

Good Coping Gone Bad:

When coping strategies interfere with progress in therapy

St. Louis OCD Support Group
Gary Mitchell, M.S.W., L.C.S.W.
St. Louis Behavioral
Medicine Institute
877-245-2688
www.slbmi.com
garym@slbmi.com

BASIC UNDERSTANDINGS

- E/RP works - [Exposure /Response Prevention](#)
- When a patient is not recovering, we can usually determine why
- To ignore behaviors that interfere with recovery can be very costly
- Unhealthy coping strategies may be introduced unknowingly by the therapist.
- Unhealthy coping strategies can interfere with recovery
- Continuation of treatment without addressing behavior that interferes with recovery can be harmful

Overview of Coping Strategies

- Unhealthy coping
 - Strategies that interfere with recovery
- Healthy coping
 - Facilitates achievement of goals that are consistent with recovery
- Variables that differentiate Healthy from Unhealthy
 - Motivation
 - Short term outcome
 - Long term outcome

Unhealthy Coping

1. Motivation is to avoid or neutralize difficult emotion
 - Focus is on immediate relief
 - Often involves desire to control emotion or thoughts
 - Attempt to alleviate uncertainty

2. Short Term Outcome
 - Might provide short term relief
 - Strategy may be perceived as ineffective if it does not provide immediate relief
3. Long Term Outcome
 - Maintains the disorder
 - Interferes with corrective emotional experience
 - Reinforces beliefs at an emotional level – they “feel” true

Healthy Coping

1. Motivation is recovery
 - Despite related emotion
 - Recovery= living consistently with goals and values
 - Involves some form of acceptance
 - Some avoidant coping may be appropriate at certain times
2. Short Term outcome
 - Might or might not provide immediate relief
 - Strategy is perceived as “working” based on choice of behavior- not alleviation of discomfort
3. Long Term Outcome
 - Supports recovery

Continuum of Coping- From Least healthy to most healthy

- Strategy is considered relatively healthy or relatively unhealthy based on:
 - Motivation
 - Short term outcome
 - Long-term outcome

**E/RP IS THE HEALTHIEST
COPING STRATEGY**

Examples of Coping that Could be Misused

- “It’s just the OCD”
- Distraction
- Reviewing the probability
- “Mindfulness”
- “Coping statements”

Messages implied by Unhealthy Coping

- Control and certainty are possible
- Thoughts should be controlled
- Emotion should be controlled

