

Stuff That's Loud: OCD and Anxiety with Lisa Coyne and Ben Sedley

Ben Sedley: [00:00:00]

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Lisa Coyne: everyone has these thoughts. There is data on this and yet. Sometimes people feel so terrified to tell you, even as a psychologist or clinician, that they have these thoughts. So isolating, but there's actually data on this suggesting that like people who don't have OCD have exactly the same frequency of these kinds of funny, weird, odd, bothersome thoughts.

The only difference is that folks with OCD for some reason, gets stuck.

Debbie Sorensen: that was Dr. Ben Sedley and Dr. Lisa Coyne on psychologists off the clock.

Diana Hill: [00:01:00] 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: I'm Dr. Debbie Sorensen, practicing in mile high Denver, Colorado, and coauthor of ACT Daily Journal

Diana Hill: I'm Dr. Diana Hill, coauthor with Debbie on ACT Daily Journal, and practicing in seaside Santa Barbara, California.

Yael Schonbrun: From coast to coast, I'm Dr. Yael Schonbrun, a Boston-based clinical psychologist and assistant professor at Brown University.

Jill Stoddard: And from sunny San Diego, I'm Dr. Jill Stoddard author of Be Mighty and The Big Book of ACT Metaphors.

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Debbie Sorensen: This is Debbie. I'm here with Yael to introduce an episode with Lisa Coyne and Ben Sedley on their book, stuff that's loud, a teen's guide to uninspired tooling OCD gets noisy. we're talking about OCD and anxiety among young people in particular. Although actually I think this is kind of helpful. [00:03:00] Conversation for and old alike who are getting into an

Yael Schonbrun: Okay

Debbie Sorensen: spiral and who are kind of stuck around, how do I get out of the spiral? Um, and yeah. Oh, what are your thoughts?

Yael Schonbrun: I, this is just a timely episode, but as I say that I'm thinking maybe it would be timely at any time because childhood anxiety is just so pervasive. In fact, just this morning, I got an email from a client whose child just started. Um, sort of down her own anxiety spiral, and it's a client who herself has anxiety.

And then recently I had sent, your past episode on anxiety in children and adolescents with

Veronica Raji, as well as an Atlantic article that we'll link to in our show notes, that has the title childhood in an anxious age to a family friend who has two daughters that are struggling with serious anxiety.

So, you know, there's clearly. A lot of anxiety going on right now and a lot of [00:04:00] uncertainty about how to deal with it. I mean, it's strange because uncertainty is a part of what causes anxiety. And one of the things that I love that you guys talked about in your episode is how uncomfortable uncertainty is for us to deal with.

At the closer to the start of the pandemic, I had authored a piece that landed in the behavioral scientist, coauthored it with Barry Schwartz, one of our past podcast episodes and, uh, really eminent scholar in his own. Right. Um, talking about how uncomfortable uncertainty in this pandemic was for people and in it.

And we cited this study that I always think about when I'm, when I'm talking with people about anxiety. That basically created three groups. One was not gonna experience a shock. One was definitely going to experience a shock. And then the third group had a 50, 50 chance of experiencing a shock and the group that experienced the most distress.

Of the 50 50 group, not knowing whether or not you were going to be in pain [00:05:00] was more uncomfortable than knowing you were going to be in pain. We have a really hard time. Tolerating, uncertainty and anxiety is built on uncertainty and the uncertainty that parents experience in not knowing how to help their kids just creates so much distress.

Debbie Sorensen: Yeah. Yeah. I mean, so interesting to me, I've had a lot of conversations about uncertainty recently with people because we have so much uncertainty in the world lately, and I think things feel so unstable and we don't know what to expect. What's around the corner and. The human mind, I think just really wants to know what's ahead, wants to know that everything will be okay.

And that makes some sense to me. Right. We're more comfortable. Um, when we know what's going to happen and sometimes we just don't and I think, you know, our minds don't like that. One of the things I really love about them conversation with Ben and Lisa is how normalizing are about [00:06:00] all this, right. What happens with OCD and what happens with anxiety and the nature of the human mind.

And so in my book that I wrote with Diana, ACT Daily Journal, we have a section called wild and wacky thoughts because the truth is like, if we could actually read each other's minds, We would be a little disturbed. I think by what's in there, we all sometimes have like, mean thoughts about people that we would never say out loud.

And we might even feel guilty about those kinds of thoughts. We might just have like weird thoughts that don't make any sense to us. And I think sometimes it's really not about trying not to have those thoughts. Try not to have uncertainty. It's more about what you do with it when your mind. Does that, and that's really what matters.

Like, can you let those thoughts come and go or do they really bother you where you feel like you have to get rid of them? You know? And that's where we end up in a spiral. I think and I can give [00:07:00] up quick personal example of that from my own life.

I can't remember if I've ever told this story on the podcast before or not, because I've told a lot of people about this and. Even if I have I'll tell it again. Um, so once when my daughter was really small, I think she was like maybe a year and a half old, maybe two. She was really tiny. And we were at the zoo together and I was holding her in my arms and we were watching the polar bear down below us.

And the polar bears at the Denver zoo have this, this pool. They can swim. And actually they're not even there anymore, but they used to have this pool. They could swim in and my daughter pointed to the pool And she was like swim, swim. And I sat there holding her in for a minute. I had this thought, I was like, I could throw her in from here.

, Almost like I could imagine myself doing it. And at first I was like, whoa, you know, that is messed up. Am I going to be one of those moms that like, you know, kills her child? And I thought like, I'm a [00:08:00] horrible person who would think that about their sweet little beautiful child, you know?

