

## THERAPIST/PATIENT RELATIONSHIP FOR OPTIMAL SUCCESSFUL OUTCOME

It is of the utmost importance that a therapist understands the nature and urgency that is felt by the individual who is experiencing the obsessions. For many people, OCD has taken over their lives and has put them in a precarious position. Over the years I have come to a very clear understanding of how much OCD can impact an individual and the loved ones around them. So I understand how much courage it takes to confront OCD. Once, the decision is made then action must be called into play. Once the commitment is demonstrated on the part of the individual and the therapist, a working hierarchy can be developed. The hierarchy begins with developing a constructive working model customized to each patient's OCD. The model is done on a scale from one to hundred. One represents the least anxiety provoking obsessional task all the way up to a hundred which represents the goal and the last rung on the "ladder".

Working with OCD for so long has afforded me the experience of building a multitude of hierarchies. It's important that the anxiety provoking accomplishments be properly ordered on the scale. The therapist and the patient must methodically work together to eliminate the obsessions and work up the "ladder" with the patient always keeping in mind what their achievement goal is. Even balances must remain while the person moves up on the scale. The person must be up for each and every anxiety-provoking event. I know that it is not easy and that sometimes individuals attempt to achieve and climb a rung on the ladder prematurely and might slip back. But there are no slip backs; every event that happens during the course of recovery brings the individual that much closer to their goal. The compulsions must be eliminated from the arsenal of the individual and be replaced new "coping" strategy. The new coping strategy is to habituate the individual to the adverse stimuli as much as needed until it no longer causes them anxiety. Once one accomplishment is done than the individual can move higher up on the scale.

Doubt and confusion are the most common emotions when dealing with OCD.

Individuals might say, "Why do I have to touch the dirty floor and then not wash my hands?" but this is where the strength of the therapeutic alliance between the patient and the therapist exist. It's a tall order for the patient to perform their homework assignments but it is of the utmost importance that confidence exists between the patient and therapist when completing assignments. The trust in the expertise of the therapist will help the individual complete tasks that they sometimes might not want to do. The process of exposure response prevention therapy inevitably tests ones limits but the patient must be confident in the therapist's expertise. When crossroads arise it is important to be steadfast and stay on the course of the treatment. I have come to know how difficult and challenging doing OCD exposure can be, but, I firmly believe that exposure response therapy is the benchmark therapy for overcoming OCD. Behavioral therapy when applied correctly through techniques that I have mastered not only gets rid of the OCD but actually change the biochemistry of the individual's brain. Individuals who are taking medication for their OCD suddenly can reduce the dosage and feel good if not better than before on they had on the higher dose. The latter is what my true accomplishment is for all the patients that I treat.