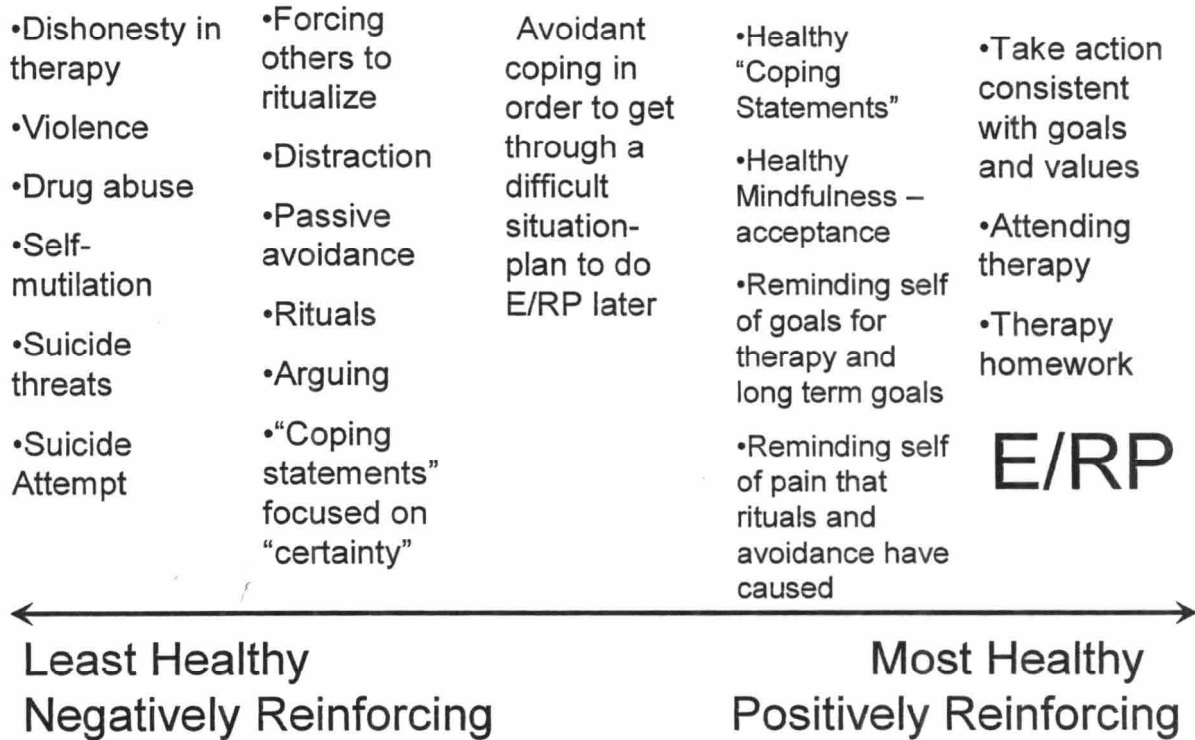
What Clinicians can do

- Prepare the patient for E/RP
 - Compelling goals consistent with values
 - How has unhealthy coping interfered
 - Teach healthy coping strategies
 - Educate and monitor possible risks
 - **ERP IS THE HEALTHIEST COPING!**
- Reasonable hierarchy
 - Adjust as needed
- Teach healthy guidelines for E/RP
- Careful with cognitive restructuring
 - Avoid unhealthy reassurance
- Focus on acceptance
 - Rather than colluding in the illusion of certainty
 - The most powerful demonstration of acceptance is ERP
- Focus on this moment- Personal responsibility for choices
 - Unhealthy coping is framed as a choice
 - Message of forgiveness for choices made

The Take-Home Message

- ERP works
- Any “coping strategy” can be used in an unhealthy manner-
 - Except ERP
- Avoidance is appropriate at times
- Motivation for avoidant behavior is immediate reinforcement
- Recovery Behavior may be painful, and payoff is not immediate
 - Preparation for ERP is crucial

Example- Continuum of Coping



E/RP

Healthy versus Unhealthy Coping Strategies

	Healthy Coping Strategies	Unhealthy (Avoidant) Coping Strategies
Primary Motivation for the Strategy	Support recovery <ul style="list-style-type: none"> ▪ Facilitate Exposure and response prevention ▪ Acceptance and “healthy influence” rather than “control” ▪ Healthy relationships 	Immediate relief <ul style="list-style-type: none"> ▪ Involves some attempt to control ▪ A feeling or perception of certainty <ul style="list-style-type: none"> ▪ Neutralize doubt ▪ Selfish
Short term outcome of the coping strategy	<ul style="list-style-type: none"> ▪ Might not provide immediate relief ▪ Might result in a temporary increase in anxiety or discomfort ▪ Supports engagement in E/RP ▪ Supports engagement in healthy activity ▪ Strategy is perceived as “working”, even if it does not provide immediate relief. 	<ul style="list-style-type: none"> ▪ Interferes with recovery – reinforces the fear ▪ Might provide immediate short-term relief, ▪ Strategy perceived as “not working” if it does not provide immediate relief ▪ Others likely to become irritated or frustrated with sufferer
Long term outcome of the coping strategy	Supports recovery <ul style="list-style-type: none"> ▪ Supports movement toward life goals and values ▪ Corrective emotional experience/learning- decreased anxiety related to obsessions ▪ Tolerance of uncertainty ▪ Healthier relationships 	Maintains the OCD <ul style="list-style-type: none"> ▪ Reinforces distorted beliefs about the situation or emotion – interferes with healthy emotional learning ▪ Strategies eventually become less effective - results in increase of unhealthy coping ▪ Likely increase in rituals and related avoidance and associated decrease in ability to function ▪ Continuation of anxiety and discomfort associated with OCD ▪ Prevents or interferes with attaining goals in life ▪ Leads to the perception that “therapy does not work” <ul style="list-style-type: none"> ▪ Feelings of hopelessness about recovery ▪ Harms relationships <ul style="list-style-type: none"> ▪ Sufferer likely to be perceived as “manipulative”, “difficult”, “selfish”