


*Treating OCD during COVID-19:
Addressing contamination-related fears*

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Disclosures

Martin E. Franklin, PhD, has disclosed the following financial relationship(s) occurring in the last 12 months with a commercial interest whose products or services may be relevant to the educational content of this CE program presentation:

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The Guilford Press	Book royalties	Publisher

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Learning objectives

Upon completion of the instructional program, participants should be able to:

1. List at least two skills learned that will be helpful in making clinically informed decisions about which presentations of contamination fear may or may not be treated effectively with ERP in the current context of COVID-19;
2. Identify three adaptations to the delivery of ERP for contamination-related OCD in light of CDC guidelines;
3. Identify two strategies that help clinicians who work with younger patients, attend to the complex interplay of family and patient fears in the broader context of realistic concerns about contamination and the need to follow careful CDC-recommended protections against contracting and/or spreading the coronavirus;
4. List three steps that will help prepare families to return to normative functioning once crisis abates.

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What we'll cover in this webinar

- 1. COVID-19 and its implications for treatment of OCD-related contamination fears**
 - COVID-19 and CDC Guidelines
 - Overlap between Realistic and Unrealistic Contamination Fears
 - Discussion of Presentations More or Less Likely to be Treatable in COVID-19 Context
- 2. Modifications to contamination-related ERP in light of COVID-19**
 - Teletherapy
 - Limitations to Certain Types of In Vivo Exposures
 - Shifting Towards Imaginal Exposure
 - Importance of Following Yet Not Exceeding CDC Guidelines in Response Prevention Instructions
- 3. Adaptations of ERP for contamination-related fears with youth and families**
 - Acknowledging Concerns, Differentiating Realistic From Unrealistic Fears and Precautions
 - Addressing Parent Involvement and Modeling
 - Preparing Families for Return to Normative Behavior as Crisis Abates

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COVID-19 and its implications for treatment of OCD-related contamination fears

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Emotional Processing of Fear: Exposure to Corrective Information

Edna B. Foa and Michael J. Kozak
Temple University

In this article we propose mechanisms that govern the processing of emotional information, particularly those involved in fear reduction. Emotions are viewed as represented by information structures in memory, and anxiety is thought to occur when an information structure that serves as program to escape or avoid danger is activated. Emotional processing is defined as the modification of memory structures that underlie emotions. It is argued that some form of exposure to feared situations is common to many psychotherapies for anxiety, and that confrontation with feared objects or situations is an effective treatment. Physiological activation and habituation within and across exposure sessions are cited as indicators of emotional processing, and variables that influence activation and habituation of fear responses are examined. These variables and the indicators are analyzed to yield an account of what information must be integrated for emotional processing of a fear structure. The elements of such a structure are viewed as cognitive representations of the stimulus characteristic of the fear situation, the individual's responses in it, and aspects of its meaning for the individual. Treatment failures are interpreted with respect to the interference of cognitive defenses, autonomic arousal, mood state, and erroneous ideation with reformation of targeted fear structures. Applications of the concepts advanced here to therapeutic practice and to the broader study of psychopathology are discussed.

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Anxiety treatment: Modifying the fear structure

Foa & Kozak (1986) posited that:

- Two conditions are necessary:
 - Activation of the fear structure
 - Incorporation of incompatible information
- This process is indicated by:
 - Between-session decreases in fear
 - Change in evaluations (cognitions)

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Cognitive behavioral treatment for OCD: Essential components

- Exposure *in vivo*:** Prolonged confrontation with anxiety-evoking stimuli (e.g., contact with contamination)
- Imaginal exposure:** Prolonged imaginal confrontation with feared disasters (e.g., hitting a pedestrian while driving)
- Ritual prevention:** Blocking of compulsions (e.g., leaving the kitchen without checking the stove)
- Cognitive methods:** Correcting erroneous cognitions (e.g., "anxiety won't decrease unless I ritualize;" "If I don't check someone will break in and kill my family")

