

## THE IMPORTANCE OF THE THERAPEUTIC ALLIANCE

Studies have shown that a strong alliance between therapist and patient is of the utmost importance. The efficiency of therapy depends on many crucial factors. The crucial factors are 1) how comfortable the patient is with the therapist 2) the level of expertise of the therapist and 3) the commitment and determination that is mutually developed between the therapist and the patient. Commitment and determination of the patient is the key to the equation for success. Studies have proven that the amount of confidence and understanding that is developed between the patient and therapist will booster the commitment of the patient. Commitment of the patient is needed due to the nature of the therapy when dealing with OCD. Many “average” people would think that the therapy that consists of EX/RP is both awkward and uncomfortable. But people with OCD must go beyond the “average” and strive for excellence in their tolerance of unwanted thoughts. Homework assignments that are given to a patient week after week must be completed with certainty in order for OCD to be defeated.

Another aspect of cognitive behavior therapy is the self-disclosure that the patient has when planning their road map toward improvement. Many times a patient will agree on completing an assignment and then tell the therapist that they didn't complete their homework. As a therapist who has a deep understanding of EX/RP, I know that it is part of the recovery process for an individual to come to terms with the assignment they are facing. Unfortunately, procrastination is very common among individuals when they are going through the recovery process. The procrastination is not due to laziness but due to the fact that there is a lot of anxiety and apprehension that the patient has toward the assignment. It is common that a patient will explain to me that they weren't able to complete their assignment due to the fact that they doubted themselves that they were doing it correctly or that they feared the actual stimulus.

Most of the time, the person has a large amount of perceived fear toward embracing an unfamiliar and unwanted subject. As well, OCD is commonly referred to as the “doubting disease”, so it is within the nature of an individual with OCD to compulsively doubt they. The execution aspect of the patient's carrying out the assignments is in anchoring the proper dose of exposure at a time. The proper dose of therapy lies in the development of a hierarchical list of degrees of the variety of feared stimulus from 1-100. This is another illustration of the importance of the relationship between the patient and the therapist. The development of the hierarchy is the ladder that the individual must climb to get to the destination of freedom of the individual from OCD. Initially, before a hierarchy can be developed a therapeutic alliance must be developed. The key to developing a hierarchy is that the individual must disclose all the thoughts and compulsions' that they are performing. Sometimes, I will come across an individual that is embarrassed or reluctant to disclose information because they feel that their thoughts are outrageous or irrational. But it is like the adage “No Questions are Stupid”. With OCD the saying goes “Nothing you will tell me will surprise me.”

As an individual who has been around OCD for a long time, I have heard so many different thoughts that others might think is awkward or outrageous. But that's the point I am trying to illustrate: that no one with OCD should feel that they couldn't have full disclosure with their therapist. When developing a hierarchy you need to take the thoughts and arrange them in a logical order and at the same time address the

compulsions that the person is performing. It is a crucial component of developing a plan that the individual and the therapist discuss what compulsions are being performed.