



# Job Sharing with OCD

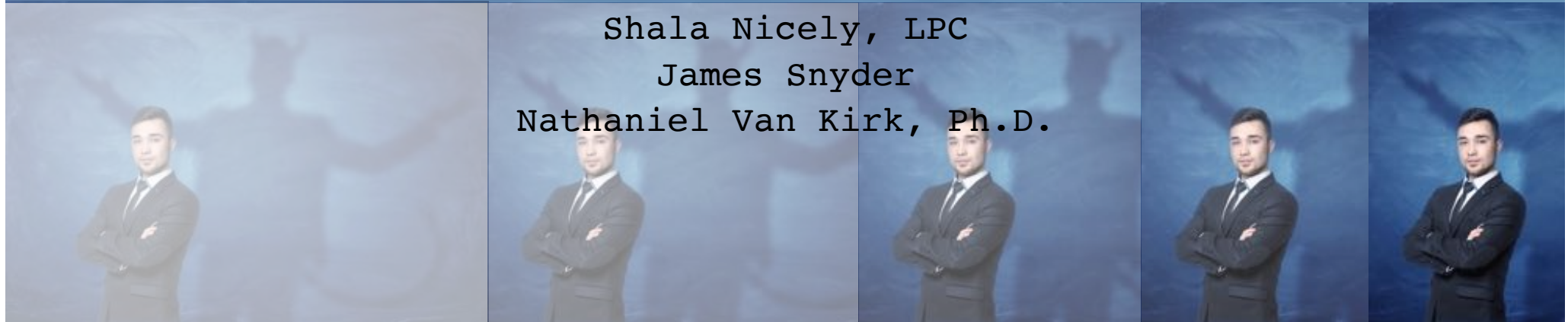
IOCDF 2017

Rachel Davis, MD

Shala Nicely, LPC

James Snyder

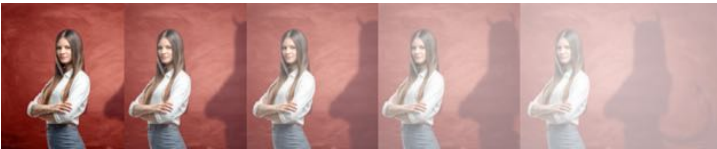
Nathaniel Van Kirk, Ph.D.



# Agenda



- Stories of job sharing with OCD
- Ice breaker!
- How has OCD affected you at work?
- Job sharing with OCD
  - Survival skills
  - Self-disclosure
  - From an HR perspective
  - Accommodations
- Q&A









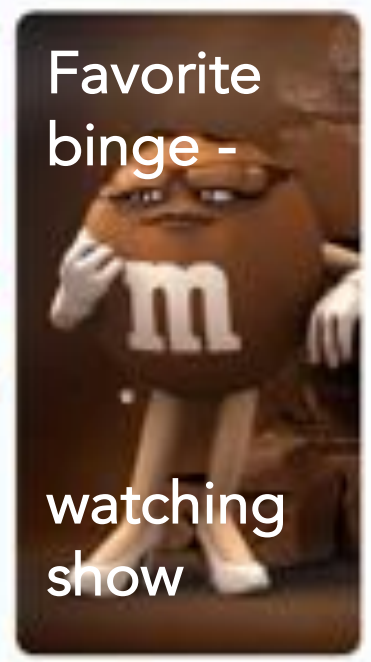
Goal  
for  
today



Proudest  
moment



Wildcard!