But I think having training in this area helped me because I was able to just take a step back and be like, oh, You know, that's my mind having a weird thought, like that happens to all of

us. And of course, I mean, in a million years I would never, ever do that. I had no temptation to actually do it, but I think sometimes what happens is that we start to feel really disturbed by thoughts like that.

Oh my gosh. I can never think that way. I'm a terrible person. And that's where we get into that spiral that Ben and Lisa talk about right. Where we go around it around and we find it distressing and we do things that are unhelpful to try to get rid of it. And I mean, I'm able to tell the story now, like it's kind of humorous or like, oh, isn't that interesting?

And that's I think partly, yeah. You know, over time we see it differently. And also I was able to just think, well, the mind can be weird sometimes. Like we all have thoughts that don't make any sense. It's not really a big deal.

Yael Schonbrun: Yeah. The one, the mind is a weird [00:09:00] and wacky place to be. And it's true. I love that title and it is, I love that story and I, I just so appreciate you sharing it because I think, you know, even just you sharing that personal story is so normalizing that we all have those kinds of weird and wacky thoughts and that the problem is not having them.

The problem is that problems can arise based on how we relate to them and what we do with them. And one thing that I just wanted to add, because I think it's hard enough to sort of hold lightly our own weird and wacky thoughts. And it's even harder as parents to know how to respond to our children's weird and wacky thoughts and to teach them how to.

They're weird and wacky thoughts more lately. And I love that you and Lisa and Ben kind of dived into sort of how uncomfortable that can be as a parent, that our impulse is to respond. Cause we don't want to see our kids being uncomfortable with those weird and wacky thoughts, but also, you know, we worry about the meaning.

We worry about. You know what it means to be a good parent in [00:10:00] response and what, what we should be doing. And some of that uncertainty drives up our anxiety and it makes us sort of act or in ways that aren't necessarily informed. And what I love about this episode is that you guys provide some really solid guidance about what kinds of things are helpful to do and what kinds of things are less helpful to do.

Um, but also, you know, coming from a place of a real compassionate validation that like. It's uncomfortable to be in the presence of those wild and wacky thoughts.

Debbie Sorensen: As parents, I mean, We not want nothing more than for our children to be, know, healthy and happy and well adjusted. And I think are experiencing our own anxiety and being able to hold that and just rise up to the occasion to parent them the best way we know how it requires a lot of own anxiety and being able to be there for our kids in our weight way.

That's helpful. Even when we see them going through something distressing that is [00:11:00] distressing to us as well. So we hope you enjoy this conversation Lisa Coyne and Ben Sedley, sadly, Sedley as a clinical psychologist who lives in Wellington New Zealand with over 15 years of experience with kids, adolescents, adults, and families, and is an experienced acceptance and commitment therapy, clinician, trainer, and supervisor.

He has worked at the Victoria university of Wellington as a clinical practice advisor in the clinical psychology program. And Ben is the author of the book *Stuff That Sucks: A Teen's Guide to Accepting What You Can't Change and Committing to What You Can*, as well as coauthor with Lisa on the book *Stuff That's Loud: A Teen's Guide to Unspiraling When OCD Gets Noisy*.

Lisa Coyne is the founder of the McLean OCD Institute for children and adolescents at McLean hospital. And is an assistant professor at Harvard medical school. She also founded in direct. New England center for OCD and anxiety, and is on the faculty of the [00:12:00] behavior therapy training Institute of the international OCD foundation.

She's also a licensed psychologist and an internationally recognized peer review act trainer. She's written extensively about applying acceptance and commitment therapy with children and adolescents. In addition to *Stuff That's Loud*, her titles include *The Joy of Parenting: Acceptance and Commitment Therapy for Adolescent Anxiety and OCD*, *A Family-Based Approach to Acceptance and Commitment Therapy: The Clinician's Guide to Supporting Parents*. I'm so happy to have you both here.

Welcome.

Lisa Coyne: so nice to be here. Hello.

Debbie Sorensen: Hello. Oh, and Lisa has been on the podcast before. So talk about parental burnout and you have a couple of Praxis trainings coming up. You're doing one together for clinicians on *Stuff That's Loud*, which is about integrating exposure and response prevention with act for youth and anxiety with OCD.

That's in, starts in October and into [00:13:00] December on Mondays. And then Lisa, you also have one. On act for parents coming up as well. Right. And that's right around the corner.

Lisa Coyne: Yup. Exactly. Starting up pretty soon, which is going to be fun.

Debbie Sorensen: Yeah. So if you're a clinician and you want to dive more into this, definitely check out the Praxis website. You can find out more detail.

All right. Well, let's dive in and I want to start with a question I'm going to actually ask to both of you. I don't know who wants to start here, but here's the question. So you both specialize in working with children and adolescents and you both work a lot with anxiety and OCD. And I was wondering if you could each speak a little bit about what you like about working with young people.

What drew you to this area?

Lisa Coyne: Should we do rock paper scissors, Ben.

Ben Sedley: You just go for it, Lisa.

Lisa Coyne: Um, well I think first of all, I just want to say, I love working with Ben and writing with Ben. It's really fun. And I think one [00:14:00] of the things that draws me to my work with Ben is the same thing that draws me to my work with, um, children and adolescents is

that there's this very playful side of it. That I feel like I can continue to stay in contact with when I work with young people.

And in fact, it's essential to that work, right. so it's really something to have a science background and then have the silliness.

Um, and it's just a lot of fun. And in fact, it's essential to that work to really be in the room with them and to really be, um, I think connected with them. I think it really helps. But the other piece of course, is that, you know, the younger folks are when they get treated. The more powerful. I think the treatment can be, um, and the better chance we have to really help, um, because with OCD, you know, it often isn't very long wait time before, um, children find good. [00:15:00]

Debbie Sorensen: great. How about you, Ben? What draws you to this work?

