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## PSİKOTERAPİ KURSLARI



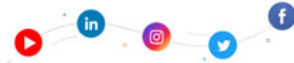
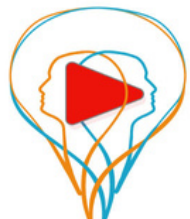
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# **Instructor's Manual**

for

# **ENGAGING THE AMBIVALENT OCD CLIENT**

with

**REID WILSON, PH.D.**

Manual by

Shirin Shoai, MA



**psychotherapy.net**

The *Instructor's Manual* accompanies the video *Engaging the Ambivalent OCD Client with Reid Wilson, Ph.D.* (Institutional/Instructor's Version). Video available at [www.psychotherapy.net](http://www.psychotherapy.net).

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Shirin Shoai, MA

*Instructor's Manual for Engaging the Ambivalent OCD Client with Reid Wilson, Ph.D.*

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Instructor's Manual for

# ENGAGING THE AMBIVALENT OCD CLIENT WITH REID WILSON, PH.D.

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# 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 after the video.

## 2. FACILITATE DISCUSSION

Pause the video at different points to elicit viewers' observations and reactions to the concepts presented. The **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

The **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 after 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 *off-the-cuff* than therapy in practice. Therapists may feel put on the spot to *offer* a good demonstration, and clients can be self-conscious in front of a camera. Therapists often 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: The personal style of therapists is often as important as their techniques and theories. Therapists are usually drawn to approaches that mesh well with their own personality. Thus, 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 fits 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 confidentiality of the clients who have 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 suffer from anxiety disorders. He posits that the main obstacle for people suffering 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. Through 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 often not strong enough to counteract their fear-based schemas. Drawing on Frankl's paradoxical intervention, Perls's gestalt therapy, Csikszentmihalyi's flow and the Mental Research

Institute's second-order change, Wilson coaches clients to approach, exaggerate, personify and even ridicule their anxieties. His aggressive and yet playful approach helps them "fight fire with fire" and learn to override their habitual escape responses.

His 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. The 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. With emphasis on supporting an ambivalent client—specifically, naming the lapses in OCD’s insidious logic and modifying exposure practices to build momentum—Wilson aims to shift the frame of Kathleen’s relationship to her obsessive thoughts and break the pattern of escape (her compulsive “checking” behavior, which only strengthens the fear response).

This process, known as “habituation,” brings about a significant decrease in anxiety, but requires three elements: frequency, intensity, and duration. Clients must expose themselves to their feared situation often enough or they won’t progress, but they also must a) suspend their belief in the validity of their obsessions, and b) elicit at least a moderate amount of distress while practicing, since keeping themselves calm (in Kathleen’s case, though various forms of reassurance) will not produce the desired effect.

These behavioral practices are not only intended to help clients tolerate doubt and distress, but to reinforce the attitude of wanting them. The most important benefit of applying the skill of wanting is that it speeds healing by truncating the habituation process. The 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-efficacy, so that they are the agents of their own change and growth.

\*Adapted from

[http://en.wikipedia.org/wiki/Exposure\\_therapy](http://en.wikipedia.org/wiki/Exposure_therapy)

[www.anxieties.com/pdf/anxietydisordergame.pdf](http://www.anxieties.com/pdf/anxietydisordergame.pdf)

Wilson, R. (2009). “The Anxiety Game: Crafting 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 kinds of symptoms did they present, based on the categories Wilson mentioned (washer, checker, etc.)? What approach did you take to their treatment? What core principles guide you in the work? How is your approach similar to and different from the approach Wilson describes and demonstrates?
- 2. Personifying the OCD:** Wilson stated that personifying a client's OCD can support their understanding of the work by creating a new, "one-up" relationship with their symptoms. Does this make sense to you? Have you ever worked with clients in this way? How might different clients respond to this?
- 3. Assessment:** Wilson conducts a detailed assessment with Kathleen, focusing on which symptoms manifest in particular, how much time they take, and what degree of distress they bring. How much time do you spend assessing a client's presenting problems? Do your questions differ from Wilson's? How severe is Kathleen's OCD in your opinion? What makes you think so?
- 4. Testing the logic:** Wilson asks a series of questions to assess Kathleen's belief in the rationality of her obsessions. Would you feel pulled to confront a client's irrational beliefs? Do you understand Wilson's objective to "take advantage of any weaknesses in her logic"? How do you think certain clients would react to this?
- 5. Talking about it vs. messing with it:** Wilson attempts to get Kathleen's buy-in to work through, not just talk about, her OCD. Have you encountered clients who seemed to want to remain on the "talking about" level? Do you believe this level can benefit clients? If you were to address this, would you be as direct as Wilson?

**6. Tolerating uncertainty:** Do you think Kathleen understands Wilson’s explanation of the paradoxical nature of working with anxiety? What did you observe in the video that tells you this? Does the concept of elevating above content make sense to you? How might you explain it in your own words?

**7. Homework:** Why do you think Wilson uses a tally counter and point system with Kathleen? Do you think she will use them? Have you used props to help illustrate a point? Do certain clients appreciate this more than others?

## **SESSION TWO**

**8. Picking your battles:** Based on Kathleen’s homework, Wilson had to “relax some standards” to support her practice. If you were Kathleen’s therapist, how would you feel towards her at this point? Would you spend time exploring her resistance psychodynamically? How have you tended to respond to clients’ resistance?

**9. A firm “no”:** Wilson recommends that Kathleen counter her OCD tendencies with a firm voice that establishes dominance. Do you think this type of tone will be effective for Kathleen? Why or why not? What other styles of self-talk might be useful for clients?

**10. Loopholes:** Wilson allows Kathleen’s strategy of paying extra attention to a single round of checking the stove or assessing her health before visiting relatives. Do you think this will ultimately support her practice? What purpose might this be serving her? If a client of yours wanted to do this, how would you address it?

**11. Taking the risk:** An important piece of Wilson’s approach is that a client must risk feeling the distress of their feared outcome and work through it in order to get better. Does this make sense to you? Have you ever done this in your own life? How would you explain this concept to a client?

## **SESSION TWO DISCUSSION**

**12. Hierarchy of catastrophe:** Wilson counted at least five OCD symptoms that Kathleen found problematic, but said his discomfort-generating approach renders them equally workable.

Do you think it's more useful to focus on a client's less serious concerns first? How many symptoms would you have a client practice with at a time? How would you choose which ones to prioritize?

13. **The model:** What are your overall thoughts about Wilson's approach to treating OCD? What aspects of the approach can you see yourself incorporating into your work? Do some elements seem incompatible with how you work?

14. **Personal reaction:** Wilson takes a directive, firm, and persistent stance toward helping Kathleen make a clear choice to work on her OCD or not. 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

After 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 suffers from compulsive checking, 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 Kathleen from the video, a client or friend of their own with obsessive thinking, or they can completely make it up. The primary emphasis here is on giving the therapist an opportunity to practice educating the client about Wilson’s paradoxical approach to relating to anxiety, tailoring practices to help maintain an ambivalent client’s motivation, and on giving the client an opportunity to see what it feels like to participate in this type of therapy.

## *Assessment*

The therapist should begin by finding out, very specifically, what behavior the client is using to manage their obsessive thoughts. 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 find out how the client has been coping with the fear so far. Through discussion with the client, the therapist should attempt to discern the client’s level of belief in the content of their obsessions and uncover the overall themes beneath their behavior (e.g. Kathleen’s compulsive checking was rooted in a pervasive need for certainty).

## *Goal setting*

Ask the client what their long-term goals are related to treating their compulsions. What would they like to be able to do differently? 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? What kind of value might there be for them in being able to tolerate their anxiety?

### *Changing their frame of reference*

This should be the bulk of the session. Based on your observations of the client, use your understanding of Wilson's approach to build rapport and support their understanding of Wilson's concepts. If necessary, distinguish Wilson's approach from the client's previous therapy to deepen motivation and instill hope. Therapists may want to use the following concepts to frame the session:

- The anxiety disorder is fueled by you fighting it—you must stop fighting it.
- Let the OCD do the job of bringing you anxiety—your job is to recognize this as OCD and decide to not act on it.
- Go toward the resulting anxiety and discomfort, so you can practice increasing your tolerance of uncertainty.
- 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 or exposure rules as needed to adapt to the client's mental state while still creating enough distress to ensure habituation.

### *Assign homework for practice*

Collaboratively, come up with a detailed homework assignment so the client can practice disengaging from their compulsive behavior and 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 can motivate an ambivalent client yet keep them appropriately engaged. 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 can feel this, even though it’s hard. I want to tolerate not knowing, and I will move away anyway. It’s worth taking this risk to end my OCD.”

After 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 “checking” behavior in particular? Invite the clients to talk about what it was like to role-play someone suffering 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? Talk about how they felt during each phase: assessment, goal-setting, changing the frame of reference, and homework assignment. Did they feel the therapists’ support and encouragement to hang in there with the distress? How confident are they that they’ll be able to practice being with the anxiety in this new way? Then, invite the therapists to talk about their experiences: How did it feel to facilitate the session? Did they have difficulty explaining the approach? How confident are they that the client understood the point enough to practice? What would they do differently if they did it again? Finally, open up a general discussion of what participants learned about treating ambivalent 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 ambivalent OCD.

If there isn’t sufficient 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 afterwards. 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. This is meant to be a brief reaction paper that you write soon after 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 ambivalent OCD client? What stands out to you about how Wilson works?
2. **What I found most helpful:** As a therapist, what was most beneficial to you about the model presented? What tools or perspectives did you find 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 fit with your own style of working?
4. **How I would do it differently:** What might you do differently from Wilson when working with clients? Be specific about what different 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](http://www.anxieties.com)**

Mental Research Institute

**[www.mri.org](http://www.mri.org)**

The Association for Behavioral and Cognitive Therapies

**[www.abct.org](http://www.abct.org)**

International Association for Cognitive Psychotherapy

**[www.the-iacp.com](http://www.the-iacp.com)**

National Association of Cognitive-Behavioral Therapists

**[www.nacbt.org](http://www.nacbt.org)**

## RELATED VIDEOS AVAILABLE AT [WWW.PSYCHOTHERAPY.NET](http://WWW.PSYCHOTHERAPY.NET)

*Treating the Severe OCD Client with Reid Wilson*

*Cognitive Therapy for Obsessions with Reid Wilson*

*Exposure Therapy for Phobias with Reid Wilson*

*Cognitive Therapy for Panic Disorder with Reid Wilson*

*Aaron Beck on Cognitive Therapy with Aaron Beck*

*Albert Ellis on Rational Emotive Behavior Therapy with Albert Ellis*

*Cognitive Therapy for Weight Loss with Judith Beck*

*Cognitive-Behavioral Therapy with Donald Meichenbaum*

*Mixed Anxiety and Depression: A Cognitive-Behavioral Approach with Donald Meichenbaum*

*Depression: A Cognitive Therapy Approach with Arthur Freeman*

*Cognitive Therapy for Addictions with Bruce S. Liese*

*Cognitive-Behavioral Child Therapy with Bruce Masek*

*Cognitive-Behavioral Therapy 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). "The Anxiety Game: Creating a Winning Strategy," in *Psychotherapy in Australia*, V.15, no. 2., pp.36-42.

# Complete Transcript of Sessions 1 and 2

## SESSION 1

**WILSON:** Well, tell me why you're here.

**KATHLEEN:** I was out on Amazon and saw your ad for some counseling sessions for people with OCD. And I am aware that I do have it. And I'd like to get more of a handle on it. It doesn't totally slow my life down, but it is upsetting and it wastes time.

**WILSON:** OK. So let's talk about present moment. What things bother you and what's in your way?

**KATHLEEN:** My primary things—checking would be one thing. Fire is high on my list. Before I leave the house, I'll check the kitchen, make sure the coffee maker's not left plugged in, because I heard of one that did a spontaneous meltdown. That the stove's off. And I'll also check things, like make sure the water faucet's off, too. Because ours can drip, but I'll also do it with my bathroom one. And so then I'll leave the house or get a ways away and think, "OK, I know I checked them, but was I really paying attention?" And I'll go back and do it again.

**WILSON:** So you'll leave the house, drive off, and then turn back around just to be sure? Is that what you're saying?

**KATHLEEN:** Usually, I don't drive off. Once in a while I will, but generally it's before I actually get in the car. Or that I haven't driven off yet.

**WILSON:** Start to lock the door and then go, "Let me just make sure."

**KATHLEEN:** Yeah. So fire is high on the list. And I don't know how much this does or doesn't play into it, but there's things like in my 20's, the house that we were living in was set on fire. It was ruled an arson. And I'm the one that's heard about the—somebody that I know, his tenants left some rags in the garage and they did a spontaneous combustion, set the garage on fire. This same person, they had turned their dishwasher on at night and went to bed, and luckily they were upstairs. And Dallas smelled something, and went down and something—if nobody had been home, the house probably would

have caught on fire.

**WILSON:** So this is the data that reinforces the fear?

**KATHLEEN:** Yeah. And reading about lint dryers that catch fire because there's too much lint in the flue, those kind of things.

**WILSON:** So we got fire, but you also have the faucet?

**KATHLEEN:** Yeah, that's not as big of a thing, but I'll find myself checking that.

**WILSON:** Concerned about what?

**KATHLEEN:** I guess I'm not quite sure on that.

**WILSON:** Wasting water or flooding the house?

**KATHLEEN:** I guess I'm honestly not sure, because I don't know that I've ever thought of it flooding the house. Now, the kitchen faucet—

**WILSON:** I'm not trying to put ideas in your mind, just, I see you're vulnerable to that.

**KATHLEEN:** I'm just trying to be as honest as I can. It's a lower—things like fire would be—things that could cause a fire, including things like electrical. So not always, but I might tend to check and make sure that the washing machine is off, that the dryer is definitely off. Lights are off.

**WILSON:** This concern for fire is only in your home, not in other locations? A hotel that you're in? Somebody else's house? Restaurant?

**KATHLEEN:** Like if I were say—like a girlfriend and I were travelling. And if we're leaving the hotel room to go and do whatever we're going to do for the day, I would be conscious of checking and making sure lights are out, and nobody left a curling iron on or something like that. So I would check it.

**WILSON:** Would you worry about this house that we're in right now?

**KATHLEEN:** No, because I'm—

**WILSON:** If you turn the stove on and then turned it off and walked away, would that concern you in any way?

**KATHLEEN:** If I were to turn it on and then turn it off? Yeah,

probably. Yeah, I'd probably—before I would finally leave the house, yeah, I would.

There's a real responsibility thing, like if I were to say to you, "Hey, will you check and make sure the stove's off," then in my mind the responsibilities—I'm off the hook.

**WILSON:** Yeah, thanks a lot. Yeah. OK, so fires. What else?

**KATHLEEN:** So checking things. Let's see. Oh, and then kind of the other thing would be like, I guess contamination might be the overall.

**WILSON:** So back up on checking. Do you check the windows, and the locks, and the doors, and that kind of thing? That's not about fire. What's that about?