Favorite  
binge -  
watching  
show



Favorite  
Pastime

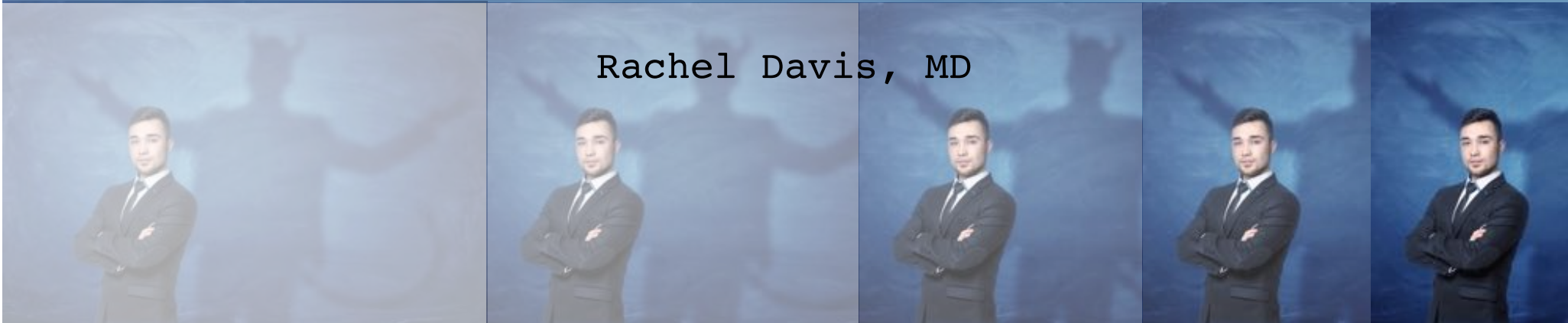


Pet  
Peeve

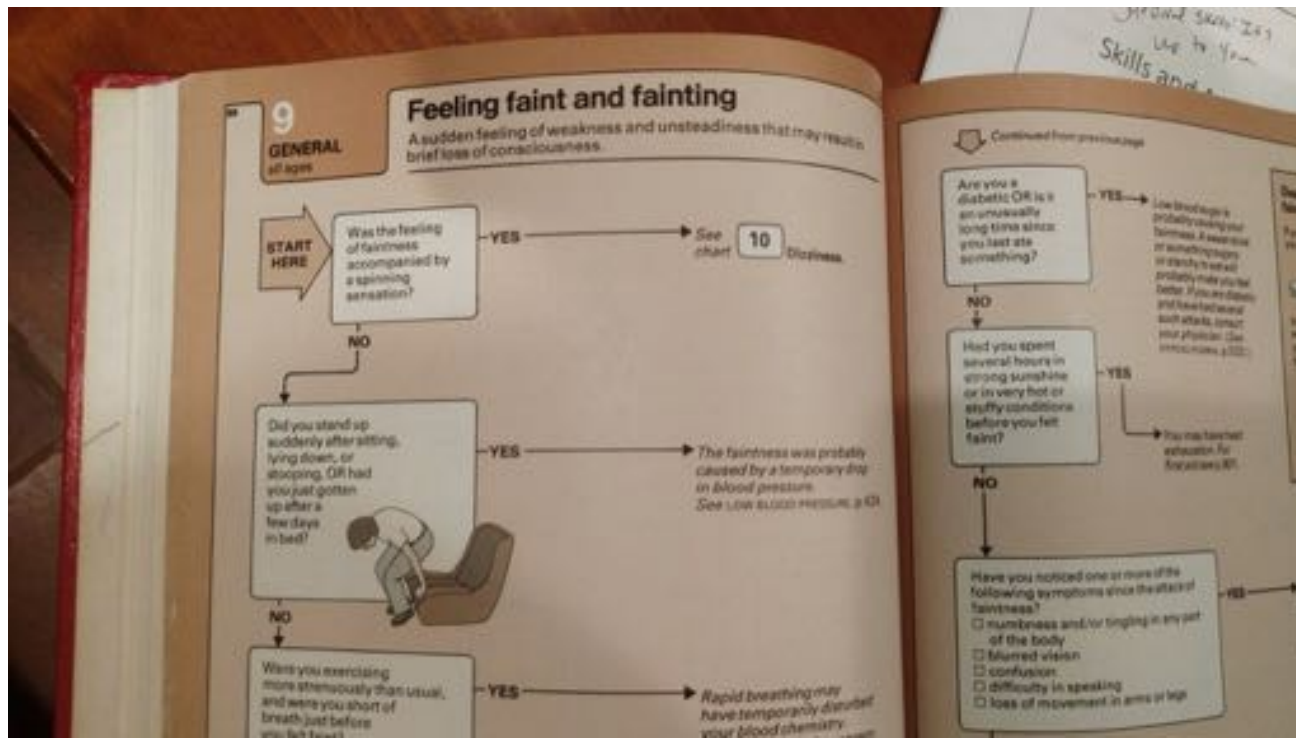


# Survival skills: it's up to you


Rachel Davis, MD



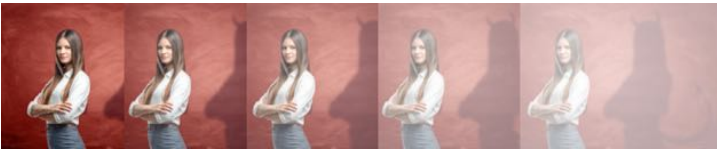
# Consider making a career out of your OCD



# Perfectionism



- Look at others' work for ideas of "normal" (once, not repeatedly)
- Reframe guilt, anxiety, and uncertainty
- Use imaginal exposure scripts





# Imaginal Exposure Script

The scene:

The thought:

What might happen:

The emotional reaction:

What it says about me:

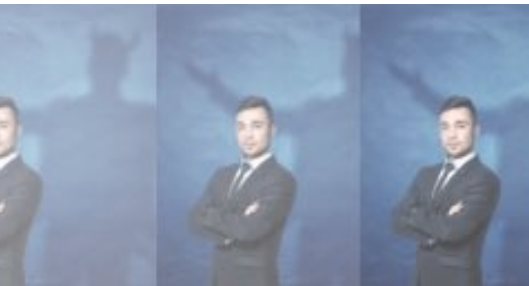
The ultimate consequence:

My Decision: to reference Dr. Freeston as noted below!