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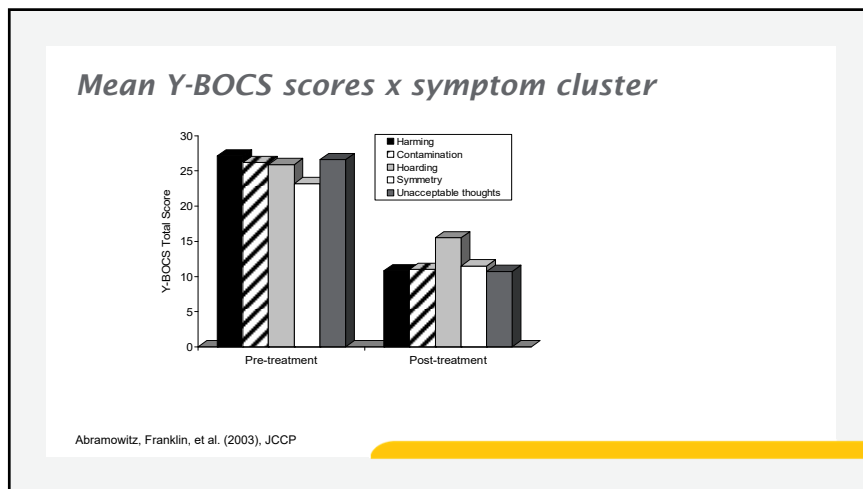
*So...
Does symptom subtype matter with respect to ERP treatment outcome?*

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“Every moderator you find represents a mediator that you have not discovered yet.”

Steve Hollon, Ph.D.
Vanderbilt University

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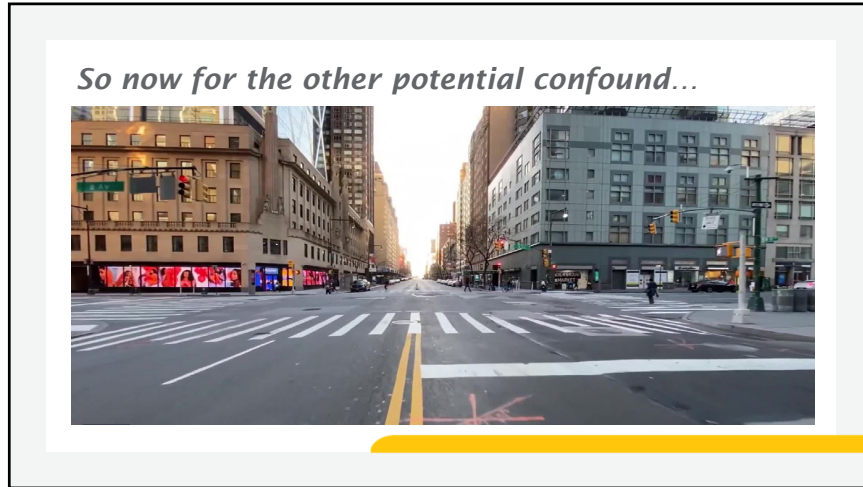


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Other subtype x treatment response studies

- Contamination/cleaning patients fared better in ERP than those with unacceptable thoughts:
 - Mataix-Cols et al. (2002)
 - Rufer et al. (2006)
 - Williams et al. (2014)
- All responded at least somewhat to ERP (e.g., 50% vs. 33% reductions on Y-BOCS Total score in Williams et al.)
- Potential confound: Higher rates of mental rituals and fixed belief in unacceptable thoughts group, especially those w/ scrupulosity
- **Attenuated EX or RP could impact outcome...e.g., EX vs. RP vs. EX/RP, Foa et al. (1984), Behavior Therapy.**

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COVID-19


- Viral
- Spread via direct contact
- Spread prevented via social distancing, hygiene
- Vaccine and specific treatments not available
- Most who get infected will survive, many asymptomatic



CDC Website, 2020

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COVID-19: CDC guidelines



COVID 19 CORONAVIRUS DISEASE 2019 (COVID-19)

You can help prevent the spread of respiratory illnesses with these actions:

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose & mouth.
- Wash hands often with soap & water for at least 20 seconds.

www.cdc.gov/COVID19

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COVID-19: What's not in CDC guidelines?

- Definition of “close”
- Definition of “sick”
- Definition of “often”
- Likelihood of transmission

Ambiguity moves like water seeking a crack...uncertainty, and intolerance of uncertainty, allows OCD to breed!

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OCD and the COVID-19 Crisis

Increases in:

- Contamination fear
- Extreme/excessive social distancing
- Internet-based research to decrease uncertainty
- Excessive washing/showering
- Reassurance seeking
- Could occur in anyone, but more likely for those who already have contamination fear, washing compulsions, and avoidance

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Realistic vs. unrealistic contamination fear during the COVID-19 crisis

- Probable vs. possible
- Acceptable vs. unacceptable risk
- Social convention and current societal norms
- Even though it's unlikely that you'll contract it and spread it, and even more unlikely that you'll get really sick from it or get others really sick from it, and even far less likely that you'll die from it or someone else you infected will, is this really a chance you should take in the midst of an actual pandemic?