**KATHLEEN:** Yeah, I'll double check those, too.

**WILSON:** Only double check. So this is kind of a minor thing?

**KATHLEEN:** I wouldn't check them probably as much as fire, but I will. I'll leave the house and I'll turn the key in the lock, and then I'll rattle it back and forth a few times to make sure that it's locked.

**WILSON:** That sounds like a relatively minor—doesn't take very long. You don't do it five times. You do it—check it once?

**KATHLEEN:** It's not as bad, but it's still problematic.

**WILSON:** Do you repeat checking around the coffee maker and the lights and so forth? Or you do it, just go over and really eye it, and make sure it's off?

**KATHLEEN:** Yeah, I do. Or sometimes I'll just—like I say, "OK, this is off." And I'll tap the counter and the coffee maker's off.

**WILSON:** This is a reminder to yourself you'll remember to—

**KATHLEEN:** It's like if I do this, maybe it'll lock it in more and I won't have to come back and check.

**WILSON:** Right. I have, actually, a friend of mine that would do something similar. She would check the stove and she'd go, "Off." She'd say out loud, "Off, off, off, off, off,"—

**KATHLEEN:** Yeah, I'll do that, too.

**WILSON:**—"Ah," as a way to remember.

**KATHLEEN:** Something I can add.

**WILSON:** Yeah. Right. And so that's part of what you're doing when you tap, right?

**KATHLEEN:** Yeah.

**WILSON:** But these don't sound like they preoccupy too much of your time, am I understanding it right?

**KATHLEEN:** You mean the checking things? It's when I'm leaving the house. If I'm there, it's not—

**WILSON:** But even then, it doesn't sound like it preoccupies too much of your time?

**KATHLEEN:** Well, not a ridiculous amount. But it might take me an extra 10 minutes or something to get out of the house.

**WILSON:** OK. And does it preoccupy you mentally at other times? I mean, do you worry about it more than you spend time checking? Some people would say that.

**KATHLEEN:** Generally, once I leave—when I've gotten to that point and I've read that at some point you just—you're to the point where you can leave the house, that you feel that you've checked everything. That kind of, once I'm in the car, generally I'm OK. Once in a while I'll think, "Well, did I go—no, you did it. Just forget about it." And I'll make just a conscious—just forget about it. Once in a while, I'll drive back, or to see, is the garage door open, even though I know I didn't open it or something. It's like, well, did I maybe open it and not paying attention?

**WILSON:** You do any checking when you're driving? Did I hit something? Did I cause an accident? Those issues?

**KATHLEEN:** Possibly once in a great while, but it's not really—I mean, if I go over a curb or something unexpected, if I cut something, like say, coming out of a parking space. I go, that was probably just a curb or something. I'll just look in the rear-view mirror or maybe get out.

**WILSON:** Make sure there's no body behind me?

**KATHLEEN:** Yeah.

**WILSON:** OK. And then your were saying something about germs? Did you mention that?

**KATHLEEN:** Yeah.

**WILSON:** Tell me about that.

**KATHLEEN:** There's kind of on the—I more worry about causing harm to others. So like I really don't particularly enjoy cooking because then there's a thing, did I wash my hands well enough before I started preparing food? And then—

**WILSON:** You don't like looking for others?

**KATHLEEN:** I mean, it might not be my favorite thing if I weren't OCD. But being OCD, it defi nitely kicks it in. Because say I'll wash my hands good and, say, be doing a salad. And then, oh, yeah, I need some carrots out of the bottom drawer. So then you've pulled the handle on the refrigerator door, so I fi gure, well, other people are handling that. How clean are their hands?

**WILSON:** And that will cause you to do what?

**KATHLEEN:** Wash my hands again before I start.

**WILSON:** And that becomes a pain in the neck and you just don't—who wants to go—

**KATHLEEN:** And if it's something that's going to be cooked, it's not as big of an issue. But anything that's raw, where I'm handling something directly that's going into somebody's mouth.

**COMMENTARY:** *My fi rst task with an OCD client, along with creating a therapeutic alliance, is to assess the nature and the severity of their symptoms. There are several subtypes of OCD, and clients may have more than one. In Kathleen's case, she's a checker and also a washer. As a checker—by this, I mean she obsesses that she might make a terrible mistake, and she compulsively checks the object to verify that it's safe. She justifi es her fear by accumulating evidence. Regarding checking the stove, she holds onto the memory of a fi re in her house years ago, and two*

*friends who had close calls with house fires. As a washer, she justifies this behavior. She says, "Raw foods aren't always safe." And in a moment, she's going to mention how careless other people are.*

**WILSON:** What specifically do you think you would cause?

**KATHLEEN:** Oh, that somebody could get sick.

**WILSON:** From what kind of illness?

**KATHLEEN:** I don't know that I necessarily—I don't know that I think of any particular one, just that—because to me, if I wash my hands but then I've recontaminated them, then it's kind of like that you're starting with unclean hands. They always tell you, you should wash your hands before you eat. And a lot of that does—it's just that gradation on that scale, you know that most people, because I think a lot of people are entirely—I've seen people, the baby's pacifier falls on the floor in the bank in San Francisco and the mom picks it up and sticks it in the kid's mouth. And I just kind of, [BLECH].

**WILSON:** Not kissing that baby.

**KATHLEEN:** What are you thinking, kind of thing.

**WILSON:** What about going to a pot luck, are you willing to prepare food to bring to someone else's house? You don't like to have other people over for a meal that you've prepared, is that the level that it goes to?

**KATHLEEN:** It's a source of stress to, say, have people over.

**WILSON:** Some people won't even bake cookies to bring to a school function because my cookies could be—

**KATHLEEN:** Well, I'm not saying that I wouldn't take something to a pot luck, but I would probably think of what I'm cooking something that's quote, unquote, "safer," like something that's cooked maybe rather than raw. But I would be still careful about how I prepared it. And sometimes it even depends on who that I might be preparing it for, like my ex-boyfriend was pretty casual on that kind of stuff. So like, I wouldn't worry as much, say, about him.

**WILSON:** Oh, I thought you meant I was mad at my ex-boyfriend, so I don't care whether he gets sick.



**KATHLEEN:** No.

**WILSON:** You're not saying that? OK.

**KATHLEEN:** But I would worry more, say, about somebody that's elderly, that I know is—

**WILSON:** More vulnerable.

**KATHLEEN:** Exactly.

**WILSON:** OK. And so now, let me just ask you, do you extrapolate from that? Do you go, "Well, everybody ought to be as careful as I am? This is how one should prepare meals," or are you feeling like, "I'm one standard deviation beyond the mean? I'm going overboard here. I feel compelled to do, but I don't think it's necessary."

**KATHLEEN:** Probably, I realize that I'm more on the extreme end. Sometimes I just wish I were ignorant of some of the things that I know. Sometimes I think I'm more aware to some extent.

**WILSON:** A little bit of knowledge is dangerous.

**KATHLEEN:** And I do think that there's a lot of people that are just entirely—either they're just really not paying attention, or they don't have a clue. And I mean, people that are educated, that have more education than I do that are just—in my book, just fl at-out pretty unsanitary. So I think—

**WILSON:** Kathleen, help me understand around, why doesn't that transfer over to your concern about what other people prepare?

**KATHLEEN:** Well, to some extent, like I was saying, I have more concern for others. But I also pay attention to what I'd be consuming. Say if I go into Starbucks and order coffee or something, I'm going to look to see that that person's not sticking their hands through their hair, and then sticking their hand on the inside of the cup. I'll look for cuts on fi ngers or something, some ugly-looking old Band-Aid that doesn't look very sanitary. As far as like, say if I were at some kind of a party, and there was some kind of a dip out. I know a lot of people double dip. I'll have some of it, kind of early on when I know it's pristine.

**WILSON:** And you always fl ip your cracker around so you can dip

without having—oh, you don't even do that.

**KATHLEEN:** If I were going to dip, probably I'd just do—yeah.

**WILSON:** OK. So I've got the thing around checking, so far around the fire, and so forth. And then the locks, maybe. And then germs around preparing food, and extra washing, and so forth.

**COMMENTARY:** *In order to choose my first intervention, I assess the degree to which the client perceives that the obsessions are irrational. If they firmly believe that their behavior is merited, they're not going to collaborate with me in changing them. And that's the case with Kathleen. She believes her worries are valid. She says, "I wish I were ignorant of some of the things I know." And, "If you're not careful, you'll burn the house down." And, "Older people are frail, and they could easily catch an illness and die." Therefore, my number one task now is to contrive a way to get around her strongly-held beliefs instead of trying to confront them all. I'm looking to take advantage of any weaknesses in her logic. And if I can find them, then I can avoid having to challenge her strongly-held beliefs, because I'm not going to win that battle today. My strategy is to, figuratively, go in the side door of her logic, instead of trying to knock down the front door. And then, create some behavioral experiments.*

**WILSON:** Is there more about germs that I would know about? Is there another category of concerns that you want to be addressing today?

**KATHLEEN:** I'm trying to think. Is it at all useful to you some of the patterns in the family, or what I've observed in relatives or something?

**WILSON:** Maybe later. But right now I want to just make sure I understand, functionally, right now, what's in your way, what you don't like, what you think you ought to try to fix. And if there are any categories or details that I don't know about yet, because I'd like to have the whole ball of wax.

**KATHLEEN:** I'm trying to see if there's anything that I missed from notes that I wrote down. I guess it's mainly kind of checking, causing any harm to others. Or another thing would be like, say, if I'm going to visit an older relative in particular. I would really check myself and say, "Gee, do I have a sore throat at all?" So I'll swallow, and it's like,

well, do I or don't I? Most of the time you don't even think about it unless it's something significant. So it's like if I notice something, is it something that's always been there? Is it anything different, or do I just think something's there because I'm really paying attention and tuned in on it? Because I wouldn't want to cause anybody to get sick and—worst case scenario, to die from it.

**WILSON:** OK. So I understand these. But now, let me understand, why fix them? I mean, people have their little nuances and stuff, the rituals and so forth. To what degree do you feel like, I don't want to do this anymore? This is in my way, in some way. Or is this stuff, you hadn't had known about this, would just kind of put up with it the rest of your life?

**KATHLEEN:** Well, I think it's something—I'm not sure exactly where it started, but I think progressively I've gotten worse on it. And I don't even know that I put the OC—somewhere I was reading about it. I probably think I just thought of it as maybe worrying or something. And at some point, and it's been kind of more recently—

**WILSON:** Well, these are OCD-type behaviors, clearly.

**KATHLEEN:** Yeah. I was reading about it. I was like, oh, I'm OCD.

**WILSON:** But to diagnose you with OCD, it requires two primary things. That it causes you enough distress, and I'm still questioning that. And that it takes enough of your time. So I'm still questioning those two things. Is it really that big of a deal? You really feel that bothered by it? To want to mess with it? Because if you're going to work with me, we're going to mess with it. And you may not want to mess with it. You may want to talk about it, but you may not want to mess with it. Does it bother you in a significant way that would make you want to apply some skills to change it?

**KATHLEEN:** I would like to get better on it because not only does it take time, but that whole worry thing.

**WILSON:** Tell me about, “that whole worry thing.”

**KATHLEEN:** Well like, say if, I have an uncle that's a hundred, and if I were going to go visit him. And if I think, “Well, do I have something or not?” And part of me wants to see him, and it's like, well—and

I kind of get tangled up in it, and can spend a lot of time thinking, “Well, is it really, probably, OK?” And I’m just sort of imagining something, or is there really something there? And it can get into taking a lot of time.

**WILSON:** How would you like that to go? Ideally, how would you like to process that question, “Am I healthy enough?”—

**KATHLEEN:** Just to kind of have a real knowing, either, I’m OK and go, or—

**WILSON:** You kind of opened up a big hole there when you said, “I want to have a real knowing.”

**COMMENTARY:** *Here’s the primary issue that’s taking shape, and it’s quite common for people who come into treatment. She doesn’t like that her rituals take so much of her time, so she’d like her time back. But she feels her actions are warranted. I have to challenge her need to know for certain that everything is safe, or we won’t be changing anything here. For instance, she wants what she calls “a real knowing,” whether she’s going to make someone sick. But she’s not going to get that reassurance because she has OCD. It’s not possible.*

**WILSON:** But isn’t that the problem? How can one have a real knowing” about, “Am I a carrier of some germ? Am I about to get a cold?”

**KATHLEEN:** Right.

**WILSON:** So you might not be able to have a “real knowing.” Would there be a second best of what you would like?

**KATHLEEN:** Well, I understand that. I mean, like right now I can say I think I’m fine, or something. Now maybe I’ve been exposed to something, and by this evening I could come down with something. So potentially, if I were around an elderly relative I could be exposing them. But that I wouldn’t feel a responsibility for because I didn’t know. It has to do with whether it seems like it’s within my realm of—

**WILSON:** Right. Let me see if I can rephrase that so that I understand it. I want to be able to make kind of a quick assessment and take in the data, but make a relatively efficient, quick assessment, come to

conclusion, and then leave it. And then, either go or don't go. I don't want to perseverate. I don't want second thoughts.

**KATHLEEN:** Just be tangled up in it.

**WILSON:** So that's what you're talking about, right?

**KATHLEEN:** Going back and forth and thinking, well, if I go, am I just—is there something going on with me? Do I have a sore throat? Am I trying to override it because I'd really like to see this person?

**WILSON:** And I don't want to keep getting tangled up regarding, "Am I sure?"

**KATHLEEN:** Yeah.

**WILSON:** That's what you do, you get tangled up around, "Am I sure?"

**KATHLEEN:** Yeah.

**WILSON:** OK. So I get that. How much of your mental time does—because that's the other criteria, is how much of your mental time goes into this stuff? Or is it just kind of an annoyance, but you feel like your day—

**KATHLEEN:** It'll depend on the day. And if I'm not going to visit relatives or something, cooking food for somebody isn't an issue. Like what I cook for myself, I'm still careful and I wash my hands a lot, but then I'm only affecting myself. But if none of those come into play, then that's not an issue for the day. It just might be when I leave the house. And I also know that sometimes it's worse than others, if I'm feeling kind of more generally stressed. I also tend to be a chronically late person.

**WILSON:** Wait, I want to hear that. But what you just said I'm interested in. "My preoccupation is related to how stressed I am." Is that what you said?

**KATHLEEN:** I think if I'm feeling stressed or time pressured, which is another form of stress, that it exacerbates the OCD.

**WILSON:** Right. So one of the reasons I stopped at that point, because we want to take advantage of that, I think, which is in reality, either

it's true or it's not true. But in my mind, if I'm stressed, it seems more true. If I'm not that stressed, it doesn't seem that true. So there's some relativity going on here, as opposed to this is what I need to do. Well, it really depends on—

**KATHLEEN:** Yeah, I'm trying to think—

**WILSON:** When I was a young parent and I was stressed, my children were much more annoying than when I wasn't. And they weren't doing anything differently. And I'm just saying to you, we have an opening here, if what you're saying is correct, which is my degree of preoccupation around contamination, let's say, or germs, is based to some degree on my emotional state. That would be good news if that were true.

