Patricia Zurita Ona

Patricia Zurita-Ona: [00:00:02] we know ERP works. We know it's a gold standard, and also we know that we need to have, alternative options for these teens that they are not, you know, come in easy, peaceful into therapy and they really want to exercise this natural capacity.
They have to choose.
Jill Stoddard: [00:00:21] You're listening to Dr. Patricia Zurita Ona on psychologists off the clock.

Diana Hill: [00:00:34] We are four clinical psychologists here to bring you cutting edge and science-based ideas from psychology to help you flourish in your relationships, work and health.
Debbie Sorensen: [00:00:42] I'm Dr. Debbie Sorensen, practicing in mile high Denver, Colorado.
Diana Hill: [00:00:46] I'm Dr. Diana Hill, practicing in seaside Santa Barbara, California.
Yael Schonbrun: [00:00:50] From coast to coast, I'm Dr. Yael Schonbrun, a Boston-based clinical psychologist and assistant professor at Brown University.
Jill Stoddard: [00:00:56] And from sunny San Diego, I'm Dr. Jill Stoddard, director of the Center for Stress and Anxiety Management.
Debbie Sorensen: [00:01:02] We hope you take what you learn here to build a rich and meaningful life.
Diana Hill: [00:01:05] Thank you for listening to Psychologists Off The Clock. If you are a psychologist, social worker, marriage and family therapist, substance abuse counselor, nurse, or other mental health professional or student that's interested in developing your skills and act, which could be particularly helpful right now for your communities and clients. We'd highly recommend you check out some of the online programming at Praxis.
You can find them at Praxis, cet.com they have trainings and act ones are foundational training and act as well as applying act with. Specific populations. I have training in using act for trauma as well as act with teens and the DNA V model act for OCD, act with parents. It's a great resource and we hope that you can check them out that practice.
cet.com you can also find them on our website. Take care.
Jill Stoddard: [00:01:57] hi everybody. It's Jill here and I'm here with Yael. And we have an episode today with Dr. Patricia Zurita Ona or Dr. Z, and she came to talk to me about her new workbook that is treating teens with obsessive compulsive disorder. And we recorded this episode before the pandemic, and before we all ended up in quarantine.
And you know, so we're aware that in this current context, people's anxiety levels have really increased. And certainly those with OCD are struggling, especially OCD, that's contamination related.
, and so we didn't talk a lot about specifics around OCD. And the obsessions and the compulsions, but Debbie's going to be interviewing Dr. Lisa Coyne in a future episode where they will be able to talk about that.

In this episode, though, we talk a lot about, , a novel treatment approach to OCD, which combines. Exposure and response prevention, the gold standard treatment for OCD with acceptance and commitment therapy and Yael. I'm curious about your thoughts about the episode. Well,

Yael Schonbrun: [00:03:10] I, I loved it. I loved the idea of combining this gold standard treatment that, you know, I'm just remembering back to being taught exposure and response prevention in grad school and how powerful it is to, to have that learning happen around areas that create so much anxiety for so many individuals.

What's so beautiful about incorporating acceptance and commitment therapy with exposure and response prevention and, and. Dr Z talks a lot about this is that ERP is really hard to do, right? If somebody's terrified of spiders and you are asking them to draw near to spiders and expose themselves and not to engage in those avoidance behaviors.

It's really terrifying. It's extremely uncomfortable. It's so aversive and act really gives people a lot of strategies to, uh, find values that can carry them through , to develop mindfulness and awareness . And so I love the way that she combines them. It's, it's such a more approachable treatment, I think when you

Jill Stoddard: [00:04:10] put those two together.

Yeah, absolutely. I agree. And I've noticed that with my own clients and in my own life as well, that, anytime you attach values are what matters deeply in your own heart. It increases the willingness to do hard things.

And I think she does outline that well. And there's a lot of really cool strategies that she talks about in here with a particular focus on the choice point, which is a sort of simple, not, not easy, but simple way to think about, , approaching feared stimuli. In a way that's connected to values and that frankly, I use myself, lots of times throughout every day, whether it's based on something fear related or just, you know, making a choice that's either in the service of avoidance or being more comfortable or in the service of, um, my values and being the person I want to be.

So I think people will get a lot out of learning that in this episode.

Yael Schonbrun: [00:05:07] Yeah. I loved both of your references in the episode two man's search for meaning, cause he talks a lot about choice in there that, you know, the circumstances can be dire, but we always have a choice in how we respond. And I think you and Dr. Z talk a lot about that.

The other quote that I love that's quoted in man's search for meaning is the Nitzsche quote. "He who has a why can bear any how." And that's really a reference to the power of values.

Jill Stoddard: [00:05:31] I love that. And I think that that could not be more relevant than it is right now as we're all home together struggling through this pandemic and quarantine and knowing that, in between stimulus and response, there's that place for choice.

Yeah. And, and where we're presented with those opportunities to choose based on values many, many times throughout every day.

