

ExRP Made Simple - Module III

Lesson 6

Functional Assessment

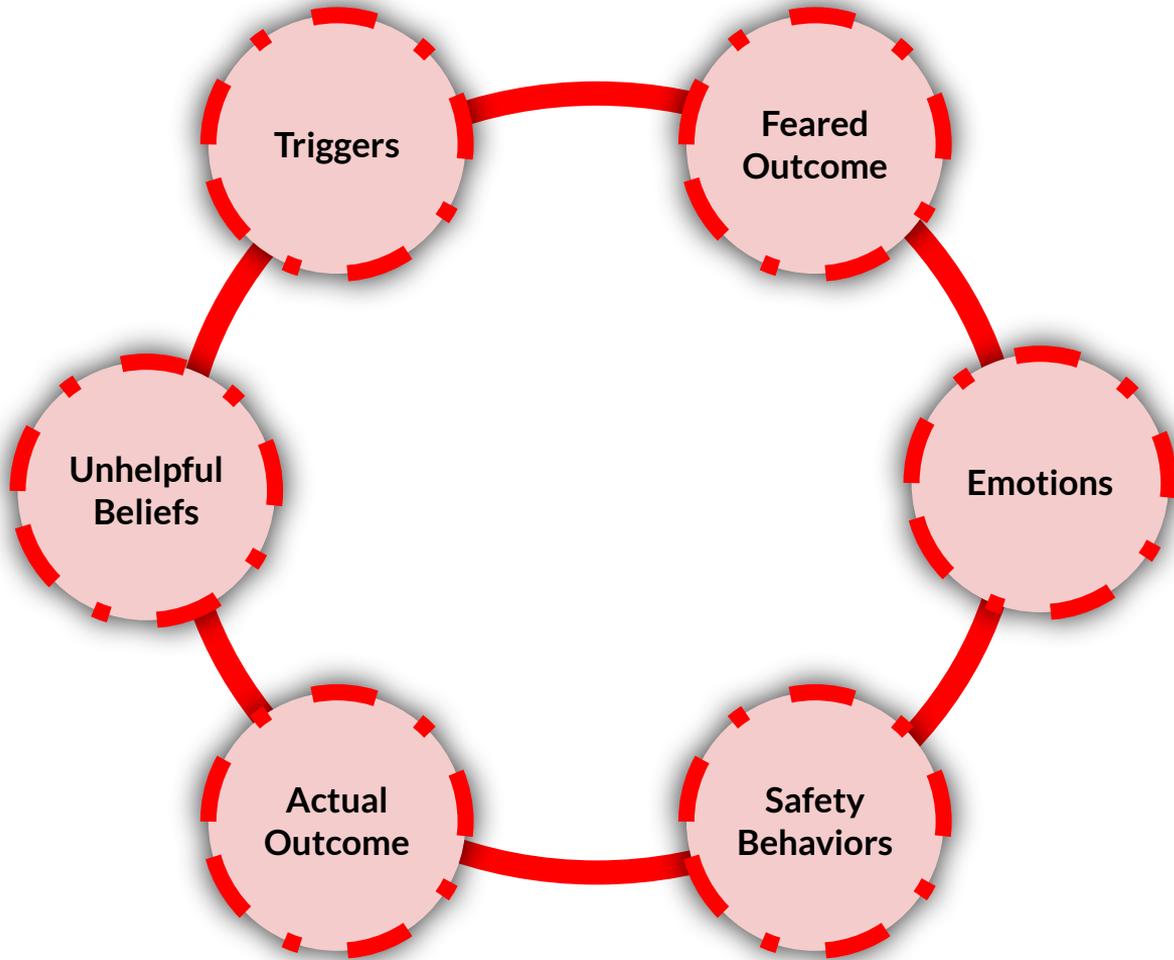


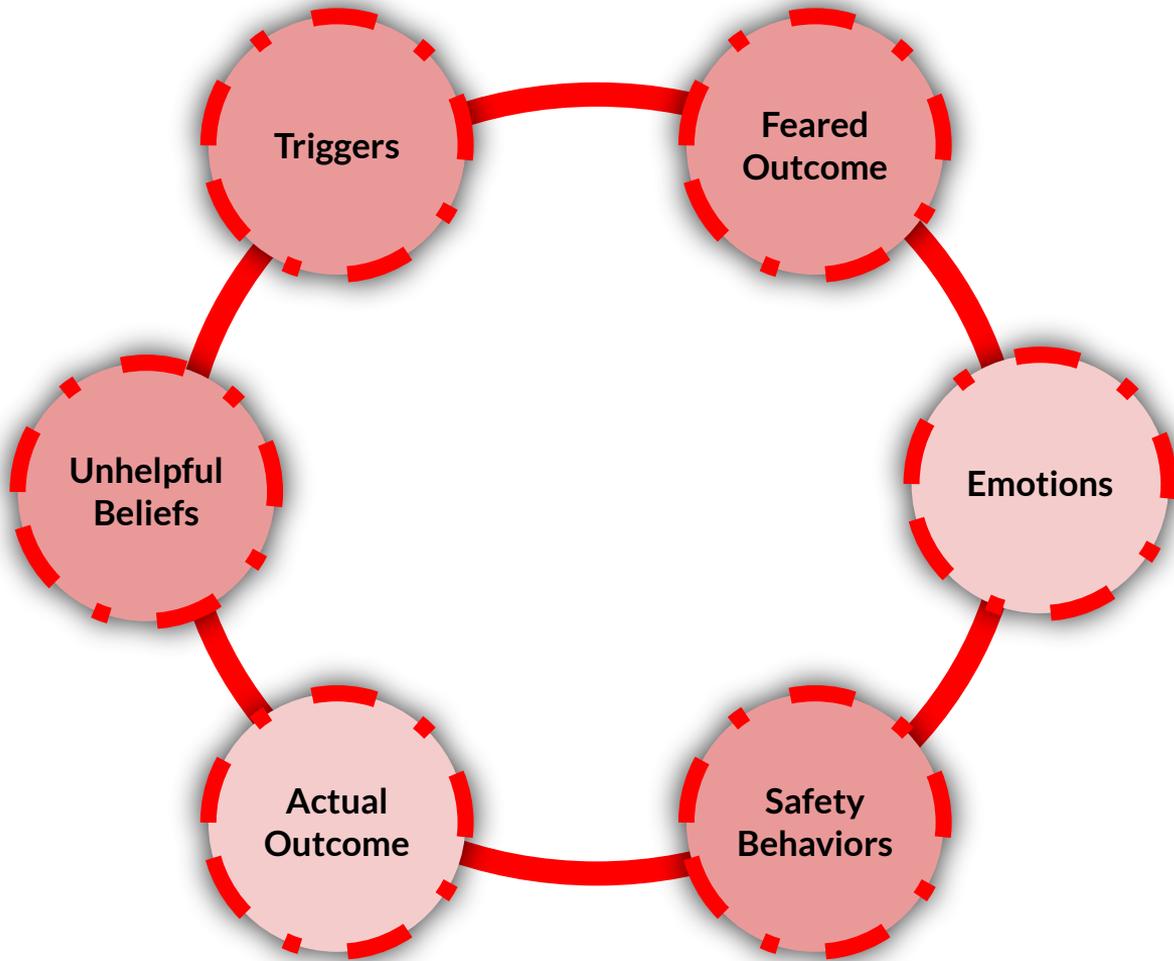
The *Goal* of Functional Assessment

- Identify the pieces of the “puzzle” and start putting them together
- Map out the “OCD logic”: how and why would this feared outcome occur?
- Understand the relationship between beliefs, behaviors, and triggers
- Build patient’s awareness of their OCD
- Understand the frequency, intensity, and duration of these symptoms

The *Pieces* of Functional Assessment

- Triggers
- Behaviors
- Feared Outcomes
- Beliefs





External Triggers

Situations

Disorganization, unexpected events, being alone with someone

Places

Medical offices, public areas, places of worship

Objects

Knives, needles, tree nuts

People

Children, “unscrupulous” individuals

Internal Triggers

Cognitive

Thoughts, ideas, doubts, images, urges, memories

Affective

The raw emotional experience itself. Includes pleasant and unpleasant emotions, as well as “not just right experiences”.

Somatic

Any physical sensation or experience: crying, tingling, chest tightness, swallowing, etc.

Triggers

What things or situations cause you the most anxiety?

What types of things or places do you avoid?

Tell me about a recent time in which you became very anxious or stressed?

What emotions were feeling at the time?

What thoughts were going through your head at them time?

What would make that situation less anxiety-provoking for you? More anxiety-provoking?