**KATHLEEN:** Yeah, I'm thinking through this as you're saying it. I'm trying to think if the more accurate way to say it is, if I'm feeling kind of, maybe, sort of generally stressed, if the feelings of upset around, say, the checking or the contamination, I think it heightens them.

**WILSON:** Like me with the kids.

**KATHLEEN:** I'm trying to—yeah.

**WILSON:** Well, we can hold that as a curiosity.

**COMMENTARY:** *Now, Kathleen has revealed the first weakness in her logic, and that offers an opening to intervene. She tells me that when she's stressed, her worries increase. I'm going to plant the seed that she's not just acting based on the true risk of a fire, or contamination, or break-ins. She alters her perception of what's threatening when she's stressed. And that's subjective. That's not based on logic. My goal is to persuade her that she has an opportunity to view her problem from a different perspective. She's not ready to metabolize that idea yet, so I'm just going to plant the seed. I say, "We can hold that as a curiosity." So let's go back to the germs and contamination. To what degree is it reality based? The, "I need to wash my hands again, I've just touched that." To what degree do you think that's too much? What is the right way to do it, do you think?*

**KATHLEEN:** And that's the kind of the—it's like I know that I do it a

**WILSON:** Or at least anybody you know admits.

**KATHLEEN:** Yeah. I mean, just watching what other people do in the kitchen, or something. And yet, I feel a lot of people are just—they're way off the other end. I kind of think, like, gee, I'm surprised they aren't sick a lot.

**WILSON:** But we're back to why change this? What is it about how I handle the food?—

**KATHLEEN:** It's a lot more time consuming.

**WILSON:** But if it's necessary, then who cares how much time it takes? If it's stressful, who cares how stressful it is if it's necessary? What do you think is necessary in terms of what you do now, and what do you think is more than is necessary? Literally, personally for you.

**KATHLEEN:** Right.

**WILSON:** Because we only want to mess with what you think is unnecessary. I don't care what you do. I care about you, and I'd like to help you, but I want to be clear, I don't care. There's no way that you need to do anything. The world can get by with you doing just what you're doing. So we don't want to mess with things that don't need to be messed with, so we're at the juncture now when we're about to start talking about how to make changes, and you need to have a sense of, "Yeah, I want to make that change."

**COMMENTARY:** *Now I'm, again, challenging her logic. Is the content of her worries valid or not? She complains about how long the rituals take, but so what? Who cares how long it takes or how stressful it is for her, if her worries and her actions are required to keep her safe? If I allow her to straddle the line, I'm not going to help her. She must commit to the belief that the disorder is telling her to have zero tolerance for uncertainty, and she must elevate her therapeutic efforts to that task. Learning to tolerate uncertainty must supersede her OCD desire for absolute safety. This is how treatment tends to fail. We give them exposure practice while they continue to focus on the content of their worries. But in treatment, the content is absolutely irrelevant.*

**WILSON:** So let's talk specifically about the germs, because that's

probably the easiest thing for us to work on here versus fire, because we're not in your home and so forth. So what do you think is necessary and what do you think is too much regarding your routine?

**KATHLEEN:** That's an interesting one, because I was thinking more recently that maybe part of what I need to do is, should I just like really wash down that handle to the refrigerator? That's the main thing as I'm preparing food that I'm—like if I'm the only one in the kitchen, that maybe I should just scrub that down and good and then I could go in and out.

But then I'll also think of something, like if I grab a package out that's, say, some packaged kiwis, or something, that are in plastic. And that's been sitting over at Costco, and who knows how many people handled that before it—you know?

Like I say, sometimes I just wish I was either less tuned into this, or kind of, more it—that it just wasn't on my radar.

**WILSON:** OK, but it is.

**KATHLEEN:** Yeah, but it is. I know.

**WILSON:** And now, I am not going to work with you about things that you're not interested in getting rid of. That's what you and I have to get clear about. And I'll help you as long as you and I get clear. But some of the stuff we do is pretty direct and powerful. And so we don't want to be doing things that aren't of interest to you. So I'm still fuzzy about—again, let's talk about the germs, and cooking, and so forth. Where is there room to move here, if anywhere?

**KATHLEEN:** I'd like to be able to reduce it some, and feel comfortable with it.

**WILSON:** What's the "it" that you'd like to reduce?

**KATHLEEN:** Perhaps, say, how much I wash my hands.

**WILSON:** OK.

**KATHLEEN:** That's really what it translates to is washing hands in between various steps.

**WILSON:** And what do you want to use as the criteria for, "washing



my hands?”

**KATHLEEN:** It would have something to do with transferring germs, or whatever’s on something, to something that would be eaten raw.

**WILSON:** And so, give me an example of how you do it too much right now that you think you would want to reduce. You just mentioned the packaging of kiwi. Is that an example, or no?

**KATHLEEN:** Yeah.

**WILSON:** Pulling out the drawer again, grabbing—

**KATHLEEN:** Yeah.

**WILSON:** Because it’s all relative, in the moment. Because it totally makes sense what you just said. I want to do it—but in the moment, all of a sudden, now you’re leaving yourself open to—in the moment going, “I think that has germs that could be translated into this. I’m now going to wash my hands.” So it doesn’t give you any way to begin to reduce the washing of your hands, if it is all about whether I sense there’s germs. Because in the moment, you’re going to elevate a fear of the germs. Am I saying this correctly?

**KATHLEEN:** I think. Say it one more time because I was off and thinking about something else, a little bit.

**WILSON:** It’s complicated this stuff, so thank you for bearing with me. And so, the topic of conversation is, “OK, well, I do these things and it takes a little longer. And is it possible for me to not do it quite so much?” And what you said was, “Well, I just need to determine what is a transfer of germs, and what isn’t.” That’s where you’ve got to, and I said, “Well, in the moment your anxiety goes up,” and things—you start thinking, “I think that might transfer germs.” And so whatever you and I decide here about that, you’re going to go, “Well—if we go according to what you’re asking,” it may not give you any help. Because when you get anxious, you’re going to go, “Well, that could be—” Sitting here, looking at some in the distance, you can say, “Well, that doesn’t need to be clean.” Once you get to it—so I wonder what criteria we would use to shrink down, I think what you’re saying is, how often I wash my hands.

**COMMENTARY:** *Again, Kathleen has focused on the content of her*

*obsessions. Maybe if I thoroughly wash the handle of the refrigerator door, then I can go in and out. When you only address the content—washing all the vegetables at once, cleaning the door handle—you can't get over OCD. No matter what new rules clients create to keep people safe, no matter how well they follow those rules, OCD will always create a loophole to pull them back into checking again—Did I do it properly? Was I really paying attention? Kathleen and I will not solve this problem by talking about some continuum of safety, or certainty. To get this work done, she has to create an on/off switch, an either/or paradigm. She must take a firm stance. Yes, I'm now going to treat this as an OCD moment, even though I'm not sure that it is. I'm purposely, voluntarily going to stop washing, or stop checking, so that I can feel the generic sense of uncertainty, and anxiety, and learn to tolerate it. That's my work.*

**WILSON:** I'll give you a theory about OCD, and let's see if we can work our way backward. Because—once again, I'm not going to do anything with you until I'm clear that's something you would want. With OCD, the issue is not being able to tolerate uncertainty about certain themes. And you've got your themes very clearly set up. You are a mature adult, because you're over 21. I don't mean anything more than that. You have lots of life experience. You've faced uncertainty in a zillion different ways over your life, and tolerate it fine, except some very specific domains that have to do with safety around food, and locking up, and those sorts of things—and causing people to get sick. That's OCD. I mean, that's the domain of OCD. And the issue with people who have that tendency is an intolerance of doubt.—So the distinction you and I want to make is, when I go to do this—fill in the blank—this is my intolerance of doubt. It's not about germs. When I go to check a second time whether the door is locked, it's a minor thing. It takes me 45 seconds. But the motivation is not my concern that the door is unlocked. The motivation is the intolerance of a generic sense of uncertainty that gets brought to locks. Because what you're talking about is, these are classic symptoms of OCD—locking up, unplugging things, flooding the house, burning down the house, making someone sick. It's going to be my responsibility, all that is—

**KATHLEEN:** And how would I handle it?

**WILSON:** Well, yeah. How would I cope with having done this horrible thing, which is being irresponsible? So that's classic OCD. It mixes in with—this is how OCD works. It picks the topics that have high-value to you. When you talk about your uncle, and burning down the house, these are all high-value things. So it's going to grab those and use them against you for its own purpose. Your job is to distinguish those two things, which means to be able to go, "This isn't about contamination. This is about my intolerance of uncertainty." I want to—what are we trying to do? I want to tolerate uncertainty better. And the way we do it in treatment, is we go toward uncertainty. And I want to tolerate my distress about being unsure. And the way we fix that is we go toward distress.

**KATHLEEN:** Interesting.

**WILSON:** The problem you and I have at this moment is we've got no territory in which you are saying, "I don't want to do that anymore. I want to stop doing that. I want to start doing—I want to have more of my day back. I want to have more of my freedom back." Whether it just gives me 30 minutes a day would be something I would want. So that's what you and I need.

**COMMENTARY:** *Now I'm beginning to actively challenge her logical system, and to push a competing viewpoint. I call her problems, classic OCD." I convey that she must step back in those threatening moments and grab this new perspective. She needs to label each of these moments properly, as an OCD event, and then she needs to change her response to the moments. Right then and there, she needs to practice tolerating uncertainty, to go toward doubt and distress, on purpose. This task must override her powerful urge to respond to the content, to make sure things are safe.*

**WILSON:** What do you think about the theory of OCD causing people to feel, "I can't tolerate not knowing, and I can't tolerate the distress of not knowing?" Does that make sense to you theoretically? And why you told me the story about your uncle is, "I would never want to make him sick. What if I do? I wouldn't be able to live with myself. I better not do something wrong." So we have to—if you're going to go after—if you don't mind me calling it a disorder.

**KATHLEEN:** That's fine.

**WILSON:** Because like disordered thinking, or whatever. If we want to go after that, we have to elevate above content.

**KATHLEEN:** Interesting.

**WILSON:** So, if you were to go in the kitchen and—here's what you have to do. You have to have rules. I'm going to clean the handle of the refrigerator. I'm going to wipe under the drawer handles. I'm going to do that once a week, or whatever you decide. And I'm going to assume that that makes it clean. And then, otherwise—because that's enough for me. You have to decide. I'm not in charge of that. You're in charge of that.

**KATHLEEN:** What the enough is.

**WILSON:** But you have to decide that during a no problem time. Don't decide it when the disorder starts coming in, and going, "That's not clean enough." You make rules that say, "OK, this is how to have a sanitary-enough kitchen." It's like being a good-enough parent. So you can't have perfection. You have to have enough. Those are my rules. If you follow the rules, and then still feel compelled to go wash your hands again, you can go, "Oh, well, there it is. I'm feeling uncertain about whether my hands are clean. That's what I want to practice. I'm having an urge to wash and I'm not going to wash now. And I'm going to take the hit." That's one of the expressions I would say, "Take the hit." You know what that might mean in this context? What hit would you take if you had the urge to wash your hands and you didn't wash them?

**KATHLEEN:** You'd have to live with the uncertainty and whatever stress it might—

**WILSON:** Exactly.

**KATHLEEN:**—produce in the moment.

**WILSON:** And that's what I'm saying about motivation. You have to be motivated enough to make a change to tolerate the uncertainty and the distress that comes with it. Because what if we're wrong at that moment? What if the truth is, your hands did need to get washed?

See, if you're going to do this work, you have to be willing not to have closure, because that's the nature of the disorder. As though there's a certainty center in the brain for people who have a tendency to OCD that won't close. So you walk away from the front door, and you have the sense of, oh, I'm not sure it's locked. It's not about the front door. It's about this.

**KATHLEEN:** Do people generally, with OCD—is it part of the OCD pattern, or whatever—spectrum—that people tend to become worse over time?

**WILSON:** I don't think we need to put that on you necessarily. What I can tell you is we know for clear it doesn't spontaneously—you don't spontaneously recover. You could stay just like you are now, and not get any worse. And that's where it's like, you got to go, "It's a hassle. I got that tendency." So that's the decision that you need to make. So what are you thinking about what I'm saying around distinguishing contamination, leaving the doors unlocked, the house burning down, and this intolerance of uncertainty that really drives those in distinguishing the two? Does it resonate in any way?

**KATHLEEN:** Well, it's actually—it's new information for me.

**WILSON:** OK.

**KATHLEEN:** And obviously—

**WILSON:** Is there a way you might use that?

**KATHLEEN:** I hope I can.

**WILSON:** How would you? I interrupted you. You were about to say, "Obviously—" and I didn't.

**KATHLEEN:** Oh, I may have lost my—

**WILSON:** Maybe you were saying, "Obviously you know what you're talking about around this field, so it must be—"

**KATHLEEN:** I was going to say, "Well—yeah, I mean obviously, this is your area of expertise, so there has to be something to it."

**COMMENTARY:** *OCD clients need to create therapeutic rules that they'll follow when they face these challenging situations. For Kathleen,*

*it would be such guidelines as—this is how, and when I’m going to clean the refrigerator handle. And then, she can’t seek perfection. She has to create a “sanitary-enough” kitchen. Then she needs to expect OCD to show up immediately. “I’m not sure I cleaned it properly. I don’t think I was paying attention.” That’s her obsession. “I’d better do it again just to be sure.” There’s her urge to ritualize. She must choose to act as though those messages come from OCD. She needs to let them go, and then she needs to, what I call, “take the hit.” That means she needs to take the risk that she’s making a terrible mistake. That she’s causing injury. Why? Because OCD will not allow her to feel safe and secure. She doesn’t have the mental capacity for that yet. So it’s impossible for her to feel confident during her behavioral experiments. She needs to know that, and then do it anyway.*

**WILSON:** Right. But the thing we want to make sure—yeah, I know this field pretty darn well—but we don’t have to do anything different for you. You don’t have to change.

**KATHLEEN:** That would have to be my choice, right.

**WILSON:** It’s a hassle for you, but you could live with it if you want. If you don’t want to live with it, and you want to make some changes, let’s start figuring it out.

**KATHLEEN:** I mean, the food, that kind of thing is—preparing food for people, and stuff. That’s not as—more the issues of fire. Say, if I’m going to visit somebody, causing harm that way. Am I coming down with something? That causes me—

**WILSON:** And so what about those topics?

**KATHLEEN:** That causes me more—definitely causes me more stress.

**WILSON:** Right. But if it’s worth it, you don’t mind having that stress, right? If I’m protecting someone, or protecting the house, I’m willing to have that stress. So I’m not sure whether you’re saying, “Therefore I want to work on those things, or therefore I—”

**KATHLEEN:** I would love to be able to just make one loop through the house, make sure things are off, and leave and forget them.