Ben Sedley: these days, my workers, adults, and teenagers, I don't see children much anymore. Um, Having my own kids made me want to not tell other parents want to do ever again. Um,

Lisa Coyne: can relate.

Ben Sedley: but I remember early, like first year working, I'd finished my clinical psychology degree and I was trained really traditional CBT, you know, how do we help people? Get their thoughts, right. And get rid of their depression and anxiety. And my first job was the youth specialty service and Wellington. And I was just having this discussion with this teenager about the meaning of life.

And I suddenly thought, wait a minute, I could get paid for this. This could be my job talking to someone about not, how do we get them out of a negatives back to zero, but how do [00:16:00] we get them into the positives? How do we help them find. Stuff they care about. And that was what drew me to, I guess, the nodule me to the job.

Cause it's already in the job, but that's what keeps me going. That's the exciting bit. When you talk to a teenager and you see their excitement and their passion come through, particularly someone who's lost some of that passion because they were depressed or they were anxious. And then you see it, come back again.

It's just one of the coolest things ever.

Debbie Sorensen: Do you, Ben, do you feel like there's something special about that age for where that is on people's mind that there's something about that type of thing.

Ben Sedley: Yeah. That's the time of life. When you start thinking the bigger questions and asking, what's the point of all this and why? Why are we supposed to listen to adults when the main, such a mess of this planet we're on and all these things, and they start asking those questions. And I remember [00:17:00] being a teenager, not much about being a teenager, but I remember having some of those thoughts and thinking some of those things about what is the point of all this and the exciting kind of way.

Not in a novelist way in a wow. We can do anything. We can go anywhere. And that's really cool. When you hear about a team, when you work with the teenager and hear what matters to them, whether it's the environmental music or creativity or their relationships and their friends, it's just exciting.

Lisa Coyne: I agree. And like, you know, I'm just thinking that for S I felt that too. And one of the things that I noticed about the kids with anxiety and OCD is. You know how you experienced that and you said, oh, not in a nihilist way, but in a really amazing way. I feel like that's what we do. Like they've lost that they were like for you and even for like 16 year old needs really fun.

And we're so excited and it, how amazing [00:18:00] to be in love with the world and learn you're like, where do you belong in it? And what can you create in it? Right. They kind of view that with terror and. To help them shift back.

around to that joy is really important. It's really important. And it is really important to that age.

Debbie Sorensen: great. Okay. So I agree and that's really exciting. And so, um, we're here today to really, to focus particularly on. Young people with anxiety and specifically obsessive compulsive disorder, OCD. And it's funny because, well, not funny really, but it's interesting. I think the way that that term OCD is sometimes thrown around is pretty inaccurate and there are some real misconceptions about what it is.

So, Lisa, I was wondering if you could start us off here with a brief description of what is OCD really? What does that really mean?

Lisa Coyne: Yeah. And I think I'll start with what it's not, it's [00:19:00] not being overly neat. It's not being, you know, I need things to be neat and tidy and it's not when people walk around and go, oh, I'm so OCD. In fact, that's incredibly, incredibly disrespectful to people who are struggling with it. Um, so obsessive compulsive disorder is.

A condition in which someone experiences, recurrent intrusive thoughts, urges feelings, images that they find scary, uncomfortable, disgusting. It can be anything that just is unwanted. It can feel imperfect, not just right complete. And when they experience those things, um, they engage in compensatory behaviors.

To get some relief and we call those compulsion's or rituals. And the reason that they do that is because those compulsions or rituals work. Right. So it's what they know to do. [00:20:00] It's what they have at hand. And the only thing often that they know can give them some brief rules. The problem is in the longterm.

It feeds the disorder and it makes it worse and it creates sort of the spiraling loop, you know, that, um, people find it very, very challenging to get out of.

Debbie Sorensen: thank you. Yeah. That's I love that definition because I think you hope it makes some sense that behaviors make some sense as a relief from anxiety. Because I think sometimes when people see the surface of the behavior, they're like, well, why would you do

that? You know what I mean? It doesn't make sense, but it's like, well, there's some immediate feeling of relief and that's important to know.

It's not for no reason. That's because it feels better.

Lisa Coyne: Absolutely.

Debbie Sorensen: So, you know, In the book and stuff. That's loud. You write about spiraling. And I hear that word. I work with adults only, and I hear that word a lot from clients with different kinds of anxiety, whether it's [00:21:00] worry or I don't know, just different forms of anxiety.

That word spiraling seems to really resonate for people a lot. And so Ben, I was wondering, could you describe a bit, what do you mean by spiraling? And when people get into that place, what does that look like?

Ben Sedley: Spiraling is in terms of OCD or anxiety. It's, I'm doing something that works for me. Short term. Doesn't work for me long time long-term so I have to keep coming back and doing it again and again and again, and the more I do it, the more trapped I feel, the more limited my options are and the more I have to keep doing the thing that I'm doing to try and reduce that anxiety, or take away that unwanted thoughts.

And it goes round and round and I feel more and more stuck.

Debbie Sorensen: okay. And what are some of the types of thoughts? Maybe Lisa. Feel this one or what are, could you kind of describe what the thought patterns [00:22:00] are? Like you mentioned those thoughts that just kind of keep going, maybe some examples or yeah. What would that look like?

Lisa Coyne: Well, you know, for younger, I mean, and really what I'm going to describe can happen at any age. These are not tied to age. So you may be, I think the listeners might be surprised to hear some of these things. Cause you know, the stereotypical view of OCD is it's all about contamination and germs and things like?

that, but it is absolutely.

