

# COVID-19, MENTAL CONDITIONS & EMDR OBSESSIVE COMPULSIVE DISORDERS

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OCD-patients suffer from upcoming obsessions (mainly in trigger situations) and try to cope with this by avoidance and compulsive behaviour. Most often this goes along with washing, cleaning, checking and controlling behaviour.

Treatment implies, that patients expose themselves to elements related to their obsessions (dirt, for example) and get along with their life without compulsive behaviours. Once a main trigger for OCD has been identified, patients are asked to practice with real triggers daily, until the trigger situations has become less significant to them. The exercises with real trigger situations are the main psychological working mechanism of OCD treatment. Exercises can be applied as home-experiments, exposure therapy with response prevention or the use of EMDR (using real trigger situations as targets). In all cases, daily homework seems to be necessary for patients to reduce OCD-symptoms significantly. Apart from real trigger situations, EMDR is also used to desensitize and reprocess major inner conflicts and psychological functionality of OCD. Trauma, moral standards or social conflicts are here main targets to work on.

#### **IMPACT OF COVID-19**

## **General Anxiety**

During the Pandemic, a general fear for diseases and "enemies" that cannot be seen (the virus) has reached our society and media reports. Specifically washing OCD-patients find their obsessions confirmed, that they are in danger or dangerous for others (spreading the virus).

## Changing of social norms triggers obsessions

Social norms have changed rapidly during the current Pandemic. Washing hands, washing in general and cleaning were suddenly recommended behaviours. OCD-patients are confused, which the healthy behaviour would be (e.g., how to use a handlebar at a door in a supermarket). Some OCD-patients show their confusion and anxiety by becoming very controlling, angry and inflexible.

# **Explosive compulsive behaviour**

Some OCD-patients show an extremely increase of compulsive behaviour. They spend more time and energy to carry out compulsions to reduce negative emotions as much as possible. This includes more inner pressure and more obsessions. This tendency is reported by some OCD patients, others seem to concentrate more on their individual OCD-system and the Pandemic doesn't directly influence their compulsive behaviour.

# Loss of social contacts outside the patients' own home

Many OCD-patients stay home and are unable to do the things that supports flexibility. Home-office and social distancing let them focus more and more on their own rigid standards and norms. Losing psychological flexibility creates even more obsessions and negative emotions. Especially depressive symptoms are increasing.

# Family stress at home

Being at home for a long time can create conflicts with relatives and other significant people at home. OCD-patients tend to include others in their compulsive behaviour (helping with washing, cleaning, controlling - following the OCD-rules). More compulsions usually go along with an increase of conflicts and arguments.

#### **CONSIDERATIONS IN EMDR THERAPY**

# **Understanding of current trigger-situations**

What are the significant trigger situations in this Pandemic and what is the OCD-patient suffering most from? The present main trigger-situations can be used in EMDR as a target for Phase 3. However, only use a target in OCD-patients, if the patient is willing to work on it alone at home after the session daily (in any way of facing and coping the trigger-situation). No matter how successful the OCD-patient is, daily work on the real trigger situations is necessary.

# Questions to ask to find a new treatment plan

What is your new "Normal"? How depressive are you? Which are the most important triggers you are suffering from? Which obsessions do you experience in those trigger-situations? Which are your specific negative emotions related to your obsessions?

#### **Reduce Depression**

For OCD-patients, hope is the main factor to reduce effectively their depressive moods. Create a treatment plan in which your patient actually believes and that looks possible to reach. Keep it as simple as possible, use just one hierarchy for trigger situations, even if your OCD-patient shows different kind of OCDs (washing, controlling, aggressive thoughts e.g.).

## Think of possibility of treatment in clinic

During the Pandemic, out-patients with OCD find it more and more difficult to get therapy appointments. As in-patients, OCD can be treated often in the Pandemic more effectively and family conflicts reduced. Helpfully it seems to be the perspective of using the Pandemic time and lockdown to intensify their treatment. A clinic already using EMDR may be best to continue their usual treatment.

# Reduce social conflicts and family stress

Ask for ongoing psychological stress and the impact of Covid on an OCD-patients' life. Provide an online-meeting with family if your OCD-patient is willing to do so.

## **Aim Flexibility**

Employ EMDR to find flexible strategies to go along with the Pandemic changes and fears. Use the current conflicts as targets in EMDR. A Flashforward is often helpful (what may happen in future that would be most difficult for you (but nothing unrealistic such as "if I would rape a child")).

#### **Online EMDR**

Online psychotherapy is possible in OCD-patients. Using EMDR online, remind yourself to go slowly and not jump in difficult trigger situations. Let your OCD-patient decide on which trigger to work on. Note: if your OCD-patient is willing and motivated to work on a specific trigger situation daily for about one hour alone, the EMDR work in the session can use this trigger situation (in vivo or in sensu) as target in Phase 3 (ask: which picture is coming up right now in this trigger situation?). Use eye movements online as bilateral stimulations if possible. Tapping is also possible online, but as the second-choice method.

Thank you for not letting your OCD-patients down! They need you right now.