Okay. We'll enjoy this episode with Dr. Z.

hi everybody. It's Jill here and today I am thrilled to be interviewing my friend and

colleague, Dr. Patricia Zurita Ona or Dr. Z, as many call her, she's the author of the amazing new book, the act workbook for teens with OCD.
Unhook yourself and live life to the fullest. Dr Z is a licensed clinical psychologist in California. Her clinical work started first as a school psychologist and then as a clinical psychologist. She has significant experience working with children, adolescents, and adults with OCD, trauma, anxiety, and emotion regulation problems.
Yeah. Dr Z is the founder of the East Bay behavior therapy center, a boutique therapy practice where she runs an intensive outpatient program. Integrating acceptance and commitment therapy or act and exposure and response prevention or ERP
her clinical work is dedicated to helping all her clients to get unstuck and live the lives they were meant to live. Welcome, Patricia. Thanks so much for coming on.
Patricia Zurita-Ona: [00:07:06] Thank you so much for having me. I'm super excited to be chatting with you today.
Jill Stoddard: [00:07:11] Good. I'm excited to be chatting with you too. So we heard your, your bio just there, but I'm wondering if you could start, um, by telling us a little bit more about yourself and specifically, I'm interested in your background and what led you to a career focused. On the treatment of OCD. And I'll add one other thing to that too, is you seem to kind of have this dual, expertise where you're doing OCD, anxiety, trauma, but then also emotion regulation and DBT.
So I'm interested in how you kind of landed in both of these areas.
Patricia Zurita-Ona: [00:07:48] Um, that's a great question. So one of the things that happened to me, uh, personally is that I had my first panic attack in my early twenties when I was driving on the freeway, and I actually had an intrusive image. I saw myself die in a car accident, and I just start hyperventilating. I hold up wheel really, really hard in the car.
Um, and I've really had the first experience with something so uncomfortable and the fear, I was petrified with fear about this this image about dying. Mmm. Since then, since very early on, anxiety has more in different ways in my life. I had fears about making mistakes,fears about choosing the right partner, fears about public speaking fears about making the right financial decision.
So I think in my life, I had to learn to overcome my own relationship with fear and just really learn to make room for fear and do the things that are really important from my heart. Um, some coming from a place of speaking from the inside out about how it means to be paralyzed when you are stuck with fear.
Professionally, I was very fortunate that during my doctoral training, I. Bump into my mentor who became a long life friend, Matt McKay. And he is very passionate about working with emotional regulation, , complex presentations. So over the years, working with him, that's how I develop expertise. It was through my work in collaboration with him, two different projects that we did together.
However, the evolution of my clinical work has gone from working on emotional regulation to fear baed struggles, which is really what I've relayed a lot. Yeah. Whether that's working with clients, with social anxiety, chronic worry, analysis paralysis, people that gets a stuck making a decision. I see. My heart has landed there and it was, I think in some way and natural evolution from approaching

general emotional regulation problems.
Or it's stuff that is driven by multiple emotional States for this particular niche of how are we responding to fear. So that's something that would be the sequence of the, how do my training and the last I would say, I don't know, maybe 10 years, I have been really focused on that. Just working more with how we're relating to fear, to worries, to anxiety, to obsessions and building more expertise on that particular area.
Jill Stoddard: [00:10:24] Well, you seem to have a special place in your heart for OCD, specifically in this workbook that you've written is fantastic, and it clearly shows your, your passion for treating OCD and for, helping teens who have OCD. Is there anything specific about. Treating OCD that you find particularly inspiring or, I always joke, I'm also an anxiety expert and I always joke that anxiety gets my heart beating.
It's my life dorky. Mom joke

Is there anything about OCD that you feel specifically drawn to.
Patricia Zurita-Ona: [00:11:05] Yeah. Thank you for asking that question. Um, I seen one of the things that we know so far is that. When a person gets a stab with panic attacks with social anxiety, it usually takes them one to two years to ask for proper help, to go therapy. When a person gets stuck with OCD, we're looking at eight to 10 years.
Of really suffering with this struggle with these obsessions before asking for help. And I have witnessed that many times in my practice. I'm sure you have seen the same. So how OCD gets undiagnosed. And this type, um, mental health professional is we're doing our best to share about effective treatments. We still have a large number of people, but they don't know that struggle with OCD and they go into massive degrees of avoidance or massive coping and trying to replace thoughts, trying to do EMDR, trying to do biofeedback, trying to do touch therapy and all types of interventions.
They simply make the OCD worst. Mmm. So for me, that was one of the things that I witnessed firsthand as many clinicians, how OCD can be. Really paralyzing in a person's life to the point that makes them doubt who they are. Right? Do they feel really mean that? Do they have hidden intentions? Is there something dark within themselves?
And that's really, really, I think, heartbreaking. I have seen that with a kids, with adults working, so I think the degree in which OCD can severely affect person's life. Mmm. It's really, um, humongous, and I think that we always have to do a better job disseminating and sharing information about what OCD is, not what the social media has to realize.
Jill Stoddard: [00:13:01] I relate to that so much, and I think one of the. Most heartbreaking things I see in my own practice is when people come with OCD, similar to what you said, where they've had, um, actually harmful past therapy experiences. But the thing I see specifically is people who have, , harm OCD. Where, you know, they're afraid that they're either going to have an impulse to hurt themselves or to hurt someone else, or, or they may have an impulse to