Far more diverse than that. And you can have, um, intrusive images that are graphic or horrifying. So for some, for some younger children, um, I used to have little guys who would be watching cartoons and then there would be an ad for a scary movie and they would have those images in their minds and they couldn't stop them.

They couldn't figure out why they were having. And it would just terrify them. It can be, um, w there's harm OCD about the doubt that you might harm someone [00:23:00] you love either physically or sexually. It can be the doubt that you might have done it. And you don't remember that. Um, there can be doubt about who you are as a person, whether it's an existential doubt, right.

Or whether it's about your sexual orientation. When there's no, you know, data at all that you might be changing or shifting, there's this fear that maybe I'll shift into something or what if I am, and I don't know. Um, oh my gosh, Ben, I'm sure. You have good examples to

Ben Sedley: Well, I was thinking of the one where there's not an intrusive thought, the more just right. Kind of feeling that.

Lisa Coyne: Hmm.

Ben Sedley: It just doesn't feel right. And it needs to be done this way or it won't feel right. And there's a psychologist. I'm like, well, what's the thought that goes with it. There is no thought. It just doesn't feel right.

Um, yeah.

Debbie Sorensen: That's a good point. It's not always this really clear identifiable thought, you know, [00:24:00] and what's interesting as you're talking, I don't know about the listeners out there. I think every single one of those that you're talking about at some point has popped into my mind. I like to say that if we could see into each other's minds, that would be so embarrassing because like, we all have these kind of thoughts from time to time.

It seems like the human mind doing its thing, but these are, these get kind of really repetitive and kind of just, is that right?

Lisa Coyne: Yeah.

And actually it's what I want to point out two things from what you're saying of it, that are really important that everyone has these thoughts. There is data on this and yet. Sometimes people feel so terrified to tell you, even as a psychologist or clinician, that they have these thoughts. So isolating, but there's actually data on this suggesting that like people who don't have OCD have exactly the same frequency of these kinds of funny, weird, odd, bothersome thoughts.

The only [00:25:00] difference is that folks with OCD for some reason, gets stuck. And when they start to engage in behaviors to make them go away, rather than just letting them come and go and being like, whoa, that was a weird thought, you know, that's the difference. Right? And so it's really important, like, especially for young people to hear this, that you're not weird.

You're not strange. There's nothing that does it. That makes sense about what you're doing. It is a really difficult experience to have. But there's no crazy here. This is just, you know, a way of responding to thoughts. That's like, as Ben said, spirals you in tighter and tighter.

Ben Sedley: I think it's one of the problems with the name obsessive compulsive disorder and the DSM diagnosis implies that the obsessive thoughts are a problem. And the problem isn't the obsessive thoughts. The problem is the worry that I shouldn't be having these thoughts. And so that [00:26:00] sets up worries about this, something wrong with me, for having these thoughts.

And the name of it and the title of OCD, and it sets up expectations of what you're supposed to get from treatment as well. I should be able to get rid of these thoughts and we don't, we don't get rid of intrusive thoughts. We'd see them for what they are, which are thoughts that everybody has.

Lisa Coyne: and we we'd like 70,000 or so thoughts a day, right? Could I promise. That if can I promise that you'll never have one particular thought ever again and all of the many minutes of your life? Of course not. Right. That's just not realistic. So I think the thing is to attack the avoidance behavior years.

Those are the things that is what maintains, um, the company.

Debbie Sorensen: Yes. We're going to talk a little bit more about that here in a minute. I think that's really important though. These thoughts. It's not about getting rid of them once and for [00:27:00] all, that's never going to work, but what you do with them. So, um, then I was wondering, could you, so there is that ritual piece of it that way of trying to mitigate the, the anxiety or the thoughts through.

Some sort of behavior that just kind of keeps going. Um, could you speak a little bit more about that? Like what are, again, what are some of the types of things you might see or, um, you know, how does that behavioral piece come into?

Ben Sedley: So anything that you do to take away the distress of this thought or this feeling? As a compulsion as a ritual. Uh, so there's really, you know, the stereotypical ones of washing your hands or counting or checking. And we see lots of people who have those rituals, but there's also the less common ones of just trying to get things just right.

There's the mental rituals of going through your home and your mind going, going through your whole day over and over until you're sure [00:28:00] that things. Dental doesn't happen. The treatment can become another ritual as well. Am I saying this is just OCD over and over and over. It's just an intrusive thought can become a ritual or trying to get my therapy.

Just perfect. Can become a ritual F. If you're doing a behavior, whether it's something that other people can see or something that only you can observe, if you're doing it to get rid of the distress from the intrusive thought, it's a compulsion

Debbie Sorensen: okay. That's interesting. Yeah. Even the, the way that people might engage in treatment itself could become that if it has that quality of trying to get rid of it.

Ben Sedley: all

Debbie Sorensen: Yeah. Anxiety. Interesting.

Yael Schonbrun: We at psychologists off the clock are so excited to be partnering with art of tea and award-winning organic tea company based in Los Angeles, they are on a mission to impact lives through healthy, delicious, and sustainable brews and blends [00:29:00] tea, kind of rocks from a wellbeing perspective, the ritual of making tea can merch transitions from one role to another help you practice.

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Debbie Sorensen: So what are some of the things that would be unhelpful for responding to these types of, you know, thoughts and emotions, Lisa?

Lisa Coyne: well, I think like Ben said, it's it's [00:30:00] anything that someone might do. To make the thought less bothersome. Right. You know, as soon as we start reacting and letting the thoughts push us around or the experiences, the urges, the sensations push us around, we're trapped by them. Right. And I think the thing to do is, you know, so, so like Ben said, you know, it's important to understand how to notice, um, The function of what you do.

