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Irvin Yalom önderliğinde organize edilen ve dünyaca ünlü terapistlerin ve terapi kuramı kurucularının, ekollerin en önemli temsilcilerinin psikoterapi seanslarını video olarak izlemek ve seans hakkındaki yorumlarını dinlemek ve bu kursları (American Psychological Association (APA) başta olmak üzere Social Workers (ASWB) New York State Social Workers (NYSED BSW) New York State Mental Health Practitioners (NYSED MHP) Certified Counselors (NBCC) Addiction Counselors (NAADAC) MFTs and LCSW (CA BBS) California Nurses (BRN) Canadian Counsellors kurumlarından CE (Continuing Education-Sürekli Eğitim) akreditasyonlu sertifikayla belgelendirmek isteseniz veritabanımıza bireysel veya kurumsal olarak erişmek için bizimle iletişime geçebilirsiniz.

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Instructor's Manual

for

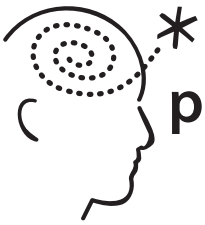
TREATING THE SEVERE OCD CLIENT

with

REID WILSON, PH.D.

Manual by

Shirin Shoai, MA



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! e *Instructor's Manual* accompanies the video *Treating the Severe OCD Client with Reid Wilson, Ph.D.* (Institutional/Instructor's Version). Video available at www.psychotherapy.net.

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Instructor's Manual for

TREATING THE SEVERE OCD CLIENT WITH REID WILSON, PH.D.

Table of Contents

Tips for Making the Best Use of the Video

1. USE THE TRANSCRIPTS

Make notes in the video **Transcript** for future reference; the next time you show the video you will have them available. Highlight or notate key moments in the video to better facilitate discussion during and a" er the video.

2. FACILITATE DISCUSSION

Pause the video at di# erent points to elicit viewers' observations and reactions to the concepts presented. ! e **Discussion Questions** section provides ideas about key points that can stimulate rich discussions and learning.

3. ENCOURAGE SHARING OF OPINIONS

Encourage viewers to voice their opinions. What are viewers' impressions of what is presented in the interview?

4. CONDUCT A ROLE-PLAY

! e **Role-Play** section guides you through exercises you can assign to your students in the classroom or training session.

5. SUGGEST READINGS TO ENRICH VIDEO MATERIAL

Assign readings from **Related Websites, Videos and Further Reading** prior to or a" er viewing.

6. ASSIGN A REACTION PAPER

See suggestions in the **Reaction Paper** section.

PERSPECTIVE ON VIDEOS AND THE PERSONALITY OF THE THERAPIST

Psychotherapy portrayed in videos is less o# -the-cu# than therapy in practice. ! erapists may feel put on the spot to o# er a good demonstration, and clients can be self-conscious in front of a camera. ! erapists o" en move more quickly than they would in everyday practice to demonstrate a particular technique. Despite these factors, therapists and clients on video can engage in a realistic session that conveys a wealth of information not contained in books or therapy transcripts: body language, tone of voice, facial expression, rhythm of the interaction, quality of the alliance—all aspects of the therapeutic relationship that are unique to an interpersonal encounter.

Psychotherapy is an intensely private matter. Unlike the training in other professions, students and practitioners rarely have an opportunity to see their mentors at work. But watching therapy on video is the next best thing.

One more note: ! e personal style of therapists is o" en as important as their techniques and theories. ! erapists are usually drawn to approaches that mesh well with their own personality. ! us, while we can certainly pick up ideas from master therapists, students and trainees must make the best use of relevant theory, technique and research that $ ts their own personal style and the needs of their clients.

PRIVACY AND CONFIDENTIALITY

Because this video contains actual therapy sessions, please take care to protect the privacy and con$ dentiality of the clients who has courageously shared their personal life with us.

Wilson’s Approach to Treating Anxiety Disorders*

Wilson’s “strategic cognitive therapy” draws upon cognitive-behavioral therapy techniques to create a brief, aggressive, paradoxical treatment for people who su# er from anxiety disorders. He posits that the main obstacle for people su# ering from anxiety disorders is their relationship to their anxiety—their resistance to discomfort and avoidance of feelings, situations and stressors that might lead them to feel anxious. ! rough cognitive restructuring and exposure techniques, Wilson helps clients not only tolerate, but actively welcome their anxious feelings into their lives.

People who are prone to anxiety doubt that they have the inner resources to manage their problems, so they use worry to brace for the worst outcome in an erroneous belief that they are productively preparing for the negative event. According to Wilson, techniques that encourage clients to practice mindful acceptance of their anxious thoughts and feelings are o" en not strong enough to counteract their fear-based schemas. Drawing on Frankl’s paradoxical intervention, Perls’s gestalt therapy, Csikszentmihalyi’s % ow and the Mental Research Institute’s second-order change, Wilson coaches clients to approach, exaggerate, personify and even ridicule their anxieties. ! is aggressive and yet playful approach helps them “$ ght $ re with $ re” and learn to override their habitual escape responses.

! is anxiety game, as Wilson describes it, helps clients reframe their experience of anxiety so that it is no longer perceived as a serious threat, but rather a “mental game,” in which clients lose as long as they play by anxiety’s rules. ! e rules of the new therapeutic game turn the tables on the anxiety disorder:

1. Do not pay attention to the content of your worries (“the problem is my heart/ my debt/the safety of the plane/germs”). Engaging with content is a sure path to defeat.

2. Accept your worries unequivocally, as though they are here to stay.

3. Aggressively seek to be uncertain.

4. Aggressively seek to be anxious and stay anxious.

In this video, Wilson employs a paradoxical twist to the traditional cognitive-behavioral exposure therapy commonly used to treat OCD. Focusing on “giving OCD the job” of bringing an anxious state to Bob, Wilson helps him shi" the frame of his relationship to his OCD and break his pattern of escape (which only strengthens the fear response) through measured exposure to progressively stronger stimuli. ! is process, known as “habituation,” brings about a signi$ cant decrease in anxiety, but requires three elements: frequency, intensity, and duration. Clients must expose themselves to their feared situation o" en enough or they won’t progress, but they also must elicit at least a moderate amount of distress while practicing, since keeping themselves calm (either though various forms of reassurance or, in Bob’s case, isolated exposure treatments that don’t o# er supportive cognitions) will not produce the desired e# ect.

! ese behavioral practices are not only intended to help clients tolerate doubt and distress, but to reinforce the attitude of wanting them. ! e most important bene$ t of applying the skill of wanting is that it speeds healing by truncating the habituation process. ! e goal is to teach clients a simple therapeutic orientation that they can manifest in most fearful circumstances and to leave them with a sense of self-e& cacy, so that they are the agents of their own change and growth.

*Adapted from

http://en.wikipedia.org/wiki/Exposure_therapy

www.anxieties.com/pdf/anxietydisordergame.pdf

Wilson, R. (2009). “! e Anxiety Game: Cra" ing a Winning Strategy.” Psychotherapy in Australia, 15(2), pp. 36-42.

Discussion Questions

Professors, training directors and facilitators may use some or all of these discussion questions, depending on what aspects of the video are most relevant to the audience.

INTRODUCTION

1. **Working with OCD:** Have you ever worked with someone with obsessive thinking, compulsive behaviors, and/or chronic anxiety? What approach did you take to their treatment? How is your approach similar to and different from the approach Wilson describes and demonstrates?

2. **Developmental issues:** Wilson stated that it's not necessary to get a lot of developmental history from the client, but more important to understand the client and what's maintaining their symptoms. What do you think of this aspect of his approach? Do you agree with his belief that too much focus on history can reinforce a client's thoughts about the disorder? Why or why not?

3. **Trapped in anxiety:** Wilson noted that Bob's primary worry was that he would become trapped inside his anxiety if he refrained from his repeater behaviors. Have you encountered clients with similar concerns about becoming emotionally "stuck"? How did you address it? Does Wilson's approach alter the way you might work with this in the future?

4. **Differentiating treatment:** Have you ever worked with someone who's spent signifi cant time in previous therapy that wasn't effective? How did you address this? What do you think of Wilson's belief that distinguishing his approach for Bob will help motivate him? How would you distinguish your own approach with a client?

5. **Engaging fully:** Do you agree with Wilson's statement that therapy can't work if a client doesn't fully engage with their fears? Have you observed this with clients you've worked with? Think of a time when you overcame a fear in your own life. Did you approach your fears in this way? Was it helpful or not?

SESSION ONE

6. **Distress level:** What reaction did you have when Wilson asked Bob to remember when his symptoms were at their worst? How do you gauge a client's current distress level, and how do you set a barometer for their improvement?

7. **Assessment:** What were your thoughts about the level of detail Wilson applied to assessing Bob's present-day symptoms? How do you anticipate different clients responding to this type of inquiry? Have you conducted an initial assessment with a client only to later discover a new symptom?

8. **The work:** What do you like and dislike about the way Wilson focused on the concept of recovery as work? Did this make sense to you? Why did Wilson think Bob might respond well to this? Would you describe therapy in this way with your clients? How do you imagine different clients reacting to this idea?

9. **Shifting the relationship:** A key principle of Wilson's approach is that treatment requires us to first invite, then disengage from the internal argument OCD needs to thrive. What do you think of this idea? How might you explain this to a client? Do you think this applies to clients with different presenting problems? How do you relate to this principle in your own life as you manage your own fears?

10. **Externalizing and personifying:** Wilson believes that thinking of anxiety disorders as residing outside of the client is "an essential task" for recovery. What do you think of this? How might different clients respond to such a concept? Are there other therapeutic modalities that take a similar approach? Does this idea make sense for you in your own life?

11. **Analogy:** Wilson uses the analogy of martial arts, as well as fighting metaphors and the phrase "changing the channel" to encourage Bob's understanding of treatment and leverage his competitive mentality. Did these metaphors make sense to you? What analogies might you employ to help your clients find supportive phrases? How might metaphors assist you in reframing your own challenges?

12. **Habituation:** Do you think Bob understood Wilson's explanation of recovery requiring frequency, intensity, and duration of anxiety? How might you use the concept of habituation to motivate reluctant clients? How would you respond to a client who remains resistant?

13. **Suspended disbelief:** Wilson tells Bob he must "suspend the disbelief" that four days of practicing Wilson's approach might not work. What do you think of this statement? Does Wilson do an appropriate job of convincing Bob to trust the process? Might this be too much of a leap for certain clients, or come too soon? How do you assess whether a client is ready to take an experiential risk?

SESSION TWO

14. **Quiet moves:** Bob tells Wilson that he still struggles with going to sleep, saying that his aggressive phrases aren't as effective for the less active moments in his life. What do you think might be some reasons for this? What phrases would you suggest for Bob at this point? For a less aggressive client?

15. **Reviewing the concepts:** What do you think of the way Wilson approaches Bob's symptoms regarding his changing clothes away from home to avoid the risk of repeating? Do you reiterate concepts with your clients from time to time? If Bob were your client, what would you say to him to support him changing at home?

16. **"Taking the hit":** Does Wilson's concept of "risking the dreaded consequence" make sense to you? Do you think Bob is helped by this? How do you think this might land with different clients? How might you use this idea to reinforce Wilson's approach and maintain a client's motivation?

SESSION TWO DISCUSSION

17. **The model:** What are your overall thoughts about Wilson's approach to treating anxiety disorders? What aspects of his approach can you see yourself incorporating into your work? Are there some components that seem incompatible with how you work?

18. **Personal reaction:** How would you feel about having Wilson as your therapist? Do you think he could build a solid therapeutic alliance with you? Would he be effective with you? Why or why not?

Role Plays

A" er watching the video and reviewing “Wilson’s Approach to Treating Anxiety Disorders” in this manual, break participants into groups of two and have them role-play a therapy session with a client who su# ers from obsessive thinking, using Reid Wilson’s approach.

One person will start out as the therapist and the other person will be the client, and then invite participants to switch roles. Clients may play themselves, or role-play Bob from the video, a client or friend of their own with compulsive “repeater” behaviors, or they can completely make it up. ! e primary emphasis here is on giving the therapist an opportunity to practice educating the client about Wilson’s paradoxical approach to relating to anxiety, $ nding appropriate analogies that leverage the client’s innate strengths, and on giving the client an opportunity to see what it feels like to participate in this type of therapy.

Assessment

! e therapist should begin by $ nding out, very speci$ cally, what repetitive behavior the client is engaging in. Invite the client to get very detailed and explicit about what situations trigger the behavior and what reactions they have (i.e. thoughts/beliefs/interpretations, sensations, emotions). Also $ nd out how the client has been coping with the fear so far, whether the client has participated in prior therapy for the problem and, if so, what worked and what didn’t. ! rough discussion with the client, the therapist should attempt to uncover the anxieties beneath the client’s repetitive behavior (e.g. Bob’s behaviors were driven by a fear of getting stuck in escalating anxiety).

Goal setting

Find out what the client wants in their life—what are they missing out on because of the behavior? How does the underlying obsessing keep them from living the life they want? Get a good sense of their goals so they can serve as a motivator. What would they like to be able to do di# erently? What kind of value might there be for them in being able to tolerate their anxiety and discomfort?

