Abnormal Psychology

OCD & Trauma Related Disorders
Psychology 3303
Professor June Gruber
Roadmap

Course Logistics

OCD, PTSD, ASD

Treatment Implications

Take-Away Qs & Expert Interview
Course Logistics

Exam 1

Review sheet handed out end of class

EXAM 1: NEXT TUESDAY FEBRUARY 12th at 9:30AM

Outreach Projects

Will touch base on at end of class
Roadmap

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Treatment Implications

Take-Away Qs & Expert Interview
I. Obsessions
- Intrusive, recurring, uncontrollable thoughts and images
- Viewed as irrational by person, but uncontrollable
- Common obsessions: sexual, aggressive, contamination

II. Compulsions
- Repetitive behaviors & rituals
- Compulsions temporarily relieve fear (unsuccessful emotion regulation strategy?)
- Difficult to control
  Ex: Cleaning, checking, counting, repeating

III. Causes Impairment
## Common Characteristics

<table>
<thead>
<tr>
<th>Common Obsessions</th>
<th>Common Compulsions</th>
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<tbody>
<tr>
<td>• Repeated thoughts about contamination (e.g., from shaking hands, public restrooms, common household items)</td>
<td>• Hand washing</td>
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<td>• Repeated doubts (e.g., leaving door unlocked, or leaving lights, iron, etc., on)</td>
<td>• Counting (pills, money, etc.)</td>
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<td>• Orderliness (e.g., intense distress when objects are disordered or asymmetrical)</td>
<td>• Cleaning (counters, windows, door knobs)</td>
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<td>• Checking (lights, doors)</td>
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<td></td>
<td>• Requests/Demands for Assurances</td>
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<tr>
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<td>• Repetitive Actions and Ordering of Items</td>
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Obsessions: Classification

Classifications of Obsessions

- Contamination
- Concerns of harming self or others
- Sexual concerns
- Somatic concerns
- Symmetry concerns
Obsessions: Classification

Classifications of Compulsions

- Cleaning or washing
- Checking
- Counting
- Repeating
- Neutralizing thoughts
- Obsessional Slowness
- Touching
- Phobic avoidance
OCD: Prevalence and Course

PREVALENCE
• 1.0% 12-month prevalence in adults (Kessler, 2005)
• Children and adolescents share similar rates as adults

COURSE
• Symptoms often remit and return
• Progressive deterioration in functioning
• Generally good response to treatment

GENDER
• Males/Females generally equal
• 2:1 male/female ratio in children
OCD: Onset

ONSET
• Early Adolescence to Young Adulthood
• 13 – 15 for males
• 20 – 24 for females
TREATMENT OF OCD

BIOLOGICAL
- SSRIs (e.g., Paxil, Prozac)

PSYCHOLOGICAL
- Exposure (confront) and Response Prevention (discontinue escape)
  - Exposure: lowered anxiety when confronting fears
  - Concurrently administer both EX + RP to maximize treatment
- Repeated, prolonged exposure to obsessional cues include:
  - Imaginal and In vivo
  - Gradual and Abrupt
  - Prolonged continuous duration (60-90 minutes)
  - High frequency of EX for severe patients (intensive treatment)
Jennifer

Source:
UCLA Neuropsychiatric Institute & Hospital
TRAUMA-RELATED DISORDERS
PTSD: DSM Criteria

A. Stressor
- direct exposure
- witness trauma in person or indirectly through another person

B. Intrusion Symptoms
- intrusive thoughts, nightmares, flashbacks, intense distress to trauma cues, physiological reactivity to trauma cues

C. Avoidance
- avoid trauma-related feelings, thoughts, or situations/activities/people

D. Negative Alterations Cognitions or Mood
- inability to recall information about trauma, negative thoughts about world, blame oneself or others, negative emotion, decreased interest in activities, feeling isolated, difficulty experiencing positive affect

E. Alterations in Arousal and Reactivity
- irritability, risky behavior, hyper-vigilance, difficulty concentrating, difficulty sleeping
PTSD: Prevalence and Course

PREVALENCE
• 8% of people in US will experience PTSD at some point in their lives

 COURSE
• Symptoms often remit and return
• Progressive deterioration in functioning
• Generally good response to treatment

GENDER
• 2:1 male/female ratio
• Common trauma for men (combat) and for women (rape, sexual assault)
PTSD: Emotional Features

1. EMOTIONAL AVOIDANCE & NUMBING
   - Efforts to avoid thoughts, feelings, conversations associated with trauma
   - Efforts to avoid activities, places, or people that arouse recollections of the trauma
   - Inability to recall important aspects of the trauma
   - Diminished interest or participation in significant activities
   - Feeling detached or estrangement from others
   - Restricted range of affect
   - Sense of foreshortened future

2. HYPERAROUSAL
   - Difficulty falling or staying asleep
   - Irritability or outbursts of anger
   - Difficulty concentrating
   - Hyper-vigilance
   - Exaggerated startle response
PTSD: Etiology

Generalized Psychological Vulnerability

EXPERIENCE OF TRAUMA

True Alarm
(basic thoughts & emotions)

Learned Alarm
(advanced cognitions & emotions)

Anxious Apprehension
(focused on reexperienced emotions)

Avoidance & Emotional Numbing

Moderators
(social support, coping abilities, etc.)

PTSD

Generalized Biological Vulnerability
PTSD: Treatment

**TREATMENT**

- Cognitive Behavioral Therapy
- Psychological Debriefing
- Pharmacotherapy
- Eye Movement Desensitization and Reprocessing (EMDR)
- Psychodynamic Therapy
- Group Therapy
- Psychosocial Rehabilitation
PTSD: Treatment
ASD: DSM Criteria

- Reexperienced
  - Images, though, dreams, illusions, flashbacks, reliving, distress when reminded of event

- Avoidance
  - Thoughts, feelings, conversations, activities, people

- Anxiety
  - Sleeping, irritability, concentration, hypervigilance, exaggerated startle, motoric restlessness

- Exposed to traumatic event
  - Threatened death, serious injury, physical integrity to self or others involved intense fear, helplessness,

- Event, dissociative symptoms
  - Sense of numbing, detachment, emotional responsiveness
  - Awareness of surroundings (e.g., alteration in perception of

- Regression (feeling of watching self, experience, loss of control)

- Amnesia (inability to recall aspects of trauma)
TRAUMA-RELATED DISORDERS

2 disorders
  • Post-traumatic stress disorder (PTSD)
  • Acute stress disorder (ASD)

SIMILARITIES
  • Severe reactions to trauma

DIFFERENCES
  • When Occurs
    • PTSD lasts 4+ weeks after trauma
    • ASD occurs 2 days - 4 weeks after trauma
  • Duration of Symptoms
    • PTSD lasts at least 1 mo.
    • ASD lasts 3 days - 1 mo.
QUESTIONS?
Roadmap

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Take-Away Qs & Expert Interview
Treatments for Anxiety Disorders

1. Medication
2. Behavioral
3. Cognitive Behavioral Therapy (CBT)
4. Exposure/Systematic Desensitization
5. Panic Control Therapy (PCT)
6. Mindfulness & Acceptance
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Thank You!

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