Like what's the purpose of what I'm doing right now, you know, and check in with yourself. And that's something that we incorporate, um, in a, you know, an act perspective to exposure, response prevention, um, to really help people, not just, you know, cause it's not enough to just say, oh, as a clinician, this is original.

You should stop doing this and make a list of those. And I think that's where people start learning how to treat it as a clinic. But [00:31:00] really what it is, I think from our perspective is to give young people the tools that they need. To maintain that for the rest of their life to really notice like, am I, is this ritual that I'm doing here?

Am I trying to run away from this thought, am I trying to not have this thought?

So anything you do to run away from a thought is a problem. So for example, there's this culture and exposure therapists that we kind of model this practice of leaning in and allowing these thoughts, even if we don't like them and they're uncomfortable. So like I have a pen. Uh, you know, that says you've already peaked that, which might be true, or it might not, I don't know, but I'm, I'm here, uh, doing some writing, write some academic and some other kinds of writing.

And I keep the spend with me because exposure, right? Cause I'm not, I want to practice allowing a thought and not letting it push me around and remembering that even if I'm having some sort of mental event or physical sensation or emotion, I can still choose my [00:32:00] life. I can choose the direction that I want to go and I can choose the steps to take.

I just need to not use any of my effort or bandwidth to manage what's in my head to do that. I just need to learn to take the steps. So that's kind of a roundabout answer, I guess.

Debbie Sorensen: Well simple. Go ahead.

Ben Sedley: it's just such a cool feeling and therapy when you're doing, when you're working with someone and it starts off really kind of regimented. Identifying, uh, compulsion's together. And then suddenly they come in the next week and say, I've noticed this thing that I hadn't realized before, and it's, I'm doing this thing or I'm giving myself reassurance or that they're learning, not just to beat the compulsion's you've identified, but they're learning to notice what they're doing and what what's the function of each of those things they're doing.

It's a cool turning point in therapy.

Lisa Coyne: Hmm.

Debbie Sorensen: you've pretty much described in a nutshell, this idea of acceptance and also not [00:33:00] getting so caught up in trying to get rid of, or control the anxious, thoughts and emotions. I think that's. One piece of your approach is just that stance of acceptance of what is there. And then the other piece, you mentioned the exposure piece, and I want to delve a bit more into that.

And first of all, Lisa, let's kind of continue with, with you here, um, about this piece, about exposure. So if someone with OCD wants to do therapy, exposure is a really important piece of it. Could you, could you just say why someone would want to make sure to include the exposure. Part.

Lisa Coyne: Absolutely. And I want to say it's really important to make sure we mean exposure and response prevention. It's not enough to just do exposure. Right? So exposure and response prevention is sort of the gold standard treatment that we have for OCD. And it involves. Facing one's fears and [00:34:00] resisting on purpose, the, um, you know, engaging in a ritual or compulsion to make something feel better right now.

The cool thing is in the, um, the basic science literature on exposure, right. There's sort of been this kind of flurry of activity where we started to. You know, it started to be questioned, like how does exposure work? Right. And we used to use what we call the habituation model, which meant we show you this scary thought, like you've already peaked or whatever it is for you.

And eventually over repeated and you don't do anything to tell it, to make yourself feel better. And over time you don't have that emotional ouchie, you know, when you have that thought and people thought, well, that's how supposed to. But newer literature is suggesting that actually that's not necessarily it.

Right. And a newer literature on inhibitory learning. And so when Ben and I write about exposure, [00:35:00] we don't necessarily think that have been situation is what it's lovely. Don't get me wrong. It's not necessarily, um, what we're after, what we're after is whenever you experience. Um, you know, a scarier, unpleasant thought or emotion that you don't want, that you can still choose to stay present to that and engage in flexible adaptive behavior.

That's consistent with the things that you most want in your life. Right? So it's flexible, effective, adaptive behavior. Whether or not, you're triggered by your OCD. And that we

think is the name of the game here as the treatment target for exposure and response prevention. And that's specifically why we incorporate elements of acceptance and commitment therapy.

When we, when we do the therapy, when we teach other clinicians [00:36:00] to w you know, do this kind of, of work and things like that.

Debbie Sorensen: so it frees you up from being under control? Yes. Yes. So in the book. You give some strategies for helping young people face their fears directly. So people can of course do exposure and response prevention with a therapist. But Ben, I'm going to ask you this question. There's some, just some strategies in the book for how to start.

I just love that term facing your fears because that's what we're really about here. Right? So could you just talk a little bit about how you help walk us through how you help us? Or hold on, let me rephrase that. Walk us through some of the steps that people could take toward facing their fears.

Ben Sedley: Cool. So we've got the way we present it and stuff that's loud is the plan for treatment is. [00:37:00] Curiosity, willingness and flexibility and values giving a crap. use these flexibly in therapy, but is about noticing that I don't need to know all the answers I can be uncertain. There's. It feels like my OCD has the megaphone is telling me everything that's going on and I can notice that's going on.

I can notice that right now, my mind is handing me these terrifying thoughts or images, and I can also see what else is going on around me. I can say right. I can look around me. I can experience things. And so for some people, the treatment, we don't even jump into the specific. Worries. Initially we just build up the curiosity muscle and we just practice being curious about some other things first.

So actually challenging the things I'm worried about. I'm worried about harming someone [00:38:00] sexually harming someone that feels too big and scary for me to start with, but I can still work on my expo, my curiosity muscle. I can still try and learn about. Let's be curious about what's happening in the world around me and notice what my mind is saying and notice what's going on.

So that's curiosity part, and then we will delve into the values part. Why on earth would I expose myself to things that scare the hell out of me? Why would I take the rest of it? I could be hurting someone else getting contaminated. Or whatever it is, I'm doing it because there's life on the other side of OCD that matters to me, I'm doing this work because future me can look back and say, Hey, it was worth it.