**WILSON:** OK. You’re saying one thing that you’re not going to be

allowed to say, if you want to do this, which is, “I’m going to go one through the house, and be sure everything is off.” You can’t have that. You can’t go through the house and be sure everything is off, and then leave. That is the nature of the disorder. If that’s what you want, you’re going to have a hard time getting that initially. Because to get over this tendency, you have to go through the house one time and not be sure everything is unplugged and taken care of, because it’s not about whether they’re plugged or not. How many times do you go back and find that you didn’t unplug something? I mean, I would assume if you’re a typical person—

**KATHLEEN:** It’s pretty rare. But once in a while, that’s probably another reinforcer.

**WILSON:** I understand, but only once in a while that occurs. So if we’re going to work at this level, and not the specifics of, then the work is—I’m going to go through and do what a normal person does about checking, and then I’m going to walk out of the house and lock it up once like a normal person does. Maybe jiggle the handle, and then drive away and tolerate the next experience that I have, which is going to be a sense of doubt. That wasn’t efficient. I can’t quite remember having looked at the curling iron, if you use a curling iron. I can’t quite remember about the microwave. That’s the work, which is, OK, well now I’m working on that tendency to have OCD. I’m going to assume that this is my OCD right now, and I’m going to take the hit. Which is—I’m not going to go back and check to feed that monster of OCD again. The way you lose is OCD—if we personify it, externalize it, which is what you want. You want it outside of you. When you’re all better, it’s not in you anymore. So we want to start with—wait a minute, this is this foreign agent that’s gotten in here and given me bad data. And I’m falling for it, and I’m a sucker for it for whatever generic—I mean, genetic. This is really genetic. And you were going to say, “Well, let me tell you some stories about this—” we don’t need to know it. We can already assume that this is passed down through genes, because we know that to be true. So my genes have got—it’s not about contamination. It’s about my genes causing me to have this doubt. And so what I do, what the disorder needs me to do—I’m in a relationship with the disorder, right? You are in a relationship with

your doubt.

**KATHLEEN:** Right.

**WILSON:** And what your disorder wants you to do is whatever it tells you to do. And the primary message it gives you is it throws your doubt. Did I really lock that? Is it really off? And it requires you to act on that feeling.

Now, you go check, and find out, and get rid of what I've just given you. That's what its job is.

**KATHLEEN:** And then it keeps giving it to you until you can finally—

**WILSON:** And so as long as you worship at the altar of certainty, it gets you. And that's why I was trying to say to you, we have to decide. If you've got some ways you're willing to be regarding contamination, let's say, or checking. And then, if you chose to do it, we would talk about that now. What you would do between now and Sunday to practice "taking the hit," tolerating uncertainty. I will set that up with you, if you and I can get a set of practices that you would be willing to do. But it would be—so time now to go, does that make sense to you? If we, kind of, create a sense of it being outside of you, asking you to get rid of doubt, check as many times as required till you feel comfortable and sure. That's its job. Do you want to mess with that in order to get some of your mental time back?

**KATHLEEN:** Yes.

**WILSON:** OK. Do you know what arenas you want to mess with? Do you want to mess with how you check as you leave? Do you want to mess with issues around contamination? What do you want to mess with? Today's Wednesday.

**KATHLEEN:** The biggest ones would be the issue of fire, anything fire, electrical, leaving the house.

**WILSON:** You say the biggest issues, meaning those are the ones I want to make sure I work on?

**KATHLEEN:** I mean, that would be—getting a handle on that would, say, be more important to me than how many times I wash my hands preparing food, or something. That's more tolerable to me



and seems to have more logic to it. Because if somebody's handled that refrigerator handle, and their hands are dirty—I mean, that's that seems more grounded. There's more potential reality there, if I'm making sense.

**WILSON:** It's all grounded in reality, that's what it does. It looks for ways, ideas that are grounded in reality. And my advice to you would be, if you do this with me, that you end up doing all of it.

**KATHLEEN:** I thought it was maybe a choosing. OK, yeah.

**WILSON:** Well, you may choose one for the next four days to work on. I'd actually choose both to work on in some way. But I'd choose one. But I would put in my agenda of—because the uncertainty is up here, more abstract. If you leave an area over here where you're fine always reassure yourself unnecessarily, there you are keeping it. I'm going to get rid of this one, but I'm keeping that one. Then it's still uncertainty. So whatever you take on now, fine. But in the long run, I would take it all down. I would deconstruct it all.

**KATHLEEN:** It's still part of the bigger—

**WILSON:** Right. Because this is what runs you, not this.

**KATHLEEN:** Got you.

**COMMENTARY:** *Notice that we're nearing the end of this initial session, and she has yet to name any territory where she's willing to be uncertain. She'd like to save time. She'd like to take one single loop to check the house, and then leave. But she adds another criterion, she*

*has*

*to know that things are turned off. So I continue to encourage her to try on this new therapeutic frame of reference. To externalize, personify*

*the*

*voice of OCD. I challenge her to go up against that voice. As we look for homework, she wants to pick and choose what she practices, which is fine with me. I'll go along with anything that she's willing to experiment with, as long as she's working to generate some degree of uncertainty.*

*But*

*I tell her that eventually she should go after all these themes that we've identified. That's the best way to ensure that she wins over OCD.*

**WILSON:** Can we talk about how to do practice between now and Sunday?

**KATHLEEN:** Absolutely.

**WILSON:** And you don't have to write anything down yet. I'll make sure you understand it before it's over. So we want to do—maybe there's more than two things, but think about two things. The treatment of OCD is called exposure and response prevention. We expose you to the threat. You expose yourself to the threat. Response prevention—you don't do the ritual or compulsive behavior in response to it. You take the hit. So you tolerate the distress and uncertainty. You and I would do that, which is, I'm going to—whatever we set up. Check one time, and then leave, no matter what. But what we want to pair up with that is—what I'm saying to myself in my head while I'm doing it. If we're up here—when I bring my hands up here, you know I'm talking about? This is intolerance of uncertainty, and intolerance of the distress that follows uncertainty. Because I can't tolerate uncertainty, I still have it. Now I'm feeling really anxious, and I got to get rid of that. This is what we're working on.

So when we come down here—for instance, if you decided I've got these things that I typically check. Any time I leave the house, I'm only going to check the things that I have actively used since the last time I came home. This is an example. You don't have to do anything. But I'm only going to check the things I have used. And I'm going to check it in the following way. I'm going to—whatever—look at it once or touch it. And then, I'm going to walk out of the room and keep moving. And the same with the lock. I'm going to put my key in the lock, listen to the click, or whatever. Turn it once before I let go of it. As soon as I drop my hand, I'm done. And I'm going to leave, and not go back and check. And you would risk what if you did that? If you did it that way—I'm going to check these. I'm not going to check the things I haven't used. I'm only going to check once the things I did use. I'm only going to check the door handle while I'm still holding onto it, and then I'm going to drive away. What risk are you taking?

**KATHLEEN:** I guess what would come up for me is—of course, it's the OCD. When I was checking it, was I really paying attention?

**WILSON:** Right. Exactly. And that's the risk you have to take. You're

not willing to take that risk, you can't get better. We want to make it really simple. I'm a Southerner. We're simple people. This is hard, but it's not complex. And what you said is exactly what you would need to risk. And that's what's going to come up. Here's the other piece. I want to get my freedom back, want more freedom in my day, or life, badly enough that I'm willing to take the risk of having made a mistake, and burn the house down and lose everything, and killed my favorite cat, or whatever. Catch the—

**KATHLEEN:** In my case, I rent a room. I have a housemate and it's her condo. So that heightens it a little bit.

**WILSON:** And burn the entire complex down. Then, the fire will jump from that building to the next one and actually wipe out the entire neighborhood. For me, I'm willing to take that risk. Might as well go there.

**KATHLEEN:** Well, and the other piece that would come up is, only check things that I've used since the last time I checked. And then it's like, well—because sometimes I know I'm distracted, and this, that, and the other.

**WILSON:** I'm throwing my hands up, like—

**KATHLEEN:** Exactly.

**WILSON:**—oh well. And it's not oh well, the house burns down. Not that. I don't go, oh well, the house burnt down. Never that. Oh well, I'm not sure. I can't remember. What if I was distracted? Oh well, I'm going to move away, anyway. You have to confront that moment. What you're going to feel compelled to do, is to do what I'm asking to do, as long as you're sure that you're safe. This is what Einstein said, my close friend, "You can't solve a problem within the framework in which it was created." You can't do what I'm asking you to do within the framework of security. You have to feel insecure and unsafe, and awkward, and scared. You have to. But you have to put it in context. I'm not being scared because I've done something dangerous. I'm being scared because of my tendency. And I'm going to work on my tendency.

**COMMENTARY:** *One of the difficulties in treatment is that clients*

*will even doubt that they're following our instructions properly, or that we therapists actually know what we're talking about. They will doubt everything related to recovering from the disorder. I've addressed this constant doubt issue with Kathleen in two ways. First is this idea of "taking the hit." I'm willing to risk that I made a mistake. The second is this shrugging my shoulders expression of "oh well." Here I'm not talking about, "Oh well, if I burn the house down then I burn the house down." It means, "Oh well, there's no way I can know for sure that I checked properly. OCD won't let me know that. And I'm willing to tolerate not knowing, if that's going to help me get better."*

**WILSON:** You want to do that?

**KATHLEEN:** Yeah.

**WILSON:** You want to mess with it for four days and see?

**KATHLEEN:** I do.

**WILSON:** OK, so I'm going to tell you how to do it. This is going to be a game. You're going to score points.

**KATHLEEN:** OK. Can I take notes?

**WILSON:** Nope. Only if you don't understand after I explain it to you, because I'm going to give you a little piece of paper.

**KATHLEEN:** OK.

**WILSON:** You score points by doing something that generates uncertainty about these two topics, germs and safety of fire. You score points by generating the state of doubt, and then saying something to yourself that permits you to tolerate it. So in other words, you might turn the—you have gas stove or electric?

**KATHLEEN:** Gas.

**WILSON:** You turn the gas stove on. You turn each burner on and off, all four of them, five of them. Turn it on and off, and then immediately walk out of the room. And then, don't come back in that room for 15 minutes. Or you turn each of the burners on and then off, and then immediately grab your stuff because you're leaving, lock the door, and drive off. Now, you've purposely generated a kind of uncertainty around, did I—I don't remember—

**KATHLEEN:** So then every time I'd be leaving the house, I'd actually go and turn each burner on and off?

**WILSON:** If you want to take the game to the disorder, that's what we want to do. This is an aggressive sport. The more aggressive you can be in terms of frequently doing that work, the better around this sport. So the things you would say in your head would be things like, "Boy, this is hard, and I want to do this. I can do this. Let me step away. I'm going to take down OCD. This is good practice. I want to be doing this. I want to tolerate not knowing. I want to tolerate not knowing. I want to tolerate not knowing." You've got to memorize that. And if you want to write something down, you can write down—but I'm going to give you a piece of paper. Here's the piece of paper. And it gives you a number of phrases that you might use. You make up anything you want to do, you want to say to yourself. But they should—I'll let you read that for a second.

**KATHLEEN:** OK. So you're saying I want the OCD to stick around?

**WILSON:** What did it say?

**KATHLEEN:** You say, I want this to stick around.

**WILSON:** Meaning I want this uncertainty to stick around, OK. I want this distress to stick around. Why? Because what we know about getting better is you need frequent exposure to intense distress over a long period of time to get over OCD. And you and I are not following that model. I'm not asking you to have intense distress. I'm not asking you to feel that distress for—they want you to do it for 45 minutes to an hour and a half. I don't care about that. What I care about is you changing your mind about it. Give the disorder the job to make you more distressed. You start to leave and you feel uncertain.

If you took a position of, "OK, well, I'm uncertain, but I don't feel uncertain enough. I wish you'd make me more uncertain." Just keep moving. I mean, even a silly thing like that would be OK. But the honest thing that you need to say is, "I want this uncertainty and distress. And I'm OK if it lasts. And I'm OK if it's strong. Those are OK," because those are exactly opposite of what it demands. You will create a personality that is Teflon for OCD. That's what we want—you

to have a point of view that represents your stance. I'm vulnerable to this kind of stuff, so I'm going to go toward it. And that's how you score. And every time you have that, you generate the feeling of—what are the two states I want you to feel?

**KATHLEEN:** The uncertainty and the doubt.

**WILSON:** Uncertainty and doubt, same thing. And what comes on the heels of feeling uncertain? How do you feel emotionally?

**KATHLEEN:** Stressed out.

**WILSON:** Yeah.

**COMMENTARY:** *You'll notice that I'm almost drilling her like I would a student. I'd like her to memorize that expression. "I want to tolerate not knowing." When she gets in those scenes where she has an urge to repeat a behavior, she needs to give herself a competing message. And that message needs to dominate the urge. Then, once she's willing to stay doubtful, we move to the next level. She's to give OCD the responsibility of making her stay doubtful, making her stay distressed. This is a radical shift from exposure and response prevention, but it's exactly the opposite of what she's been saying. Which is, in essence, "Please, OCD, let me become comfortable and confident. I'll do whatever you want. I'll repeat this as many times as you'd like. Just stop making me worried."*

**WILSON:** Right. So uncertainty and distress, any time you generate those, you get a point. Your job is to score as many points as you can. I'm going to make your job a little easier.

**KATHLEEN:** Oh, OK.

**WILSON:** You know what that is?

**KATHLEEN:** OK, it's a counter.

**WILSON:** Yeah. It's called tally counter. So can I have it back for a second?

**KATHLEEN:** Yeah.

**WILSON:** You know how to wear it?

**KATHLEEN:** Oh, OK.

**WILSON:** So, If you're out and about, or in your car or something,

you wouldn't have to—but you'd really have to, kind of, put it on before you go to do it. And you go—click, click—walk away. Oh, this doesn't feel right. All right, I'm practicing.

**WILSON:** You've just scored a point.

**KATHLEEN:** So do you score a point for each burner?

**WILSON:** You score a point every time you notice yourself, once again, feeling distressed. So you can turn the burner off and go, "Am I going to walk away now without checking this again?" You don't get a point for that. You get a point for going, "Yeah great, I hope so. I hope I don't check."

**WILSON:** You do the next burner. If you happen to have another reaction, you have an opportunity to score a point. Or things might get quiet. If it keeps coming back, you get—every time it comes back is good for you because we're looking for frequency. You want as many numbers on there as you can get.

**KATHLEEN:** OK. So say I've left the house, and say I'm out walking, or something, and I'm thinking, "Did I turn that stove off or not?" And then I can just say, "Hey, bring it on? I can take the hit." And each time it could be the thought about—

**WILSON:** As soon as you generate something to make yourself uncomfortable, you offer an opportunity to score a point by what you say next.

**KATHLEEN:** OK.

**WILSON:** You and I are all about not the exposure to it, but pairing up the exposure. They say neurons that fire together wire together. You understand what that means? It means when I fire up my amygdala to be afraid, I'm going to fire up a cognitive message and pair it up with that. If I do that over and over again, consciously it will become second nature to me. And I find out that I'm able to—the house didn't burn down, and then it comes like that. If you happen to not have the tally counter, you just go, "OK, I scored seven points while I was out taking a walk, and I'll go click them when I get back."

