

When is it safe to use EFT with OCD?

This article will look at potential issues in using emotional freedom techniques (EFT) with obsessive compulsive disorder (OCD), will suggest a solution that is flexible enough to be of help to sufferers of OCD, and will end with a brief synopsis to aid others who work with, or have OCD.

To start with then, let's take a closer look at OCD.

This disorder is generally caused by increased electrical (neurological) activity in the frontal lobe of the cerebral cortex of the brain. The symptoms include compulsive *behavior* which may include a repetitive activity or hoarding of certain items. People with OCD may repetitively touch or count, perform small tasks which they repetitively do and then undo. As for hoarding items, examples include plastic bags or newspapers.

Symptoms also include obsessive *thoughts* such as repetitive unsettling worries about an impending tragedy or event; or perhaps repeating words or numbers.

To anyone who has not had experience of working with someone with OCD, behaviors and thoughts can be *chronically* repetitive; sometimes lasting hours or even days at a time. The disorder can therefore be disabling as the individual is rendered unable to perform normal activities of daily living. Sometimes they feel plagued by worrisome thoughts.

The usual treatment is a combination of cognitive behavioral therapy, individual therapy and medications. Often clients feel unable or unwilling to express their feelings and fear of stigma and being judged is common. There may be situations that can be identified as precipitating the onset of symptoms.

So basically, if you are not familiar with OCD it does sound as if EFT could be really useful right? Especially since the repetitive behaviors and thoughts tend to follow a certain pattern/be about a certain scenario or worry. Add to this that particular factors may be identified as a precipitant of OCD symptoms and it seems logical that EFT could be useful. Let's face it the aspects are already pretty much identified. We know there's a cause in the disruption of electrical activity in the brain. So what are the concerns or even contra-indication of using EFT with OCD?

To begin with, the OCD individual has a propensity to 'latch' on to a word or behavior and repeat it over and over ad nauseum. To illustrate this, I found myself in a counseling session with Terrell a few days ago. In speaking with this

intelligent, self aware 40 something mother she was able to tell me a little about her own experience with OCD. And I say 'a little' about her experiences as Terrell explained that should she start to think about her experience, it could trigger the repetitive behavior or thought she was thinking or talking about. Terrell told me that she could very easily get 'locked' onto pretty much any word. For example, this meant she could end up saying the word 'this' or 'accept' or 'myself' repeatedly for hours. And the longer she repeated it, the more she would feel distressed, out of control and vulnerable to others' judgments. The same could occur with the tapping. This could precipitate an obsessive, compulsive tapping on one area, or even the whole or part of the sequence.

Terrell also suffered from compulsive head jerking, brought on my OC thoughts.

Basically, the repetitive nature of EFT itself could easily trigger Terrell's disorder, causing more distress rather than alleviating it.

As already stated, Terrell was a highly intelligent woman with a high level of self awareness. She was eager to try EFT with the understanding that we stop as soon as there was any indication that there may be potential OCD trigger.

We began with my showing Terrell the basic recipe. As we went through the recipe, we used the example of constricted breathing [take a deep breath and assign a number, do a round of EFT and take another breath, assigning a number to the second breath; take note of any improvement to the number, fullness, depth, ease of the breath].

To combat any tendency for Terrell to lock into a word or behavior we used a variety of words for the set up and tapping sequences. For example the set up included:

Even though I have this constricted breathing I deeply accept myself

Although my breathing is constricted I am profoundly accepting me

Despite this constriction of breath my acceptance of myself is true

This constricted breathing

Lesser breath

Constriction of breathing

Not breathing completely freely

This constricted breathing

Constriction of breath

Not full breaths

Not breathing fully

Not breathing freely

This lesser breath

Constricted breathing

Restricted breath

Reduced intake

We then completed the 9 gamut procedure followed by various phrases of the above although not in that order; until we reached the armpit. Terrell really enjoyed the process and reported being able to breathe better. I and Terrell's case worker had been monitoring Terrell throughout and she appeared to take the EFT well. She also reported that her mind did not latch on, especially since she was able to follow [and repeat] my words and actions. At this point I asked Terrell to tell me how she was feeling, to which she replied that she was feeling a little anxious.