The work paid off, I'm living that life that you want to be living. And so that for me is such an integral part of treatment [00:39:00] that I'm not going to do this hard work and this, I know why I'm doing it. And so we'll do a lot of the work around the values. And as part of that work, there's also kind of tuning into that more compassionate voice inside as well.

That I'm not beating myself up until I do an exposure. I'm talking to myself, like I'd want to talk to someone I really cared about and encouraging them to do it. So that curiosity about

the tone of voice that we talked to ourselves, and then we get to. What we call in the book willingness, which is the exposure response prevention.

That's when I take a step, I say, okay, my OCD is telling me I shouldn't do this. Let's take a step and find that what happens. And that might be a huge step. That might be a small step. That might be some, a step that looks small to other people, but feels huge to me. [00:40:00] But I'm going to tell you, I'm going to. I'm going to do what OCD doesn't want me to do, and I'm going to not do what OCD does want me to do to find out what happens to learn more about myself, to learn that my OCD is saying I can't cope with the anxiety with the distress that's coming up right now. And actually I can there's room inside me for this level of distress.

Maybe if I'm lucky. The level of anxiety will go down and do some habituation or maybe it won't. And either way, I still learned something really cool about myself, that I am bigger than what the OCD is telling me I am. And then the final section is flexibility, which is once I've taken those steps, how do I take whatever steps OCD is going to keep moving, keep changing, trying to throw me off.

And so I've got to be [00:41:00] willing to be flexible and mess with OCD, wherever it shows up in my life, whenever it shows up in my life. And so we talk about that and the flexibility section.

Debbie Sorensen: So one of the things I really love about the specifically about the exposure as a therapist is. I have integrated some exposure work in, but just talking to other clinicians and my own experience with exposure work, because I think it's essential with anxiety, the creativity, right?

Like you have to sometimes just come up with something. Outside of the box ways to get people, to approach whatever you know they're afraid of. And Lisa, you mentioned playfulness as something that you enjoy in your work continuum. I don't know. Just some examples maybe, or some of your thoughts of the creative ideas.

Lisa Coyne: Yes. Um, with the young people, we do all sorts of fun, exposures, everything from like, you know, [00:42:00] going to the checkout aisle in the supermarket and deliberately not having any money or having 500 items in the 16 item aisle, too. Um, you know, just I eating bugs because you know, it's gross and why not try, right?

Like, cause one of the things I think that's emblematic about the culture of exposure therapists. If we're going to ask people to face their fears, we better darn well be ready to do hard things too, whether it's in our own lives or for fun or just whatever. Um, so all sorts of things. I remember one of the more creative exposures I did early on in McClain was we had a young man who was terrified, water and contamination, but he loved dogs.

And so I brought my dog. To the residential program and the exposure was him giving my dog a bath unit. And that was really helpful for me. Cause the dog was [00:43:00] really smelly and also for him because you know, he, he did his exposure and

Debbie Sorensen: It's a win-win.

Lisa Coyne: Yeah. it was a win-win. all around. So I mean, and, and we don't stay in the office really exposure therapists.

Like if there's, you know, if it's necessary to go somewhere. Right. Did you driving exposures to do, you know, other kinds of exposures outside in the world? We're going to do that. Right. And that's exciting, like going in, I remember working with a young person with, um, religious group velocity and we would go stand in front of churches and hurl obscenities at God.

You know, it was pretty awesome, you know? Um, so things like that. So you have to be very creative about the work. It's a lot. Yeah.

Debbie Sorensen: or watching a video of my, uh, one of my behavioral professors in grad school showed a video of himself with a client in a car and the client had a driving phobia and they were driving down the highway and he'd be like that truck. And [00:44:00] he was just trying to cause he, she was at the point, she had been doing that a while.

She was really, you know, kind of.

Lisa Coyne: mm.

Debbie Sorensen: of pretty extreme exposure and he'd just be like, we're going to die. You know, it was, and she was laughing. It was funny. And I thought you don't think of therapists being in the car, driving down the highway with their clients. But you know, you can get some of this not be done from a chair in a therapy room.

Right.

Lisa Coyne: exactly.

Debbie Sorensen: Yeah. Okay. And it's, it's fun and it's kind of creative, but it's also, I mean, I just want to acknowledge, like, when people are first doing it, sometimes it's really terrifying. Right. Isn't it?

Lisa Coyne: Absolutely. And it should be that's the purpose. Right. And the idea, I mean, so think about that. Right? We don't theater is information, right? Anxiety's information tells you to run away. That's why people start doing rituals in the first place. So it really takes some doing to kind of plant yourself and go, okay, I'm going to deliberately get scared.

I am willing to be scared [00:45:00] now. Right? It's just, it's really cool to watch people. But what you see, especially with teenagers is like, they have this incredibly deep well of resilience that they just haven't tapped. They don't know it's there. They don't trust that it's there. They don't believe you when you tell them it's there.

In fact, I never tell them, I just show them. Right. Cause then they touch it and they realize like, holy crap, I just. Thing that my mind told me was impossible or it might lead to my death. Right. and then they do it. it's the best job ever watching people find their strengths. It really is amazing.

Debbie Sorensen: it's challenging and hard. It's amazing. And also it can be hard. Ben. I was wondering if you could speak to some of the challenges, both for clinicians and also for clients and doing some kinds of this work in your experience, what are the, some of the things that can make it difficult or where people might get stuck?[00:46:00]

Ben Sedley: Oh, that's a nice big question. I'll I can

Debbie Sorensen: sorry.