engage in inappropriate sexual behavior with a child or a family member.
when they, get really brave and confess these really difficult thoughts to providers who aren't really educated in what OCD is. , they're misunderstood as being suicidal or being a danger to other people. And it's just so incredibly damaging that the pain that these folks are struggling with already on their own, and then they trust and open up and share these obsessions and then essentially are misdiagnosed by people who don't.
I understand. So it's a cause that's very close to my heart too, is trying to get. More information and education out there, and we've actually had a number of people reach out to the podcast requesting more episodes that are specific to OCD. So I think people are going to be really happy to hear from you.
Patricia Zurita-Ona: [00:14:26] Well, I, I, I really relate to the experiences. You share and I appreciate the effort you guys are doing to put that word out there. About effective interventions for OCD? Um, I think I encounter by same thing a couple of weeks ago. . A client of mine asked me about if changing the diet of the teen would alleviate the OCD symptoms and.
Even though we do our best to disseminate effective interventions, there is a lot of stress, really non evidence based information out there. And for some reason, sometimes people get access to them. So I think the more that we do to disseminate what works, the less harm and less stuckness people are going to have.
Jill Stoddard: [00:15:08] Absolutely. And especially when we have such powerful treatments. I mean, OCD is one of the things that psychotherapy treats the most effectively when evidence-based methods are used. , so along those lines, exposure and response prevention or ERP. Is considered the gold standard treatment for OCD because it has the most research to support that it works well to treat OCD.
And you did something really cool with this workbook. You combined traditional ERP with acceptance and commitment therapy. So one thing I'm curious about. If we know ERP is a strong treatment, what motivated you to combine it with act? But before we go there, um, maybe you could break down the treatments a little bit.
For any of our listeners who may not be well versed in OCD or ERP or act, can you just talk a little bit about what is ERP and how does it work? And maybe briefly about act. I think most of our listeners have a fair amount of knowledge about act. And then we can talk about what motivated you to combine the two.
Patricia Zurita-Ona: [00:16:17] Um, so when I think about exposure response prevention, ERP I am thinking about helping clients to approach any particular situation, activity, object, or person that afraid off. And they have been avoiding or they have been engaging in compulsion. Uh, so ERP is definitely the gold standard of treatment. We know it works, and it's really about helping people, again, to get in contact with what has become an aversive stimuli.
Uh, you'd develop exposure hierarchies and you are keeping track of people's levels of anxiety through the course of treatment and between sessions. And when I think about act, I am thinking about an approach that is evidence based with a lot of science behind in the nutshell helps a person to figure it out. What matters to do, what matters, and to make room for all the yucky stuff and all types

of experiences that may come along when you do what matters.
So that would be my, my brief definition or conceptualization of how I see act.
Jill Stoddard: [00:17:26] So when you're combining them, you're essentially continuing to do exposures, but tying those to what matters to someone in their life.
Patricia Zurita-Ona: [00:17:39] I think the way that I think about how to blend act NERP certainly because it's is a very flexible model and I don't have the absolute truth about how to do it. But what I do is I can share with you how I do it, and that's what I do on the book I seen within act exposure as a means for somebody space sleeping.
No, the outcome off, it's actually every time you're doing some something that is important to you. If you really want to, for example, if you want to spend time with your sister and you have some fears about being pedophile or harming her, spending time with your sister because it matters to you to be caring means that you also have to learn to make room for all those unwanted thoughts.
To make room for all those fears the may show up. So within ACT, exposure is, the means for being the person I want to be, the means to show up for my relationships as I want to show up. It's not the end of therapy. It's really a novel intervention, a powerful one that we do to help people to live a fulfilling life.
So that's a little bit how ACT and ERP they will always go together. Because both approaches have a, they have built in acceptance and they also have built in how to approach and how to get in contact with our worst fears. Uh, big addition that act is doing is that it's all in the service of values.
Otherwise, every single thing you're doing, the therapy, it's really about checking how do I want to show up in this war? And in this moment of struggle.
Jill Stoddard: [00:19:23] so from a theoretical standpoint, you know, people who have been trained as cognitive behavioral therapists and ERP is a specific type of cognitive behavioral therapy who are then trained to do acceptance and commitment therapy sometimes get stuck in that, you know, act is under the larger umbrella of CBT, but they're theoretically very different.
And so traditional exposure, Mmm. You know. I guess long ago traditional exposure was based. Strictly on habituation, you face the things that you're afraid of and they get less scary over time. And more recently, I think Michelle crass was the first lab to come out with these findings that what's really important isn't the habituation in terms of predicting outcome, but looking at what do you predict is going to happen and what actually happens.
And new learning takes place as you see that those are two different things. Um, but the focus in ERP is still on. Change and control. It's still on. Reducing anxiety, changing the way you evaluate the dangerousness of a situation or a stimulus.
So how do you handle that? I guess I'm curious how you think about it personally, given that you're trained in both.
And you know, we're behaviorists at the core of all of this, right? But theoretically they are somewhat different. So I'm curious first how you think about it and then how you, Mmm. Yeah. Explain that. If at all, , to clients.
Patricia Zurita-Ona: [00:20:56] That's a great question. And, um, I think allows me to think a lot in terms of how the exposures look different. If you're doing traditional ERP, whether that's based on the habituation model or the inhibitory

