

MHPN WEBINAR

Thursday, 28 October 2021

An interdisciplinary approach to caring for people living with Obsessive Compulsive Disorder

Tonight's panel



Dr Johanna Lynch
General Practitioner



Dr Celin Gelgec
Clinical Psychologist



Dr Scott Blair-West
Psychiatrist



Facilitator:
Prof Stephen Trumble
General Practitioner

The webinar platform

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access resources including the case study, panel biographies and supporting resources



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Learning outcomes

Through an exploration of Obsessive Compulsive Disorder, the webinar will provide participants with the opportunity to:

- Outline biological and environmental factors that increase the risk of developing OCD along with comorbidities.
- Discuss the assessment, diagnosis and treatment of OCD.
- Outline therapies that are successful when treating OCD.
- Elaborate on the importance of collaboration and appropriate referrals when providing care to people living with OCD.

A Psychiatrist's perspective

When to suspect OCD

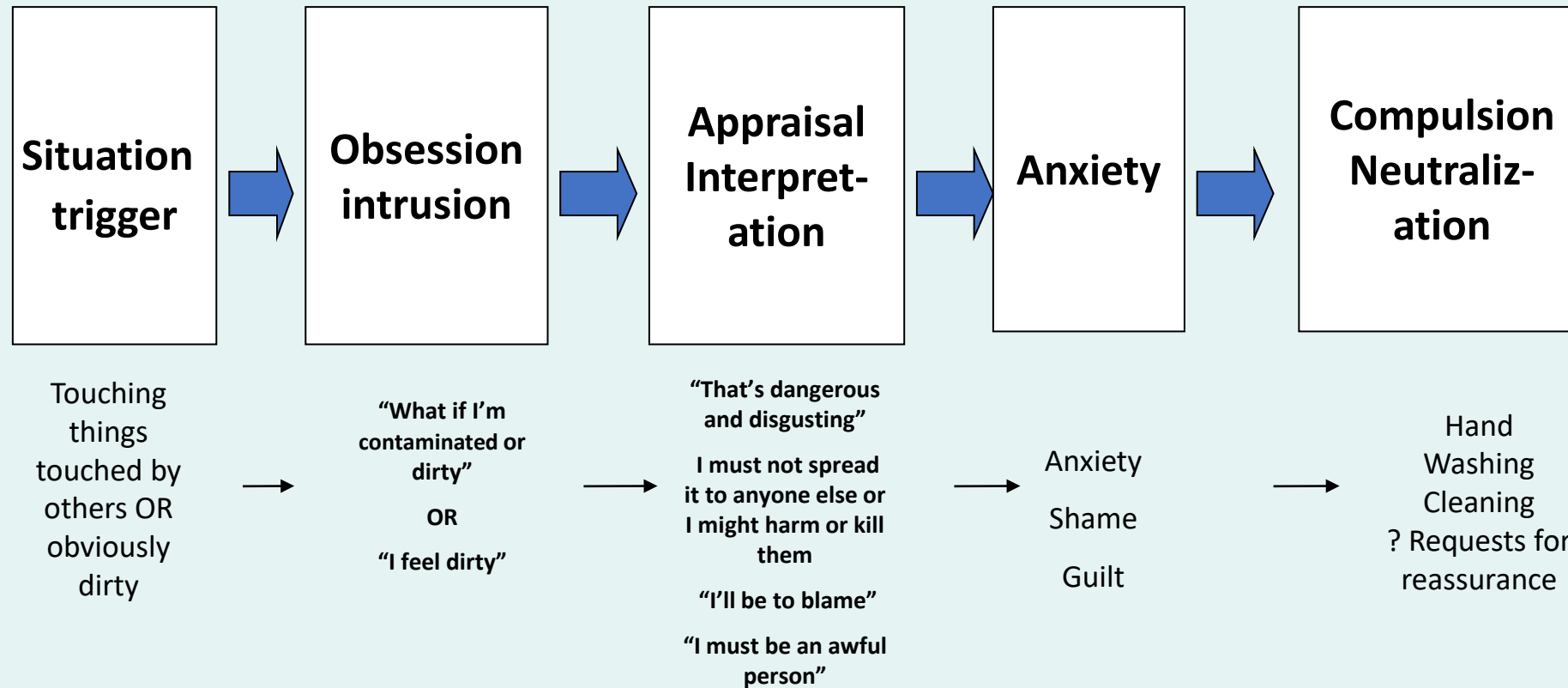
- Any recurrent anxiety-provoking thoughts, images or urges seen as intrusive, involuntary, exaggerated, excessive and against own belief system should raise possibility of OCD
- Repeated compulsive behaviours, occasionally disguised e.g. inflamed hands due to housework
- Content- contamination/cleanliness, disaster/violent, relating to doubt or “just right” feeling, fear of loss, sexual intrusions, religious fears, ethical and scrupulous fears, relationship doubts
- Compulsions – washing, checking, ordering, repeated activities, counting, requests for reassurance
- PLUS – Mental compulsions