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Presentations of contamination fear which can still be addressed effectively in the COVID-19 context:

- Essence contamination (e.g., turning into another person)
- Animal contamination (e.g., fear of rabies)
- Fear of diseases other than COVID-19
- Mental contamination
- Contamination by places (e.g., state of Maryland)
- Contamination by past (e.g., high school yearbook)
- "Not Just Right"/Disgust-based presentations

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Modifications to contamination-related ERP in light of COVID-19

- Teletherapy
- Limitations to Certain Types of In Vivo Exposures
- Shifting Towards Imaginal Exposure
- Importance of Following Yet Not Exceeding CDC Guidelines in Response Prevention Instructions

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Contamination OCD

Teletherapy for OCD

Wootten et al (2016). Meta analysis of 18 studies

- Videoconferenced CBT, Telephone, Computerized, Internet, Bibliotherapy
- Pooled effect size within same range for face to face treatment for OCD

Storch et al. (2011). Family based video-CBT

- N = 31; 7-16 years
- Significant reductions in OCD symptom severity, impairment and family accommodation
- Maintained gains at 3 month follow up
- Participants reported high satisfaction rates of intervention

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Contamination OCD

Case example #1

Obsessions:

- Fear of contracting HIV and STDs

Compulsions:

- Avoid hospitals, sick people, public areas (restaurants, coffee shops, grocery stores), public restrooms
- Hand sanitizing and hand washing

Exposures:

Pre COVID-19 conditions

- Touch items in public and refrain from washing hands
- Touch bathroom sink and towel paper dispenser
- Refrain from wiping down grocery carts
- Refrain from washing hands when coming home
- Visit hospital waiting rooms and refrain from washing

Post COVID-19 conditions

- Wash hands once after returning home

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Contamination OCD

Do we continue with ERP? No!

Why not?

All ERP practices that would be therapeutically beneficial are counter-indicated by CDC guidelines

What do we do instead?

Maintenance (prevent regression); Ensure CDC guidelines followed and NO MORE!

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Contamination OCD

Case example #2

Obsessions:

- Fear of getting sick by other people
- Fear of contamination from bowel movements (BM)
- Essence contamination

Compulsions:

- Using Clorox wipes to wipe hands following BM
- Take showers after coming home from outside
- Avoidance of specific individuals at school, washing if exposed

Exposures:

Pre COVID-19 conditions

- Refrain from handwashing excessively, using wipes post BM, taking showers
- Touch items "contaminated" classmates touched

Post COVID-19 conditions

- Refrain from exposures related to touching contaminated classmates and their items

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Contamination OCD

Do we continue with ERP? Yes!

How?

- Continue with previous in-home ERP – refrain from excessive handwashing, showering when returning home, using wipes after BM
- Essence contamination:
 - Look at pictures of students (social media, old yearbook)
 - Items that remind them of the students (specific video games and pieces of clothing)
 - Follow students on Snapchat, IG, TikTok
- Imaginal exposures
- Do NOT engage in in vivo contamination exposures in public areas

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Limitations to certain types of in vivo exposures

- Is someone at home sick with suspected COVID 19?
- Is patient or member in home a healthcare worker with direct contact with COVID 19 patients?
- Is patient or member in home an essential worker with contact with large groups of people?
- Is there a high traffic of individuals who do not reside in the home and come in and out of the home?

If YES to any → **Contamination ERP is not recommended without extra precautions**

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Limitations to certain types of in vivo exposures

- Is someone at home sick with suspected COVID 19?
- Is patient or member in home a healthcare worker with direct contact with COVID 19 patients?
- Is patient or member in home an essential worker with contact with large groups of people?
- Is there a high traffic of individuals who do not reside in the home and come in and out of the home?