Changing their frame of reference

! is should be the bulk of the session. Based on your observations of the client, use analogies that $ t the client's temperament or lifestyle to build rapport and support their understanding of Wilson's concepts (e.g. Wilson used martial arts language to assist Bob, a personal trainer). If applicable, distinguish Wilson's approach from the client's previous therapy to deepen motivation and instill hope. ! erapists may want to use the following concepts to frame the session:

• ! e anxiety disorder is fueled by you $ ghting it—you must stop $ ghting it.

• Let the OCD do the job of bringing you anxiety—your job is to recognize this as OCD and embrace the discomfort.

• Go toward being anxious and uncomfortable, so you can practice increasing your tolerance of uncertainty and discomfort.

• Elevate above content: Don't pay attention to the content of your worries. Engaging with the content is a sure path to defeat.

• Seek out situations that will make you anxious so you can practice embracing—rather than resisting—the anxiety.

• Use supportive phrases that emphasize courage and perspective during triggering moments.

• Modify phrases as needed to adapt to shi" s in energy level or mental state.

Assign homework for practice

Collaboratively, come up with a homework assignment so the client can practice tolerating the distress that comes when they experience escalating anxiety. Recalling Wilson's statement that recovery entails frequent, intense exposure over a long duration, design a practice that uses the client's everyday experiences rather than a constructed exposure. Make sure the client is clear on how they will practice and what will support them in relating in this new way to the anxiety.

When feeling anxious, they should say to themselves something like, “I’m ready for this. Bring it on. I’m willing to feel this. ! e more I feel this, the better I’m going to get.”

A" er the role-plays, have the groups come together to discuss their experiences. What did participants learn about Wilson’s approach to working with anxiety in general and “repeater” behavior in particular? Invite the clients to talk about what it was like to role-play someone su# ering from obsessive thinking and how they felt about the approach. How did they feel in relation to the therapist? Did they understand the essence of Wilson’s paradoxical approach? What worked and didn’t work for them during the session? Did they feel the therapists’ support and encouragement to hang in there with the distress? How con$ dent are they that they’ll be able to practice being with the anxiety in this new way? ! en, invite the therapists to talk about their experiences: How did it feel to facilitate the session? Did they have di& culty explaining the approach? How con$ dent are they that the client understood the point enough to practice? What would they do di# erently if they did it again? Finally, open up a general discussion of what participants learned about treating severe OCD with Wilson’s approach.

An alternative is to do this role-play in front of the whole group with one therapist and one client; the rest of the group can observe, acting as the advising team to the therapist. At any point during the session the therapist can timeout to get feedback from the observation team, and bring it back into the session with the client. Other observers might jump in if the therapist gets stuck. Follow up with a discussion on what participants learned about using Wilson’s approach to treating severe OCD.

If there isn’t su& cient time to do this entire exercise, the instructor may choose to provide the information that would be obtained in an assessment, and limit the role-play to *Changing their frame of reference* as described above.

Reaction Paper for Classes and Training

Video: *Treating the Severe OCD Client with Reid Wilson, PhD*

• **Assignment:** Complete this reaction paper and return it by the date noted by the facilitator.

• **Suggestions for Viewers:** Take notes on these questions while viewing the video and complete the reaction paper a" erwards. Respond to each question below.

• **Length and Style:** 2-4 pages double-spaced. Be brief and concise. Do NOT provide a full synopsis of the video. ! is is meant to be a brief reaction paper that you write soon a" er watching the video—we want your ideas and reactions.

What to Write: Respond to the following questions in your reaction paper:

1. Key points: What important points did you learn about Wilson's approach to treating the severe OCD client? What stands out to you about how Wilson works?

2. What I found most helpful: As a therapist, what was most bene$ cial to you about the model presented? What tools or perspectives did you $ nd helpful and might you use in your own work? What challenged you to think about something in a new way?

3. What does not make sense: What principles/techniques/interventions did not make sense to you? Did anything push your buttons or bring about a sense of resistance in you, or just not $ t with your own style of working?

4**. How I would do it di! erently:** What might you do di# erently from Wilson when working with clients? Be speci$ c about what di# erent approaches, interventions and techniques you would apply.

5. Other Questions/Reactions: What questions or reactions did you have as you viewed the therapy sessions with Wilson? Other comments, thoughts or feelings?

Related Websites, Videos and Further Reading

WEB RESOURCES

Reid Wilson's Website on Anxieties

www.anxieties.com

Mental Research Institute

www.mri.org

! e Association for Behavioral and Cognitive ! erapies

www.abct.org

International Association for Cognitive Psychotherapy

www.the-iacp.com

National Association of Cognitive-Behavioral ! erapists

www.nacbt.org

RELATED VIDEOS AVAILABLE AT WWW.PSYCHOTHERAPY.NET

Engaging the Ambivalent OCD Client with Reid Wilson
Cognitive ! erapy for Obsessions with Reid Wilson
Exposure ! erapy for Phobias with Reid Wilson
Cognitive ! erapy for Panic Disorder with Reid Wilson
Aaron Beck on Cognitive ! erapy with Aaron Beck
Albert Ellis on Rational Emotive Behavior ! erapy with Albert Ellis
Cognitive ! erapy for Weight Loss with Judith Beck
Cognitive-Behavioral ! erapy with Donald Meichenbaum
Mixed Anxiety and Depression: A Cognitive-Behavioral Approach with Donald Meichenbaum
Depression: A Cognitive ! erapy Approach with Arthur Freeman
Cognitive ! erapy for Addictions with Bruce S. Liese
Cognitive-Behavioral Child ! erapy with Bruce Masek
Cognitive-Behavioral ! erapy with John Krumboltz

RECOMMENDED READINGS

Barlow, D. (2002). *Anxiety and its disorders (Second Edition).* New York: Guilford.

Beck, A. & Emery, G. (1985). *Anxiety disorders and phobias: A Cognitive perspective.* New York: Basic Books.

Eifert, G. & Forsyth, J. (2005) *Acceptance & commitment therapy for anxiety disorders.* Oakland: New Harbinger.

Foa, E. & Wilson, R. (2001). *Stop obsessing!: How to overcome your obsessions and compulsions (Revised Edition).* New York: Bantam Books.

Frankl, V. (1985). *Man's search for meaning: An Introduction to logotherapy.* New York: Pocket Books.

Wilson, R. (February, 2009). "! e Anxiety Game: Cra" ing a Winning Strategy," in *Psychotherapy in Australia,* V.15, no. 2., pp.36-42.

Complete Transcript of Session 1 & 2

SESSION 1

Wilson: So what brings you here? What are we going to talk about?

BOB: Well, I've been dealing with OCD since I was 10.

WILSON: How old are you now?

BOB: I'm 26. I was diagnosed when I was 10.

WILSON: Did you have it before then?

BOB: Now that I look back and learning about OCD, I can only say that I maybe had some signs, but I know that I've learned it's biological and all that. And there's probably something that got it out of me, kind of made it rise. But when I turned 10, I actually took a trip to New York. And when I got back from the trip from New York, I found things in New York that bothered me, that highly disturbed me.

WILSON: So you were thinking back on the trip and things started to trouble you?

BOB: Even while I was there, there was a time when there was Washington, DC and all that, and there was a million man march going on. There was a lot of posters for abortion and things like that, very graphic. They were really protesting that hard at the time, and that was something that disturbed me. And even when I got back from that trip, that was very anxious that whole trip. Even that trip, I would see things like catsup and different things that were red, because I was seeing the images with blood. And so I started seeing things like that. And I wouldn't eat the hot dogs we'd get to go, New York hot dogs on the street. All of a sudden, I started realizing that these things freaked me out, out of no where, like the day before, I didn't have a problem with that. And so I started worrying, worrying, worrying, and I started thinking a little more-- a little more of a fear, a feeling of fear. And I didn't know what was wrong.

WILSON: A little more a feeling of--

BOB: I was fearing something, and I don't really know what it was.

And those things scared me, those graphic images, the abortion. They showed babies, a lot of bloody images.

WILSON: So now at 10 years old, this must have really freaked you out to be suddenly having stuff that you felt like nobody else was having. That must have been hard to cope with. You didn't tell anyone? Or did you tell your folks?

BOB: No, I did actually. I was with many people at the time. And I mostly have been close to my mom my whole life, very close with her, and she's somebody who I turn to for any problems like that. And I think I had mentioned it to her, but I think at some point maybe she was just thinking it bothered me a little, that it was kind of a normal thing. But when I look back, that's something that I started thinking a little more about dying, and things like that. I started really thinking about it though.

WILSON: All your mental time.

BOB: Thinking, not just one time. I started thinking about it 50 times a day, and then it became more. And then when I noticed, when I got back, my first symptom of OCD, one of the largest symptoms, was something where I started worried about myself, if I was dying. Of course, little images like that bothered me, but the main concern became-- am I OK? Am I dying? A big one for me was do I have cancer? Do I have a tumor? Is there blood in my lungs? Any little thing-- I was very interested in health, and that's kind of what I think drew me towards my profession maybe.

WILSON: Let me ask you this. So between 10 and 26, when was the worst? Are you at your worst now? Was there a time when you were more troubled by this than you are now? I'd like to know how bad it got at the worst time.

BOB: That's a good question. I believe, probably, I think as my brain has matured, has changed, I think probably there was one time where I was as bad as I am now. And I think as my thought process changes and your worries change with life and responsibility, your OCD definitely takes a part of that. So I think right now, I'm finding myself, at least in the last maybe few months, several months, at one of my worst points.

WILSON: And are you worse based on the types of behaviors you end up doing or the things you avoid, or are you the worst in terms of how anxious, how uncomfortable, how disturbed you are? I mean, because some people do all these behaviors and then they're not as disturbed, but their life has shrunk. And other people are still active, but it's just so stressful to be out there in the world.

BOB: I think that the odd thing with me is that my OCD-- it's terrible, of course. But somehow, I manage. I still manage to get out and do the things I need to do.

WILSON: So why is it the worst right now?

BOB: Because I think when it is bad, it's really bad. And it is creeping to a point, month by month, it seems like it's creeping to a point where it is starting to take a little more. It's taking a little more of the things that I get away from it from. So a good example is work. I'm highly involved with people one-on-one all day. I'm giving my energy to those people. I have to perform. Things like that-- I have to perform. It's something I love to do, to help people like that with their health. The thing is, is that I think the pressure is so high to give my attention to somebody else, it takes a little bit of the backseat. That OCD take somewhat of a backseat so I can perform, because my brain is distracted.

WILSON: But are you also saying, the things I used to count on a little bit to distract me-- it's starting to creep into them too?

BOB: Yeah, it is creeping into my work a little bit, especially when it comes to getting to work on time, and keeping my appointments, and things like sports-- all the highly distractive activities that I would do, growing up doing, and now they still do distract me, but it's more about getting there and sticking to it. OCD's always in the background a little bit, but it's not as noisy when I'm doing it.

WILSON: Well let's get into the present, and talk about this month or these months, about specifi cally, let's kind of get a list of the things that disturb you so I can start knowing what to pay attention to.

BOB: This is where I think for me the last year of OCD, or even recent months, has been-- it's even sometimes hard for me to describe. I don't

know if it's that I feel like I'm in such a habit, the way I do things. But my obsessions-- it doesn't seem like they're that deep or that clear to me anymore. But my biggest thing is my behaviors, of course, with anybody with OCD. But my OCD kind of gets me at a point where it stops me no matter what I'm doing. So whether I'm closing my car door or walking in and out of a room, I could be doing any daily activity, and it can turn into a repetitious behavior.

WILSON: So can you be specifi c, even if it's hypothetical? Or has it happened today? Did it happen yesterday?

BOB: Yeah, what a really good example is going to sleep. It's something that I don't sleep a lot because of it. I even anticipate so highly the behaviors that I might do before I go to sleep, I avoid going to sleep. So avoidance starts to become a big part of it.

WILSON: So draw that out for me, and be specifi c.

BOB: So when I try to go to sleep, I have my bed there. A few feet away is the door. I might walk to my bed from the door, and I might lay there. And then if I get a thought that is bothersome to me.

WILSON: Such as--

BOB: Something probably typically having to do with dying. If that thought comes to me, I will walk out of the room. I will get up, walk out of the room. I will mentally correct it.

WILSON: By doing what?

BOB: By thinking the opposite. So if my thought, if my fear, is-- do you want me to give you an exact example of what I'm--

WILSON: Or a hypothetical. Yeah, but an exact would be ideal.

BOB: I think very more easily for most people to get. If my fear were dying, if I said, "Oh, I'm going to get in a car crash," I'd get back up. I'd fi x that. I'd walk out of the door.

WILSON: Or you "fi x" it. Don't judge or fi x it. The only person you have to have understand this is me.

BOB: So I'd walk out of the door-- I'd get out of my bed, walk out of the door, and I'd probably tell myself I'm not going to die in a car

crash, or something like that.

WILSON: You'd undo it.

BOB: Yeah, I'd say the opposite, right, right, exactly.

WILSON: So there's a mental undoing, and then there's a repeat the behavior without the negative thought or with a positive thought, so I walk back in either holding on to the thought of I'm not going to die, or some neutral-- do you have to hold on to that thought, or a neutral thought?