Ben Sedley: of, oh, I love it. I love it. I got lots of directions. First few thoughts I had was it's scary for the client and scary for the condition. And you are asking people to do things that they're telling you. They can't do. And as a clinician, I often feel really. Worried. If someone tells me this could kill him, could kill me or kill them. And you're like, oh boy, what if I'm going too far? One of them ask them to do something they can't do. And I traumatize them or, and so it's about being willing to be, have the fear as well. And that's, it's hard for collisions. Um, So that was one thing I thought of with conditions and often kind of person who goes into this [00:47:00] job, but somebody likes to talk and it's much easier to stay seated safely in your chair, talking about things rather than doing things, which is what's where the magic is, where things happen as an exposure response prevention therapist for the client. It can be. Just so scary and you can feel coerced. You can feel like how do I get this right. For the commission? Um, rather than I'm generally doing it to see what happens or you can feel like, oh, my therapist is asking me to do this one. So it's probably okay. And I'm not actually challenging the things, the worst case fears.

I'm just. Expanding my comfort zone a bit, and I'm doing a few more things I wouldn't normally do, but they're not really challenging my biggest fears because my therapist will ask me to [00:48:00] do this. If something really bad really could happen. So

Lisa Coyne: Okay.

Ben Sedley: the real change only happens when someone's able to say, I don't know what's going to happen. Let's find out. And that's something that is quite okay. Particularly on the therapy, it's easy to miss and to think someone's doing it for those reasons, but actually they're just trusting the therapist and not actually leaving their comfort zone yet. They've expanded the comfort zone. And one more thing that jumps to mind that could make therapy really hard is the accommodation as the family, the parents that their kids to bits.

And they're there to support the child and to, or the teenager, and they don't want to see them stress. So they do things that helps them avoid those things that they most terrified of doing. And as a therapist, we need to [00:49:00] identify and challenge the accommodation that's going on in the family as well, because OCD can take over a whole family.

It can just move into the house and get really comfy.

Debbie Sorensen: you know, that was going to be my next question here. So that's a perfect setup, Ben. Um, and I, and

Ben Sedley: read your mind.

Debbie Sorensen: Your psychic care? Yes, because he knew I always had it. Um, well, let's turn it over to Lisa. Could you speak a bit more about the role of families here, both in terms of maintaining OCD, but then also their role in helping.

Lisa Coyne: Yeah. Sure. Um, So. I think that whenever you work with young people, it's really important to notice that they are nested in the context of okay. And again, I want to start with this idea that all behavior that we do make sense. There's a reason that we do these things. And so when parents see their children's suffering or feeling anxious, um, they want to help them.

Right. And [00:50:00] usually that help looks like doing something to make them less anxious. And you may notice that that's the same thing. That's the same function as rituals have in OSI. And so in the same way that OCD, spirals and young people, it. can also spiral in their parents, right? Who feel like good parenting means I need to fix this anxiety.

I need to fix this discomfort. Otherwise I'm not such a great parent. And, unfortunately it is what allows OCD to rent and continue to rent Headspace in that thing. And so. and the name for that is accommodation parental accommodation. And it happens not just in young people, but even in adult relationships, right?

When you have partners and spouses and things like that. so a critical piece of work with young people is to make sure that parents become aware of what they're doing in response [00:51:00] to the child's, um, expressed fear. And helping them to slowly and hopefully collaboratively, but sometimes not. Um, hold back those accommodations To allow the young person to have the opportunity, to learn a different way, um, to handle.

Debbie Sorensen: so what might be, do you have an example of that? Like what, what might be an example of how a parent would try to help? And of course, you know, as a parent, I think all three of us are parents. It's like, you want nothing more than to help your kids. I think it's just so distressing in an a, when you're a parent and your child is suffering.

Um, but yeah, like what might be an unhelpful way that a parent might accommodate

Lisa Coyne: well, I think one that most of us can relate to whether or not we have kids with OCD or anxiety is reassurance seeking. Is this okay? Right. Kids asking, is this okay? [00:52:00] Is this okay? And, you know, in our family, we tend towards anxiety across generations and a little bit of OCD also across generations. And so um, when my daughter was younger and she was very anxious about her health, she would come to me with like, Hey mom, what does this, what does this black spot on Meyer?

You know, what is that? And if I didn't know, right. What I know about OCD, I might say. Oh, I'm sure it's fine, honey. I'm sure it's totally. Okay, And do you want to go to the doctor and check it out. Let's check it out, but you know what? It's okay. Really? It's okay. You can ask me any time, so glad to joke. And of course that feeds it.

And so what we did instead was, oh, I'm sure it's good. I'm sure you're going to die. Maybe you will. Maybe you won't. I'm not sure. Necrotizing fasciitis was our favorite that's flesh-eating bacteria. And so, whenever she would come to me and of course we did this in

this joking humorous way, and she was very well [00:53:00] versed in handling it. but that's an example, first of all, not giving reassurance, labeling that question.

You can answer it well. Will you, and then you've already asked me, I'm not having that conversation with your OCD. Right? I love you. And That's your OCD talking and I'm not going to give you reassurance is one way to do it. And then when you get really good at it the ninja level parenting is I'm sure that's necrotizing fish, right? Yeah, it's going to eat your whole arm. Maybe, maybe not, you know, and deliberately trying to trigger those exposures. So, um, those would be some examples. I don't know. Ben, have you got some.

Ben Sedley: for more ninja parenting tips, ask Lisa about it's. Um, we training out parents to say or partners too, because I work with adults [00:54:00] to be able to say, when someone asks for the question, say, who wants to know that you are the OCS? can answer that for you, but who wants to know that and where parents can't do the exposure, response prevention for their child, all they can do is help the child or their teen learn that are actually, my OCD is playing up again.