learning model or when you're doing act base exposure. I'm like you, I have been sufficiently trained on behaviorists.
, I was training in Bolivia initially as a school psychologist, and I was doing this massive exposures, right? Just taking a look at SUDS, making sure SUDS go down. So, I mean, I have to relearn um, and just really capture all these behavioral principles. Okay. When I'm thinking about blending act and ERP, as I said, one of the key difference is that within the act based exposure, everything is about values.
Every single thing you do, every intervention you teach your clients, every skill, it's really all about. Helping them to figure it out, what is important to them and taking those steps. Mmm. Within ACT. Also, when do an exposure, we're always looking at the workability of those behaviors. When I think about workability, I were thinking not in terms whether an obsession is true or not.
Whether this fear about harming my children is true or not positive or negative. It's really when I get hooked and trapped with the stuck, what do I do. And is that behavior helping me, the mother, or that personally I want to be or is taking me away. So we teach clients the workability of their behaviors.
During the exposure. Also in a, that ERP exposure, you will be keeping track of the SUDS if your client has fears of contamination, for example, are part of exposure hierarchies to touch a door knob. You would be looking at a SUDS before the client is touching the door knob and while the person is touching the doorknob.
Jill Stoddard: [00:22:55] And let me just jump in for one second. For anyone who doesn't know what a suds is, just in case suds stands for subjective units of distress score, and it's just a, um. It's a label that we use because different people call their anxiety, different things. They might call it anxiety, fear, stress, distress, discomfort.
So suds is a way that we sort of have a common language, and people typically give a suds rating that's either from zero to 10 or zero to 100 so I just wanted to clarify that so people know what you're talking about. Thank you so much for clarifying, Great. Great point. Great point. So in that traditional exposure exercise, if a person has fears of contamination and exposure activity is touching a door knob then we will check. How are you feeling right now? What are your suds? What are your anxiety levels from one to 10 or one to 100. Can you tough this door knob?
Patricia Zurita-Ona: [00:23:49] Can you move your hands when touching the door knob and I keep asking about the suds, I will continue doing that until the suds, went to the half of this starting point. So if my client had levels of anxiety level 70 I will continue inviting my clients to touch the door knob until the anxiety is go to level 35 or 30 so that was the habituation model.
We. Thought that exposure works when anxiety goes down. Um, and that's where maybe we had a lot of literature at the time, about the anxiety cue anxiety free life zero anxiety But later on, Michelle Craske and UCLA. She come with these amazing stuff and looking at all the cases in which action they would treatment refractory cases anxiety came back the fear based basic questions the fear based struggles show up again for some clients and in her new inhibitory learning model.

What a basic looking. That anxiety is a learning process. That new learning experiences are going to block the activation of all associations. So if I was afraid about touching the doorknob , the more that I learned to touch the door knob at home at the school in my office and the train station. All those new learning experiences are going to block the old activation of the threat based association. With Michelle Craske's work. We also learned that exposure exercises don't have to be hierarchy. People don't have to go level one, two, three, four, five. You want to have more variability of experiences. You want to remove safety crutches. Um, and do you also want to facilitate the combination of different exposures? Right? For example, if I'm afraid about public speaking, I may jump up and down. I may have my heart beating fast, and then we'll give a speech for one, two minutes right there. Basically, blending two types of exposures. Interoceptive exposure. You see my body and sittuational exposure. So ACT capitalizes and augments the findings of the inhibitory learning model.
The difference Is that in the process of doing an exposure, you are not looking track at the SUDS . Again, the model is very flexible. It's quite likely that within the act community they are therapists that dtill keep track of the SUDS. I don't, I am more interested in looking at how my clients are relating to internal processes. So I will ask questions like, okay, are we having the thought is the thought popping up?
Are you getting hooked on the thought and wait, can we loosen that? Whether we need to do to lose an after the thought is that emotion you can name. How do we want to relate to that? In this moment. What are the choices for us? So I am more interested in how my clients are relating to those, to those thoughts, those images, to those sensations that are aversive to them and basically, and keeping track of the processes, right.
And keeping track of acceptance and keeping track of defusion. And I'm always going back, okay, what works? So what are we doing right now? Here we are. Facing this doorknob, and your mind is telling you all this stuff. Don't touch it. Don't touch it run away as fast as possible. office, what do we do with that? But that time in the exposures also, we have some of the skills, like naming the obsession, visualizing the obsession, singing some of the obsessions. So the exposures within the act model, they are so much more interactive. They are not these, Mmm. Clean, cut exposure exercises as you may have had in older models and stuff.
As I had been trained before. They are more engaged. They're more interacting in the room and keeping track, not of the suds or whether the anxiety is going up and down and keeping track. How we are relating to the insight knows that he's showing up. So that would be another difference. Um. The other difference that I notice within the, um, act model, at least for me, again, because other therapists may have a very different approach.

Did they seem important in my work to play the frame or context of change in the work with my clients, so when I have a new client, it's not that we're going to jump right away in that session to do a values based exposure menu and then approach it. I am more interested in deconstructing and unpacking all these messages they

have received about fears, worries and anxieties because. Even though we are familiar with, anxiety's always going to pop up. Our clients not, and they are hundreds of years of socialization that fear that anxiety is a sign of weakness. So at the beginning of treatment, when I talk about creating this frame of change. Yeah. In terms of intervention, I am going to be doing some values based qualifications and then really looking at all those messages that we have about fear. About anxiety and looking how they work, whether that behaviors that come along with them. And then we look at how all these OCD episodes have actually been blocking like client's life and then with developing the values base exposure menu.
Now the other difference when you are blending act and ERP for exposure is that. At least for me, I am paying attention. If my clients are approaching the exposure, I spot went into them. I have to do it and you know, I want to get rid of this experience because that would defeat the purpose. I am not saying that we shouldn;t
help clients to get out of the comfort zone. Absolutely. That's the purpose of exposure and a values based life is going to have that. But what I'm also very interested in is building the capacity to choose how to respond to this annoying experience. And watching out. If that's becoming another controlled response, like I have to control this anxiety.
You have to control this obsession. So I think in the exposure and watching is my client powering through and just getting rid of these. What are we choosing? I'm going to make room for this. I'm noticing that I'm making a fist with my hands. So this busting doesn't happen. Am I going to release these?
I'm going to step back. So I think in that sense, the exposure or so looks very different.