BOB: For me, it's more so reversing it. It's like the reversed, the opposite. So if it's dying, it's I'm not going to die. So there's the physical component and then there's the mental correcting there, you could say.

WILSON: Got that, and how do you get stuck?

BOB: So I think that the hardest thing for me is that with me, that can come in 20 or more different forms. So I could go through the door and lay down again, and a different one can come, and I could do that eight times or 20 times, and then the one from before could come again. Plus I'm redoing the same thing.

WILSON: Yeah, plus I'm imagining you're walking back in going, OK,

I hope that did it. I hope I don't have another one of those thoughts so I can fi nally go to sleep. And then there it is again.

BOB: And then my anxiety is so high. I'm highly anticipating it coming.

WILSON: And that's why you don't want to go to sleep.

BOB: Right, and I'm predicting it coming. And then although, of course, this sounds so nonsensical to somebody else, when it's happening and you do it one time, two times, three times, I always compare it to a fi re that gets hot. The fi re starts like this, and instead of sitting with it the fi rst time, the fi re explodes.

COMMENTARY: *In this initial phase, I'm working to establish rapport with Bob, that I understand what he's going through, that I'm familiar with the patterns that he describes. At the same time, I've gathered some essential information. He's experienced OCD for 16 years. He currently*

is having the most diffi cult time with it that he's ever had. And he's a repeater, meaning that when he has a bad thought, he has to repeat an action, or repeat the action plus a new thought, until the negative thought is gone. But he has a slight twist to the typical OCD repeater. He's not worried about some catastrophic event occurring. He's worried that the thought will continue to plague him for hours, if not months, unless he gets rid of it right now.

WILSON: So somehow by trying to correct it, I bring my attention to it like a magnifying glass, and so the light focuses on that. Trying to fi x it makes it more intense and hotter. Is that what you mean?

BOB: Exactly, it just gets hotter with each time I give into the OCD, and the more control it takes, of course.

WILSON: Keep in mind, this is all I do every day for 30 years. So I'm going to understand you when you give me examples. Don't worry about that part.

BOB: So me, my biggest thing is one time, and then another time, and then another time. And it might be a new-- so I'm thinking something different. And not all the time for me, at least in my experience, are they specifi c fears. For me, a lot of times it's words.

WILSON: Can you give me an example of that?

BOB: For me, I have this big thing right now where it's been bothering me for the last few months. I don't exactly have a direct fear of what's happening, but I'll have these little things pop into my head, like, I have this thing with water right now. That's my main trigger is water. So I will get certain things, like it can be any daily activity I'm doing. The same example with the bed. I could walk there, and I could get the thought that pops in my head. It could be well, I'm sleeping in the water, or something like that. And then so I'll walk out and I'll correct that with the opposite. What's the opposite of water? It's, like, the sky. Or I'll think atmosphere. I'll think something completely opposite, because I guess I associate water with drowning, or dying in some way. But it'll fi x that. So for me, the water thing will go through maybe 20 different things, whether it's I'm eating, I'm sleeping this way, I'm dreaming this way. It could be any of those different--

WILSON: So to make sure I understand, what you're saying is that the same way you told me about the sleeping, if I have that thought, I'm going to have to back up whatever I was just doing when I had that thought and redo it. So if I were walking down the sidewalk, I might have to turn around and go back?

BOB: Exactly, exactly. So that could be that. It could be getting out of my car, and I could think oh, I'm dying in the water, or something like, or I'm breathing in the water. It could be something so like even that, but it still spikes me so bad. I will get back in the car and I will correct it. I will mentally change that, like I'm bringing in the sky, or the atmosphere, and then I will get back out of the water. I mean, get back out of the car, redo, and then that's where does it turn into more?

WILSON: So why do you redo it? What are you concerned about if you don't redo it?

BOB: I think what's happened to me is that I'm actually fearing now not being able to stick with the feeling, that feeling that I'm getting from that trigger.

WILSON: What will that feeling do to you? What do you mean? I won't be able to handle it?

BOB: I feel like sometimes, I won't be able to handle that anxiety, like I won't be able to continue.

WILSON: Like I'll be so preoccupied with it.

BOB: It's going to take all my attention, and then I feel like it's going to cause me more anxiety throughout the day, or the night.

WILSON: So I got to get rid of it, and do this so I can move. That's what the compulsion is. I got to get rid of it because I don't feel safe keeping it, because I think I'll be frozen in time.

BOB: Yeah, I kind of feel like I'm going to get stuck on it, like it's never going to leave me, like the anxiety is never going to lessen. Because I've had experiences before where I feel like, I guess maybe because I'm not doing something properly, but where some of these feelings like that will stick around for so long. But typically, that's when it becomes a large behavior. I've done something 20 times, or 50 times. Then I start

fearing going back to that behavior.

WILSON: You're sensitive to it. You get a trigger to it.

BOB: Then I'm fearing actually falling back to that behavior. And sometimes that fear of falling back to that behavior will stick around for months. It never stops. So I guess i get in that mode where I'm fearing not being able to stick with that feeling.

WILSON: So let me ask you another level of that. I understand what you're saying to me around if I don't undo it, I'm going to be caught in it. Is there any other kind of harm that you think might occur other than, "I'm going to get anxious and locked in it?" Do you think there's any kind of danger, or if I don't correct this, I will die? Or do you have any kind of remote things that you think are associated with it? Bad luck?

BOB: Sometimes I'll get little threats. And those might come with circumstances, like what's going on.

WILSON: They're minor things.

BOB: They're more minor, like, yeah, this is not going to go well, type of thing.

WILSON: If I don't do this, that will happen.

BOB: This is not going to be good. Yeah, but the biggest threat, honestly, that comes into my head is this is never going to go away.

WILSON: Yeah, I got you. And it must be so frustrating to get caught in this and then end up getting into work late because people, if they don't understand, tend to think, "Well, he's a slacker, or he's not taking the job responsibly." And they don't understand what it requires to get in. It must be so hard. This can be frustrating.

BOB: That's defi nitely a frustration. Somehow, I've kept most of it together, but it's defi nitely something-- it's preoccupying so much of my time that by the time I get to work, I'm so beat. I'm beat. I'm like a beat. Throw me on the street, and kick me, and punch me.

WILSON: But then you can't do what you love doing.

BOB: Somehow I'll do it, but it's increasing more and more to where I'm getting there, I'm getting to work and I'm a wreck. I feel like a

wreck. Even if they don't see it, I feel it. I barely feel capable of doing anything anymore.

WILSON: Now besides what we've covered so far, is there another arena in which OCD shows up besides getting caught in words, or phrases, or repeating things, having trouble with germs or checking things, or any other kind of type of OCD that troubles you? Or are we now talking about it?

BOB: I think that's the main thing, and somehow this one category, or this large one or two categories, becomes the main source.

WILSON: If we magically removed what we just talked about, if we magically removed that issue, would you have any other kind of OCD issue that would be left? Is there a secondary issue?

BOB: I think about, that, and I don't think so. Like I don't check, I'm not worried about, I'm not even so scared of the images, things like blood. Or I don't have a lot of intrusive thoughts where I'm thinking of something horrible. I don't seem to have anything else anymore at least. Maybe in time, but at this moment, this is it.

WILSON: And so how is it limiting you besides what we've mentioned around getting kind of worn out, and wrung out mentally, and sometimes getting behind on things? What else does it do besides taking over your mental life? I totally get that piece. Any other troubles it's causing you by living inside you?

BOB: It's probably causing me anything that I can think of.

WILSON: Focusing on relationships.

BOB: Yeah

WILSON: Moving on with your career.

BOB: It's defi nitely limiting what I'm doing with social activities, things like that. I'm a very social person, and I love to get out and do things with people but it's one of those things. I'm re-changing my clothes a million times, so I might go somewhere late.

WILSON: Tell me about that. So I'm in this outfi t, and I've had that thought. I now have to change my clothes into some outfi t that's not associated with that.

BOB: Not so much that all the time, but I will re-put on my shirt, re-put on my jeans. Today, getting out of my house was a struggle.

WILSON: But you're not having to say, that pair of pants is now associated-- I can't wear that pair of pants anymore. I have to wash them. It's just, it was the process of putting my pants on that I had the thought.

BOB: It's probably happened before, but that's not the thing.

WILSON: It's whatever the action I was doing, I to have to repeat until I feel settled about it.

BOB: Right, so I will more so repetition, put on the shirt one time, and then another. It's the same as the bed thing. I'm mentally correcting, and then I keep going.

COMMENTARY: *It's clear now how much time his rituals consume. He might have to take his clothes on and off up to 20 times before he feels free that he can leave the house. He might repeat other behaviors, or thoughts, up to 50 times. And it's disrupting his social activities and his relationships. Clearly, he's consumed by OCD. And to help him pry loose is going to be a big task, so I'm continually looking for ways to leverage his motivation. I refl ect back that he values helping people, yet OCD is making him late for work. It's keeping him from doing what he loves. He talks about changing his clothes a million times, changing TV channels a million times. I hear his frustration, and I'm going to use it to help him battle the OCD.*

WILSON: Good, so now lastly, around this particular part, so here you are working with a client, or whatever, and you're not by yourself, and you can't do a physical repetition. Or how do you handle it when you're involved in a situation that would make you look pretty awkward if you said, "Excuse me, could we start this conversation again? I had a bad thought when--" you know.

BOB: I don't do it. I just don't.

WILSON: You mean, you don't have the thoughts?

BOB: No, I might have the thoughts. But I try my best not to involve other people.

WILSON: But how do you handle the fact that the thought just popped up that you feel like is going to cripple you, and you're going to be frozen.

BOB: I think my brain might be partially distracted, and I'm so focused on not looking that way. For me, it might be a big pride thing. I do not want people to see that.

WILSON: So hold on, let me make sure I understand this. You already have a maneuver that you do that gets you to handle that moment other than worshipping at the altar of your OCD. You actually have another competing need at the moment, like I don't want to embarrass myself in front of these people, or I've got to keep going. And that lets you override it. You're saying that, right?

BOB: Yeah.

WILSON: So that's good news for us, right? It's not like, I'm constantly always somehow, although I can't control it yet, I at least have an experience in which I win over that moment. So you and I want to fi nd ways to make that work better for you, so that OCD is not dominating you. And how do you want your life to go? We push this aside. What are your hopes around what would change? What's positive that you're wanting to replace this with?

BOB: Just normal life.

WILSON: What other people would think would be minor. But say it to me so I know.

BOB: I would love, of course, to have large goals for carer and different things like that. But honestly, to me, at this point, the most simple things.

WILSON: I want my mind back, and I want my day back.

BOB: I don't want to feel like I'm going to go crazy constantly, whether other people know that or not. I feel like I'm going crazy all the time.

WILSON: I don't want to be afraid to go to bed.

BOB: I be able to turn on the TV and watch TV.

WILSON: And not worry about some word coming up that would be a trigger.

BOB: Or me turning it off a million times and changing the channel-- and getting into some crazy, weird, complex ritual, or behavior.

WILSON: I've got you.

BOB: Just being able to put my clothes on and not think about it, and go and be happy and excited, and be excited about what I'm doing. My work is something I love. I'm so passionate about working with these people and helping them with their goals. And that's takes my mind off of that. I'd love to be more excited about that, but it cuts my excitement in half.

WILSON: So, Bob, do you think you can get better?

BOB: I think so.

WILSON: You've gone since you were 10. You're 26. You think you can get better?

BOB: I still think I can. I've seen myself better than I am now, I'll put it that way.

WILSON: Do you know, theoretically, what it takes to get better?

Have you read about it, or somebody talk to you about it? Or have you ever seen a therapist before? Or is it unclear to you, like I want to get better but I don't know what to do? Are you at that level, or have you heard anything about what it takes? Do you guess what it takes to get better?

BOB: I know it takes work, for sure.

WILSON: You don't like work.

BOB: Well, not this kind of work, no.

WILSON: You know how to work, though? You know how to apply your energy to a task.

BOB: Right, oh yeah, of course, yeah.

WILSON: So when you go to work out, you--

BOB: You're on it, on it, yeah.

WILSON: Right, OK, and so do you know anything else about what the word would be, theoretically, to get over something like OCD? Do you have a guess?

BOB: I know that from my experience of working with therapists and different people, and over the course--

WILSON: So you have seen therapists?

BOB: A lot, a lot, a lot. I'm almost tired of it.

WILSON: You've done residential treatment?

BOB: I've done two programs, one in Sacramento and one in Illinois, both outpatient.

WILSON: Intensive outpatient.

BOB: Did exposure therapy, CBT to the max.

WILSON: So you know that piece. What do you things happening that--

BOB: That's not changing anything?

WILSON: That's why I'm asking about your hopefulness. You've done all this work with so many people. And you've actually worked with some pretty big experts. And yet you don't feel like you're that much better. What's your understanding of that?

BOB: Maybe I'm just not applying it properly, or I'm not working with somebody who's helping me with the direction. I always say I need a therapist who is helping me really direct in the proper-- and I'm somebody who has really tried to apply it through these programs. And we've done so much work at them, and I feel like we nailed it. But I feel like I've been very educated on it.

