

Behavioural Techniques for Obsessions

a. Thought Stopping

Probably the most widely used intervention by clinicians to deal with obsessional ruminations is thought-stopping, even though the efficacy of the procedure remains doubtful. **Thought-stopping was introduced by Wolpe (1958)** as a technique for reducing the frequency of disturbing thoughts that are out of proportion to reality. **The patient is asked to verbalize a typical maladaptive thought sequence, and the therapist suddenly shouts, “Stop!”** This sequence is repeated several times, with the patient eventually learning to sub-vocally say, “Stop,” whenever the thought intrudes into consciousness.

If verbalizing “stop” does not reduce the thought intrusions, Wolpe (1958) suggested, that a buzzer may be used to interrupt or block the thought sequence. Others have used more aversive consequences to block obsessional thoughts, such as banging the desk, electric shocks, or snapping the wrist with a rubber band (Reed, 1985).

b. Paradoxical Intention

Paradoxical intention patients are given in vivo exposure to situations or objects that evoke the obsession with instructions to elaborate the obsessional material. They are told to deliberately dwell on their obsessive ideation and to elaborate and exaggerate it to be convinced of its validity.

The following is an example of exposure based on paradoxical intention:

The patient with recurring frightening thoughts of going insane was instructed to tell himself: “It is true, I am going insane, slowly, but surely. I am developing many crazy thoughts and habits. I will be admitted to a mental hospital, put into a straight-jacket and will remain there neglected by everybody until I die. I won’t even remember my name. I will forget that I was married, and had children and will become a zombie. I will neglect my appearance and eat like an animal.”

c. Habituation (Satiating) Training

In satiation training, **patients are instructed to form and then hold onto their obsessions for at least 15 minutes or more per trial.** They are encouraged to regard their obsessions as alien and useless and to refrain from all attempts, whether internal or external, to neutralize the obsessional ideation. With successive trials, they experience more difficulty in forming and retaining the obsessional ideation. Satiation treatment is most appropriate for obsessional ruminations that are accompanied by strong urges to “put matters right” (Rachman, 1976a)

Likierman and Rachman (1982) later introduced a slight variation on satiation training, which they termed habituation training. With habituation training the patient is told to hold onto the obsessional thought or image for a specified period (i.e., 5 minutes), whereas in satiation training, the thought or image is retained until it loses most of its associated distress.

Habituation training has reported some within-session declines in obsessional thinking, but there is less consistent evidence for between-session improvement.

d. Audiotaped Habituation Training

Salkovskis (1983) proposed an audiotaped version of imaginal exposure to obsessions. Salkovskis (1983) used audiotaped habituation training to treat a man with compulsive washing and checking. A 10-minute two-track audiotape was made, with channel 1 containing the obsessional rumination recorded in the man's voice at high frequency (so that covert neutralization after each occurrence was not possible) and channel 2 containing the names of people who had been unpleasant or violent toward him in the past.

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