What specifically about that situation is most triggering?

Beliefs

The General Belief

Some aspect of my internal experience is dangerous, or a sign of danger, and therefore should be controlled with safety behaviors or avoidance.

Beliefs

Cognitions directly affect reality or carry special significance.

Emotions are intolerable, debilitating, and long-lasting.

Safety **behaviors** (and avoidance) are helpful and necessary.

Feared Outcome

- Beliefs and feared outcomes are the cornerstone of functional assessment
- Have a working theory that is refined throughout treatment
- Seek to understand the most **core fear**
- Usually there is a “point of no return” aspect
- Use the downward arrow technique

Feared Outcome

And then what would happen?

What would you be most afraid of happening?

What does your OCD say will happen?

Could it get any worse than that?

What would that mean about you if that happened?

Common Fears

- “Not just right” feeling will be intolerable or everlasting
- Anxiety from uncertainty will be intolerable or everlasting
- Anxiety will cause physical damage
- Anxiety will lead to losing control, “going crazy,” or having a “breakdown”
- Unable to get clean
- Unable to function or tolerate emotion
- Feeling dirty, contaminated, or disgusted forever

Common Fears

- Hurting or killing oneself or someone else
- Being responsible for a serious accident or catastrophe
- Getting someone else sick
- Becoming ill or disabled
- Everlasting isolation or abandonment (e.g. being institutionalized or trapped in a false reality)

Common Fears

- Being or becoming a bad person
- Offending God
- Going to Hell
- Being a complete failure or disappointment

Behaviors

Going to the doctor for a physical exam.

- A. Normal behavior
- B. Compulsion (reassurance-seeking, checking)
- C. Exposure
- D. **It depends on function!!!**

Compulsions and safety behaviors are the result of function, **NOT** form.

Behaviors

Avoidance

- Correlates closely with triggers
- Ask for specifics
Bedroom feels safe and clean, but a corner of the room is completely avoided
- Ask about unusual circumstances in the home
All of the laundry stays in the living room
- Ask about safe spaces
In the bed under the covers

Behaviors

Rituals

- Repetitive, rule-driven behaviors and routines
- Common to have morning and nighttime rituals

Behaviors

Rituals

Are there things you like to do or have done in a very particular way?

Is there anything you do the same way everyday? Or in specific situations?

Is there anything you find yourself doing over and over again until it feels right? Or until you've done it a certain number of times?

Behaviors

Mental Safety Behaviors

- Self-reassurance
- Analyzing
- Neutralization
- Thought suppression
- Mental Review
- Tracking
- Hypervigilance

Behaviors

Mental Safety Behaviors

Do you spend a lot of time trying to understand the meaning of certain thoughts or why you are having them in the first place?

What do you do in your mind to get rid of certain thoughts or ideas that you don't like?

Are there any specific things you say to yourself that make you feel better, like prayers, words, phrases, or maybe even certain images?

Behaviors

Accommodation

- Changes in behavior made by family members or friends on behalf of the patient's obsessional fears
- The rule rather than the exception
- Interview supportive family members with patient's consent if possible

Behaviors

Accommodation

- Omission: Not doing things that would trigger patient's obsessional fears

Avoiding certain rooms of the house that are contaminated

- Commission: Doing things to alleviate patient's obsessional fears

Washing hands a certain way or cleaning things excessively

Behaviors

Accommodation

Whom do you ask for reassurance?

What things do your friends or family do to help relieve your anxiety or distress? Or NOT do?

How do your friends or family react to your concerns? Do they take them seriously? Are there things they complain about?

Behaviors

Other Safety Behaviors

- Checking
- Reassurance-seeking
- Researching
- Washing & cleaning

Behaviors

What do you do to feel safer?

How do you avoid making mistakes or errors?

Do you spend too much time doing certain things? Are there things you do that take you much more time than it does others?

*Do you spend a lot of times researching or Googling things?
What kinds of things?*

Are there certain topics or stories you follow closely?

How would you feel if you didn't do these things? What would happen?

General Advice

- Beforehand, map out what you already know from prior assessment
- Keep it unstructured and conversational; get comfortable jumping around
- Tailor questions for each patient
- Make educated guesses & use hypotheticals

General Advice (continued)

- Afterward, organize your notes on paper
- Take your time
- Update and refine throughout treatment

NEXT UP

Module III

Lesson 7

Self-Monitoring