WILSON: If you clocked in the time, you must have had to do the exposure.

BOB: I did do things. A lot of times, for some reason, we didn't hit what the problem was. A lot of times, we didn't hit-- we went through my hierarchies. We went through a lot of triggers and things like that. And it seemed like all the time, when I'm doing it in a controlled setting like that, it seems that anxiety never works like that. It never

raises and then gets to some point that's manageable. It never seems to even raise that high.

WILSON: Well do you think you and I are going to be able to make a difference?

BOB: I would hope so.

WILSON: All right. So let's start, if that's OK with you. And we're going to start, I guess, where you started before with people, as trying to have an understanding of what it takes. And if you don't mind, I'm going to take you in a different direction than everybody else has taken you. Do you mind that?

BOB: No, I'm open to it.

WILSON: You've already done that other way.

BOB: At this point, I'm open to everything, and the smallest bit that will help.

COMMENTARY: *In this section, I fi nd his fi rst big resource. When he's at work, he's distracted. So if he has a negative thought, he doesn't repeat his actions. I embellish this as good news. It's an indication he already has resources inside him. He already acts as though the content of his obsessions is irrelevant. And then Bob tells me he has a simple, down-to-earth goal. I want my mind back. He wants to be connected to his everyday activities. He also tells me that he's seen multiple therapists, and he's participated in two different intensive outpatient treatment programs. And none of it has worked to his satisfaction. So one of my goals is to distinguish what we're going to do from what he's already done in treatment. I'm going to begin that process here by saying, "I'm going to take you in a different direction."*

WILSON: This is a little ridiculous to think that we can spend 45 minutes or an hour now, and 45, an hour Sunday, and help you. And we totally can. I've done it lots of times before. And I don't know whether you and I will connect with what I'm going to tell you, but it's possible. So let's see if we can build it together, if it makes some sense to you. First is-- OCD is out here. In other words, let's think you have a relationship with OCD, clearly. It gets into your head. It messes with you. You feel like you can't overcome it, and so you do whatever OCD

asks you to do. You know why you can go out of the room and come back in? Because OCD tells you that's the only way you're going to be able to get rid of this feeling and sleep. So you've fi gured out a system, but it's OCD's system. It's not your system. But you're doing exactly what OCD wants you to do, which is have a threatening thought or word, tell yourself you can't manage it, and then go do whatever it takes to get it off your mind so you can move on. Right? That's what's going on, isn't it?

BOB: Exactly.

WILSON: So all of that is OCD. And we want to know that that's happening and change the relationship. You have had this long enough that you know one thing a lot of people don't know. The topic changes over the years and decades. But the process stays the same. I'm going to tell you what I think we should think about is the process. OCD lives in people who cannot tolerate uncertainty about that theme, just about that theme. You have a lot of uncertainty. How's this workout going to go with this person? You're 26. You've been through all that. But regarding the content that you've got with OCD, you don't want to fi nd out if you can not do that repetition and also fall asleep. You don't want it. Because you've tried it before, and you could stay awake all, and it would be terrible. We need to do the opposite of that. So what we want to shift is your relationship with OCD. OCD only lives in you if you respond properly, which is-- I've got to get rid of my anxiety. And I've got to get rid of this preoccupation of this word, or image, or whatever. Let's fl ip that. What's the opposite of I've got to get rid of my anxiety?

BOB: I want it. I want my anxiety.

WILSON: And I want to keep it.

BOB: I want to have my anxiety. I want it to stick around. I want to feel it.

WILSON: And my uncertainty, I've got to get rid of my uncertainty. What's the opposite of that?

BOB: I'm never going to be certain, and that's OK. I want it to be that way. I don't want to be sure about anything.

WILSON: The middle is it's OK. The extreme is I want this uncertainty. So we've got that piece. That seems like a crazy thing to think and do. We're going to make one other shift, which is you've got a whole-- you just ask me again when I say things that seem confusing to you. So what I want to do is the opposite of what OCD requires. OCD requires me to resist having that thought and try to get rid of it, and resist feeling anxious to try to get rid of that. So I want to have the opposite of that, which is I'm going to go toward being uncertain, and toward being anxious.

COMMENTARY: *Throughout the session, I've been listening for how Bob addresses the symptoms. And he clearly views the disorder as an entity outside of himself, doing harm to him. So it's a very easy step to sharpen that distinction, to convey that our intervention will include externalizing and personifying OCD as his challenger. This is an essential task as strategic treatment begins. I tell him that his job is to do exactly the opposite of what OCD demands. Then I quiz him. What's the opposite of trying to get rid of anxiety and trying to get rid of uncertainty. Bob is right back with me. His immediate response is to try to keep it with him, to try to have it stick around. This is a really good sign that he can make this leap of faith.*

WILSON: You got that part, now let's make one other fl ip. It's OCD's job to generate those feelings inside me. Just hold on. We'll get to that piece. So I'm not interested in you becoming uncertain. We're going to talk about doing homework between now and Sunday, if you're willing. Don't do anything that doesn't make sense to you. Are you willing to do something hard? There's only four days.

BOB: Of course.

WILSON: You've been through the wringer with therapists. And you've been through the wringer with exposure and response prevention. You've been to one of the best programs in the country. So if you're willing to put yourself through the wringer, four days, if it makes sense to you in the end, and it makes a difference, but it means that you might not just sleep well. You ever had trouble sleeping before? Oh, yeah, of course you have. See, this is the good thing about your type of OCD. If you've told me this correctly, the worst thing

that's going to happen to you if you mess with things is you're going to stay anxious. You've been living with anxiety since you were 10. You don't like it, but you can bear it. So if the worst that's going to happen is you are going to get anxious, it won't be that much fun. But if it makes a difference, then OK. So let's perceive this as a mental game. You're a competitor, right?

BOB: Yeah.

WILSON: Done any martial arts?

BOB: Yeah.

WILSON: What kind?

BOB: Karate Okinawa.

WILSON: What do you know about aikido? Know something about it?

BOB: A little bit, yeah.

WILSON: So in karate, what do you do with your challenger's energy?

BOB: You use it against them.

WILSON: Yeah, that's what we're going to do. Now aikido does something a little different. As somebody comes toward you, you take them and you spin before you take them down. So there's a kind of joining and then going, as opposed to karate, you're going to move them past you, and so forth. So that's what we're going to do is take that energy. And what we're going to do is if OCD requires me to fi ght against it, I'm going to ask for more instead. You've got a mentality that knows this, because you've been doing martial arts. So that's what we want to do. So how it would go would be you've got to have a position inside your head. First is, the theme about OCD is uncertainty and doubt, not about water, not about fi re, not about whatever the thought of the day is. It's about uncertainty. You don't want to get deceived by down here. You want to go, wait a minute, OCD needs me to fi ght against uncertainty. I'm going to do the opposite of that, which is I'm going to ask for uncertainty. That also means if you do a provocative task tonight as you're going to bed, you've got to ask OCD to keep you awake all night. Please, what I

live for is for you to make me stay awake all night. It's a crazy kind of way of talking. The reason you want to talk that way is you've got the amygdala in your mid-brain, which is your anxiety, your fi ght or fl ight response. You're amygdala's getting set off because your prefrontal cortex, you talking to yourself, you are scaring yourself by what you say, which is "God, I hope I don't stay awake all night. If I don't get rid of this, my life's going to be miserable." Are you with me?

BOB: Yes,

WILSON: That is what you do. So we're going to say ridiculous things like come on, more please. Because that's competing with this in here. We don't really care about what it's saying. We're going to personify it as the challenger in order to get you to do the opposite of what you've been doing. You've been resisting, and you have to go at it. My son had taekwondo and was down in Orlando-- he's 24-- Orlando, Florida, at the Junior Olympics, competing in sparring. And I wasn't there because I was teaching, or something. And I called him that night to talk to him, how it went. And he lost. And I said, was he bigger than you? Not really. Stronger than you? Not really. Well, what happened? Well, what happened was the bell rang. This challenger rushed forward and did a roundhouse kick to Patrick's side, knocked him down onto the mat. And that shocked him, kind of stung. And then once that happened, he was 100% defensive. He didn't want to end up on the mat anymore. So he lost seven to one. He got scored on seven times because all he did was back up and avoid.

So that's what we don't want to do. We want to take the game to OCD. You want to go forward, step forward. You know how to step forward. What I need to give you is the move to step forward with. It will seem crazy to you, but you want to try to make me right, but only for four days. And you can throw it away. So do you have any sense of what you would do tonight if you were trying to make me right? As you start to go to bed, I'm asking you just to see how far I've conveyed to you of what the structure might be.

BOB: To kind of, talk to myself in, kind of a bring-it-on type of mentality.

WILSON: Yeah, and what would you be asking to be brought on?

BOB: The anxiety. The behaviors.

WILSON: Number one, I want to bring on not knowing if I can get rid of this preoccupation. That's what I want to bring on. Because that's what you're afraid of. That's what OCD has given you. And as long as you are afraid that it's not going to go away, OCD is going to take you down.

COMMENTARY: *This whole treatment intervention is built on logic. I don't want the client to comply with a homework assignment. I want the client to comprehend the reasons behind any of the changes I suggest in his relationship with OCD. Once Bob is on board with the logic, then I'm going to go after him as a competitor, as a martial artist. The worst that will happen if he practices his skills at bedtime is that he'll sleep poorly, and he's had plenty of experience tolerating that. When I ask him how he might practice as he goes to bed each night, he says he can tell OCD to bring it on. At this point, he defi nitely understands how to apply the concepts in the moment. Again, this is great news.*

WILSON: So you've got to go hey, I eat doubt for breakfast. You can't give me enough doubt tonight. I am totally willing to stay up all night and dwell on this because you're forcing me to. I don't want you to purposely dwell on anything. I want you to go to sleep when you want to go to sleep. Watch a channel. When you turn on the TV and you have that negative thought, your job would be to do what, think what?

BOB: Say that's good that I got that thought.

WILSON: Right, see, the difference between what you've done and what I want you and I to do is you've been trying to do the exposure piece-- turn the channel, and have the bad thought, and not change the channel. That's just the fi rst step. The important step is what I am going to do mentally when that occurs, which is-- and there's an expression-- neurons that fi re together, wire together. You and I need you to activate the moment where you get threatened, because your fear center is all set up with that. We have to activate that territory in order to modify it. So you want to have the moment where you're having that negative thought, and go oh, shoot, I hope this-- oh no. That's going to happen automatically. Oh no, there it is. And then you want to pair that with a-- oh, OK, time to practice. Yeah, OK,

great. I'm going to leave this on this channel and feel freaked out, and if I concentrate on the channel, great. And if I don't I sit here or perseverate-- think, think, think-- then that's what I'm going to do. So for every moment you're feeling distress, you want to step outside of it and go oh, it's happening. Good, scoring points, winning. So you've got two things going on, the thought, freaked out, but you don't want to be 100% the actor in the drama. You want a part of you to go, OK, that's what that crazy psychologist today told me to do.

It's just like go for this. I want this. I am not preoccupied enough. OCD, would you please make me even more freaked out right now? And you turn your attention to the TV or whatever you want to do, and don't care what happens next. And then a negative thought comes in, or a fear, and you go OK, good, that's what I want. I want that. That's how you score a point, not by having the fear, but pairing it with a response opposite of what OCD needs to fuel its fi re. So what you and I want to do right now is to know the kinds of messages you'd want to give yourself in the moment when this stuff gets triggered that would either motivate you, or tell you what to do at that moment. Bring it on is a perfect one. Bring it on. Is there any other thing that you think in the moment you would want to say to do the opposite of what has been happening, which is to sit in this muck and take the hits?

BOB: Something to say to myself more so here?

WILSON: To make sure that you stay on track with what you're doing. Remember, neurons that fi re together, wire together. You going to have the fear. You've got to have a statement that you keep, you continue to come back to, so they wire together, and three months from now, three weeks from now, fi ve days from now, that starts popping up automatically because you've had a success experience with it. So is there anything you need to say to remind yourself of what you need to be doing? I'm going to give you some suggestions, but we'll see if you have any.

BOB: I think something I've tried before is I want more anxiety. Give me more anxiety.

WILSON: Good.

BOB: What's next kind of thing.

WILSON: Can you say that honestly?

BOB: Yeah, I feel like if I can get myself paired with some motivation, then it can happen.

WILSON: OK, well let's back up and give you justifi cation for honestly saying give me more. What all your other therapists had been working on, if they were doing what they were supposed to, is they were working on trying to get you to habituate, get used to it. That's what exposure and response prevention is. And to habituate requires frequency, intensity, duration. We know this without question. Three decades of research-- frequent exposure to what you're afraid of with an intensity of, out of zero to 100, at least a 50. You've got to be pretty distressed, because you've got to activate that area. So frequent exposure to moderate or higher distress for prolonged periods. They were wanting you to practice 45 minutes to an hour and a half. That, we know from the literature, is the behavioral treatment of OCD. You and I are not doing that. We're doing a cognitive treatment. But this justifi es what we're doing. If you will do this and you respond like other people do, you'll have a kind of aha, which is oh, I did something different and it couldn't stay with me. So if I need frequency, intensity, duration, then I want to be anxious right now. And I want it to be strong enough. Going through this torture, I might as well have it count. And I want it to last, because you need prolonged exposure. That's great. The trick is when you want it, it can't live inside you. That's what changes.

