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> **Library of Resources**

This library offers resources that will enhance the understanding of mental illness, specific diagnoses, and treatment options.

> **Treatment Teams**

Lindner Center of HOPE has a diverse team offering patients and families expertise in diagnosis and treatment.

> **Support Groups**

Review the list of support groups available at the Center.

> **For the Patient with Complex, Co-Morbid Needs**

A short-term residential treatment center where clinicians are dedicated to bringing the latest treatment methods to optimize successful patient outcomes. Call (513) 536-0537 to learn more about Sibcy House.

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PSYCHIATRY AND PSYCHOLOGY NEWS FOR MENTAL HEALTH PROFESSIONALS

DECEMBER 2015



Events

**January
is Mental Wellness Month**

January 5

Grand Rounds: presents on the topic at Noon, Lindner Center of HOPE Gymnasium/Conference Center

January 15

Jennifer Wells, MSW, LISW, presents to Loveland Schools' staff on *Anxiety and School Refusal*

January 19

Mary Jo Pollock, MSN, CNS, presents to Jewish Family Services on *Menopause and Mental Health*

January 26

Melissa McCarthy, MS, CRC, CPRP, presents to CHADD at First Baptist Church of Mason on *Tips and Skills for Successful Job Interviews*

Patient Satisfaction

Patient Satisfaction results for November 2015 averaged a rating of **4 out of 5**, with 5 signifying the best possible care.



The Psychological Treatment of Obsessive Compulsive Disorder

Part 2 of 4

By Charles F. Brady, PhD, ABPP, Lindner Center of HOPE Staff Psychologist

With a lifetime prevalence rate that is estimated to range from 1 to 3 percent of the population, OCD is a common psychological malady that brings tremendous amounts of suffering and distress to the individuals and families who are caught in its grip. Although "having a little OCD" is a common attempt at self-deprecating humor, any person suffering from OCD will vouch that there is no such thing as "a little OCD". Untreated, OCD can wreak havoc in one's life. Nearly two-thirds of OCD sufferers have suffered a major depressive episode, and nearly two thirds of the time the depressive symptoms arise from the helplessness that OCD tends to generate. OCD is also known to be one of the top 10 leading causes of disability in American adults during their prime working years.

Fortunately, there are effective psychopharmacologic and psychological treatments that can help the person suffering from OCD regain their lives. In this article I will highlight the evolution of effective evidence based psychological treatment for OCD and introduce the current understanding of the therapeutic mechanism involved in successful treatment.

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To say that effective psychological treatments for OCD were developed in the late 20th century would be slightly misleading. As early as the sixth century, wise clergy had provided counsel to individuals suffering from scrupulosity that had many of the hallmarks of modern cognitive behavioral therapy. However, modern day cognitive behavioral treatments for OCD were pioneered in the 1960s by a British psychologist Victor Meyer. Meyer successfully treated several hospitalized “incurable” patients, including one with severe washing compulsions by turning off the water in her room, exposing her to fear triggering objects and limiting her cleaning rituals. Meyer’s work served as the foundation for Exposure and Response Prevention (ERP) treatment which is highly effective in the treatment of OCD.

In ERP the therapist develops exercises in which the client voluntarily experiences triggers that ignite their intrusive fear or disgust-filled thoughts. Once these obsessions are being experienced, instead of neutralizing them with a compulsion, the client is encouraged to refrain from such efforts. Over time, as they cease neutralizing, the client experiences an abatement of their fear. This process is known as habituation. As they repeat the exercise, the triggers lose their punch. In other words, repeated experiencing of the triggers and consequent obsessions (exposure) with elimination of the compulsions (response prevention) leads to less fear. As treatment progresses from mild, to moderate and ultimately to severely distressing triggers and obsessions, the individual experiences continued reduction in their fear which results in them ceasing to need rituals and to develop a less negative appraisal of their intrusive thoughts.

Nearly 20 years ago, researchers from UCLA used PET scan imaging to document that as individuals went through a cognitive behavioral treatment for their OCD, they experienced positive shifts in their brain chemistry (Schwartz et al., 1996). Areas of the midbrain that had previously been showing excessive glutamergic activity levels, showed significant decreases after treatment. This study provided dramatic evidence that cognitive and behavioral interventions have a direct and therapeutic impact on brain functioning. Many believed that this and similar studies highlighted the importance of habituation in recovery for the individual with OCD. Nearly a generation of therapists were trained that helping their patients achieve habituation during exposure exercises was essential for recovery.

However, clinical practice indicated that clients do not always experience reduced fear during exposure exercises. Yet many of these patients still recover. In 2008, Craske et al., published a paper that zeroed in on the essential psychological component of recovery for an OCD sufferer. The key is learning. The authors described a model of inhibitory learning in which, through exposure, the client learns that the trigger is not as dangerous, intolerable, or overwhelming as they had previously believed. The previous belief of intolerability was reinforced by the performance of rituals. Without the rituals, new learning develops that inhibits the prior learning from taking charge.