It's trying to find a new way to get my attention, and then I can make a choice whether I want that reassurance right now, or I don't want that reassurance right now. Okay. I'm trying to think of a good example. We've uh, no, I'll come get some good questions. Good examples later on that. Right now, I haven't gotten any oh, thanks for the reassurance.

Debbie Sorensen: You're welcome.

Lisa Coyne: no.

Debbie Sorensen: I think reassurance is interesting. I see it a lot [00:55:00] with adult clients, maybe without OCD, but who are say, they're having a relationship with a partner and they just get to the point where they're worried, you know, am I going to get abandoned or rejected here? And so they seek reassurance sometimes to the point where it's like really interferes with the relationship and it it's like we're looking for that quick fix, but in the long run, usually it does not help.

Lisa Coyne: and actually, Deb, that's, I'm glad you brought that up because that's one of the lesser known kinds of OCD, right? I mean, and certainly these are things that people experienced in relationships sometimes, generally, but. Relationship OCD is about this persistent recurrent doubt that this person might be right for you or whether they might or might not betray you or be just loyal or et cetera.

And that's something that can often show up for people too. Um, yeah. Yeah,

Debbie Sorensen: know that. Yeah,

Lisa Coyne: Yeah. Yeah.

Ben Sedley: Yup.

Lisa Coyne: One other things that OCD really hates is [00:56:00] uncertainty. And, you know, we live in an uncertain world, you know, there's so little in our control. And I think that urge

to control the uncertain, um, is, is at the heart of most, if not all OCD. And so really learning to make friends with.

Uncertainty and maybe even not just surface to enjoy it, appreciate it. To cultivate it to, to lean into it when it shows up, I think is a really important part of treatment.

Debbie Sorensen: what a skill for all of us in this uncertain. I think if the last year and a half has taught us anything, it's that uncertainty is part of life and we need to learn how to roll with it, right?

Lisa Coyne: Yeah. Amen. Yeah. I mean, think about all of the things we thought were so. That the pandemic taught us. No, actually it could be like this, you know what a lesson.

Ben Sedley: Yeah.

Debbie Sorensen: well, I really [00:57:00] appreciate both of you being here and I know you have a couple of workshops coming up for clinicians. Um, maybe Lisa, could you tell us a bit about your parenting workshop to start.

Lisa Coyne: Sure. So, um, I am teaching a workshop with Praxis, um, with Dr. Evelyn Gould, who is a colleague and research partner at friend of mine for years. And we've done this kind of, um, we've done research, we've done clinical work. We've done treatment development, work with parents for a long time. And that course is focused on.

Um, evidence-based parenting principles, right? Like positive behavior support, use of, uh, positive reinforcement, how to set limits and all of those things. Um, also reducing accommodation, but it comes from an app perspective because one of the things that we feel is often missing in work with parents is acknowledging right.

Teaching about, um, elaborating on the [00:58:00] function that their thoughts and feelings might have, right? As triggers of either helpful or unhelpful parenting behavior. So if you are a clinician who works with parents and you want to add that to your repertoire, you know, if you are a cognitive behavioral person, you're a psychodynamic or it doesn't really matter, come and hang out with us.

Um, it's a really fun class. And, um, you know, it's based on our research that we've done. So come

Debbie Sorensen: I'm going to try to take it because I work with a lot of parents, Lisa, and, um, I found your book really helpful on act for parents. So I would love to be there cause I want to, it's hard being a parent. I want to, I need all the help I can get to support parents, not to mention being a parent myself.

Lisa Coyne: I realized, I knew about parenting when I had my kids. So there you go.

Debbie Sorensen: I know it sounds so simple until you have kids and then you realize it's quite complicated. And Ben, could you tell us a little bit about your, your workshop, uh, together on [00:59:00] young.

Ben Sedley: So Lisa and I are doing a, an eight week course starting in October. I think it's Monday afternoons evenings in the states, but it's Tuesday mornings over here in New Zealand. And it's a course for clinicians who work with children, teenagers, families, struggling with OCD. What I really love about this course.

It's about third time teaching it as we go through all the concepts, you need to know the inhibitory learning model of how to exposure, response prevention or acceptance. What does acceptance and commitment therapy? We have time for case consultations every single week, but the bit I love about it is it. Pretty much jargon-free that really early on in the course, we're translating all these good, these concepts with strong scientific evidence. And we're talking about them using words like curiosity and willingness and flexibility rather than inhibitory [01:00:00] learning. And so you walk away from the course with a sense of, Hey, let's get out there.

Let's start talking to young people already. And I've got some words that I can use with them. And. It makes it a lot more terrifying for me to teach because there's a lot more role-plays and case consultation and questions, and it's, you know, we've planned out some of the content, but there's a lot of room for discussion and it makes it a really fun course for Lisa and I are hopefully so certainly for me and for the participants and has a really good flow on for the young people who are our, the people during the course of working with as well.

Debbie Sorensen: excellent. well.

if you're a clinician, check those out. That's fantastic. And the book is great stuff. That's loud, highly recommend. It's really readable and useful at once, which is. Quite a feat, I have to say. And thank you both so much. I've learned a lot from your work and I really [01:01:00] appreciate you being here.

Lisa Coyne: Thanks Deb, it's so lovely to spend time with you again. It's so great to see Ben too. Hi, Ben.

Debbie Sorensen: should we make a side note that we're going across multiple continents to make this happen? And it's 5:00 AM here. It's midnight in New Zealand.

Lisa Coyne: And it's noon one o'clock one o'clock in the afternoon in Ireland. So we're all over

Ben Sedley: Your podcast normally starts from coast to coast, but this time you've really out, done yourself with the entire world. That's right.

Debbie Sorensen: a miracle. We scheduled it anyway. Really appreciate it. Thank you. both.

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