

## **Good Coping Gone Bad:**

### **When coping strategies interfere with progress in therapy**

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### **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

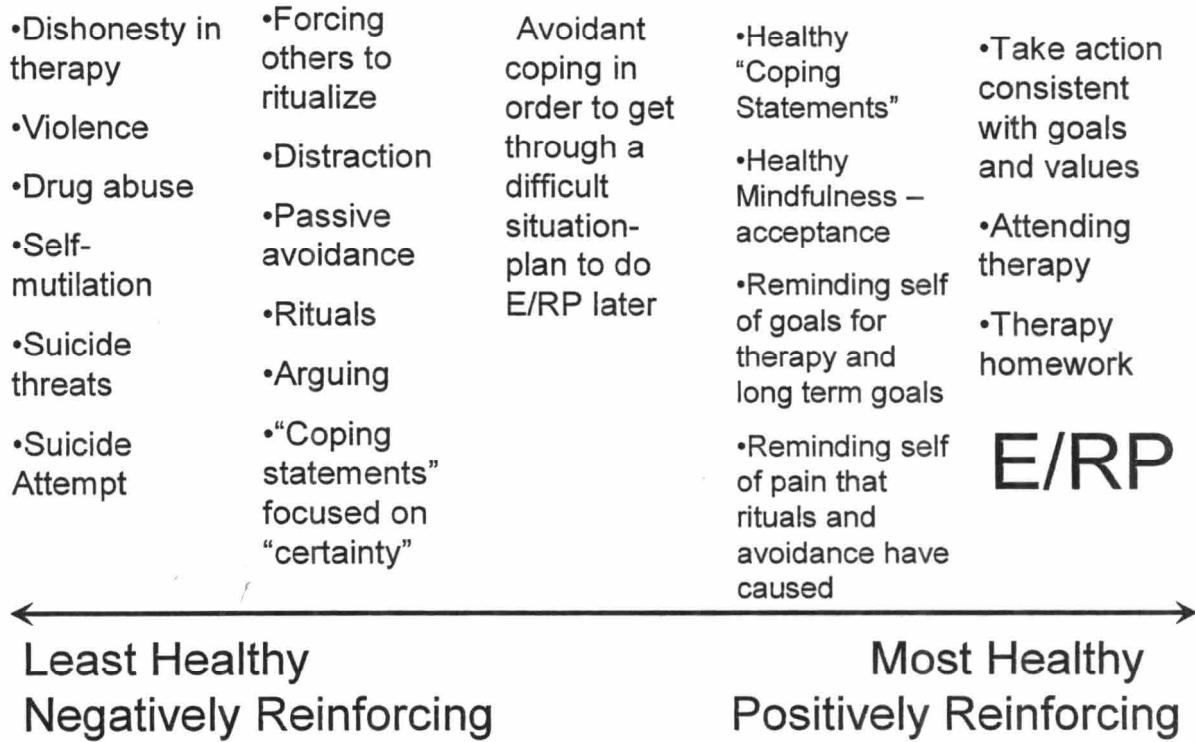
### What Clinicians can do

- 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



## Healthy versus Unhealthy Coping Strategies

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