If NO to all → **Home-based contamination ERP can continue**

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Perfectionism	Social	Harm of Others
Write emails/texts with mistakes to friends, family members, therapists, coworkers	Call stores, order food from restaurants	Imaginal exposures. Heighten by recording, sharing with family members, looking at picture
Post on social media with grammar and spelling mistakes	Call or video family members and friends	Sit in car or be in other triggering context while engaging in imaginal exposures
Send resume with errors out to job openings that is outside of individuals' interests	Wave hello and say "Good morning/afternoon" when taking a walk	Most home-based ERP can continue (e.g., spreading a contaminant)

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Shifting towards imaginal exposures

- Utilized when feared consequences can not be tested
- Reliance on imaginal exposures increase in lack of opportunity for *in vivo* exposures
- Imaginal exposures can be powerful
 - Detailed
 - First person
 - Utilize all five senses
 - End in uncertain or worst-case scenario

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Importance of following - but not exceeding - CDC guidelines

- CDC guidelines and NO MORE!
- Limit research of COVID-19
- Obtain information only from credible sources
 - If unclear, then focus primarily on CDC website
- Excessive compensatory behaviors will “feed” OCD and allow it to grow

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Adaptations of ERP for contamination-related fears with youth and families

- Acknowledging Concerns, Differentiating Realistic From Unrealistic Fears and Precautions
- Addressing Parent Involvement and Modeling
- Preparing Families for Return to Normative Behavior as Crisis Abates

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Acknowledging concerns

Validate concerns and encourage good judgment and safe practices

- Defined by following CDC guidelines
- Be mindful of those who are high risk (immune compromised, elderly)

Commonality

- You are not alone
- Pandemic is something that is affecting every person in the country
- Each are struggling and facing unique challenges

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Differentiating unrealistic fears and precautions

Refuse to drop off groceries to elderly parent	Shower after returning home	Create contaminated and uncontaminated sections in the home	Disinfect groceries
Wash fruit and vegetables with soap or disinfectant	Wash hands between touching each grocery item	Wash hands after touching kitchen cupboard or refrigerator door	Complete isolation
Wash hands once after returning home	Put away groceries and wash hands once	Practice social distancing	

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Parent involvement and modeling

Parent thoughts and behaviors have strong impact on children

- Parental anxiety associated with increased threat interpretations and avoidant behaviors in children (Chorpita et al., 1996; Shortt et al., 2001)
- Burstein & Ginsburg (2010)
 - Experimental study: Anxious and non anxious conditions
 - N = 25, 8– 12 years old
 - Children reported greater levels of anxiety, anxious cognitions and desired avoidance when parents modeled anxious behavior and cognitions

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Parent involvement and modeling

Parental involvement in treatment

- Reductions in family accommodation
 - Associated with reductions in OCD severity and impairment
- Support for parents

Psychoeducation for parents

- Children will not challenge OCD thoughts and behaviors if parents reinforce that these thoughts and behaviors are appropriate

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Guidance for parents

- Model appropriate behaviors that are aligned with CDC guidelines
 - “Walk the walk”
- Vocalize thought process so that children fully understand
- Manage parent’s own anxiety during pandemic
 - Self care
- Continue to act as child’s coach through ERP practices
- Refrain from accommodating behaviors and providing reassurance
 - Assurance vs reassurance


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Preparing families for return to normative behavior

- Reminders that current modifications to ERP are temporary
 - Contamination
- Make adjustments as CDC guidelines change over time
- Slowly integrate back into normal environments
 - Reduce avoidance of triggering situations that were not previously accessible
 - If possible, request access to certain environments to practice exposures to avoid flooding


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Time for questions and answers...




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Where to get additional information...




<https://www.coronavirus.gov>



<https://www.nih.gov/health-information/coronavirus>




<https://iocdf.org/covid19>




<https://adaa.org/finding-help/coronavirus-anxiety-helpful-resources>

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About the presenters...



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 Martin E. Franklin, PhD, is a nationally renowned expert in the treatment of OCD, OC-spectrum disorders, and body-focused repetitive behaviors, as well as the study and treatment of anxiety and related conditions. Dr. Franklin is an associate professor emeritus of clinical psychology in psychiatry at the University of Pennsylvania Perelman School of Medicine, where he has been honored for teaching excellence..



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Clinical Director, San Francisco East Bay
 Jennifer Park, PhD, is a licensed clinical psychologist and serves as the clinical director of Rogers Behavioral Health's San Francisco East Bay location and is an adjunct faculty member at Stanford University School of Medicine. Dr. Park is an expert in cognitive behavioral therapy and the treatment of children and adults with OCD, OC-spectrum disorder, and anxiety disorders.



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