So what does this mean for the therapist and client who are using ERP to battle OCD? It means that exposure exercises need not focus solely on alleviating fear. Instead the focus should be on maximizing learning. ERP procedures can now be modified to incorporate vital components from learning theories to help clients engage more successfully in shrinking their OCD and reclaiming their lives. This breakthrough in understanding the therapeutic mechanism for ERP would make some of those 6th century clerics proud.

Next Month: *The Psychological Treatment of Panic*

References

Schwartz, J. M., Stoessel, P. W., Baxter, L. R., Martin, K. M., & Phelps, M. E. (1996). Systematic changes in cerebral glucose metabolic rate after successful behavior modification treatment of obsessive-compulsive disorder. *Archives of General Psychiatry*, 53(2), 109-113.

Craske, M. G., Kircanski, K., Zelikowsky, M., Mystkowski, J., Chowdhury, N., & Baker, A. (2008). Optimizing inhibitory learning during exposure therapy. *Behaviour research and therapy*, 46(1), 5-27.



TOUCHDOWN FOR HOPE – Super Bowl Party at Great American Ballpark

Super Bowl Sunday, February 7, 2016

6:00 p.m. – Event Opens in Champions Club

6:30 p.m. – Kickoff!

Lindner Center of HOPE Earns ‘Top Performer on Key Quality Measures® by The Joint Commission

The Craig and Frances Lindner Center of HOPE announced today that it has been recognized as a 2014 *Top Performer on Key Quality Measures®* by The Joint Commission, the leading accreditor of health care organizations in the United States.

Lindner Center of HOPE was recognized as part of The Joint Commission’s 2015 annual report “*America’s Hospitals: Improving Quality and Safety*,” for attaining and sustaining excellence in accountability measure performance for Hospital-Based Inpatient Psychiatric services. Lindner Center of HOPE is one of only 1,043 hospitals out of more than 3,300 eligible hospitals in the United States to achieve the 2014 Top Performer distinction.

The *Top Performer* program recognizes hospitals for improving performance on evidence-based interventions that increase the chances of healthy outcomes for patients with certain conditions. The performance measures included in the recognition program including heart attack, heart failure, pneumonia, surgical care, children’s asthma, inpatient psychiatric services, stroke, venous thromboembolism, perinatal care, immunization, tobacco treatment and substance use.

This is the third year Lindner Center of HOPE has been recognized as a *Top Performer*. Lindner Center of HOPE was recognized in 2013 and 2014 for its performance on accountability measure data for Hospital-Based Inpatient Psychiatric services.

To be a 2014 *Top Performer*, hospitals had to meet three performance criteria based on 2014 accountability measure data, including:

- Achieve cumulative performance of 95 percent or above across all reported accountability measures;
- Achieve performance of 95 percent or above on each and every reported accountability measure with at least 30 denominator cases; and
- Have at least one core measure set that had a composite rate of 95 percent or above, and within that measure set, achieve a performance rate of 95 percent or above on all applicable individual accountability measures.

“Delivering the right treatment in the right way at the right time is a cornerstone of high-quality health care. I commend the efforts of Lindner Center of HOPE for their excellent performance on the use of evidence-based interventions,” said Mark R. Chassin, MD, FACP, MPP, MPH, president and CEO, The Joint Commission.

“We understand what matters most to patients at Lindner Center of HOPE is the quality and safety of the care they receive. That is why we have made it a top priority to improve positive patient outcomes through evidence-based care processes,” said Paul E. Keck, Jr., MD, President and CEO, Lindner Center of HOPE. “Lindner Center is proud to be named a *Top Performer* as it recognizes the knowledge, teamwork and dedication of our entire staff.”

For more information about the Top Performer program, visit: jointcommission.org/accreditation/top_performers.aspx.



Openings in DBT Groups

Lindner Center of HOPE has openings in their Dialectical Behavior Therapy groups, both afternoon and evening groups. To refer someone, please call Kelly at (513) 536-0634.

All proceeds from the event will benefit Bipolar and Mood Disorders Research at the Center. Mood disorders are very common. About one in 10 Americans suffer from a mood disorder, such as depression or bipolar disorder.

Not only is the event great fun, it is **THE BEST SUPER BOWL PARTY IN TOWN!**

Don’t miss watching the epic battle between the best teams in the NFL from the **Great American Ballpark’s Champions Club**. Over 400 attended last year’s event, and we’re anticipating even more this year.

For more information go to: lindnercenterofhope.org/donate/touchdown-for-hope/