This meant that I asked her if she was willing to try the tapping to reduce this. She was. Her case manager was also happy for Terrell to go ahead with this [her case worker had worked with Terrell for many years and had a good professional knowledge of Terrell's condition]. Please note that anxiety is usually seen as a global issue and so we would ordinarily want to break this down into more specific aspects. **However, since Terrell has OCD, this was not a good idea as she her condition could mean she lock into the anxiety and exacerbate it. That is, by examining various aspects of the anxiety to gain specifics, we could trigger Terrell's OCD. We therefore tapped on the overall feeling of anxiety she was currently experiencing. Tapping on how she was feeling *right now* made the overall feeling of anxiety much more specific.**

In regard to the set up and phrases we used a variety of words and links to reduce the chances of locking onto a specific word. We also had an agreement that should the slightest OCD thought or behavior occur we would immediately stop. So the phrases and set up were mixed up a little to avoid locking on; whilst the set up was divided between the sore spot and karate chop point. The tapping points were however initially done in sequence and then mixed up to avoid locking into one particular tapping point. After 1 full round Terrell stated that she could feel her anxiety level decreasing. We continued for a second round, mixing up points and phrases. Terrell reported further decrease in her anxiety, and tolerated this round exceedingly well.

I decided to see if the Choices Method could be helpful as Terrell had issues with worrying thoughts as part of her OCD. Perhaps finishing with a couple of rounds of the Choices Method could relieve part of this aspect of her OCD, even if by

just a little. Please note that we did *not focus on the OCD or various aspects of Terrell's symptoms due to her tendency to lock on.*

As with the EFT exercises above, we changed the words and the tapping points to reduce the tendency to lock on. Terrell really enjoyed this method. However, after one round of the choices method we decided to call it a day. Terrell reported feeling really calm. She had spent longer with us without severe OCD symptoms than she would normally experience in a meeting type environment. Yet I assessed this had been long enough for Terrell.

I gave Terrell the tapping points print out I have made and suggested she try 1 round of either the Choices Method. She replied that she could follow along with me (she had found this easier to say silently to herself yet following my lead) as her tendency to lock onto a word was a greater potential when following this method aloud. I asked if she would like me to make a tape for her so that she could follow along. Incidentally, her psychologist had suggested Terrell try a guided mediation and so making a tape of EFT for her to follow seemed helpful.

The 20 minute CD I made for Terrell that evening followed suit of mixing up words so that the same words were not repeated. The tapping sequence was also mixed up a little so that we were not following the basic recipe over and over. I gave the CD to Terrell's case manager to listen to before listening to it with Terrell so that they could ascertain if this would indeed be wholly helpful for her.

Terrell continues to listen to the CD and is enjoying the relaxation it affords her.

So what can this experience tell us in regard to working with OCD and EFT?

- Firstly, we MUST work within our remit. This means having professional experience/training in this area and likely being with other members of the client's multi-disciplinary team when EFT is applied with the OCD client.
- Secondly, we need to understand the basic OCD symptoms the particular client is prone to. This can be effectively done through a case worker or other health care/mental health care provider who knows the client well. This stops the client having to explain their disorder and therefore avoids unnecessary discomfort and the potential danger of the client 'locking on' to a word, phrase, and aspect of or the condition itself.

- Third, teach the points but assess the client closely when tapping. Mix up the sequence and reword phrases to avoid OC locking on. This also depends on the client and the particular complaints of their OCD. This is where assessment and flexibility of the EFT algorithms is vital.
- Forth, keep sessions short. You may want to try the client following along silently. Do make sure to assess whether the technique is helpful or problematic to the client right the way through the session. Don't work with the client by yourself unless you are professionally trained to do so. Even if you are, having another health care professional can not only be helpful but can give the client additional support. Ensure this person is seen by the OCD client as an advocate for them.
- Fifth, follow up and monitor the client's progress [whether you make a CD for them or not].
- Finally, if you do make a CD for them, follow the instructions above: know who your client is, what their needs are, what the symptoms are of their OCD. Make sure you test out the CD with someone close to the client first. When the client listens to the CD the first few times they should be with their advocate.

It was a pleasure working with both Terrell and her case worker. So far EFT is helping Terrell to relax, feel less anxious and what's more, to feel 'more normal'. It will be interesting to see developments of EFT in this, and other mental health, arenas.

Important note:

During the above session I was in a consultation room with both Terrell and her licensed case manager. Terrell has been effectively working for many years with a range of health care professionals to reduce OCD symptoms. Terrell was monitored throughout the session and thereafter. The CD that was made was first listened to other health care professionals for their professional advice before being given to Terrell's case manager for further screening. Terrell then was brought in to listen to the CD together with her case manager. Terrell reported feeling calm, less anxious and slightly 'freer' from OC thoughts. There was no indication of the tape causing OC symptoms, including the head jerking which is a sign of being triggered.

Terrell continues to listen to the CD, sometimes alone and sometimes with her case manager. She continues to report a feeling of relaxation when she listens and joins in. In turn this lessens the anxiety triggered OCD.

It must be understood that this is one experience with OCD and demonstrates the potential for working in this area with EFT. However, when working with OCD one must have a professional knowledge of this disorder and work with other professionals to monitor the client's response each step of the way. Do not, do not, and do not step outside of your remit.

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