COMMENTARY: *This treatment depends on the client utilizing both dissociation and absorption. I want the client to dissociate further and further from the content of their obsessions by absorbing themselves in the task of mastering this provocative response. I help them fi nd brief, self-directed messages to use in the moment of threat that either motivate them or instruct them in what to do. I give Bob a number of options, but I want him to fi nd one that he can really own. He picks give me more, which is a great aggressive stance, and it matches what he said earlier about the bed time obsessions, bring it on.*

WILSON: You want to play a game?

BOB: Yeah.

WILSON: Score points.

BOB: Let's score, yeah.

WILSON: Here's how you score points. You don't have to read it right now, but I'll tell you what that says. It says what I want you to think about doing the next four days. So you're going to be self help now on your own, which is go fi nd opportunities to get this going. So instead of dreading night time when you have to go to sleep, you go, OK, I'm looking for as many opportunities as I can the rest of today to score points. How do I score points? I have either a doubt about how bad it's going to be, or I have the distress. As soon as that happens, when I experience that, I say to myself something like you're talking about now. Give me your best shot, or, I want this. So you can read those quotes right now to yourself, and those are just to get you in the ballpark. You don't have to do any of those. But those are the types of things that are opposite of what OCD expects. And as you say you have the feeling, you don't get a point for having the feeling. You get a point for how you respond to the feeling. Every time you do that, you get a point. You know what that is? They call it a tally counter. So on your left hand, you just slip it over one of your middle fi ngers, and you hold it in your palm. And you do it by yourself, because out in public, you'll look-- The way you score a point is by doing that, and then your job is to click, and score the point. This is a prop to keep you focused. Even if you don't hold it in your hand, you want to be thinking about OK, that was another point. Or how can I score more points? Or here I go. You want to play this game as though if you score 1,000 points in the next four days, I'm going to write you a check for $10,000 and it's going to go into your checking account. You want to play the game like your life depends upon it.

BOB: Yeah, with some competitive spirit.

WILSON: Does your life depend upon getting better?

BOB: Yes, it does.

WILSON: I mean, everything that you want to do, OCD is in your

way.

BOB: Exactly.

WILSON: Now you ever go to movies?

BOB: Yeah.

WILSON: What's the last one you saw? Or what's the last one you remember?

BOB: I saw the Lincoln movie.

WILSON: OK, what'd you think?

BOB: It was good. It could have been better.

WILSON: What movie pops into your mind that you thought was great, anything at all? I'll ask you a different question. What makes a movie fun, or good, or enjoyable?

BOB: Something that captivates your attention.

WILSON: Exactly, right. So what we call that is you suspend disbelief. You don't keep focusing on oh, I'm looking at a screen that's two dimensional with actors up there. You suspend that and get engrossed in it. So I'm going to ask you to do that here. It's crazy to think that you could do something to help yourself get better in four days. I want you to suspend that disbelief, and do this as though it might help you. We might totally fail. I might know nothing. I might be this charlatan, but you'll have only spent four days wasted on paying attention to me. So that's the bad side. The risk is you'll have wasted this time, been stressed to the max, and it did nothing for you. What's the good side? What's the possibility here?

BOB: That I can start taking my life back.

WILSON: So can we play like that might happen? Sunday we'll have another 45 minutes or hour, and we can debrief what happened. We can fi x whatever went wrong. I can try to tweak it with you. We can do something different, and so forth, to go the next step.

But right now, this is the big stuff. If you don't do this in these four days, we won't have anything to talk about on Sunday. Can I ask you to do one other thing that would help me?

BOB: Yeah.

WILSON: Are you willing to play this?

BOB: Yeah.

WILSON: You understand how to do it?

BOB: Yeah, exactly.

WILSON: Would you be willing to email me once a day and tell me how many points you scored?

BOB: Yeah.

WILSON: You have access to email? Do you email, yourself?

BOB: I do avoid it though, because it turns into a--

WILSON: But this is an opportunity to practice.

BOB: Exactly, that's what I was going to say.

WILSON: Remember, you have to be willing to be miserable.

BOB: Right. I want to email you.

WILSON: OK, because it'll give you an opportunity to score some more points. And if you will just once a day, I don't care when it is, you write me and say, "This is how many points I've scored since I last wrote you." And then clear it, and start again. And if you don't have it with you, try to kind of-- points don't matter, of course-- but try to keep track of how many you think you scored. This is very helpful to have a tally counter as a prop. It's just for the short term. What do you want to ask me before we stop for today?

BOB: So I guess this is something I've slightly started.

WILSON: Is it?

BOB: Kind of like asking for the anxiety, and bring it on, I want more. I remind myself when I'm doing it that I'm kind of rewiring my brain. I tell myself, "You're making yourself better." I guess my problem has been sticking with it. But would you say that this is something that, it's kind of like, you're putting it all together in this way? You're still doing the, you could say, the ERP portion of it still, because you're thinking about it on purpose basically. It's all forming together in a way.

WILSON: Yeah, everything you've done up to this moment prepares you for this moment. And then we're going to do a martial art move that takes everything that you've been doing and puts it together in a single package to fl ip on OCD. I want to say to you once again, I have clear data that we can do this. I do a two-day treatment with eight people with severe OCD, and in those two days we turn the corner where very often eight out of eight people catch on, and are doing better. We've tracked them for a month. If it works for the fi rst month, you're fi ne. Because it's still exposure and response prevention. You just now have the mental set. You own it now, as opposed to going through, complying with the request. The therapist says do this. You do that. I'm not interested in that. I'm interested in you having a model in your head about how to do it. That's what's been missing-- you being able to own it. So if we misfi re in the next four days, we'll fi x it on Sunday because I failed to do my job of passing it over, unless you suck and don't do practice.

BOB: No, I see that. With the small times that I have tried some of this, I see that you need to get your fi ghting spirit going, because without it, you surrender. I mean, even though in a way, you're surrendering, you need to, kind of, motivate yourself to say, "I'm going to attack it and make it a contact sport."

WILSON: Right, and the last thing I want to say to you is you also need to perceive what we're doing as different than what you have done with others, because you have done everything else, and it's not worked. If you and I don't see this as different, then it's like trying to quit smoking. And if you've quit a million times, and now somebody's doing the same thing. You've got to perceive it as, "Well, maybe this--" So we're in a good place.

BOB: I see the difference of that, yeah.

WILSON: So we're about ready to stop. Anything else you want to ask before we do?

BOB: So basically, if the things that are bothering me when I'm thinking something, whether it's a word, or a sentence, or something that may be making me get up again, or do that behavior again, I'm not only asking? But part of my job is to actually try to think about it,

and say I want to think about this.

WILSON: Hold on, let's not get confused. I want OCD to make me think about it again. I don't want you to go think about it again.

BOB: Kind of like--

WILSON: When it comes up, gives this to me again, and then you're done with the transaction. You're going to close your eyes or even stay watching this. Don't go get it again. Make it go get it again.

BOB: So it's more of the asking. It's not me saying, oh, I want to think of water now. I'm not going to repeat that sentence to myself.

WILSON: You have enough stimulus all day long, naturally. Just go with your natural stimulus. Those thoughts are going to come up. The words are going to come up. Events are going to occur. And when they do, then take advantage of them. If you can go do an event, like go turn on the TV, in order to provoke it, that would be fi ne. But anything you need to do to get more points is what you want to try to do. And then you turn it over to OCD to make you feel worse, and to make it stay around, then you go back and focus on whatever your valued activity is at that moment until it distracts you again. And then you go, thank you, great, click. If you just say, great, you've just scored a point.

BOB: So it not so much the engaging in the I'm trying to think about this now. It's more so the way I'm talking back to it.

WILSON: This is different than other people have done it with you.

BOB: It's more the talking back to it. That's great.

COMMENTARY: *I introduced this concept of suspending disbelief. It doesn't seem possible that a person can improve dramatically in four days, not someone who's had OCD as long as he has. So I want to build expectancy that rapid change is possible, that other people have changed quickly, and that he can too. You also heard me make a critical distinction between this work, and exposure and response prevention. He does need frequent exposure to the threatening event, but then his goal is to turn over to OCD the responsibility to generate uncertainty inside him, and to generate his distress. That's no longer his job. All that should*

be relegated to OCD. If he'll absorb himself in that project, he'll dissociate from the part of him that has to get rid of the thoughts and feelings.

WILSON: Good luck.

BOB: Thank you.

WILSON: Every day. Send me an email every day. And all you've got to do is say, here's how many points I scored. If you want to let me know something else, you can. Don't feel like you need to.

If you do, as soon as I get the email, I'll respond to you. I might just say, thanks a lot, or whatever, or I'll respond to a question if you have it. Otherwise, tonight I want an email, Wednesday, Thursday, Friday, Saturday-- so fi ve emails in fi ve days, and then I'll see you on Sunday. So that's your job. Are you going to do your job?

BOB: Yeah.

WILSON: OK, all right, I'll see you then.

BOB: All right, thanks.

SESSION 2

WILSON: Welcome back. It's been fi ve days. Check in. Tell me what's been happening. What have you noticed? What's been going on?

BOB: Well I've been defi nitely using a lot of the techniques, and just kind of challenging the OCD more.

WILSON: The competition thing is a nice angle, right?

BOB: Yeah, yeah. I think my biggest trial with it is I'm seeing actually a lot of fast progress, I'll tell you that.

WILSON: Does that surprise you?

BOB: It not so much surprises me, but it's nice to see. Because I think the problem is that I never do challenge it, or not enough, you could say. But this is a way, I mean, doing it this way with the phrases you gave me and things like that and actually do that, and starting to come up with my own. I've started to, kind of, make it my own more.

WILSON: What are you gravitating towards, in terms of, what do you

say?

BOB: Like, the way I say it? For me, it changes a lot. For me a big thing is what's next? I will get very mocking with it. Yeah, like bring it on. And for me, a big thing is to kind of be mindful of when I'm starting an activity where there's going to be a trigger.

WILSON: Oh, yeah, excellent. You kind of caught that on yourself. That's a principle.

BOB: Yeah, so if I'm going to get changed, that's an activity that is going to trigger a lot of my obsessions.

WILSON: Right, because once you're in there and starting to change, you're more vulnerable, because the patterns start. So when you stand outside the room, or stand behind before you step towards the closet, and you go, OK. So what do you say at that point?

BOB: For me a big thing, sometimes, is vocalizing it to myself, not being quiet about it, actually saying it to myself aloud like that. And so I'll say, OK, I'm ready. I'm going to change now. And typically I'll say I'm going to do this. I know I'm going to feel anxiety. I know things are going to come at me, things I don't like. And I say, I'm ready for the threats. And I say, let it go.

WILSON: You said let it go?

BOB: Yeah, like I'll say, let them come. Give me your threats. And I'll go like that. And then they'll start coming, and then I'll start.

WILSON: Well I just want to say, that's so wise to do it that way-- to get oriented, talking out loud, getting set. Because you drop your guard and you get sucker punched, and we'll probably talk about that in a little bit, because you said some of it was hard. But go ahead.

BOB: So a big thing for me is I will say, OK, give me your threats-- the bring it on type of thing-- Give me your threats. I'm ready for whatever comes my way. But actually I kind of get pumped up about it. I try my best to really get that competitive spirit, to feel it, because I know it helps to say it to yourself a little. But if you're not feeling it, I can see the principle of not being scared. Because then when I actually do it, a lot, I don't get a lot.

WILSON: What does that mean?

BOB: When I actually start the activity after having that mentality--

WILSON: You mean not a lot comes to you?

BOB: I don't have a lot of obsessions. I don't get a lot of obsessions.

WILSON: Well, what do you make of that? Let's make some sense of that.

BOB: Because I'm not scared.

WILSON: You've got to be a little scared. Aren't you a little scared? You're not some intimidated? No, you feel like at least so far?

BOB: I mean somewhat it catches me, sometimes. But for the most part, if I can really take that mentality, and I tell myself before, I don't care what threats I get. I don't care what happens, what obsessions, how much something bothers me, I'm not going to act on anything. I'm not going to act on any threats I get. I said, and I'm not playing this game.

WILSON: Yeah, you got it, man. You got it.

BOB: So I basically said, I'm not playing. I'm not playing. I said you want to go? Let's go. I said you want to go, like that. I said, give it to me, give it to me. Let's go.

WILSON: Now, you keep that the rest of your life, you've got it made.

COMMENTARY: *You can hear how Bob has made those self messages his own. He has this beautiful aggressive stance of mocking OCD. What's next? You want to go? Give it to me. And he's adopted another excellent strategy, which I would recommend to anyone. He reminds himself just before he begins an activity, that it's one that might trigger his thoughts. He gets himself ready. He gets himself psyched up. Then, again, before the thoughts even show up, he invites them. Let them come. Give me your threats. When he experiments with this approach, it gets reinforced. Because he gets fewer than normal obsessions. I defi nitely want to support this strategy. I tell him that if he can keep this stance up for the rest of his life, he's going to beat OCD.*

WILSON: Today we're going to look at where are my threats? And

where am I dropping my guard? Where do I get sucker punched? Because when you're this pumped up, you say you're not getting a lot of it. And then, as you get stronger, you'll drop your guard naturally. You won't be on guard, and then it'll hit you. And then we got to make sure you've got a way to regroup at that point.