**KATHLEEN:** So I don't actively—I mean, look to stress myself. I

mean, if I'm doing something—I mean, I'm not purposely thinking, “Gee, is the stove on downstairs?” And I don't really—if I'm in the house, I really don't care. It's more of the once I go away—

**WILSON:** Kathleen, your job is to score as many points as possible per day. If that means you've got to stop for a little bit, and go down, and do the dumb thing with the stove, and then walk away. You need to score more points, go do something provocative to score the points. It's just four days. And so you really, with the four days, you want to charge ahead. You only got me for two hours for a disorder that's been around for how long? A good while. So you got me for two hours to give you guidance and feedback, and debrief, and see what we did wrong, and correct it. So these four days are it. So you don't want to go, “Well, I scored nine points because I didn't really go out much, and I didn't—” then you're going—you know. So you do actually want to go—

**KATHLEEN:** So I could make a point of just going downstairs, and even though I don't especially worry while I'm in the house of turning things on and off, each one on and off, and then—

**WILSON:** And the way you do that is you turn them on and off one time, and immediately leave the room, giving yourself not an opportunity to do that second check.

Again, I made a proposal for you to only check one time things that you've actively used before you left. How's that sound to you? You want to modify that in some other way?

**KATHLEEN:** Well, that's probably the only—I mean, I don't know if I can think of another modification.

**WILSON:** Well, if you do, you can make a modification, but have a rule that you do for yourself. Another way to practice is do the stove, turn it on, turn it off, and then go take a walk. Leave the house completely. That'll provoke more than if you just go in another room.

**KATHLEEN:** Yeah, I was thinking about that.

**WILSON:** And let's not detail around the food right now just because of time, but I want to suggest that you do the same thing around the preparation of food. That you go ahead when you leave here, whenever



you can, stop in a no problem time. Decide what's the ritual I want to use around preparing food. And let me go try to break the rules I've been using as a way to score some points there, too. So if we can have two domains that you're working in, I think it might be helpful to us just to see how that goes. What do you feel lost about or need clarification on?

**KATHLEEN:** I was just trying to think of what I could set around food. Because one thing I'd even thought is maybe I should just take out everything at one time, and give it all a wash or something, and then I wouldn't have to be in and out of the refrigerator.

**WILSON:** The only drawback of that is if that makes you feel certain everything is clean, you've got no practice. Our practice is about not being sure. So you want to stop by yourself when you're not having a struggle, and you're not in the kitchen. You think through, what is a reasonably safe way to prepare food, and what moment should I wash my hands? And otherwise, I'm not going to set that rule down. Put it on paper. Write out those five things, and then don't break those. And go in there and get provoked. Bake something for someone, and give it to them. Make a meal for your roommate. I don't know, but go after it. Go after it because you've got four days only. How's it sound as a plan?

**KATHLEEN:** Yeah, I'm willing to—it brings up some anxiety.

**WILSON:** And on Sunday, after we're done, you can throw it all out and go back to your old ways, and hopefully you won't have killed anybody between—

**KATHLEEN:** Don't say that.

**WILSON:** Don't say that? Oh, I thought that's what we're—what? Isn't that what we hope?

**KATHLEEN:** Did I get a point?

**WILSON:** No, because you said, "Don't say that." You would have gotten a point if you said, "Excellent. Hey, provoke me again, would you, sucker?" Or if you shot me the bird or something, that would be fine. OK. So make sense?

**KATHLEEN:** Yeah.

**WILSON:** And again, by Sunday when we're done, you can decide to let all this stuff go. This is a really good opportunity to practice what we're saying.

**KATHLEEN:** And it's not going to make me any worse, or something, if for any reason?

**WILSON:** Well, it could burn the house down. It could poison someone.

**KATHLEEN:** But I mean, it won't make my tendency, for some reason—

**WILSON:** That would not be our expectation. But even if it did, you're going to have to pay that price. I'm willing to take the risk. This guy seems kind of kooky, but supposedly he knows what he's talking about. I'm going to go ahead and give him the benefit of the doubt. I can throw it all away on Sunday, but right now I'm going to play like my life depends upon it. And that's, kind of, what it requires. I'm going to act as though these next four days mean a lot to me, to try to work this system out. So you want to try to make me right, just for these four days. Can I ask another task? Do you do email? Are you on a computer at all? Will you send me your points every single night, in the next four nights?

**KATHLEEN:** OK.

**WILSON:** I'll give you my card, and you can just—I'm in the conference and so forth, so I might not have a lot of time. But I'll write you back as soon as I check my email, and I see something from you. I'll at least let you know I've gotten it, and so forth. So every morning you can reset it and you'll know. What do you want to ask me before we stop?

**KATHLEEN:** Is there kind of any, somebody—well, I realize it would depend how much somebody was working with this. But is there, sort of, any general timeframe over which people see a quote, unquote, “significant improvement?”

**WILSON:** Four days.

**KATHLEEN:** OK.

**WILSON:** You should see improvement by Sunday.

**KATHLEEN:** OK.

**WILSON:** If you score a lot of points. Your improvement is going to be directly related to your actions. You have the ability to make a difference in four days.

**KATHLEEN:** Let's see. So let's say I'm leaving the house to go out and walk. I mean, I could turn all four burners on and off, purposely, before I go out of the house, even though I know I haven't used—I mean, I could just pick something to actively do it.

**WILSON:** Yeah, you'd say, "OK, I did use it." You can go plug your curling iron in to have another object to unplug once, and then walk away. You can provoke an opportunity to practice. That's what you're looking for. I'm looking for opportunities to score as many points as I can for the team. Team of one.

**KATHLEEN:** Say if there's 10 things that I usually check before I leave the house, and I know there's only 2 that I've used since the last time I've checked them, I can just check those. But I could also, say, add the stove in, turn everything on and off once, and walk out of the house?

**WILSON:** Just be careful around going, "I don't need to go there because I'm sure it's unplugged." As soon as you start doing that, you are reassuring yourself during the practice, and robbing yourself of an opportunity to score points. Do you follow that?

**KATHLEEN:** OK. So yeah, OK, there's none of the reassuring talk.

**WILSON:** You don't want any reassurance around the content. Content is garbage, trash. As soon as you pick up content, OCD is winning. So when you go, "OK, well, I'll just not check that because I know—I'm sure that's fine." That's a reassurance. Go, "Well, I'm going to not check that. And I'm not even going to remind myself whether—"

**KATHLEEN:** OK. But I could just say, OK, since I left the last time, I used, let's say, the coffee maker, and the microwave, or something.

**WILSON:** Yeah. So I'm going to check those once, and then I'm going to go.

**KATHLEEN:** So I'm going to check those once and leave. And then I would get one point for each?

**WILSON:** Not that you didn't check, but what you say in your head when you—you have to get the stress. It's only when you get the feeling.

**KATHLEEN:** OK.

**WILSON:** Only when you get the feeling of uncertainty, because that's the driver. Should I go back and check it? Oh, no, I need another point. That's all you have to say. "Oh no, I'm not going to go back and check. I need another point." Click. Even that is fine.

**KATHLEEN:** OK. So any time that stress comes up and then I just say bring it on?

**WILSON:** Yeah, or some reasonable facsimile.

**KATHLEEN:** Whether it's I'm leaving the house, once I'm away.

**WILSON:** And if you get lost, send me an email to say, "Wait, I'm confused. What do I say now?" And I will respond to you as soon as I have a moment to do it. And we'll fix it. Don't wait till Sunday to go, "I got confused." Say it in an email, so we clean it up because we want that.

**COMMENTARY:** *Finally, as we arrive at the end of the session, she's beginning to grasp the concepts enough to ask me a lot of questions about how to practice. She understands now that she has to mess with her usual pattern in such a way that she feels uncomfortable. Her entire homework should involve trying to score as many points as possible. And she scores points by stepping into a provoking situation, then pairing up her feeling of doubt, her feeling of distress, with a supportive self-message. The one she's mentioned relates to her talking to OCD, saying, "Hey, bring it on." In the next four days, we'll find out whether she can transfer this understanding into action, in the face of threat.*

**WILSON:** So I will—we're going to close off here, unless there's something else you want to ask?

**KATHLEEN:** I don't think so. Any time stressed. No, I think that's fine as far as—I just was making notes. So any time feel stressed,

either—

**WILSON:** And that's what the other side is going to say to you, that instruction says that—this is how you score a point. Have this feeling. Have this sense, and then respond to it. That's the only way you score a point.

**KATHLEEN:** So both, whether it comes up on its own, and also to provoke it as often as I can?

**WILSON:** Yep. OK.

**KATHLEEN:** OK.

**WILSON:** All right. We'll see you on Sunday.

**KATHLEEN:** OK. Wish me luck.

**WILSON:** I wish you luck. I hope you have a really hard time.

## **SESSION 2**

**WILSON:** So welcome back.

**KATHLEEN:** Thank you.

**WILSON:** It's been four days, I think. Catch me up a little bit on what it's been like, whatever you want to say, and I'll ask you questions.

**KATHLEEN:** Overall, it's been good. I would say that I'm certainly—I'm not cured, but—

**WILSON:** Oh.

**KATHLEEN:** I know. But I would say I am doing better. I do find that I'm paying more attention in the moment because I figure, OK, I can only look at this once, check something once. So really, and truly be sure that I'm paying attention.

**WILSON:** OK. Well, that's good.

**KATHLEEN:** But then I also notice, like if I'm running late or something, and feeling more stressed, that it tends to more throw me back into the patterns of wanting to check.

**WILSON:** Before this sessions over, we'll come back to, how do I do

it when I'm running late? But first off, it's interesting—and one of the terms I use is being a good student of the work, which means if you can understand the concepts and agree to them, then you put yourself in that panic. You go, "Well, this is my option and I'm not going to check more." So therefore, I'm going to come in a little more alert, a little more awake, notice what's going on, because I'm going to not let myself come back and do it again. So that's nice.

**KATHLEEN:** Or if I do go back—on the times that I have gone back and checked, maybe I just checked once rather than checking—so it's reducing the number.

**WILSON:** Right. I guess I would, correct what I was saying, to say my intention is to minimize my checking. So if I'm going to do that, let me pay attention. Tell me more about what you noticed.

**KATHLEEN:** Well, sometimes I'll catch myself now, am I doing this right? Or it's like, no, I'm not supposed to reassure myself. So I find myself having to sometimes remind myself of that, or just saying—there's that part of me, I guess. I don't know if it's the perfectionist part of like, am I doing this absolutely like Dr. Wilson wants me to be doing this?

**WILSON:** Yeah. You've just learned it and you're on a learning curve. We exchanged a couple emails about procedure, and that's exactly what you need to do. And for you to call in what you're doing—to call that into question, would be expected. I'm glad that you're trying to figure that out, because we don't need you to be perfect about anything. In fact, the whole thing is to not be perfect in terms of checking, and so forth. Because being perfect gets you into trouble with this particular type of problem.

**KATHLEEN:** Then I'm wondering is, is the perfection part of me on that of really wanting to do it right, is that part of the OCD too?

**WILSON:** That's what I'm saying. You've got that perfection part, and then you shift it over to, did I clean properly? Did I touch that—am I sure that I'm not a carrier of some illness that will pass onto my uncle? And so you're right. I want my dentist to be a perfectionist. I want my surgeon to be a perfectionist. There's things I want to be a

perfectionist about, but there's still going to be some range, and we've got to pay attention to—well, maybe I don't have to get this done exactly right. We'll talk more about that as we go on.

**KATHLEEN:** And just thinking about things, more like I know, say, as far as like when I leave the car, there are times in the past where I've just pulled on. It was like—like before the little alarm would go off if you've got your headlights on, where just totally unbeknownst to myself, I have pulled the headlights on and run a battery dead. So I figure there is something that's—before I leave the car, there's that part of me that says, “Well, does that little alarm always work that sounds?”

**WILSON:** Explain that again to me—that little alarm that sounds. Inside my head to warn—

**KATHLEEN:** No, the alarm that if you've got your headlights on and you open your car door, it'll beep to let you know that you've got your headlights. So there is that part of me that says, well, could that little—whatever—if there's a fuse involved, or whatever it is, could that ever just wear out and you wouldn't know? You could, if you didn't check your lights, open the door and that fuse had died at some point.

**WILSON:** Sure. Now, let me ask you a question. How might OCD take advantage of that frame of reference? There's a possibility that one day the fuse will go out and the door won't ding, or I would have been preoccupied and I just didn't hear it, and I left the lights on. How would OCD use that to begin to get you obsessed and doing a ritual?

**KATHLEEN:** Well, I guess it would just say, hey, maybe the last—maybe you got out of the car last week and your lights were on and it let you know, but maybe that little fuse, or whatever, maybe that has quit working in the meantime. So I could get out and it wouldn't set off the alarm. And the lights could be left on.

**WILSON:** Sure. But I think what it would do, if it took advantage of it, would be to kind of spread that out a little bit and make it every time you got out of the car, have to turn back around, open the door again, see if you could hear that bell or check the lights to make sure—or

turn back around to see if they're lit up. It would start having you do it pretty much every single time. That's how it takes advantage of a natural kind of tendency of this bag—I don't know who's been touching this bag, and did I—oh, the grapes. Did somebody in my family might be—the grapes have to come out of the bag and get in the strainer, and cleaned, and be sitting by themselves. That's the signal that they've been washed. If they're not—oh, well, they haven't been—so OCD takes advantage of those little things. Exactly what you're saying—this could happen.

**KATHLEEN:** So the little uncertainties.

**WILSON:** And the worst that would happen if you didn't hear that bell or it burned down, the lights were on—

**KATHLEEN:** Well, with the car, you run the battery dead. And there was a time, it was a few months back, where I don't if I bumped it on the way out, but somehow I turned the flashers on before I left the car. And next time I went to start it, it was totally dead. Had to have the tow truck come out, jump the car, take it over to the dealership. And not too long after that, I did have to replace the battery. And it also messed with something to do with the car alarm. So after everything was said and done, it was a couple hundred dollars.

**COMMENTARY:** *Kathleen got caught up in her perfectionism regarding my instructions for the homework. And that fed her obsessions. Am I doing it right? From a pragmatic point of view, it's best to label this kind of perfectionism as within the tendencies of OCD. In that same way, OCD is going to defend all that checking or washing by using normal logic. If you accidentally leave the car lights on, causing the battery to run down and costing you \$200, then it makes sense that you would become more careful with the lights for a while. But OCD takes advantage of that event to justify repetitious, unproductive checking. Clients need to remember that they have an anxiety disorder. You want to recover? You have to see through the manipulations of OCD and go toward doubt and uncertainty. That's the treatment. You don't want to do the treatment? You can't get better.*

**WILSON:** Yeah, it's a pain in the neck, too. And if it happens in the nighttime, and you're out there by yourself trying to go home, and



all of a sudden—so those little things, the only thing I want to make sure we understand right now is—that’s what OCD looks for to then embellish. And the position it would give you would be, well, could be. This time could be it, and then people start checking over, and over, and over again. You don’t have that trouble with your car, but you have—

**KATHLEEN:** Well, I’ll make sure that when—I find that the easiest thing—and actually, I was pretty good. I think I just did it once, not rechecking it. Just to make sure the windows were up, because sometimes I’ll have a hot flash and I’ll drop the windows down. Or, when I have walked around to check the other window, oh, yeah, I did leave it down, or something. So I’ll just check to make sure that those windows are up, the brakes, and the lights are off.

