsive disorder: A randomized double-blind, placebo-controlled study

Huirong Zheng ¹, Fujun Jia ², Hongying Han ³, Shibin Wang ², Guangquan Guo ², Dongming Quan ², Gang Li ², Huiyan Huang ⁴





Cannabis and OCD Research

Kayser et al. The endocannabinoid system: a new treatment target for obsessive compulsive disorder? Cannabis Cannabinoid Res 2019;4:77-87

Kayser et al. Acute effects of cannabinoids on symptoms of obsessive-compulsive disorder: A human laboratory study. Depress Anxiety. 2020;37(8):801-811

Mauzay et al. Acute effects of cannabis on symptoms of obsessive-compulsive disorder. J Affect Disord 2021;279:158-63.

Daumann et al. Self-reported psychopathological symptoms in recreational ecstasy (MDMA) users are mainly associated with regular cannabis use: further evidence from a combined cross-sectional/longitudinal investigation. Psychopharmacology (Berl) 2004;173:398-404.





BIPOLAR DISORDER AND OCD?



- Screen for bipolar disorder before initiating OCD treatment because SSRIs can precipitate a manic switch and worsening mood destabilization, even with a mood stabilizer on board.
- Avoid clomipramine in particular, as tricylic antidepressants have a higher rate of manic switch than SSRIs
- Memantine, Lamotrigine, Aripiprazole, Topiramate

Randomized Controlled Trial > J Clin Psychopharmacol. 2017 Apr;37(2):246-249. doi: 10.1097/JCP.0000000000000651.

Memantine as an Adjuvant Treatment for Obsessive Compulsive Symptoms in Manic Phase of Bipolar Disorder: A Randomized, Double-Blind, Placebo-Controlled Clinical Trial





Targets deeper brain structures than regular TMS

medial prefrontal cortex anterior cingulate cortex

Behold! The world's largest H7 TMS coil custom made for me!

Randomized Controlled Trial > Am J Psychiatry. 2019 Nov 1;176(11):931-938. doi: 10.1176/appi.aip.2019.18101180. Epub 2019 May 21.

Efficacy and Safety of Deep Transcranial Magnetic Stimulation for Obsessive-Compulsive Disorder: A Prospective Multicenter Randomized Double-Blind Placebo-Controlled Trial

Lior Carmi ¹, Aron Tendler ¹, Alexander Bystritsky ¹, Eric Hollander ¹, Daniel M Blumberger ¹, Jeff Daskalakis ¹, Herbert Ward ¹, Kyle Lapidus ¹, Wayne Goodman ¹, Leah Casuto ¹, David Feifel ¹, Noam Barnea-Ygael ¹, Yiftach Roth ¹, Abraham Zangen ¹, Joseph Zohar ¹





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PANDAS PHYSICIANS NETWORK

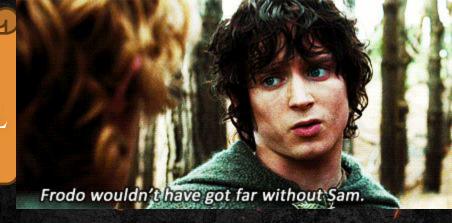
PANDAS

PEDIATRIC AUTOIMMUNE NEUROPSYCHIATRIC DISORDERS ASSOCIATED WITH STREPTOCOCCAL INFECTIONS

- Autoimmune syndrome in which antibodies to strep attack the nervous system
- Acute and dramatic onset of symptoms in young children
- Often demonstrate severe behavioral regression, food restriction (ARFID), tics, aggression, enuresis, motor abnormalities
- Treatment can include short term antibiotics for infection (3-4 wks)

 (only consider long term in select severe recurrent cases)
 Corticosteroids, NSAIDs (naproxen)

INCLUDE FAMILY MEMBERS IN SUCCESSFUL TREATMENT!



Externalize the disorder:

Identify the compulsion, not the person as the problem.

Help family

- -Understand that the OCD behaviors they see represent just a tiny fraction of the noise going on inside their loved one's head.
- -Demonstrate their own willingness to be uncomfortable for their family member.



REASSURANCE

"The stove is off, you don't need to check it again."

"Ok, I'll clean it for you."

When a Family Member Has

Ion Hershfield, MF

HEALTHY SUPPORT

"The OCD is really loud for you right now."

"It's really hard for you not to wash right now."

"I don't know how you'll handle it but I'm here for you when you're ready to try."

COACHING FAMILY MEMBERS ON HOW TO SUPPORT PATIENTS





CHALLENGE
THE PERSON,
NOT THE OCD
FEAR!



THANK YOU FOR HANGING IN THERE WITH ME FOR SO LONG!





IN CONCLUSION

Please screen all patients for OCD and engage them collaboratively in treatment!

Connect First, Collaborate Second, and Stay Curious!

Download slides from past presentations on our

website: stacygreetermd.com

Email: stacygreetermd@gmail.com

To be added to the list to receive invites
to future presentations and video
recordings.

Special Thank You to: Joshua Ingle voice actor