Jill Stoddard: [00:30:23] Yeah, that's, you've explained that beautifully. Um, and you know, you just brought up the word choice a couple of different times, and one of the main act strategies that you discuss in this workbook that I haven't seen used before with OCD or with teens is the choice point. So can you walk us through that a little bit?
What the choice point is? Um, and how teens with OCD would use it.
Patricia Zurita-Ona: [00:30:52] Will it be okay if I give you a little bit of background about what I was coming from when thinking about the choice point.
Jill Stoddard: [00:30:58] Absolutely. That's the most interesting, juicy stuff. Let us hear
Patricia Zurita-Ona: [00:31:02] Um, one of the things that happened to me, and you may have encountered with visa as well, they were years ago when I was working with a, with a family. A family came because the kid had OCD and this kid walk in that room completely upset about being in a therapy office. He was so for that because he saw the therapies the parents were getting with him.
My client had case of contamination and was in therapy for two years, but nothing moved him. He just didn't want to work on this. Mmm. It's a very tough situation for parents, and it's difficult for the teen and for the therapists too. Right. We all know how that is. It's just a hard moment right. But then it was really powerful in the conversation I had with a teen, so when I checked, so I get that

it's absolutely hard to be here.
Can you walk me through
that. What's the hardest part about be here with another therapist and the teen was very real and he told me, my thought is a pushing me and the therapist sometimes just telling me that I have to do this. I just don't like to be told what to do. It's up. To me, that was really this moment
If we think about adolesence, teens don't like to be told what to do. What to think or what to wear . They're actually in such an amazing time. developmentally speaking in which that exploring, they're curious. They are trying. So if we are framing therapy as something that the parents tell a teen to do, even though we know it's with love, even know we know it's with caring and the teens don't have too much of a choice of, or a sane, it's a tough thing.
So with anxiety, it's already scary. It's tough work to be facing. The things that we're afraid of. So when I was talking to these teens, that was again, the aha moment for me to realize that, yeah, we know ERP works. We know it's a gold standard, and also we know that we need to have, alternative options for these teens that they are not, you know, come in easy, peaceful into therapy and they really want to exercise this natural capacity.
They have to choose. About bunch of things. So that was a personal story, and for years I tried different things up and down. My clients always give me the best feedback possible. So that choice point, it's definitely a graphic that I use in my work to map every single exposure session. So often I do value score with the teens and we develop the values based exposure menu.
Then I introduced them to that choice point. Well, it's a graphic that I use every single session. It's also a treatment cue for my clients to remember that they can always choose. When the mind comes up with an obsession, they can choose how to respond to that obsession and they can check whether they are going to be making moves towards their values.
They are going to use the skills to get unhooked from the obsession. So at the end of treatment, the main goal, it's not too much to be using the paper and pencil of the choice point, which is fun and help us for learning processes. But it's really to augment the teen's capacity to choose how to respond from the yuckiest stuff that shows up with obsessions
Jill Stoddard: [00:34:32] So even though our listeners can't see us, the graphic is pretty simple. So I think this should be, this should be easy, but can you kind of describe like, so people can get a visual image of what the choice point looks like? Like what is the teen doing? What are they looking at? What does it look like, and then what exactly are they doing when they're practicing using the choice point.
Patricia Zurita-Ona: [00:34:57] Got it. So the choice point basically has four sections at the, bottom of the choice point are the things they are going to be writing, the values based activity or the triggering situation they are encountering. If you are afraid about this of contamination, you may not want to use the public restroom. If you are afraid about someone is stealing your knowledge, you may be avoiding certain person.
You feel afraid about stabbing you siblings, you may avoid hanging out in the kitchen. Oh, you may avoid being a moment with them, so they'd write down that

particular values-based activity at the bottom of the choice point and next we write down the obsessions that pop up for that. The obsessions that their mind comes up with, will I kill my sister.
Will I be contaminated if I touch this stain, did I get contaminated. So they ranked the obsessions, these, these difference when the situation and the obsession is super important because many times a theme, like clients get confused and that's when you hear things, well, I was hours and hours in the situation.
They don't realize they already hook in the OCD episode. So after they write this obsession, the obsession that their mind comes up with, that's when they face a choice point. And the choice point on the left side has all this path that keeps them hooked on the obsession. So that will include all the avoidance behaviors, all that compulsions, and also all that is stuff that people do when dealing with anxiety, excessive drinking, and shopping a lot dry, getting into fights if someone in the shops in the compulsion's.
Right. So we mapped that. And then on the right side of the choice point, you have all the skills that are going to be learning to get unhook from the obsession. So that's where in ACT terms, you have all that diffusion exercises, visualizing, obsession, singing, obsessions, physicalizing obsessions. You also have acceptance exercises, and you also wrote in the book and a skill that it's refocusing, which is choosing with flexibility, where you're going to pull your attention.
Are you going to put your attention in the insight nose or in the outside? So in every session, this is how we organize the exposure session. I handled , the values base exposure menu. They choose what they're going to work on, and then we map. We map basically like choice point, which I don't the situation. The exposure exercise we're going to do. Now, most common obsessions they encounter in the left side, they write down all of the things they could that keeps him hook. I'm on the right side. We keep adding all the active skills they're learning from defusion and acceptance and the exposures that are willing to do. So that's how I do it in every single session. But again, the biggest thing is that the graphic is very user friendly. The teen can they relate to it. But the core, the choice point, really, at least my intention was capitalized, and remind the teens. And no matter where they are, they have it within them, this natural capacity to choose.
We just have to remind them of that. That is skill they have already.
Jill Stoddard: [00:38:19] Yeah, and I think you made that really clear in the workbook, and I, I, if I'm remembering correctly. You started with the choice point to really get them used to it and they practice it again and again and again while you're laying out the rest of the act and ERP skills and knowledge with a constant returning to the choice point.
And it's just so developmentally appropriate, as you were saying before, you know, this is a time in their lives where they're supposed to be individuating and they're supposed to be practicing, making independent. Choices. So I think it is such a good fit for this age group and Mmm. Not only is the graphic, I think simple and easy to grasp, you know, like essentially what you're saying is I in any given moment, I have a choice that I can make and either I'm going to get hooked and engage in experiential avoidance, which usually pulls me away from

