mctac ctac

OCD Best Practices & Treatment Recommendations
Q & A

Presenter: Jon Hershfield, MFT
Date: September 12, 2019

1. **Is it common for children to be misdiagnosed due to their age and how the behaviors may manifest?**

Yes. Mostly what I have seen are children diagnosed as having ADD because they are so distracted, but really they are distracted by intrusive thoughts.

2. **Have you ever seen chronic suicidal thinking as a compulsion for existential obsessions? For example, the patient has a long-standing specific suicide plan on top of exestential and sexual obsessions.**

Yes. This is a challenge in treatment because you have to monitor for actual suicidality, but at the same time I frequently see clients who use suicidal ideation as a form of self-reassurance (i.e. if I just killed myself, the thoughts would go away or the feared acts won't come true). Usually the plan is non-specific in my experience, but sometimes it isn't.

3. **Do you have any current peer reviewed articles you recommend?**

There really are so many that this is a difficult question to answer. Here's a good place to start:

Abramowitz, J. S. (2006). The Psychological Treatment of Obsessive—Compulsive Disorder. *The Canadian Journal of Psychiatry*, *51*(7), 407–416. https://doi.org/10.1177/070674370605100702

4. **How would you go about getting an adult diagnosed?**

The key is starting with a clinician who specializes in OCD and not just one who includes OCD in a long list of other issues they treat.

5. **How do you help individuals differentiate between thought neutralization/rationalization rituals vs. what they reflect on from therapy to help calm themselves? For example, if an individual is "talking themselves down" - how do you help them identify the difference there?**

Excellent question. The key is to identify the function of the behavior. If the aim is to be more certain about the content of the obsession, then it's a compulsion. If the aim is to regulate emotions without addressing the content of the obsession, then it may be considered a coping

strategy (unless the fear is about anxiety itself causing some kind of harm, in which case you would want them to try to stay anxious).

6. **How would we recognize mental compulsions early on? Any recommendations for catching OCD before the typical 10 years of identification?**

Good and hard question to answer. In broad terms, we need to destigmatized OCD (and mental health in general) so people feel safe to reach out for more information. Understanding what OCD is and how it can be treated is essential, but too few people find their way to this first step. As a clinician, taking trainings like these, attending related conferences, and taking in/disseminating the kind of information the International OCD Foundation puts out would be good. On mental rituals specifically, I have emphasized this in each of my books, especially The Mindfulness Workbook for OCD.