Dr Scott Blair-West

A Psychiatrist's perspective

Model for contamination/washing



Dr Scott Blair-West

A Psychiatrist's perspective

Treatment Options

- Education about OCD, CBT model, treatments
- Drugs – SSRI's or Clomipramine (CMI)
- Exposure and Response Prevention (ERP)
- Cognitive Therapy for OCD
- Augmentation and Combination medication strategies
- Novel therapies



Dr Scott Blair-West

A Psychiatrist's perspective

Medication treatments

- No major breakthroughs!
- Monotherapy – SSRIs → SNRIs → CMI → others
- Augmentation – adding serotonergic drugs rarely helpful (except low-dose CMI), DA blockers will help a third of patients within a month, glutamatergic drugs may be helpful
- 5HT – Ondansetron, Tramadol, morphine, buspirone
- DA – I prefer Aripiprazole, Olanzapine, Quetiapine
- Glu – NAC, Riluzole, Memantine, Ketamine (?)
- D-cyclo-serine with ERP



Dr Scott Blair-West

A Psychiatrist's perspective

Co-morbidities

- Majority of OCD patients have psychiatric co-morbidities
- Major Depression
- OCD related disorders - hair pulling, skin picking, BDD
- Other anxiety disorders – Social Anxiety, Generalized Anxiety Disorder, Panic Disorder
- Autistic Spectrum Disorders
- Substance use – may actually be decreased
- Eating disorders

PLUS

- Widespread issues with shame, guilt, disgust, low self esteem and effects on functioning in relationships, work and social/leisure



Dr Scott Blair-West

A Clinical Psychologist's perspective

Formulating clients

Vulnerability to OCD?

Explore family history, history of family dynamics, family narratives, personality traits/temperament, family history of OCD? Developmental history, attitude at school, previous medical history, etc.

Origins of OCD behaviours?

When did the client first experience OCD type behaviours – what was going on for them at the time? Significant life experiences? Family atmosphere/dynamics? Thoughts? Feelings? Behaviours?

Current problem areas?

Include current triggers, current level of distress, current compulsions, safety behaviours and current functional impact. Gather data on frequency and intensity using psycho-metrics. Look for comorbidity, family accommodation, etc.

The OCD story?

What is the client repeatedly getting stuck on? Fears? Thoughts? Feelings? What is OCD repeatedly telling the client that is perpetuating it?



Dr Celin Gelgec

A Clinical Psychologist's perspective

Formulating clients

Supports?

What and who can the client currently draw on to help them manage OCD – also include bigger picture information such as family supports, professional supports, client strengths, etc.

Treatment Plan?

- Provide psycho-education; build hierarchy; teach distress tolerance skills; begin ERP via ILM; address family accommodation; address comorbidities; explore underlying emotions that could be perpetuating OCD, as well as exploring interpersonal struggles, level of risk, etc. Use Y-BOCS data to track progress.

- ? need approximately 20 + sessions on average of ERP. Move into relapse prevention when client is showing consistent improvement e.g., mild to sub-clinical levels of symptom severity using Y-BOCS scores.
- Work within a multi-disciplinary approach, usually with GP and Psychiatrist. Helpful with reviews, medication support, inpatient admissions, risk management, case-collaboration, etc.