**WILSON:** Right. And what you’ve done is you’ve created a ritual of a healthy, good ritual to go before I close off, I’m just going to check around once, make sure—push all the buttons one time. And so when you have a—rituals are critical to it. We have to have rituals, or we have to pay attention to everything. But when you have a rit—here’s how OCD does it. When you have a ritual, you don’t have to have so much conscious attention to the process because it’s ritualized. And then OCD goes, “Were you paying attention? Can you recall that?” And then people start thinking back. And then they got to go do it again, this kind of thing. So, tell me more about what you practiced.

**KATHLEEN:** So, then you’re saying just to check everything once on the car, there’s nothing wrong with that?

**WILSON:** Yeah, you and I do it all day long with little rituals.

**KATHLEEN:** Because another thing is, like you had said, as far as, like, to try—say when I leave the house. Say if I took a walk earlier, I’ve checked everything. I had taken a walk earlier, I’m back home for a couple hours, and then I want to go out for another walk. And if I know that I haven’t cooked anything on the stove, there’s no reason to check that. But for other things, like say, the door between—my housemate likes to keep locked between the house and the garage. And I’m in and out of that for a number of things, and not necessarily, really paying attention. So then there’s nothing wrong with checking

that before I go for the walk again?

**WILSON:** Yeah. I don't care if you go every time you close the door, you go back and check it one time, and check. Now, there's a slight caveat to that, which is, while you're in training, while you're trying to do the work of learning to tolerate uncertainty, then you might not lock in all those rituals so much just so you could have a chance. So you might walk away and go, "Well, did I check to make sure the lights were on? Well, I'm just not going to turn around right now because these next three or four weeks I'm looking for opportunities to be uncertain." So once we can get the pattern down, and we kind of clean up—can I use that expression with somebody with cleaning—

**KATHLEEN:** You can use any you want.

**WILSON:** Yeah, clean up the process, then you can start adopting rituals, and so forth. I mean, I have a ritual around checking every door in the house before I go to bed. And actually, we live out in the country by ourselves. And so any time we open a door—an outside door—we lock it, and it's just automatically. If one finds the door unlocked, one says, "The door's unlocked." Let the other person in the house, kind of remind them. So what else did you—how else did you score points?

**KATHLEEN:** Let's see, did I write down any? Well, on occasion, I don't know if it's cheating or not, like if I usually check two or three times and only checked once, I'd give myself a point.

**WILSON:** Well, if I typically check two or three times and I only check once in order to let myself be uncertain, that's a point.

**KATHLEEN:** OK.

**WILSON:** Hey, I want to be uncertain. So even if you don't end up feeling uncertain, if you do it to go, "Wait a minute, I always do it three times. I've having this urge to go ahead and do it three times now, let me just do it twice," or, "Let me just do once." OK. And that's—

**KATHLEEN:** Because I found there wasn't necessarily discomfort. I mean, sometimes yeah, but not necessarily. Sometimes you say, "No, I'm not going to do that."

**WILSON:** And then, what did you notice? You said, sometimes when I do—

**KATHLEEN:** Well, at least with certain things, like say with whether maybe I—because I tend to check the water, if I left the faucet on in the bathroom, or something, before I go downstairs. And I'd say to myself, "Now, how often have I ever found that faucet dripping?" And it's like, it would be so rare. Probably the only one I need to be more conscious of, which my housemate said when I moved in, is the kitchen faucet is kind of funky, and if you don't—you have to be a little bit more careful of it.

**WILSON:** But you said something about, "I was expecting to be anxious but I wasn't." Do you know what you were saying about that?

**KATHLEEN:** I don't know if—I mean, things where normally I probably would check to make sure that the faucet's off, and sometimes I'd even check the tub, because once in a while—I think there'd be a time, or something, that I'd found it on.

**WILSON:** So when you were practicing these four days, was there some occasion you noticed something different?

**KATHLEEN:** It's like no, I don't need to check that. When have I ever found it slightly dripping? Maybe once or twice in over a year.

**WILSON:** And so what happened when you said no?

**KATHLEEN:** I was OK with it pretty much.

**WILSON:** OK. So a couple things. One is—there it is. So to have a kind of firm—so you have a doubtful part, the old voice. And we're not getting rid of that, that's still there. That's why part of you would get a little apprehensive, or anxious if you did this. But then you have another voice that says, "No, I'm not going to check." And you elevate that by getting firm. The reason you do firm is to override this tendency. Now, again in training, you're saying, "Now when have I ever found the faucet?" And if you say that once, that's fine. But keep in mind what we're doing right now is not so much giving myself reassurance that the faucet is never dripping. Again, when you're all done, if you want to reassure yourself, and just reassure yourself once, there's no problem with doing that. Where we get in trouble in

reassurance is when you reassure yourself, and then you go, “Yeah, but, there’s always a first time.” And “Well, no. Yeah, but I’m leaving for 24 hours this time.” When you get in the argument between reassurance and doubt, now you’re in it. You understand what I’m saying? Now you’re chasing your tail.

So if we we’re all done, and you’ve got all these principles down, and you go, “You know the faucet’s never”—whatever. That’s fine. But right now, you want to go, “Oh, the reason I’m not going to go check it is—” I’m looking for what? What feeling are you looking for?

**KATHLEEN:** To stay in the discomfort.

**WILSON:** Yeah. To go, go ahead and be uncertain about this topic, because the faucet is on my list of the kinds of things.

**COMMENTARY:** *I barely have Kathleen practicing the behavioral experiments, so I do relax some standards. I suggest it’s OK to check items one time, or to use a single statement of reassurance, like “I haven’t turned the faucet on today, so I don’t need to check it now.” However, during this training phase, her priority should be to look for opportunities to feel uncertain. We’re not going to get rid of the doubting voice of OCD, but I want her to counter it with a firm voice. “No, I’m not going to check.” She needs to create a top-down relationship, elevating that firm voice so it dominates over the doubting OCD voice.*

**KATHLEEN:** Yeah. And it’s more of a major one. And still things like when I haven’t really had a chance to check it, like going and visiting relatives, as far as the part of me that’s like, “Could I possibly be coming down with anything that I could expose somebody to?” So that opportunity hasn’t really come up.

**WILSON:** What are you thinking about that one, as we’ve been talking about—how do you manage that concern when you think sometimes the OCD hijacks you, and keeps you from going because you’re not sure?

**KATHLEEN:** How have I been managing that in the past?

**WILSON:** No, how do you think you ought to? As we’ve been talking, and you’ve had a few days to think about it, that’s a concern of yours. I legitimately don’t want to have my uncle get sick, for instance. Do you

have a sense of how you think at this moment? Is there anything you think you need to do about that to try to not let the OCD dominate here, but be reasonable and responsible?

**KATHLEEN:** To be honest, I haven't thought about the visiting relatives thing so much, especially.

**WILSON:** Do you think that's a time that OCD takes advantage of you?

**KATHLEEN:** Oh, yeah. Definitely if somebody's older.

**WILSON:** So let's review what it does do. What do you think it does in that circumstance?

**KATHLEEN:** I get caught up in the doubt of—like say, if I'm going to go visit a relative that's significantly older, and I know their immune systems don't work as well. So I certainly wouldn't want to cause anybody any harm. So if I were going to visit an older relative, I would think, "Do I feel healthy?" And I might swallow a few times, like, do I possibly have a sore throat or not?

**WILSON:** And how does it go from reasonable to somewhat unreasonable, by what? Do you continue to check yourself?

**KATHLEEN:** I would continue to check, and say if I've made tentative plans to, say, go and visit this particular uncle or some other older relative, I would continue to check and think, you know, the back and forth, "Well, is there anything really there? Is how my throat feels when I swallow the way it always is?"

But if I'm not thinking about going and visiting anybody, I'm not really paying attention. It's not an issue.

**WILSON:** How do you think a normal person would deal with that concern? What would be within normal limits?

**KATHLEEN:** I guess I'd probably tend to think the average person doesn't necessarily, unless they're obviously sick. I guess I've never really talked to anybody else specifically on it. But I guess, I would think that they—it's probably a non-issue for them, but I don't know.

**WILSON:** OK. And so with somebody like you who has some concern, legitimate concern, maybe other people are more oblivious

than you think is acceptable to you. You might have a little different standard, like people do around diet and exercise, and cleanliness, and so forth. So given how you do it, what do you think is reasonable? But it might produce—might set off your OCD, but so you think, “Well, wait a minute, this is the procedure I think makes sense for me if I were going to go see someone.” What would you say would be a norm you would like to have in those circumstances?

**KATHLEEN:** Is what I would like to is just to, kind of say, “OK, am I healthy or something?” And be able to decide easily in the moment, yeah, that everything’s fine and just proceed, and get in the car, and go visit somebody, and not think about it, not having those doubts.

**COMMENTARY:** *As Kathleen reviews her indecision about visiting her frail uncle, you can see that she’s still wedded to the goal of deciding easily. But that is an impossible goal. She can tighten up her evaluation time. She can set up a set of criteria, but that will not remove her doubt. I will not let up on this single theme, because I know that if she maintains this requirement of feeling certain about her decisions, she can’t possibly get better.*

**WILSON:** You’re not going to get to have that. You’re not going to not have those doubts, because the obsessions are going to come in. So what would you want to do? What would be the way then?

**KATHLEEN:** I guess I’m not sure, other than what I’ve done in the past is I would inform the person. I go, I think I’m healthy, but I’m not 100% sure. You know I’m a worrier. Are you comfortable with me coming to visit, or not? And maybe that’s putting it on the other person.

**WILSON:** And what do you think about putting it on the other person to determine whether you’re healthy enough to be with them?

**KATHLEEN:** I guess I have some mixed feelings on it.

**WILSON:** I think you’ve got to do it. And let me make a suggestion, and fix it if it doesn’t make sense to you. Because what you said earlier I think is where to go, which is, as I check my health, I actually want to be pretty alert to, what am I noticing about myself? Just like you were—what was the other example you gave around being alert? I’m

not going to check more than—

**KATHLEEN:** Oh, on something it's like, OK, I've only got one shot to do this, so I better really be paying attention.

**WILSON:** What I'm going to do is try to do it one time where I make an assessment of how I'm feeling. Twelve minutes from now, I'm not going to have any more information than I'm having right now. So I'm going to be alert, let me just take my time. Maybe I'll be checking a little more than somebody else. How's my throat? How am I feeling? What do I remember the last couple—24 hours—whatever you want to say. And do a good self-exam, so to speak, and get closure on that. You don't need to repeat that procedure if you pay attention. And then—so got that piece, right? So then after that, you want to assume OCD is going to come in and mess with that. So then you want to be saying, “No, wait—did a thorough exam.” Because what's going to happen is in minute 12, you're going to go, “Well, were you careful enough? Did you swallow and really pay attention when you were swallowing? Did you notice—did you look in the—” it will start. This is the doubting disease, so it's going to generate doubt. So you've got to be aware that when you start feeling doubtful about whether you checked thoroughly, that that's the OCD. Plus, I have a procedure that I, in my normal waking state when I'm focused and not in the middle of this, I said is sufficient. So once I've got that down, and I'm alert in the moment, if 12 minutes later I go, “Were you really alert?”

**KATHLEEN:** Then it's the OC—

**WILSON:** Yeah. It's like not—And the way you have to do it—this is a graduate answer here. The way you have to do it is, I don't know if I was alert because I got OCD. I don't know if I was alert, but I'm going to act as though I was alert during that procedure.

**COMMENTARY:** *I am relentlessly aggressive about this theme of certainty. I'm focused on persuading her to not waver. When she hears herself think, “I don't know if I was alert,” she should assume that doubt comes from OCD. At that moment, her point of view needs to shift to, I'm willing to risk that I wasn't paying good enough attention. I'm going to act as though I was alert, even though I don't know. Why? Because OCD won't let me know. I may not persuade her of this today, but I know that's*

*what my job is.*

**WILSON:** And now I'm going to tolerate what?

**KATHLEEN:** The uncertainty and the doubt.

**WILSON:** Yeah, uncertainty. On the heels of uncertainty, you feel anxious about that because the fragile part, the insecure part—we were talking before we started about insecurity. And the insecurity part of you, insecure part of you is going to go, “I don't know. This is serious.” What do you think about a policy like that around, before I'm leaving—

**KATHLEEN:** If I can implement it, yeah, it would be great.

**WILSON:** What would keep you from implementing it? Not remembering?

**KATHLEEN:** Well, say I'm going to visit an older relative. It's not so much not remembering, but it's just like, say, if I swallow something and it's like, I can—maybe do, kind of, feel something. And I'm thinking, well, that I'm not normally aware because I'm not going to visit anybody. So I'm saying, “Well, is it anything that—is it a sore throat, or is it just—” so it's questioning what's there, like it wouldn't be in my normal awareness, unless something where so dead obvious. Your nose is running or—

**WILSON:** OK, but let's back up. My procedure before I decide to go is I'm going to check my body and my throat, and I'm going to swallow. And now I'm noticing something that I probably wouldn't have noticed.

**KATHLEEN:** If I weren't checking because—

**WILSON:** Right. But now I've noticed it, and now in this five minutes that I'm going to spend, really concentrate on this, I'm going to go ahead and determine if I'm paying too much attention, or it's really nothing. I can err on the side of—I think I might be picking up on something. I can err on the side of—I think I won't go today, and I'll just watch this and it would be OK. And if I decided not to go because of that, and I was being too careful and it was nothing—well, that's just how it was. What I want to do is not keep nickel and diming



myself after this procedure. That's the work that we want to—even if you err on the side of going, “I've decided to be safe. I'm not going to visit them.” Does that makes sense to you? Is that what you're talking about in terms of, oh, I don't want to make a mistake and decide not to go when I'm really fine?

**KATHLEEN:** Right. Yeah, I mean, to me it would feel more comfortable that if I wasn't really, relatively, pretty darn sure that I was OK, to err on the safe side. Or say, how about if we wait until, like, say if I'm talking to somebody today about visiting, but it would be tomorrow that I'd be getting on the road, or the day after. I think because sometimes we all legitimately—like, am I coming down with something or not?

**WILSON:** So you just don't go. See that, we don't care—in terms of what we're doing, we don't care about that part of it. We care about undoing a decision through data. That's what we want to really focus on. Would you fix what I'm suggesting? Is there another way to do that, or fix that for you? I'm going to sit. I'm going to bring my attention to it. I'm going to really focus on it. I'm going to remember that this is my time, and I'm going to make a good—the best decision I can make right now. And I'm not going to second guess it later, whatever it is. I'm going to stick by it. Then, when it comes up later, I'm going to treat it as OCD by saying, “I'm not going to check again.” And either I've already decided to go, or decided not to go. Of course, if you decide not to go, you tend to not get too caught up in it. If I decide to go, of course my OCD is going to take that opportunity to make me feel bad again, and check. And I'm going to go, “Nope, not checking.” And then we got to be careful around you reassuring yourself again. “No, I'm sure I'm fine.” That's not the reassurance you want to give yourself. You want to give yourself the reassurance of, “No, I did my procedure. I've done my procedure, that's it. I don't need to check again. And I'm going.” And what's the risk if you go based on that protocol?