my values and the life I want to live.
Or I'm going to practice being psychologically flexible, using willingness and diffusion and making choices that move me in the direction of my values and what's important to me. Um, and I think that once you get the hang of it, which isn't difficult, I mean, it's difficult to practice of course, but it's a simple concept, even though it's, it's challenging to, to do it. It's a pretty simple concept. And because the graphic and the idea is simple, I think it's really easy to internalize and bring with you without needing a book in a worksheet. You know, it's, I practice this to myself all the time in the simplest little decisions, not just, you know, OCD exposure type things.
But when I came to my office today. I had a moment to choose to either take the elevator or take the stairs. That's a choice point and the comfortable thing to do is to take the elevator cause the stairs. It's a pretty big staircase and it makes my legs burn and it makes me out of breath and that's a choice point.
Am I going to take the easy way because I don't want to feel discomfort. Or am I going to choose the stairs because I want to be a person who chooses to move their body even when it's hard and uncomfortable, because that's what's better for me. And that's the kind of person that I want it. And, and I think once you start thinking in this choice point sort of way.
It can be something you can so easily pull out moment to moment, to moment to moment. Cause we're faced with these kinds of choices all day, every day. You know, it's not just the big stuff, it's not just the exposures. So I think, you know, this is a workbook for teens with OCD, but when these teens learn this choice point, they're going to be able to use this in so many different aspects of their life, even beyond, um, OCD.
Patricia Zurita-Ona: [00:41:10] Yeah. I very, very much appreciate what you add. I do completely agree with that. I think throughout our day, in every single moment we're making a choice and I showing up as the person I want to be. In this moment of the struggle or am I pulling away from that? And I think, um, my biggest goal again, was to build that capacity in a workbook.
One thing that you'd know this in the book, it is true. I think I started up strong with a choice point before doing any exposures because I wanted to create more this frame of change before the developing the values base exposure menu. Again. Many clinicians, many acts practitioners may have a different style.
Uh, for me, I have been very invested in creating this context of change? Really capitalizing what values are to therapy and building every single thing from that. So that was, that was why I didn't jump quickly into doing exposure. I talk about what exposure is and what , how they go together, but I did this up upfront with a choice point and I built skills.
I built all the diffusion, the skills that are breaking down, riding into maybe 20 skills, and then we approach. The reason for that also is when creating this context of change and when the teens were doing and they are doing. stuff that matters to them. They are approach to life and that approaching some of the discomfort that comes may not be triggered by the obsession, but they are they are still approaching other uncomfortable experience in the shop in the roadway. So that are also building a muscle of handling the yuckiest stab that shows up under the skin. And then in the second part of the book, then we target

in particular OCD stuff.
Jill Stoddard: [00:43:02] Yeah. I mean, it's the epitome of experiential learning right from the beginning, and. There's a number of, I mean, it's so user friendly and there's a number of just great experiential exercises and fantastic illustrations by Louise Gardner, by the way, who goes by The ACT Auntie. She's so wonderful. Do you have any favorites from the book?
Like could you give our listeners maybe an example of a metaphor or an exercise or something, either your favorite or maybe something you found to be like particularly powerful or effective that you use with clients.
Patricia Zurita-Ona: [00:43:37] Wow. That's a tough question. That's a tough question.
Jill Stoddard: [00:43:41] Well, I guess I can ask that question all the time, since I wrote a book about metaphors and experiential exercises. So now I'm putting you on the spot. I'm putting you on the spot, but I'm always put on.
Patricia Zurita-Ona: [00:43:56] I see. I see. I think in terms of my favorite metaphors. Hmm. Definitely. I seen, um, that choice point has been a highlight for me. I think you seen that too. in the exposure session. That has been an amazing, amazing experience in the work with the teens. Mmm.