Dr Celin Gelgec

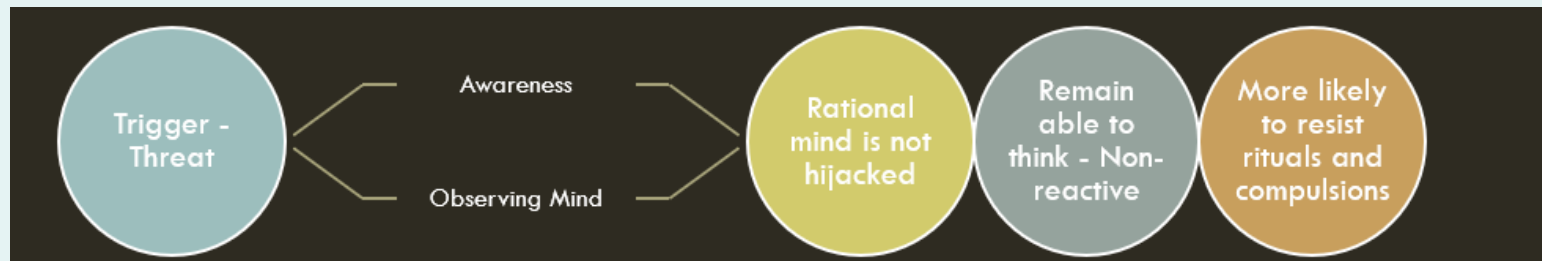
A Clinical Psychologist's perspective

The inhibitory learning model approach to ERP

The relationship between the Rational Mind and the Emotional Mind without emotion regulation techniques: - the habituation model



The relationship between the Rational Mind and the Emotional Mind with emotion regulation techniques – introducing the Observing Mind: - the inhibitory learning model



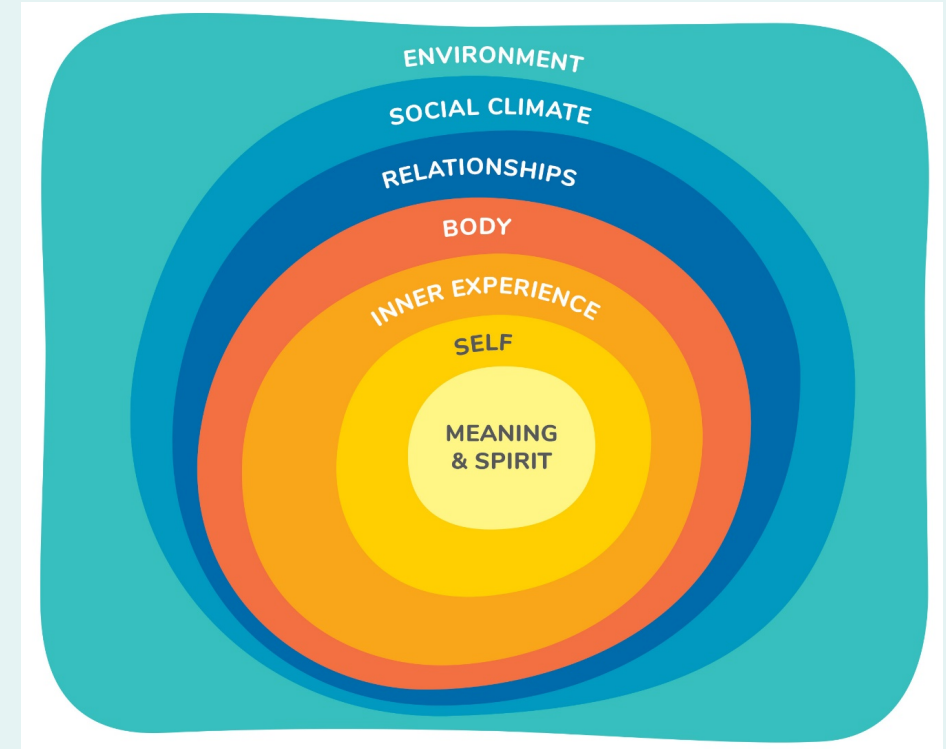
Dr Celin Gelgec

A General Practitioner's perspective

A whole person understanding of Diwata

An understanding of a patient's emotional conflict and how they are related, both to the patient's illness and to the relationship between the patient and the doctor, isn't anything to do with 'counselling' but has everything to do with good medicine

(Balint, 1993, p. 19)



Lynch, J.M., *Sense of Safety: a whole person approach to distress*, PhD Primary Care Clinical Unit. 2019, University of Queensland: Brisbane.