**KATHLEEN:** Well, if I made a wrong assessment and indeed I was coming down with something, passed it onto my uncle and he got sick—worst case scenario, passed away—how would I live with that?

**WILSON:** Right. But that's the second piece of the work, which is I have to take that risk. Because OCD is going to say, "If you didn't do a thorough check, it's going to be your fault. How are you going to live with that?" Exactly what it—it loves that one. And so just to be safe, let me check again. So what we want to be very clear about is to overcome the control the disorder has on me—is that I have to be willing to have made a mistake. It's more important to me to move my life along. This is what people do, they slow their life on down. I'm going to keep moving and risk that I was wrong, period. Would that theoretically make sense to you?

**KATHLEEN:** Yeah. In theory, it makes sense.

**COMMENTARY:** *I return to quizzing her. What if you make a decision, and then 12 minutes later you start doubting it? She responds, "Then that's my OCD." What will you then need to tolerate? She says, "The uncertainty." However, notice that once we start applying it to her uncle, she can't hold up. I ask, "What's the risk that you have to take when you say, 'I'm healthy enough to visit?'" She answers, "If I make a wrong assessment, and worst case scenario, he passes away, how can I live with that?" I know I'm not going to convince her specifically about her uncle today, so I simply ask, "Does that make sense to you theoretically?"*

**KATHLEEN:** And then there's the piece that comes in as we're talking of, would I—like say I'm making my assessment. Am I healthy? Do I have a sore throat, or anything, before I'd go visit an older relative? Then the thought comes to me, would I tend to override something legitimate going on with me just to try to move myself forward and—

**WILSON:** And what do you think about that?

**KATHLEEN:**—try to not go see the—It makes me uncomfortable, to some extent.

**WILSON:** Perfect. Isn't that what the work is? Got to be uncomfortable to some degree, and uncertain to some degree? If you don't bring it up to the higher level of, oh, yeah, OCD gets me around being uncertain and uncomfortable about certain themes. So if I've done a reasonable check, I've gone—whatever it is—then I'm going to take the hit. I'm going to be willing to sit with being uncomfortable

and uncertain, because that's how I get better. You did discover at some point in these last four days that when you went, "No, I'm not going to check again," you actually let go of that concern. Is that correct, that there was some time—

**KATHLEEN:** Around like, say, faucets weren't that high on the list. But around that, and the car is pretty easy. That's a pretty easy one to let go. But once it starts involving other people, that would be probably my worst OCD, would be when it involves others.

**WILSON:** That's OK. All I'm talking about now is, did I discover that when I was firm about something, and stopped, I discovered later that I actually quieted down about it. So as you expand your horizons and practice tougher things, you want to have a memory of, OK, wait a minute. I thought I was going to keep—but when I went ahead and said, "No, I'm not checking again," and let time pass, my mind stopped thinking about that. Because if you're on your way out without checking a faucet or something, your mind, your OCD is going to say, "Well, you're not going to be able to relax on the trip because you're going to keep being preoccupied by this." But if you can start getting some experiences of, I told myself no. I didn't check, and then in that example I found out that, actually, I did let that go, and I stopped worrying about it. You want to collect that memory because that competes.

**KATHLEEN:** So the more I collect on the more minor OCD issues— did I turn off the faucet? Did I shut off the lights in the car? That should help with going and visiting a relative?

**WILSON:** Yeah. You want to retrieve that memory. Going to visit the relative is a more difficult one, but this disorder is an insidious disorder. It likes to start going. So I want to counsel you to get inroads in all of it in the end. You don't have to do it instantly, but you do want to go ahead and do this thing where we're talking about the health stuff, because it is the exact same pattern of self-doubt. And that's what we want to work on, the self-doubt. Now, I want to ask you, you bring your own—

**KATHLEEN:** Makeup?

**WILSON:** Yes. And what is your concern about that?

**KATHLEEN:** Just because I trust my—and it’s no offense to the makeup person, but I’d wonder, well, number one, are they, say, washing brushes in between?

**WILSON:** But what’s your concern about that? What are you concerned might happen?

**KATHLEEN:** It would be picking up. It would be picking up some disease, or something, that if, say, brushes that a makeup person would use on me had been used on somebody else, either weren’t cleaned, or weren’t cleaned well enough. And there are certainly skin diseases, and this, that, and the other. I mean, I’ve even had—the gal that did my makeup in colors just said never, ever use the eye shadows and things in a department store. I said, don’t worry. Because I’ll see people just dipping in and it’s like, you don’t know who’s used that. And to me, I’ve read that, and that’s not—to me, at least—that’s not an unreasonable thing. And I don’t care to get rid of that one.

**COMMENTARY:** *With an ambivalent client, I’m looking for any practice, no matter how small. She reports successes on the lower threat items, like the faucet and the car. I want to reinforce that, and link it to the future. I tell her, this is the start. You can now say to yourself, “When I was firm about not checking again, and I tolerated that, worry did fade.” Now, when you move to the tougher items you’ll have this memory. I’m also going to pick my battles in this early stage. Although she has contamination-based avoidance, and rituals around her makeup, she’s not interested in addressing them. So after I inquire about it, I simply drop it.*

**WILSON:** Sure. I’m just trying to understand that because I want to ask about kitchens. Do you go into somebody else’s kitchen and touch things? Would you be concerned about what you might catch? What might be—

**KATHLEEN:** No, because I’ve washed my hands before I—if I were going to eat something, say, like bread, or something, where you’re touching it with your hands directly. I’d wash my hands, probably before dinner anyhow.

**WILSON:** OK. So you could touch somebody else's sink? You could go into their drawers and touch their bags of fruit and vegetables, and not be concerned? You would just be concerned once you got to cutting them up yourself and touching them, washing them?

**KATHLEEN:** But if I were, say, making a salad in somebody else's kitchen, I would want to make sure that my hands were clean. Or if I were eating something that was raw, or whatever, that—

**WILSON:** OK. I just wanted to make sure I understood that whole set because some people are much more sensitive to just, in general—kind of a phobic thing. But you've got a more sensible thing about all that. What areas are you concerned—so we talked about the thing around the health, and that's a bigger one. Are there other areas that you think—what about fire, and how are we doing around the—did you do any practice that you actually generated the practice on purpose, in terms of not needing to turn on the stove, but you did?

**KATHLEEN:** Right. I did it just once, or something, where I just went and turned all the burners on and off, and walked out of the room.

**WILSON:** You did?

**KATHLEEN:** And I was actually fine with that, but I was also very conscious of on, off, on and off.

**WILSON:** And it didn't bother you at all?

**KATHLEEN:** No.

**WILSON:** Not at all?

**KATHLEEN:** I don't think it did. I think I went upstairs and did—because I think you said if I do that, stay out of the kitchen for at least 15 minutes. Unless I'm misremembering, I don't think I did. And I believe at some point I went out for a walk and didn't recheck.

**WILSON:** OK. And how would that be different than it typically is for you? Was that a practice that is, kind of, reasonable facsimile of what your concern is, or how would that end up being a concern? Because you just did a practice—turn it on, turn it off. Alert when you did it, then walked away and didn't feel anxious, and didn't get obsessed about it, and didn't go back and check. How was that different from

normal situations? Does that extrapolate over to tomorrow after you've cooked tonight, then you're going to go out, and you're going to check more than once?

**KATHLEEN:** I'm trying to remember when I did go out for a walk. As long as I'm still in the house, it's not really especially an issue. Once in a while, I might—and I have, actually—on occasion, I do find that I've cooked something, pulled the pan off, and I have left the burner on. But as long as I'm in the house, it's not as—or I might go back upstairs, say, “Gee, did I turn off the coffee pot,” and go down, or something? But it's when I'm leaving the house, and for the longer that I'm going to be like—say if my roommate's around, then that drops the level of—

**WILSON:** Another responsible person.

**KATHLEEN:** It's not necessarily that she would—OK, Kathleen left, I have to recheck everything that she already checked. It's just, oh, if I did leave a burner on, there's a chance that somebody would notice it. So if I've double checked the stove a time or two before I leave, she's there.

**WILSON:** So you've done a brief, little practice around it, but it's not a big practice because a big practice is leaving the house. And maybe you did something around walking around the neighborhood and coming back, you can't quite remember whether you did it that way or not?

**KATHLEEN:** Yeah, I'm not sure at what point. I probably went out for a walk that day. I'm not exactly sure.

**WILSON:** How would you practice the practical aspects of how OCD gets you caught up in catching the house on fire or having electrical fire? How do you think—

**KATHLEEN:** Well, I think you had said on the things where if I say, “OK, I turned all those burn—have I cook anything since then?” And if I know that I haven't, it's like, “OK, I don't need to recheck that stove.”

**WILSON:** And how are you doing around the firmness about that?

**KATHLEEN:** Better.

**WILSON:** I don't need to check that stove. I got to go one step further and no, I'm not going to check that stove. You might want to get a little—have in your back pocket being a little stronger about that. Because when you go, “I don't need to check that stove—”

**KATHLEEN:** And I'm not going to reassure myself.

**WILSON:** Right. But here's the loophole. I don't need to check that stove, but it's going to take 30 seconds. Let me just walk over and check it. It's no big deal. And who wants to worry when they drive off, have that be preoccupied. So you've got a little loophole here around—and this is how OCD gets you—you go, “Well, it's going to take 30 seconds. Let me just go back.” And then you do the check, and if you're at all like anybody else, you do that and you're at the door, and you're about to leave, and you go, “Now, I don't think I was attending that. Let me just—” because I'm going to be gone all day. And then, back they go.

**KATHLEEN:** Yeah.

**WILSON:** So I think instead of going, “I don't need to check this,” I would practice having that voice you were saying before—“No,” so I did it. Now you've got to make sure—what would you want your routine to be when you go over the stove to check? So let's say you've used it this morning to make breakfast, and now it's 10 o'clock, and you're going out for the day, and you just want to make a check of the stove. How would you do that like we were talking about checking my body to make sure I'm not?—

**KATHLEEN:** Well, ideally, because I don't have a problem with it necessarily being a checklist of just have a certain path, or something. OK, garage door is locked, or something. Unless I'm absolutely sure in my mind, it's just, do a fast look. OK, coffee pot's off, the funky faucet in the kitchen's not dripping. The fridge is closed, because sometimes that door will hang open. And look at the stove once.

**WILSON:** Is there a way you need to look at—how are you going to be able to go, “I looked at it once, I'm not going back?”

**KATHLEEN:** Yeah. But I mean, that's OK to do, right? Just to have a routine? But—

**WILSON:** That's what we're talking about right now. What is it you want to—how do you want to do it? I'm in favor of you having—if you want to have a routine of checking one time through, and it's a reasonable length of time, and you're not doubling back, all that kind of stuff, then fine. Because like you said with the makeup, I want to check one time and be sure if I've used—But I would try to get good at going around the stove if I didn't use it. I would want to get good at it, not checking it, out of the rule we talked about, to make sure you're getting that unreasonable uncertainty—

**KATHLEEN:** If I know I've just had fruit for breakfast, haven't turned on the stove, or something, leave that off of the list?

**WILSON:** Yeah. Because I'm looking for opportunities to keep one step ahead of OCD. And so how are you going to handle the idea of, well, I did that check, but I was—what you said at the beginning of the session is, “I was under stress. I was racing.” You said, “The more stress I'm under, the more risk of double checking.” What do you think about that?

**KATHLEEN:** I either have to learn to tolerate that discomfort, or I'd probably be smart to get a better handle on my time management to reduce the stress.

**WILSON:** All right.

**KATHLEEN:** So that when I am doing my walk through, that I can feel more confident that yes, I'm paying attention.

**WILSON:** So those are two things. I need to handle my pace a little bit, and make sure I have enough time. And then I need to—the second one was?

**KATHLEEN:** To be willing to live in the discomfort.

**WILSON:** Live in the discomfort. And the third is, I think, would be, like we've been talking about, let me be awake and alert as I do this. This is my one time. Even though I'm in a rush—this is the whole thing. Even though I'm stressed, and I got get out of the house—this two minutes I got a state that I go into, kind of take a little calming breath, focus my attention, looking at the stove, looking at this. I'm going to walk carefully through. Not slow motion, but just be aware



and do it, because I'm choosing to do this once and then get going. Even if I do this very nicely, I'm not going to think I did it right later. And that's OCD. Do this right, pace myself, and then that's the third piece that I've got a package now, and I'll have to keep working on—because everybody's going to get stressed. And then, occasionally you're going to go, "Ah!" What I would say at that point is to go, "I'm not practicing now. I'm going to go in and do a double check." And just, kind of, make that I'm practicing, I'm not practicing. If you want to go do a second check, just go, today is not the day. I've got plenty of time to practice.

**KATHLEEN:** Yeah. And here and there, I catch myself saying that. And also, where I share a house with somebody, and then it's her place, that brings that responsibility piece that OCD lays on me.

**WILSON:** So think a little bit about what you might want to ask me as giving you some guidance here. What I'm going to suggest is that in 30 days, we do a telephone consultation to check in on how things are going, and fix things that are not quite right, just give you some ideas. Any time between now and then if you have an email and you want to clarify something, you can do that with me. Any time after that, you can actually do that because you're special. Well, you are. I mean, this is a nice thing that you're doing.

**KATHLEEN:** Thank you.

**WILSON:** But we'll assume we got 30 days out, and that will help keep you in check, so to speak. Because it's like, I'm going to talk to Reid in 30 days. Let me keep working and take advantage of that time when I have him. While we're sitting face-to-face for the last time, think a little bit if you want to ask me anything about how to do this work.

**KATHLEEN:** Let's see on the how to do it. And it's maybe too far off the subject, but I think I put in an email of—because part of this is trusting myself. Was I paying attention? Was I conscious enough? And does this tie into—or maybe the broader question is, is what else is the OCD tying into? I know it's a subset of—it's a form of anxiety, and that it is inherited. But do people ever use OCD to, say, keep themselves upset and stirred up to avoid looking at other issues in their life? Like for me, it's work.

**WILSON:** Sure. And that's one of the things I say. Be careful about getting better because when you get better, you're going to go from being uncertain about whether I've washed my hands thoroughly enough, to being uncertain about how I'm going to get criticized for turning in that report tomorrow that my boss is going to read and not like, and have consequences there. But those are the uncertainties that you need to step up to as an adult. So people can use a mental health disorder to keep them from taking responsibility. We call that secondary gain sometimes. Yeah. And I work with people all the time who are really, severely disturbed. And because they haven't been in the world, they have a legitimate concern, can I do it?