Okay, so. Here's one, one exercise, one, defusion exercise that has been very popular in my office. Um, and just for your audience, when we're thinking about defusion, we're thinking about in ACT terms we're looking at thoughts for what they are. Looking at the obsessions for what they are, instead of arguing, challenging or trying to get rid of them with time to prove whether they're true or not, positive or negative.
So defusion is really about watching those thoughts for what they are. Um, in them, in the process of writing this book, I was thinking, how can I have these micro nuggets for clients? So they've actually come and it's easy to use and keeps them engaged. So that's why I broke down defusion into many exercises. You don't have to, it's all under the same umbrella of defusion, but I want it something that keeps the teens engage. So one of the exercises is about scrambling your obsessions. Um, so if you look at that in that chapter, right? If you have the words fear and maybe a spell like relief, or if you have anxiety, social misspell.
The idea with this scramble your obsessions, if you have this fear about. Contracting AIDS, uh, contracting cancer, you scramble the words. Now, for some reason, when I give teens the same manual for skills that they're going to be choosing, they usually go there. They love to be playing with this words. They get a kick from that, right? And then what? Reading them, and then they have to figure the, with my accent. So with these each other. So that has been a really fun exercise. Scrambling the obsessions.
Jill Stoddard: [00:46:02] I love it. Well, there's something a little rebellious about it. You know, you're in school and you have to spell everything the right way, and you even have spelling tests and, Ooh, now I get to purposely spell these words the wrong way I'm
Patricia Zurita-Ona: [00:46:15] Yeah,
Jill Stoddard: [00:46:16] Right?

Patricia Zurita-Ona: [00:46:17] yes, yes, yes.
Jill Stoddard: [00:46:21] of choice for them.
Patricia Zurita-Ona: [00:46:23] It did. It is, you know, really they have the best consultants you ever had. I can tell you that. And they always surprise me. Um. And the other, another eye theme. Sweet moment among many I had when working on this book and also in practice in the skills was about singing your obsessions. Sure. Style.
The teenagers are incredible singers, you know, it's just really, they come up with lyrics. I learned about how much they love , how much they love Justin Bieber, and what to sing, the favorite songs, and then what? Rewriting the lyrics to late obsessions. Right. In fact, in the workbook, we'll have one of the songs that was written by a former client years ago.
Super sweet, related to the fear of making mistakes, but the creativity they have, and once they found something that they like, how they actually engage with that, it was just amazing. It always blew my mind.
Jill Stoddard: [00:47:20] Wow. That's so fun. That would make for a great video. Or even if kids didn't want to be on video, it would make for a great audio file if you could get them to actually saying, that's one of my favorites. I don't work with kids. We see kids at my clinic, but I only see adults, but that's even as an adult, that's one of my favorite diffusion exercises, you know, for she's a jolly good imposter, something like that, you know, taking kind of the core belief, I'm an imposter or fraud, or I'm not good enough.

just sang on a podcast. We'll see if I edit that out or let that stay in.

workbook is for teens, but I happen to have the inside scoop that you have a workbook for adults. Yes. With OCD coming out pretty soon.
Patricia Zurita-Ona: [00:48:11] That's true. That's
Jill Stoddard: [00:48:12] on the horizon? Can you tell us a little bit about that? Is it the same? Is it different? What do we have to look forward to from Dr. Z?
Patricia Zurita-Ona: [00:48:19] Thank you for asking. So the new workbook coming out in two months. It really has these big metaphor about how to help adult clients stuck with OCD to make a shift from reactive moves into wise moves.
If I can elaborate a little bit on that, one of the biggest questions I got from my clients often my other clients in general, was how do I handle that? That obsession that pops up when I am bored, when I am on my date, when I'm going to watch a movie? Right? So I seem to always wear. In that place of

curiosity about how to apply at the skills that we were working in the room into their lives.
And I was, again, try multiple things, um, multiple things to capitalize the active skills exposures. And what I found is that. If you break down into micro skills that people can do those as brought to you by cues. People remember that. So WISE MOVES is an acronym about how you can handle it and how you kind of approach that discomfort.
that comes during an exposure, whether it's a plan, exposure in therapy or a

situation you encounter in life. And it's also building the skill of watching your mind is stepping back and just watch versus jumping reactively. So that's why the metaphor reactive moves will be all above compulsion's reassurance. They came, uh, avoidance behaviors and other types of coping stuff that people do and the wise move would be choosing to approach.
Watch my mind inviting. The obsession is staying then with what's showing up in my body. Uh, the checking, how do I want to respond to this? So that has been a really exciting, work book to put out there. And that will be the biggest metaphor through the whole book.
Jill Stoddard: [00:50:14] I love it. Well, you'll have to give us. The links to both of these books, and you have, how many other books do you have? Yep. Two or three? Yes. On emotion regulation. Tell us what your other books are.
Patricia Zurita-Ona: [00:50:25] That's very kind of you. Um, one of the things when I was, um. Working with my mentor was really. I got surprised with how much the literature has been brutal, that when we're thinking about emotional regulation, or in particular, when we think about borderline personality disorder, if you look at all the books that have been reading before the 90, it's actually quite scary when looking at people as manipulative, liars, and all types of awful words. Um, but in reality. I think what we have is a person that. it's more like a super feeling instead of having an emotional dial that you can regulate your emotions. Some people are just wired to have an emotional switch.
that goes on and off. I mean, just happens that they have rehearsed those behaviors responses in many settings and multiple times. So that's how people develop these chronic patterns of ineffective behavior. But even by uncomfortable emotions, shame, guilt, anxiety, fear, you name it. So I want to deconstruct how much a stigma this population has had, but also I am a big proponent that emotional regulation, it's not exclusive of clients with BPD.
I see. An emotional regulation is something that every single human being encounters, it's a continuum. We do it sometimes effectively. Sometimes we do it poorly and again, it just happened that some clients, they develop chronic patterns. Well, I don't think we have to continue thinking that BPD is the only presentation that encompasses emotional regulation.
I've seen that many others anguish. Emotional regulation is at the core of the struggle, and if it's not that a core, it can also be a skill deficits that people have. So there's no reasons why we cannot teach emotion regulation to other clients that may not have BPD. So I wrote this book escaping the emotional roller coaster.
They're thinking more how to deconstruct what BPD usually has been associated with, how to make it accessible. I'm introducing this metaphor that people are not broken, but they are not defective. They are just wired to feel a lot. So that that was the biggest thing. That's one book that I put out there, and the other one is for parents who are raising teens who are super feelers.
Cause I think that parenting really is extremely hard. Right? My heart goes to parents. I have so much respect for what what they do, but they also think that when you have a teen that already is changing because of hormonal changes and all types of things. As in on top of that,they struggle feeling too much and too quick.