BOB: I have had the chance to deal with some of the obsessions that come to me. Because there are so many that even when I am so pumped up and feeling strong, some slip through. It's just not as many. So I am getting the chance to deal with it, and that's where I've got to say to myself, well, one big thing I say is, I expect it. I expect it. And then I have to obviously deal with it, and feel it. And that's the more challenge there is, I know that's there, and to not act on it, to continue with what I'm doing.

WILSON: Well, and the other part is when it slips through, the other way to respond is good, because I need it to slip through a little bit. I don't want to have such a defense up that it never slips through, and I never get to practice handling it when it hits me. So you can, OK, hey, that wasn't-- it's almost like he's a pretty good challenger. Hey, that was a good one. You can admire him, because he's been a tremendous aggressor, and he's taking you down a lot. And so it's like, OK, that's a good shot. You caught me off guard there in some way.

BOB: So I'll do the thing where I do get some, and then I tell myself I can handle it. And when it does shock me a little bit-- even when I have that mentality, I will have something that slips through, an obsession that's there. And then I try to tell myself I can handle this, and I'm going to keep doing what I'm doing. But I can handle this.

WILSON: And then what tends to happen?

BOB: It tends to dissipate as long as I keep that mentality, as long as I don't back away and let myself be scared.

WILSON: Now, how is this different from how you were trained or taught in therapy, or in the intensive treatment programs? Why do you feel like you're getting somewhere at this moment? Do you know what you've changed in your head? You may not know.

BOB: I feel like honestly, the biggest thing, even though there are some

things that are working together here with that, that I've learned.

WILSON: That's what we talked about at the end. Maybe everything I've done up to now is allowing me to engage this.

BOB: I think the whole point is no matter what I have done though, or no matter how prepared I've been to do this, the fact that I'm actually challenging it, and I'm having that mentality with the phrases and actually trying to do that, I think the fact that I'm challenging it. It's not that I'm sitting there doing an exposure on a couch, that I'm scared, and I'm acting scared the whole time I'm doing it.

WILSON: So you're bringing the game to the OCD. You're going at it and saying, OK, now let's go. And then you become the aggressor. See, I think that's what it is you're beginning to feel when I become the aggressor, as opposed to-- all right, let me do this exercise. Let me handle whatever's coming. You are more of the aggressor, I think.

BOB: Exactly, yeah, yeah. And I see that. I see the fact that I still get to deal with it, and I still have to deal with those obsessions. But it's at a different pace. So I think, I even a few times, a few of the days, I started even getting to the point where I mock it a little more, and I say, I can't hear you. I can't hear you anymore. I get a little bit like that, because sometimes I get so pumped up. I get going. And one might slip through, and I'll be like, that's a good one. That's a good one. I'm like, give me more. Give me another one. What's next? Like that. And I get hard, like if I were screaming at somebody in the street, and had somebody attack-- even though you shouldn't be doing that. I kind of do that.

WILSON: Or at 2 o'clock at night after they've been drinking seven beers.

BOB: Right, right, right, like what are you going to do? What are you going to do? What are you going to do? I get a little bit like that. I even get to that point where I'm saying, I can't hear you, I can't hear you. Let's go.

WILSON: So what do you think would happen if you, kind of, dropped these skills for seven or eight days and, kind of, didn't play this? What do you think would occur? I'm asking you this to imply--

you better stay with it. What do you think would happen if you went for fi ve or seven days without doing any of this stuff?

BOB: Probably go back to letting the anxiety take over again.

WILSON: So it wouldn't be hard to slip back. And that's the thing we want to be clear about, it's like, this is a contact sport. This is an aggressive sport. This has been beating me for a long time. Just as before, you've had your guard up, you've got keep your guard up now, too. You've had your guard up all along, right? How am I going to get hit? So you got to stay alert, and awake, and alive here.

COMMENTARY: *Bob is so successful at being aggressive that he now can block a great deal of the obsessions from ever even showing up. But clients can't simply prevent symptoms by pumping themselves up with a competitive spirit. It's critically important that they also have a strategy for when the obsessions slip by their new paradoxical defenses. The good news is that Bob already understands this, and has a response. He knows he has to deal with this urge to engage in his compulsions. When the obsessions do pop up, he tells himself, "I expect this. I expect this." Then he tells himself, "I can handle this," and he lets himself sit with the anxiety. And again, this response is reinforced. Because the noise tends to quiet down. This is great work he's doing.*

WILSON: So what's happening night time, going to bed? How has that worked out?

BOB: I haven't had too much trouble. I have had some-- it is a hard spot for me, still. I think because it's a time where I'm settling, and having to settle and relax. It's more of a challenge than even me saying, well, I'm getting my clothes on. I'm going. I'm going to work. It's a little more, I can be that more awake, aggressive, and feel like I can be more aggressive because I'm moving. So laying there at night, I have let some things just be there and had some of that attitude.

WILSON: Now tell me how that looks. Or how do you describe letting some of it be?

BOB: I mean, of course without acting on it.

WILSON: So I'll have a thought, the thought you don't want to have, or the phrase you don't want to have, and you'll just let it ride? Is that

what you mean when you say that?

BOB: Yeah, I let it ride.

WILSON: Because that's the other way.

BOB: Yeah, and at that time I might be a little more tired. Maybe I am closer to falling asleep, or something like that. And so I try to tell myself. That's one area, defi nitely, I'm going to need to work on a little extra.

WILSON: Try to describe what you need to work on.

BOB: How to go about that more. Because I'm settling and I'm not moving, like I said, the thoughts do still fl y more. I did notice, though--

WILSON: And then do you get out of bed, and go back, and do a ritual?

BOB: Yeah.

WILSON: Go on to say what you do.

BOB: Though I try to prepare myself ahead of time and say, I'm not going to do this. Like I said, I'm not playing this game. And I have fallen asleep with some of those things there.

WILSON: That you didn't undo, you mean?

BOB: Yeah, the obsessions, because I'm not acting on it. But I do notice one thing is that even though it's a short time, as I've been doing that, I'm getting a little bit less. It's not so aggressive.

WILSON: Well, I think that we want both sides of that. One side, I'm pumped up, I'm ready, give you the best shot, I want to hear more. And the other is, I'm settling. I've got to have a quiet move to make too. And I think the direction that I would suggest that you go is what I think you're beginning to fool around with, which is, if the thought fl oats up, the phrase fl oats up, you get scared by it. So that's the pair that you have to be willing to have. The thought's going to come up unconsciously. You're not forcing it up. It just shows up that you don't like, and then the distress and worrying about, oh no, now, that comes up. And then that's when you step back and go, let me just settle on

this. Let me just hang out with that. And something to the degree of, let me not react to it. I'm going to let it go. The defi nition of letting go is not blocking it. It's not embellishing it. It's not fi ghting it. It's just, let me wait it out.

Even doing the little postponing-- you've got this really strong urge to get up, and back up, and get rid of it, and you say, well look, I'm going to lay here for 15 minutes. If I fall asleep, great. If I lay awake, fi ne with me. It doesn't really matter. And if in 15 minutes, I need to do a ritual to get rid of this, then I can do it then. So you put a little wedge of time where you go, I'll do it, just not now. And I think what will happen is occasionally you'll do that and then 15 minutes will go by and you're asleep already. And other times, you go ahead and get up because you've got to get up early in the morning, or it's late, and you do your ritual. But even if you do your ritual at that point, you've just had 15 minutes where you weren't impulsively doing it. If we can break the impulse, that's a gift to you that you can build on. You follow me on this particular piece?

BOB: Yeah.

WILSON: Just because it's very impulsive. You have the thought, and you go, there it is. Now I've got to get up and do it. We just put a wedge of time in there, look at the clock next to the bed. Go OK, it's 11:15. I'm going to be with this until 11:30, and then we'll see. What would that 15 minutes be like if you decided?

BOB: I've done a little bit of that. I've actually done a lot of that. What's happened with that is that I think, if I'm really tired, if I'm very tired, the chances are I might fall asleep, if I'm just completely gone, like done. But a lot of times what's happened too is I may get up, at least speaking on the last prior day's maybe. I haven't really had a lot of that, the last day or two, to go off of. But maybe speaking on the last week, two weeks, like that. I'd probably get up after that short time, even after postponing. Because I've tried a lot of that. With me, it seems like it's been so strong, at least before, that I will lay there. And even when I'm almost asleep, it's like, I'm almost asleep, and I get a thought or a phrase, like I tell you about. And it's so scary. When you're that tired and you get that, at that point, it's hard. Sometimes I

react so fast.

WILSON: To get up and undo it?

BOB: Yeah, because it scares you. You're almost asleep, and it's amazing how the brain does that. Because I'm like, here you are almost asleep for the night, and then bam.

WILSON: Yeah.

BOB: It's like how my brain could still be thinking that.

WILSON: What do you think you want to do in those times? What's a good thing to do, do you think? Do you like how you do it now?

BOB: No. You mean getting up, redoing that?

WILSON: I mean, you could. You could throw that away. You could go, look, OK, you got me on this one. This is a battle. This is one of the battles. You can go, screw it.

I mean, you got me on this one. I'm exhausted. I'm not going to practice now. Let me just get up and do this. You could. You could go, OK, I'm going to get that. I'm going to go to sleep. Now, that might get it all going again. That's the whole drawback of doing it, is like, oh, then I'll have another one, and then another one. But you can if you want. You don't have to practice 24 hours a day if you feel like what you're talking about here, where you get so spooked and all of a sudden, you're up before you even know it. And to some degree, I'd be giving it credit for-- yeah, you're good at what you do, man. I've been working hard all day, and all of a sudden, I have my guard dropped. And it is a sucker punch, and you go, OK. But my prediction would be if you will work on all these others, and get stronger with them, those moments will get weaker, and weaker, and weaker. I'm not saying throw these away and lose every time you do it. But to the degree you feel like uh, so you want to change your emotional state about it too. Instead of being disappointed or upset that you did it, you can just, kind of, put a smile on your face and go-- it's an honorable competitor.

BOB: Next one's mine, or something like that.

WILSON: Yeah, I mean, would that seem OK?

BOB: Yeah, yeah.

WILSON: Do you want to do it a different way?

BOB: No, I think that's probably the best way. And I do see that, if I'm practicing during the day, the nights got to be easier.

WILSON: Right, and also it knows that you're dropping your guard.

Again, we're personifying it as though it's an entity, but we have people who are-- have you ever heard of trichotillomania? It's people who pull their hair. When do they pull their hair? When they get bored, like watching TV, or when things get quiet. So the most likely time they will pull their hair is when they lay down to go to bed. Because just like you're saying, they're dropping their defense, and then up their hand goes and begins to twist, and start pulling. And they wake up the next morning. There's a pile hair. So it's not an uncommon hurdle. Those are defi nitely my times-- going to bed and then when I wake up in the morning. And if I wake up and I still have time to sleep before I actually need to start the day. That's when it gets me, too. Those are defi nitely my most sensitive times. If I don't pop right out of bed and get going, and I want to lay there, and I want to sleep more, that's when it really starts hitting me. It's like the fi re is away.

So you going to start giving up both ends of the night? Are you going to start giving up both ends of the night? So you might want to draw a line in the morning and go, here's what I'll do. I'll lie here and not get up because I want to rest some more. But if this keeps plaguing me, I'm just going to have to suck it up, and lay here, and not get more sleep. I mean, you may have to-- but at least, my priority, probably, if I were you would be doing that. You've got to fi nd your own little pattern around it. But if you start giving up as you fall asleep, and then you go, gosh, I sure would like another 15 minutes, let me tell you about that last 15 minutes. The research says that you get very little rest once you've awoken if you fall back asleep, that 15 minutes. It feels delicious though, so it's hard to give it up.

BOB: My problem is it will happen when I could still sleep for two or three--

WILSON: Two or three more hours.

BOB: Yeah, well and then it's like a half a night almost for me. But

that's where I've got to try to put that into practice more.

WILSON: Yeah, which again, the postponing thing may be a way to go. Here, it's 2:30, and I'm going to give it to 3 o'clock.

BOB: Do you think a good technique is to say I'm going to lay, and it's good that I have the chance to sit with this, to postpone maybe, or even if I tell myself I'm not going to act on this, but lay there with it and see what happens, if I fall asleep. And if I don't, if it's being on me, it's not stopping, then to say maybe get up, and just do something different for a small amount of time?

WILSON: What do you think that would do for you?

BOB: To kind of break the cycle.

WILSON: What do you think that would do for you?

BOB: I mean, for me, I think that it's better than staying in that one area the whole time.

