



LINDNER
CENTER OF HOPE

The Therapeutic Benefits of Getting Outside Your Comfort Zone

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Diagnostics

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Anxiety - Diagnostics

- The DSM 5 defines anxiety as: Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (work, school, etc.) the person finds it difficult to control the worry.



Anxiety - Diagnostics

- The anxiety and worry are associated with three or more of the following six symptoms (with at least some symptoms present for more days than not for the past 6 months).
 - Restlessness or feeling keyed up or on edge
 - Being easily fatigued
 - Difficulty concentrating or mind going blank
 - Irritability
 - Muscle tension
 - Sleep disturbance (difficulty falling or staying asleep, or restless unsatisfying sleep)



Anxiety - Diagnostics

- Not better explained by another mental disorder.
- Cause clinically significant impairment in social, occupational, or other areas of functioning.



OCD - Diagnostics

- The DSM-5 defines OCD as experiencing **obsessions** — recurrent and persistent thoughts, urges, or images that feel intrusive and unwanted, causing marked anxiety or distress — and/or **compulsions** — repetitive behaviors or mental acts the person feels driven to perform in response to an obsession, or according to rules that must be applied rigidly.



OCD - Diagnostics

- The behaviors or mental acts are aimed at preventing or reducing distress or preventing some dreaded event or situation. Either are not connected in a realistic way with what they are designed to neutralize or prevent or are clearly excessive.
- The obsessions or compulsions are time consuming (e.g., take more than 1 hour per day) or cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.



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“Intrusive thoughts do not cause harm and do not make people cause harm to others or to themselves. If they did, then all of us would be in trouble, because no human alive would be able to say that they have never had an intrusive thought or image or urge. I want to be very clear on this point – just because you have a thought or image or urge does not mean that you want or like that thought or image or urge or that you are likely to follow through on that urge.”

Dr. Patrick McGrath, PhD



Depression - Diagnostics

- The DSM 5 defines depression as:
 - Depressed mood—indicated by subjective report or observation by others (in children and adolescents, can be irritable mood).
 - Loss of interest or pleasure in almost all activities—indicated by subjective report or observation by others.
 - Significant (more than 5 percent in a month) unintentional weight loss/gain or decrease/increase in appetite (in children, failure to make expected weight gains).
 - Sleep disturbance (insomnia or hypersomnia).



Depression - Diagnostics

- The DSM 5 defines depression as (continued):
 - Psychomotor changes severe enough to be observable by others.
 - Tiredness, fatigue, or low energy, or decreased efficiency with which routine tasks are completed.
 - A sense of worthlessness or excessive, inappropriate, or delusional guilt (not merely self-reproach or guilt about being sick).
 - Impaired ability to think, concentrate, or make decisions—indicated by subjective report or observation by others.
 - Recurrent thoughts of death (not just fear of dying), suicidal ideation, or suicide attempts.



Depression - Diagnostics

- Clinically significant impairment in social, occupational, or other important areas of functioning.
- Symptom must persist most of the day, daily, for at least 2 weeks in a row.
- Not better explained by another mental disorder (including bereavement)



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“ . . . ‘Feelings aren’t facts but feelings do have power.’ In other words, when I am feeling really down or when my depression kicks in, I have to remind myself that the feelings that I am feeling—no, I can’t build a house with them, they are ‘just feelings.’ BUT, if I don’t listen to them, if I don’t take care of myself, then I am giving that feeling a TON of power that it does not deserve.”

Archie Messersmith-Bunting, M.S., MHFA



Modalities for getting outside of your comfort zone

Anxiety

- DBT
- CBT
- ERP

OCD

- ERP

Depression

- Behavior Activation
- CBT



The Two Most Common Interventions


- Cognitive Behavioral Therapy (CBT)
 - Thoughts, Feelings, Behaviors
- Dialectical Behavioral Therapy (DBT)
 - Mindfulness, Emotional regulation, Distress tolerance, Interpersonal skills



Challenging Your OCD Thoughts

- Exposure and Response Prevention (ERP)
- Hierarchy
- SUDs
- Exposure

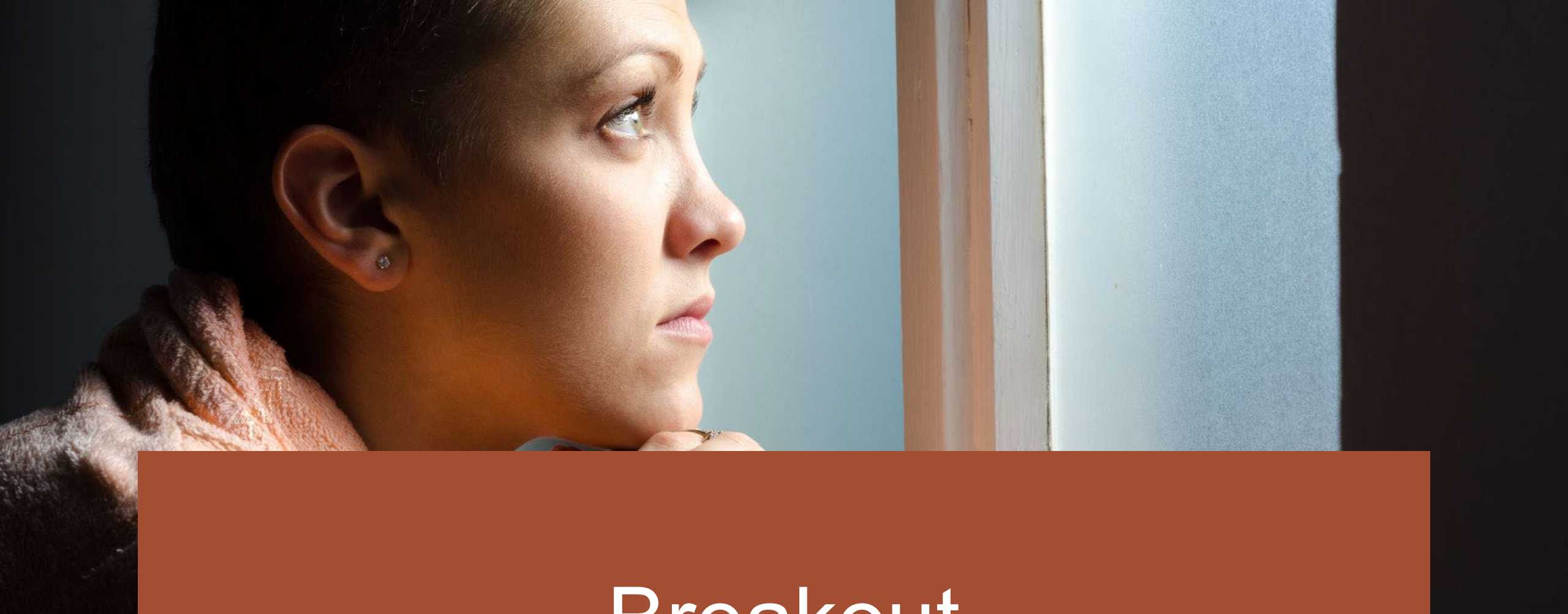




Progressively
increasing motivation
to find your new
“normal.”

- Behavior Activation (BA)
– Action Focused
 - Identify Values
 - Hierarchy
 - Track/ Monitor activities
 - Review and Adapt





Breakout



Resources

- Lindner Center of Hope
- The Anxiety Center
- International OCD Foundation (IOCDF)
- National Alliance on Mental Illnesses (NAMI)
- NOCD
- National Suicide and Crisis Lifeline 988



Q & A



THANK YOU!

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FEEDBACK SURVEY