**KATHLEEN:** Well, for the most part, I have been working and all that. But I was just wondering if it's—say in present circumstances—

**WILSON:** I don't think you have to worry about—given how I've been talking to you, I think you can say, again, pretty cleanly that we don't have things that are holding you down to keep you from getting better around that. Perfectionism and low self-esteem, and those kinds of things can certainly feed it. My question back to you is, you're talking about washing your hands 30 times a day. That's excessive. And I wonder what you've discovered in the last four days about how to go from 30 times a day down to something that is a reasonable reflection of you taking on uncertainty. Not like being normal like other people, but—

**KATHLEEN:** Well, I found a couple of things, actually. I realize that part of it just kind of becomes habit where it's almost like I'm washing them unconsciously, to some extent. And I don't know if it's cheating or not, but I find that there's ways to eliminate part of it by just an order that I'll do something in. Or I found that something simple is just take all the veggies out of the fridge at the same time, so I'm not in and out, and pulling on the handle that I use, my housemate uses, or something. And you read things, and the things that are some of the dirtiest things now are the fridge handle, the handle to the microwave, and things that people are handling all the time that don't get washed. So I find that I could eliminate—

**WILSON:** So you try to collect things and do it all—make all those

touching at once?

**KATHLEEN:** Yeah, kind of in a more—is that a bad adaptation?

**WILSON:** People at the fast food restaurants, they're doing—handling cash. They do that handling cash, and then they put their gloves on and they make the sandwich. And then they take the gloves off and—and so you're saying the same thing. And that's a fine way, if I can reduce five hand washings down to one because I'm not making the judgment every time that I'm doing—That's fine. What else do you think you need to be doing around hand washing? Do you think you're making any unreasonable judgments regarding what is contaminated and what isn't?

**KATHLEEN:** In some cases. I mean, I am just trying to be more aware of it, like do I really need to wash my hands before picking this up? It was a bag of sugar, or something of my housemates that—like, are my hands clean enough? It's like, yeah, they're fine. And sometimes, and I don't know if this is cheating again, or not, is I'll say, would this other person do this? And the answer is like, no, or something.

**WILSON:** Would a normal person do this?

**KATHLEEN:** Yeah.

**WILSON:** OK.

**COMMENTARY:** *So what did she accomplish in the behavioral experiments? She started to challenge her patterns. First, she realizes that sometimes she washes her hands without any conscious thought, that it's just a habit. And one can break a habit. Second, she's questioning some of her assumptions about the need to wash after touching certain items, like that bag of sugar. Third, she's looking for a way to reduce the frequency of washing by combining some actions, like pulling all the vegetables out of the refrigerator at one time. And lastly, she's filtering some of her decisions through the question of, what would a normal person do? All of this is progress, but I must remind her that these challenges primarily have to do with safety. And she can't get better by focusing only on safety. Next, you'll hear me encourage her to add questions, such as, is this an opportunity to get myself a little uncertain, to practice tolerating doubt?*

**KATHLEEN:** I mean, and depending on what the—because some

people are so far off—they really aren't. They are just fl at-out unsanitary.

**WILSON:** And so all that sounds fine to do it. And the other question I would throw into the mix to be asking is, is this is an opportunity to be a little uncertain? Instead of, is this clean enough that I don't have to wash my hands, you could also, instead even ask, "Oh, can I use this to get myself a little uncertain?" Because the strategy you have right now, I get. I'm going to collect all these things and then wash once. Those are all ways for you to be certain that you're doing things properly, which means you get no practice in being uncertain. So you want to be looking for, can I be—really, how sick are you going to get if you don't wash between this and that?

**KATHLEEN:** But I'll also find, yeah, washing less—between like, say, if I take everything out and say, maybe I do the lettuce, or something, and then I'm doing celery. But handling the outside of the bag, but not feeling like I've got to wash my hands after handling the outside of the bag before I handle the celery. But just handling the celery directly.

**WILSON:** Right. And all I'm saying here is you're erring on the side of safety, when we do have another variable that we need to be addressing, which is uncertainty. And if you do everything by saying, "This is safe enough," you're always talking about content. And so we do want to go—instead of reviewing, is it OK to do this and that? Is that safe enough to do? That you see to what degree you can. And I don't know if you can or not.

But I want to tell you something. I'll not going to see you again for a while—is that you really do need to find practices that say, "Let me do that uncertainty thing again." So I am going to ask you to keep the tally counter because the way I would suggest you use it is, if you're going to do a big practice—so I'm going to turn all the stove burners on, or I'm going to turn one burner on and boil some water. Then I'm going to turn it off, and then I'm going to walk out—as soon as I've done it, walk out the door, lock the door, no coming back. And I'm gone for the day. That's going to probably provoke something. In that kind of practice where you know you're about to do a big thing, use the tally counter as a physical object that helps you remember. You got it in your hand. You're going to remember that there's a prop there. And you go, OK, wait a minute, what do I need to be doing? Just going

to have my doubt and go, “Yeah, great, another point.” Click. Does that seem OK with you? Because I do want you to—you may need to actually structure some things to get the uncertainty because you’re being so careful in the kitchen, or so forth.

**KATHLEEN:** And some of that is just deciding what is careful. I mean, what is reasonable? Because I also, like on sanitation in the kitchen—because I also think I’m probably more—I’ve read more on it.

**WILSON:** A little bit of information is dangerous. But again, we’ve got—for instance, with the stove—you’ve got a protocol. I’m going to go through and look at it, and turn it off, verify. That’s the protocol I’m going to trust. And then as soon as I trust it, I’m not going to trust it. The OCD’s going to come and trust it.

**KATHLEEN:** Yeah, that’s an easier one because it’s more, OK. For me, I guess food gets into a little bit more of a gray area because you can either say, “Well, the stove’s either on or off.”

**WILSON:** OK. But again, you get to make up any rules you want about your life. This is your life, Kathleen. And if you want to wash x number of times, and so for forth, I’m just here to serve you. And if it works well for you, and you got it. And you go, “Well, I do a little more than other people, but that’s all right.” But I’d like you to get better so you would not say, “Hey, I’m a worrier so I tend to—” that you get stronger about that. I think we’re about to stop, unless—if there’s things you want to ask me?

**KATHLEEN:** I don’t know if there is anything else. Well, I’ll ask off-tape on that, because that would be more—And are there any other things—I mean, like Dr. Yalom was saying that I’m classic OCD. Could there be any other things in my personality that play into it, that exacerbate it? Is perfectionism—does it come from being OCD, or is it just—it can be?

**WILSON:** It doesn’t matter. Sure, angels dance on the head of the pin. You and I want to just be pragmatic. And I can tell you doing this every day that you don’t have to be concerned about those things. You don’t have a moderate, or severe level of the problem. You’re erring on that other side that’s not so terrible, so you don’t really have to worry about that stuff to accomplish what we’re talking about

accomplishing. You want to go investigate some of that stuff, it's on your own dime, but you can't use that as an excuse not to do this kind of stuff. Well, I'm too much of a perfectionist, I can't—sorry.

**KATHLEEN:** Yeah, I was just curious, because I mean—

**WILSON:** No, that's a good question. And as I said earlier, that is true for people. But it's not true for you.

**KATHLEEN:** Right.

**WILSON:** In my opinion.

**KATHLEEN:** But it's not a bad idea, say, to get better at time management so that I am—can just reduce my general level of stress leaving the house.

**WILSON:** You tell me. Do you think that's true?

**KATHLEEN:** I think that if I'm calmer leaving the house, that I am better at paying attention. Yeah, I just didn't know if that was counterproductive to the—

**WILSON:** No. But the corollary is, I have to practice this in circumstances in which I'm stressed. It can't be, I only practice this when I'm not stressed. I have to include—we want to do all contexts. And one taught context is when I'm in a rush. I want to practice it then, too. Not be calm, and safe, and have no channel. Life—you're going to be put in there. So you want to work on those things, too. And if you can set those up, that's what I'm saying. Turn all those stove burners off. And sometimes you may turn them off quickly, do it one time, and then—out that door, so that you can generate a little bit of—

**KATHLEEN:** And then, say, if I do that and I leave the house and say, “No, I'm not checking. I'm not going back.”

**WILSON:** Click.

**KATHLEEN:** Yeah.

**WILSON:** Or click in your mind.

**KATHLEEN:** And then, is it better to sit with that discomfort or just to say, “I'm turning my attention to my walk?”

**WILSON:** Oh, I turn my attention to my work. Your discomfort will

disturb you again. You don't have to worry about that part. Make a decision. Done with this. And you turn, you take your walk, and it either will or won't pop up again. And then if it pops up again, you have whatever response you want. You do not have to go, not the way I work. Other people would work the way you're talking about. You have to have a protocol that you follow when you get disturbed.

**KATHLEEN:** As long as I'm not reassuring myself. I'm just saying, "No, I'm not going back and checking."

**WILSON:** You are reassuring yourself. Yes, this is the protocol that's right to use right now. Yes, this is practice. So you're reassuring yourself around this.

**KATHLEEN:** Yeah, OK.

**WILSON:** I'm just trying to flip that around for a moment to say, yeah, you are giving yourself a reassurance. And then, you're being willing to not know about content-based issues.

**KATHLEEN:** Yeah. But it's a different kind. I can just say, "Nope, I'm not doing it," rather than I've been through there twice. And even if I weren't paying total attention, I would have noticed it. That's reassurance?

**WILSON:** That's reassurance.

**KATHLEEN:** But just the wrong kind.

**WILSON:** When it creeps in and goes, "Well—you know how much pressure you're under. And when you were seven years old, remember how you left the stove on?" You just go, "Oh well."

**KATHLEEN:** It's like no, I'm practicing. I'm leaving.

**WILSON:** Congratulations.

**KATHLEEN:** Thank you, Dr. Wilson.

**WILSON:** There's a lot of people that just won't—they'll listen, but they won't do anything. And you took action and went moving. And congratulations for you. And I'm honored that you allowed me to enter your life for this brief period. And I'm happy for you that you're on your way. And so let's talk in a month. I'll set that up with you in a few minutes.

**KATHLEEN:** I'm just curious over time, how much better can people get, from whatever their starting point is?

**WILSON:** You can totally get over this, what you got. Totally.

**KATHLEEN:** I like it.

**WILSON:** You can totally. Because you're going to say, well, I may wash 5 times while I'm cooking, but that's fine. It's not taking that much extra time. And that's OK. I got a little extra ritual I take to check my body before I go. That's fine.

**KATHLEEN:** But as long as I'm OK with that level?

**WILSON:** Yeah. You just find your rules after you've been doing this for a little bit where you go, "OK, well, have I actually done anything lately around making myself uncertain? Well, I've been making myself really safe. Maybe I need—" so that's why I'm saying since we got a 30-day window, make sure you're going to that question. If I were carrying the clicker, would I have been using it? Have I done anything to make myself doubt? That's the question, have I done anything to make myself question my action? And if I haven't, can I? Can I? So good work is not the absence of being uncertain. Good work is having uncertainty and responding to it. You don't say, "Boy, I had a great week. I didn't have any doubts all week long." That's not a good week during the training phase. A good week is I got 89 this week on my clicker, or my imaginary clicker.

**KATHLEEN:** So more use the clicker for the big things? But I guess—

**WILSON:** Well just because you're not going to carry it around all the way, but you can bring it into the kitchen, and do it, and decide. It's just a prop to help you.

**KATHLEEN:** You know what came up when you said that? I think, well, then if I'm using the clicker, I'll have to wash my hands after I've used the clicker.

**WILSON:** Yeah, don't you hate that? Technology. Technology brings in trouble, all of it does. OK, so I'll talk to you in a month.

**KATHLEEN:** OK.



# Video Credits

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

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# About the Contributors

## VIDEO PARTICIPANTS

**R. Reid Wilson, Ph.D.** is a licensed psychologist who directs the Anxiety Disorders Treatment Center in Chapel Hill and Durham, North Carolina. He is also Clinical Associate Professor of Psychiatry at the University of North Carolina School of Medicine. Wilson specializes in the treatment of anxiety disorders and is the author of *Don't Panic: Taking Control of Anxiety Attacks* (Harper Perennial, 1996), *Facing Panic: Self-Help for People with Panic Attacks* (Anxiety Disorders Association of America, 2003), is co-author with Edna Foa of *Stop Obsessing! How to Overcome Your Obsessions and Compulsions* (Bantam, 2001) and is co-author with Captain T.W. Cummings of "Achieving Comfortable Flight", a self-help kit for the fearful flyer. He designed and served as lead psychologist for American Airlines' first national program for the fearful flyer. Wilson served on the Board of Directors of the Anxiety Disorders Association of America for twelve years and was Program Chair of the National Conferences on Anxiety Disorders from 1988-1991.

**Victor Yalom, PhD**, Interviewer, is the founder, president, and resident cartoonist of Psychotherapy.net. He also maintains a part-time psychotherapy practice in San Francisco and Mill Valley, CA. He has conducted workshops in existential-humanistic and group therapy in the U.S., Mexico, and China, and also leads ongoing consultation group for therapists.

## MANUAL AUTHOR

**Shirin Shoai, MA**, is a freelance writer for Psychotherapy.net as well as a Marriage and Family Therapist (MFT) intern at the Marina Counseling Center in San Francisco, CA. She holds a master's degree in integral counseling psychology from the California Institute of Integral Studies (CIIS) and has more than a decade of editorial experience at CBS Interactive, Apple, and other local companies.

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## **Approaches**

Adlerian ! erapy

Art ! erapy

Body-Oriented ! erapy

Brief ! erapy

Child ! erapy

Cognitive Behavioral ! erapy

Consultation/ Supervision

Couples ! erapy

Dialectical Behavior ! erapy

Emotion Focused ! erapy

Evidence-Based ! erapies

Existential-Humanistic ! erapy

Family ! erapy/ Family Systems

Gestalt ! erapy

Group ! erapy

Integrative ! erapy

Jungian ! erapy

Mindfulness

Motivational ! erapy

Multicultural ! erapy

Narrative ! erapy

Object Relations ! erapy

Person-Centered ! erapy

Positive Psychology

Psychodrama

Psychodynamic ! erapy

REBT

Solutions-Focused ! erapy

## **Experts**

Aaron Beck

Judith Beck

Insoo Kim Berg

James Bugental

Cathy Cole

Albert Ellis

Hanna Levenson

Marsha Linehan

Rollo May

Monica McGoldrick

Donald Meichenbaum

Salvador Minuchin

Kenneth Hardy

Steven Hayes

James Hillman

Kay Jamison

Sue Johnson

Jon Kabat-Zinn

Otto Kernberg

Arnold Lazarus

Peter Levine

.....and more

William Miller

Jacob & Zerka Moreno

John Norcross

Violet Oaklander

Erving Polster

Carl Rogers

Martin Seligman

Reid Wilson

Irvin Yalom

### **# erapeutic Issues**

ADD/ADHD

Addiction

Anger Management

Alcoholism

Anxiety

Beginning ! erapists

Bipolar Disorder

Child Abuse

Culture & Diversity

Death & Dying

Depression

Dissociation

Divorce

Domestic Violence

Eating Disorders

Grief/Loss

Happiness

Healthcare/Medical

Infertility

Intellectualizing

Law & Ethics

Parenting

Personality Disorders

Practice

Management PTSD

Relationships

Sexuality

Suicidality

Trauma

Weight Management

## **Population**

Adolescents

African-American

Asian American

Athletes

Children

Couples

Families

LGBT

Inpatient Clients

Latino/Hispanic

Men

Military/Veterans

Older Adults

Parents

Prisoners

Step Families

Therapeutic Communities

Women