It's really hard for the parents sometimes to figure it out. How do I, how do I say these? Can I say yes? Can I say no? Can they go out with a friends or not? Because suddenly you see this huge colossal behavioral response, and I'm naturally, because parents are human beings too, right? They do have their own internal struggles.
They have judgments about themselves. They have judgments about the teens. They have emotions that overwhelming because they're talking to the teen or because they are feeling guilty and ashamed of what's going on. So in the book, my main goal was to acknowledge the struggle, the internal struggle the parents have and help them to get in contact with that struggle.
And then from that, build all the behaviors repertoire they have. This is not the book that when they read in the first chapter, they will know exactly what to do with their teen, because the book is really more the first chapter is what about, let's take a look what's showing up when you say X?
What's showing up? When you see your teen smoking weed? What happens inside of you? What does your mind tell you about yourself and about your kid? So the first five chapters are building really more diffusion skills for parents, more acceptance. Then it goes into values, and then the rest of the chapters are all types of behavioral interventions.
Then they can practice how to say no, how to assert themselves, how to negotiate with the teens. So very different.
Jill Stoddard: [00:54:36] And it's great. I've read that one too. All of your books are wonderful and we will link to all of those in our show notes. tell us where can our listeners find you? So if people want to refer to your clinic or they want to follow you on social media, where can they find Dr. Z?
Patricia Zurita-Ona: [00:54:53] Well, first I want to say thank you so much for all your support, and it's really a treat to be talking to you, I think the heaven of your work, and I love that you're doing a podcast now. Absolutely.
Jill Stoddard: [00:55:04] Aw, thank you. That means a
potc-interview-patricia-zurita-ona_recording-1_2020-01-24--t09-19-10pm--jastodda: [00:55:06] lot
Patricia Zurita-Ona: [00:55:06] Yeah. Yeah. So where to find me. I will invite everyone to take a look for the website, act beyond ocd.com it's my new project. I am launching an online class on act for OCD, and this is one of the most challenging things I'm doing in my whole life. I think moving from Bolivia to the States. It's nothing in comparison to just creating this online class. It's really a project from the heart. It's the right thing to do. I'm all about creating resources for my clients I work with, but the best place to find me right now, it's in this website, actbeyondocd.com I took a class and I have an Instagram account now, so you can have to come find me there.It's actbeyondocd
Jill Stoddard: [00:55:57] I didn't know they had Instagram classes.
Patricia Zurita-Ona: [00:56:01] When do you
Jill Stoddard: [00:56:02] have to take that class.
Patricia Zurita-Ona: [00:56:04] I see you're doing great. I need to take a class.
Jill Stoddard: [00:56:11] No, I'm the same. I feel way out of my depth in a lot of social media right now. I'm right there with you,
Patricia Zurita-Ona: [00:56:20] I keep torturing my students. How do you do

that? How do they do this?
Yeah. I agree. I love it. I really moment, but yes, I think the best way right now is to find me to act beyond CV unruly. I'm doing everything I can to put the word out there of this new resource, which I am super excited it's back with all the skills all applied for OCD.
Jill Stoddard: [00:56:47] Fabulous. And the class, the online class, is that for providers to learn how to treat OCD or is that for people who have OCD.
Patricia Zurita-Ona: [00:56:55] I go and ask that question, and I should clarify that class is for people who are struggling with OCD. However, one of, yeah, that's, that's the idea. Because in my heart, I'm a therapist. I do this every single day of my life. Um, but one of
Jill Stoddard: [00:57:11] I think one of, one of the reasons that this podcast is so close to my heart is not everybody can afford to walk through the door at a therapist's office. You know, and I think podcasts and books and online classes, you know, these are more affordable, free, or more affordable ways that people can get this.
You know, the mental health system is broken, right? And we need to be able to have these effective treatments reach more people in different ways. And doing this online means, if they're in a rural community or they have transportation issues, or they're teenagers who aren't, you know, entirely in charge of their own schedules.
You know, it just makes this really powerful treatment more accessible. So I really commend you for doing that. I think that's so great.
Patricia Zurita-Ona: [00:57:55] Oh, thank you so much. And that was the whole purpose. I think I will, I want to have something that has a life in its own and that is accessible that people can, learn skills to have an amazing life and tackles OCD in their phones, in an iPad, in a laptop, in a computer, in a library. So that was the whole, it's, yeah, that was the whole premise behind this.
Jill Stoddard: [00:58:19] Wonderful. Okay. Well, Patricia, thank you so much for . Joining us and we will put all of that juicy information in the show notes and it was wonderful to talk to you. Thanks so much.
Patricia Zurita-Ona: [00:58:33] Jill thank you so much to you and all the team of the podcast for putting this new resource together and super excited for what you guys are doing. Thank you so much for having me.