WILSON: Yeah, that's fi ne. Part of what I would do is, if I decide that I'm going to postpone for 15 minutes, I make that decision. Then don't renege on, don't go oh, 15. Maybe I'll make it 10. If you'd made it, you go well, 15 is 15. Don't renegotiate it and say, do I really want to wait? So you make a decision, do that. If I were doing it for 15 minutes, in that 15 minutes-- sometimes this will happen in the middle of the night, I'll wake up because I'm worried about one thing, or another. And it's 3:30 in the morning, and I've got to get up at 5:30. You know how it goes. Like ah, here it's 3:30. It's going to take two hours to get to sleep. Then I'm only going to have a half hour. And then I get anxious about not getting my sleep. Now the crazy thing that I have done is to lie there and put a little slight smile in the back of my head and say perfect. Perfect that I'm lying here awake, because the message, perfect, is I'm not resisting. It's there. And to go, perfect, means I'm not fi ghting the fact that I'm awake. And it makes it easier to fall back asleep. So if we can do something like I'm going to lay here for x minutes, then I'm going to get up and go refocus my attentions. For me sometimes, I'll turn on the light. And they always say don't turn on light, because it stimulates waking. I'll turn on the light, read a magazine for a little bit. And then I'll get sleepy, and then I'll turn it

off. And I'll do that if nightmares-- you ever had a nightmare, and you wake up, and you go here's a night when I need to just get up and walk around, because every time I close my eyes, the nightmare starts again. So I think your idea of to go disrupt for a little bit to shake it off is fi ne. The big piece I want to make sure we add is don't get frustrated by it.

COMMENTARY: *Now you can see why we must have a less aggressive option in place as well. Because two of his most vulnerable times are as he's trying to go to bed at night, and just as he's waking up in the morning. He must have strategies for quiet time, when he's letting his guard down, as I suggest this plan of waiting it out, of being willing to lie awake for 15 minutes with no intention of falling asleep. I added an important instruction. Don't let yourself feel frustrated. If you lie awake, feel fi ne about lying awake. Don't use these strategies to get rid of anxiety, or to fall asleep faster. Use them because they're opposite of the mentality that OCD requires. OCD thrives on people becoming frustrated.*

WILSON: Frustration is in service of the disorder, because frustration is arousal, mad, it's not working. Whatever's happened, you want to go. That's what I'm saying. If you get sucker punched, go, you are good. Next one's mine, is what you said. And I like that. The next one's mine, because that's kind of putting it in there.

BOB: Yeah, that's been a big thing for me during the day when I'm doing it, if I do fall back on something, is to keep myself motivated, to say, well, now I'm going to kind of restart my motivation and say, even though I fell back on the last one, I'm going strong again, to go strong again. So I can see that's one of the biggest challenges, too.

WILSON: Is to restart? Tell me how it's a challenge.

BOB: Well, if you do fall back-- say, I'm doing an activity. I'm leaving home, or something like that, and I do fall back and do a behavior over, is to say, well, you know what? I'm going to keep that. I'm going to keep my mentality. I'm not going to let falling back on one thing stop me from acting aggressive towards it.

WILSON: Right, and do we have an analogy there for how you work with your clients when they start-- I mean, aren't you built to know

how to respond to people who go, you know, after Thanksgiving, I've had four days eating sugar and laying on my couch. There's something that goes, let's regroup and start again, right? So I'll just remind you that you've got all that in you. You've been coaching people for a long time around this exact same thing. And so now, no surprise that you fi nd out a way to coach yourself about it too.

COMMENTARY: *You may notice that I've already used the term "sucker punch" several times in the session. It means getting hit when you don't expect it, and your guard is down. Bob needs to know that despite his best defenses, he's going to get hit with strong obsessions. He can't possibly win every battle. There'll be times that the obsessions will be surprisingly strong and persistent. And he'll give in to his ritualistic behavior. I don't want him to get frustrated by this. He just needs to start again. I'm always looking for analogies to help explain the strategies, and here I remind Bob that as a personal trainer, he has lots of experiences convincing clients to start working out again after they fall off the wagon. But he's way ahead of me. He already has a resilient response when OCD beats him. Next one's mine.*

WILSON: So are there any other places that have been hard for you?

Are there places that you're losing territory, that you're losing more than winning?

BOB: I mean, I could say that especially the last two days, I've been pretty good. I've been surprisingly smooth with doing it. Defi nitely, my biggest challenges are the sleep and then changing, just the whole idea of getting ready and starting my day. It seems like once I'm out and about--

WILSON: I want you to tell me more about that. But go ahead about once I'm out and about.

BOB: Yeah, it seems like once I'm going and doing things, it's still there. But it's easier to maintain. It's a little easier to say well, bring it on.

WILSON: Because you've got a task that's in front of you? I've got a task in front of me. I'm moving. I'm heading this way. I've got this thing to do. I've started my day, and the routine of the day, or the

routine over the next task, is making it easier for you to battle that stuff.

BOB: Yeah, because there's some slight distraction there at the same time. Even if it's not the most vigorous activity, there's something. But those are my big, big times, when I'm at home. Sometimes I get to the point where I don't even want to be at home. But that's what's happening. I'm avoiding those activities.

WILSON: And is that because you're too still? There's too much time on your hands, there's too much space at home?

BOB: Like maybe before even trying this method, for me the scare is well, I'm avoiding these areas. Because I know that the anticipation gets high. Because that's when I'm cowering. That's when I'm like, oh, well, I might get into these behaviors. I might start behaviors. Because I'm there, I might start walking up and down the-- we have a big home-- I might start walking up and down the stairs just to get to my bed. It might become this, I might get up and down. Then the changing-- even in the morning, I anticipate. I'm like, I want to get out of here. But then I'm like, what if I start doing the changing thing, and then I don't stop, and then I get into a big behavior where I'm doing it eight, nine times.

WILSON: OK, so I want to make sure I understand it. Because I don't know that I get all of it. I get, of course, at home I've got my nighttime ritual. I've got my fi rst thing in the morning ritual. And then is there something else about being home, except for those periods that makes you not want to go home? I was guessing that it had to do with time on your hands and not having tasks, and all of a sudden, your mind is looser or freer to wander and have a negative thought. And so I don't want to misunderstand what you're saying.

BOB: Yeah, for me I think, it's more about the activities.

WILSON: The nighttime and the morning time activities.

BOB: Yeah, the night and the morning. Because I don't spend a lot of time at home. I normally try to keep busy, or doing something. So I don't know if part of that's of where-- I don't think all of it's avoidance, because I like to be out doing things.

WILSON: Sure, but who wouldn't want to avoid that stuff anyway?

BOB: But then, those things, I would avoid normally-- here's a good example. Normally, I would avoid going home to change again. If I had to change--

WILSON: Stuck in the change.

BOB: Say I was doing something during the day, and I wanted to change my clothes, I'm getting out of my fi tness clothes and I'm going to go somewhere else. Maybe I've been to the gym, I've been here. I went out to eat, and now I've got to change again. There's a new activity I want to change for, and I want to look different. A lot of times I will avoid changing at home, because that's a problem.

WILSON: You plan ahead, carry the clothes with you, change at the gym.

BOB: I'm going to try to have some clothes with me.

WILSON: And only have so much choice about it.

BOB: Because when I'm around more people, I know the pressure's on for me to not look that way.

WILSON: And not look peculiar. So when you're talking about the changing stuff, that's the other than, I've just woken up and I'm not quite focused. It's not that.

BOB: Right.

WILSON: OK, so let's talk about the changing thing. Tell me where the struggles come in and kind of review from last time. Why does that tend to be a time you surrender a little more than usual, these last few days that is.

BOB: Well the last day or two, each time I've gotten changed, I've barely redone anything.

WILSON: Does that mean you didn't have the stimulus, or you thought through it? Did it not come up in your mind?

BOB: Defi nitely it would come. I would get some obsessions that would come while I was changing, less. I'd say not as many. But like I said, when I start it, I anticipate it makes me a little scared. But then

when I start, I know that I'm going to have that mentality again. I say this is another activity that triggers me, so it's like I get more pumped up and I say, you know what? This is the time to really fi ght it extra hard.

WILSON: OK, so are you saying to me, "I think I get what I have to do now around changing?" Or are you saying to me, "Yeah, I got that. And when I pump myself up, I'm pretty good. But still that changing thing, there's something about it. And I don't know whether it's I got to get done with the changing because I'm a little behind, but I'm stuck." Help me understand if I'm missing something about it. Why are you more vulnerable?

BOB: I don't know exactly why that has become-- a lot of my things, with so many years of OCD, I think have become almost habitual in a way. It's grabbed onto these little things.

WILSON: Although I think you're saying to me that's the harder time, though.

BOB: Those are the harder times. I don't know. When I put something on, it feels like that obsession stays with me if I don't fi x it. So that's where--

WILSON: OK, time out, time out, time out. If I put something on, it feels like that obsession stays with me. Or are you saying, "When I put something on, I have the fear that that obsession is going to stay with me." And you actually don't know if it's going to stay with you, because you always undo it.

BOB: Right, because I'm never trying.

WILSON: So don't we need to go at that to have the fear-- and so the fear is, I'm going to leave-- the other confusion I would have, of course, if I keep moving and don't fi x this, and leave the house, have I now left the opportunity to undo that behavior? So it makes it more risky to me. Am I saying that right?

BOB: Yeah.

WILSON: So if I leave and I haven't gotten rid of my distress, I could spend all day being preoccupied with this. It's going to be quick if I go

ahead and change now, and get this done with. And is that one of the ways that it gets you? And what do you do there?

BOB: Because I think part of it is, well, oh, if I'm not redoing, this obsession may bother me all day. It may ruin my day.

WILSON: And so what do you need to do to get past it?

BOB: And then I get scared, like, oh, this may get so bad, I want to redo it later. And then I'm not going to want to come back home. So it gets into that.

WILSON: And so what do you think you need to do in order to take that territory back? What risk you think you might have to take?

BOB: I need to say I'm going to let it be there. I'm going to keep moving, and I want to.

WILSON: Yeah, but there's a bigger risk here, which is I think-- correct me if I'm wrong-- which is, I want to get over this badly enough that if it ruins today, because if I haven't worshipped at the altar of this event, if it distracts me all day and makes me have a miserable day, I'll pay that price if that's the risk I have to take to get better. Because this is a disorder that likes to have some crevices here. And the changing-- I mean, this is a classic example of-- I have a lot of people who are afraid they've run somebody over in the road. They drive by, they feel a bump, and they have to immediately stop and turn around, and go check. Because if I go too much further, I won't know where the spot is. I can't fi nd it. And that's what's going on with you. If I understand you properly, it's like I'd better handle this now, or else I'm going to be distressed all day. Keep in mind, this is an anxiety disorder. So if you're afraid of being anxious all day, that's perfect. Not like you're afraid that the devil's going to get you. You're afraid of being anxious. We're getting real close to exactly what you want to be feeling, which is, I want to do something to get rid of my anxiety. So I think you have to take the hit around, oh well, if I have a bad day because of all this, I've got bigger fi sh to fry. What are you thinking about what I'm saying? Does that make sense to you.

BOB: It makes sense.

WILSON: Otherwise, you're always a victim to that piece.

BOB: Dealing with it now as opposed to later is making you better for later.

WILSON: Yeah, and it's very much like going to sleep or waking up in the middle of the night. What you and I are identifying right now is where you're vulnerable. And you're vulnerable to-- there's something I want that I might not get if I don't do my ritual. I want another two hours of sleep. I want to fall asleep now. I want to go leave the house and not feel like I have to come back. I want to leave the house and not be preoccupied. There we have your vulnerability. I've got something I want. And if I will worship at the altar of the OCD, I will get it. We've got to take that on. Take as long as you want to take it on. But when you are better, you will have taken that on. And I don't know if you want to wait. I mean, you don't have to do it instantly. It's a good idea to get started soon with it, because we're just here, and it would be easier for you to remember. But you understand? You're going to have to go, oh, I might shrug my shoulders a lot about that kind of stuff. It's like, all right.

COMMENTARY: *Here's a common OCD problem. Clients think-- this is my last opportunity to get rid of this feared consequence, which means*
I need to do my ritual, and I need to do it right now. With Bob, it's about getting dressed. If I walk out of the house without changing one more time, the obsessions may stay with me all day. For others, it might be-- if
I don't double back and check for an accident now, I'll never be able to fi nd the spot again. Or if I don't wash my hands now, then I'm going to contaminate everything else I touch. To get better, they must take the risk
of that dreaded consequence. Bob needs to be able to say, "I want to get
my mind back strongly enough that I'm willing to risk being preoccupied with these terrible thoughts all day. If it makes my day miserable, that's the price I'm willing to pay." If they don't risk the feared consequence, they can't get better.

BOB: And that's what I've been doing a little more. I'm telling you, in the beginning, even before I start the changing, I'm having that attitude, like-- come and get me. I'm ready for it. And I have actually let a lot of that be there without redoing, at these last two days, like I said.

WILSON: Well, you're picking it up, and you're getting stronger. You're getting stronger.

BOB: And so I've stayed with that. Yeah, I've stayed with that. So I see it dissipating, somewhat. And some of them do hang around-- the obsessions-- for longer. But I do fi nd if I continue that mentality as I go, throughout the day into my next activities, they all dissipate.

WILSON: And so you need to start trusting it. You need to start trusting it in new areas.

BOB: It's like giving it a try.