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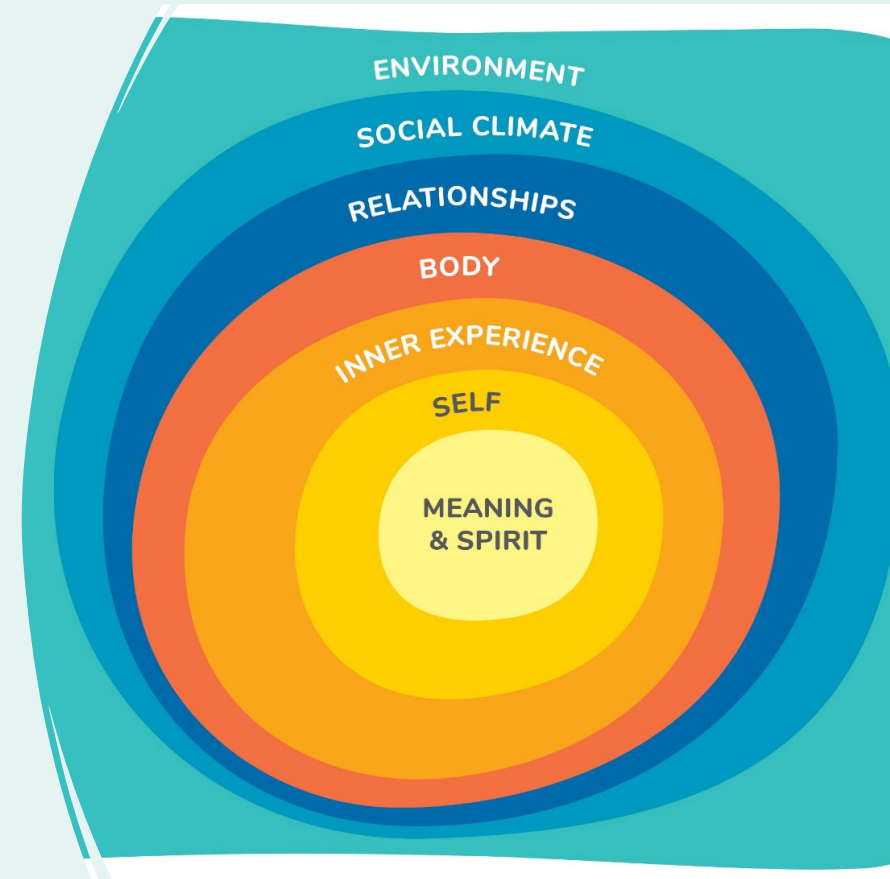


Dr Johanna Lynch

A General Practitioner's perspective

Notice and Build Sense of Safety and Capacity

- PLACE: Environment
- PEOPLE: Relationships
- PHYSIOLOGY: Body
- PERSPECTIVE: Sensations
- PERSONHOOD: Sense of Self
- PURPOSE: Meaning



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A General Practitioner's perspective

Look for Resources

- Reconnect to strengths
- Draw on helpful relationships and memories
- Activate connections to self, others, wider world
- Build capacity for physiological soothing and capacity to tolerate uncertainty
- Help her to see patterns that build safety
- Journey with her as she engages with life

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A General Practitioner's perspective

Strength-based approach to Uncertainty



Lynch, J. M. (2020). *A Whole Person Approach to Wellbeing: Building Sense of Safety*. London, Routledge.
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A General Practitioner's perspective

Building safety across the whole of Diwata



Maslow, A.H., A theory of human motivation. Psychological review, 1943. 50(4): p. 370.

Lynch (2021) A Whole Person Approach to Wellbeing: Building Sense of Safety. Routledge: London

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Dr Johanna Lynch

Q&A Session



Dr Johanna Lynch
General Practitioner



Dr Celin Gelgec
Clinical Psychologist



Dr Scott Blair-West
Psychiatrist



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Thank you for your participation

- Please ensure you complete the *exit survey* before you log out; either click the "Pie Chart" icon in the lower right corner of your screen (beside the speech bubble) or wait for a message to pop up on your screen after this webinar ends.
- A Statement of Attendance for this webinar will be issued within four weeks.
- Each participant will be sent a link to the online resources associated with this webinar within two weeks.

MHPN Online programs

Podcasts:

- STAY TUNED: *Eating Disorders: Beyond the Unknown* - Due for release November, 2021
- NOW LIVE: Listen to the latest episodes of MHPN's podcast series, *Book Club* and *MHPN Presents*

Upcoming Webinars:

- Cultural considerations in the social and emotional wellbeing of Aboriginal Torres Strait Islander children and families 10th November
- Trauma informed care in Older Australians 18th November
- Generalised anxiety disorder 6th December

MHPN networks

Would you like to continue the 'An interdisciplinary approach to caring for people living with Obsessive Compulsive Disorder?' discussion with local practitioners?

Or perhaps start discussing issues of local relevance? MHPN Project Officers are available to help you establish and support interdisciplinary mental health networks across metropolitan, regional, rural and remote Australia.

We have 373 networks around the country. Visit our online map to find out which networks are close to you at mhpn.org.au or contact Jacqui O'Loughlin at networks@mhpn.org.au.



Thank you for your contribution and participation.

Good evening.