WILSON: But you haven't trusted it yet to go out the door and do it. And you've got to start trusting that you'll be able to. I'll give you a little martial art around this, if you're ready for it. It's kind of a graduate level. So let's say we're working on the issue around going out, leaving the house after you've had this. So and you got the stimulus, like oh no, I got this thought, and I'm not going to get rid of it. And then you give OCD the instruction of-- please, I beg you. Make my life miserable today. Don't let me forget what I'm worried about. Keep that thought coming. I want to have one of the worst days of my life with being plagued with my thoughts. Could you do that for me? Give those thoughts-- I mean-- and there's that paradoxical thing. It's like give it the job to make you miserable. And the reason to do it-- it sounds kooky to do, but if you're out in public, you don't have to say it out loud. But if you do it that way, it's competing with the thought of, oh God, I hope this works. Boy, I hope I don't have a miserable day. That's what gets you the wish to have a good day, is how it gets you. So when you say look, get a sense you want to have me a miserable day. That's exactly what I want. Now you may have your own way to do that, but does that make sense to you in a crazier kind of way?

BOB: You're doing the opposite of wishing something away.

WILSON: Yeah, it's like laying in bed and not being able to sleep and going, "Perfect," in that scenario.

BOB: Yeah, no, I can see how that--

WILSON: And then any of those other territories where you're feeling like you're avoiding in order to stay safe, like avoiding to come home

to change-- I'd be more like you just because I don't want to schlep all the way home to change or something. But if you feel yourself doing it out of fear, then eventually it can be on your list. Eventually, you may want to build up a little more skill and confi dence. But eventually, you've got to be-- you start feeling that hesitation, you want to run towards the roar. You want to go at it.

BOB: Yeah, and I've leaped a little bit to where in those days, I've taken a little more, you could say, of the risk I would not normally take. So there's been a little bit more of that. And then part of that is just not redoing. When I don't redo, that's a big achievement for me. Because immediately, I can start to see the result of it, the dissipating. And then I get more confi dent each time, which is a big thing.

WILSON: Absolutely, but it's courage confi dence. On the front side, it's this anticipatory anxiety and dread, and you don't know how it's going to turn out. You don't get to have the results unless you take the test.

BOB: Unless you actually try it.

WILSON: And that's what people do. They go, "This isn't going to work," and they back away.

BOB: They let the anticipation stay-- and that's me. It's before anticipation, before you even try.

WILSON: Yeah, and I've got this beautiful little one minute video off of YouTube that I show when I do trainings about this whole thing. It's an 11-year-old girl, taking her fi rst jump, a 50 meter jump. It's the long jump on snow ski. And she's is 11 years old. And it's a class, and she's never jumped before. She's done a 20 meter jump. And I have the whole script written out that I show people. But it's an incredible little clip of courage, which is-- I mean, you can imagine me at the top of this ski jump and having to go down for the very fi rst time, 50 meters, and then-- And if you go slowly, if you snow plow, you fall off the end of it and get hurt. You have to go with it. And then she just talks herself-- I'm going to do it. And you can hear the kind of-- her fears there. And then she talks herself into it. And then you watch her taking it. And at the end, she's coming around the corner, and she's,

"Yah woohoo." And she said it's just the suspense at the top that's hard. Sixty meters is nothing now. And that was it, and how she said it. It's just the suspense at the top that's hard. And fi nally, she's going, "I can do it. One--" and then she has to go off it as she gets to three, because she makes herself. But that's why I wanted to show them that. It's like you have to talk to yourself. And as people are learning to talk to themselves, and saying, "Well, I can do it. This will be OK." And I'd rather them go, "No!--" like you're doing, a sharper, stronger, briefer stuff. Because it's happening really quickly. What do you think, things you want to ask me before the end of this session? Are there concerns you have about how this goes? I've got a couple other things I might ask you. But I want to make sure we don't miss anything that's important for you.

BOB: I think off of the top of my head-- I guess is it correct to say, when I am going about not redoing something for an obsession I get, that I'm, kind of, telling myself I recognize that obsession is there, and I'm basically more than saying I'm OK with it. I just want to clarify that I'm more than saying I'm OK with it, that I want it. Because what I've been doing is, like I said, I want that. I want that to be there. That's good. It's good it's there. is that correct?

WILSON: And what's your question about that? Is that the right thing to say?

BOB: Yeah, I'm just saying, is that--

WILSON: Well, let's step back to the model of exposure and response prevention, what everybody else in the universe but you and I do, which is it takes frequency, intensity, duration. I have to have frequent contact with the threat. So when the threat shows up, I want the threat. Because to get better, I have to have frequent contact with it to habituate to it. And when I'm really scared, that's intensity. On a scale of zero to 100, we want you at about a 50 or higher, the theory would go in behavior therapy. And so when it shows up, good, it's here. To say, give me more, make it stronger, I'm not scared enough, is that intensity. And then duration is, in the studies of habituation, 45 to 90 minutes of exposure, as you're familiar with, that they do. So if it's lasting, good. I want it to last. But what you're fi nding, which I

want you to fi nd, is if we do this attitude shift, it doesn't take many frequencies for you to catch on about changing your relationship. You don't have to have much intensity of distress, as long as you're asking OCD to give it to you. That's the fl ip. You and I are working on-- I have a relationship with OCD. It's been with me. Ain't going anywhere. I'm fl ipping the tables on it, where I'm its boss now. It does what I say. So there's the intensity. And then the duration-- if it sticks around, you go perfect, great, just what I needed. You can roll your eyes if you want, and go, it's what I needed. Right as I'm going out the door, it's wanting me to change my clothes again, great. Even if you're sarcastic like that, that's OK. So I want you to have the rationalization for saying, I want this. If you think of habituation, well, I need frequent, intense, long exposures. I'm getting it now. Great. Is this all you got? Where are you going? Hey. And you're already doing that little sarcastic kind of thing.

BOB: The few things that I say to myself-- these things actually help me. They help me, and when I think about it too, I say thanks for helping me fi x myself.

WILSON: That's great.

BOB: I like that, because I'm doing it differently. Or there's another chance to get well.

WILSON: And an expression like that around your worst enemy

actually turns out to be your best friend, because it shows you your vulnerabilities, and teaches you how to get strong. And that's what this is. It's going to teach you where to get strong, because this guy is going to show up again later on. What's going to happen is you're going to drop your guard because you're doing well. And then-- and you've got to brush your skills off and go at it again.

COMMENTARY: *Bob has done an excellent job in the last two days of letting the obsessions just sit there without battling them. And he reports that all of them eventually fade away. These experiments strengthen his belief in the protocol. Despite his success, I suggest to him that in this early stage of treatment, he experiment with a more paradoxical stance. This is a cornerstone of strategic treatment. He's to turn the task of increasing his doubt and discomfort over to OCD, and actively request*

that the disorder step up and do its job, that the disorder gives him more symptoms, stronger symptoms that last even longer. This, of course, is an absurd request. But there is method in this paradoxical madness. It's quite diffi cult to resist symptoms while you simultaneously ask for more. And that's the point of the work, to help the client stop resisting and then discover what happens.

WILSON: So I'll just say a couple more things. One is I'd like to make contact with you in 30 days. You're not much, being on the telephone or something. But it'd be nice to talk on the phone, take 20 minutes, or whatever, just to check in, review. I want you to know that we're going to talk to help you stay on it. That's one of the reasons-- As I said at the very beginning, if you just stayed doing just what you're doing with the few little things I was telling you about adding onto it, you're going to be OK. But to give you 30 days, then you know it's coming-- I'm going to talk to Reid in 30 days, then that's good. And it's good to check in and kind of get some feedback, and that kind of thing. You can email me any time you want in the 30 days. Ask me questions, like the one you just asked me, if you get confused, or something new shows up. I will write you back every time you write me. Of course, you're not an email guy either, So maybe I'll never hear from you.

BOB: Well, maybe I will be.

WILSON: But you're my buddy now. So we've got a special relationship now. Because you're doing me a favor to help-- because this is going to be helpful to a lot of people. So we'd like to do that. I want to just go back to that one question I said before, is--

I want to see if we can distinguish why-- after all of the other stuff that you've done, to just kind of reiterate for both of us-- is this more powerful for you? Why are you having an effect when you've done--? And I'm asking that somewhat because I'm trying to distinguish what we're doing with exposure and response prevention.

BOB: I think one of the largest things for me, so far at least, is that having this mentality and going about it this way has, just in the short time, has done more-- I think because I'm constantly active with something with it. It's not like I'm waiting for my next therapy, or waiting for my next exposure, and time to do this, or sitting down

and saying oh, next week, I'm doing this twice a week. I'm going to sit down and watch these videos.

WILSON: So you know what to do moment by moment, so it's given you that.

BOB: Yeah, I'm involved. I'm constantly involved. And this, when I do it, when I actually have been doing it these last days, I can see myself making improvements fast.

WILSON: You're getting feedback and it's immediate instead of--

BOB: And it's something I'm constantly working on, because so I have some tools to constantly do it with, instead of saying each time I'm waiting until this therapy and this therapy. Even though I had some of those other tools before to be mindful, this is an active role of what I'm doing constantly. There's no rest from that.

WILSON: Well that sounds like the biggest thing that you're able to translate it into a mode of operation moment.

COMMENTARY: *Bob is giving us a clue why this is working for him. It's not a set of exercises. He doesn't have to sit twice a week for so many minutes of exposure practice. He's not waiting for the next therapy session to fi nd out the new assignment. This is a state of mind that he's adopting. A new perspective. It's global. It's with him wherever he goes. At any particular moment, when his obsessions get kindled, or he has an urge to ritualize, he has a strategy in hand. As he said, "I'm involved. I'm constantly involved." He has an active role and now he's clearly in charge.*

WILSON: So let me ask you-- last question. Let's say tomorrow, I'm going to see 10 people with OCD, of all kinds of OCD, and I want to pass on to them a guideline for how to do it. Based on what you've experienced, what would be a couple, three, guidelines that you would suggest they think about, or do, or operate under?

BOB: There's probably so many.

WILSON: Just keep it simple. Just think about what you've been doing, and just say what you are doing in a generic way, if you can.

BOB: Yeah, I think a big thing for people to remember with OCD is that, I mean, besides thinking about how much of your life has been

wasted by this disorder, is to kind of remember that anticipatory fear-- it's just like when I'm training a client. If we never try something, how are we going to know if we're going to get the result from it?

WILSON: And what is it that they should try?

BOB: It's to take on the mentality of saying-- you know what? I'm going to be OK with having uncertainty. I'm going to be OK with anxiety being in my life. I'm OK with that. I invite it. And I mean,
if they've been trying all these ways their whole life and there's no improvement, then why not try something?

WILSON: Yeah, try anything else.

BOB: Yeah, and they're going to see fast that, at least for me-- be OK. Make it OK in your mind, and say, "It's OK to have anxiety. And it's OK for things to bother me. And I know that things are going to bother me, and they're going to continue to bother me."

WILSON: They're going to bother me, but they're not going to stop me.

BOB: Yeah, and I think a big thing is to say, you know what? No matter what I'm doing, while I'm doing this-- whatever I'm doing, I'm going to keep moving. I'm not going to let this take up any more of my life, my day, my life.

WILSON: I like that piece, I'm going to keep moving.

BOB: Yeah, because as I'm doing the therapy, as I'm practicing and saying, bring it on, let's go, game time, come out and play. As I'm doing that, and as it surrenders, and as it backs down a little bit,
I've still got to tell myself well, "Keep moving, keep moving." As I'm grabbing my clothes, or changing, or grabbing my bag, I keep telling myself, "Keep moving," as those thoughts come.

WILSON: So that sounds like another principle, which is have things you say to yourself that represent this.

BOB: I'd say defi nitely get some of those phrases that you gave me and make them your own. Work with some of those. Make some your own, and really try. For me, I'm seeing a result from it the best ways, because I can say you've got to try to motivate yourself to say,

you know what? Even though getting your life back should be enough motivation, sometimes somebody with OCD's so depressed and down that sometimes they're like "Well, it's hard to get that way." It's hard to challenge it and say, "I'm going to fi ght and talk like that."

WILSON: So what should they do instead then?

BOB: So there's the decision of-- am I going to be depressed and lay there? Or do I have something to live for? So it's saying challenge it. Do it, do it. Don't hold back.

WILSON: Well, sincerely, congratulations to take the bull by the horns, so to speak, to go. And you must know that not everyone would listen to what I had to say and then run with it. And so congratulations taking the risk, the fi nding that out. Congratulations to what you're already starting to get back in your day, in your week. You know, what you said to me four days ago was-- I was saying well, what do you want? You said, I want my day back. And that's what your getting right now, exactly what you asked for was-- I want my day back. And it's already begun. And I'm so happy for you that that's happening. And let me say what you've said to yourself, which is keep moving. Don't let up. If you let up, you and I know what happens. This is too powerful. You've just got to stay with it.

BOB: It's persistency.

WILSON: Good work, congratulations.

BOB: Thank you.

Video Credits

Special thanks to Reid Wilson for sharing his expertise, and to Bob for bravely appearing on camera.

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Death & Dying
Depression
Dissociation
Divorce
Domestic Violence
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Intellectualizing
Law & Ethics
Parenting
Personality Disorders
Practice
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Sexuality
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