(Mark H. Freeston, 1998. Centre de recherche Fernand-Seguin, Montreal, Quebec. Copies may be made for use in therapy.)



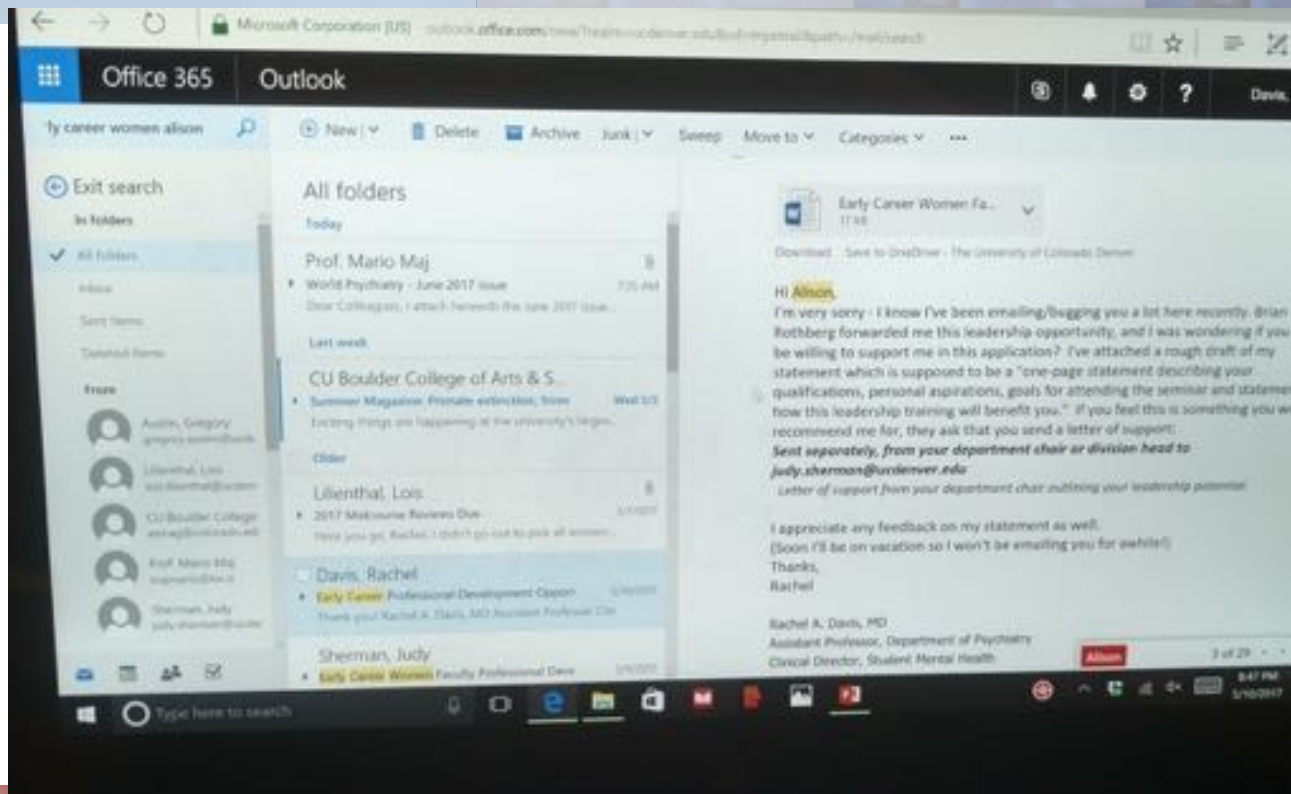
4/15 - dossier due  
4/22 - IOCDF DBS train  
4/28 - CBS Amoslatte article due  
6/15 - Suicide lecture  
7/7 - 2 IOCDF talks (slides due 6/5)  
7/11 - Ethics and Schizophrenia paper  
8/11 - ERC xO talk  
W2172 (OPB Conference Room)  
ERP - 9/12, 9/19, 9/26, 10/3, 10/10, 10/17, 10/24  
10/18 - Grand Rounds

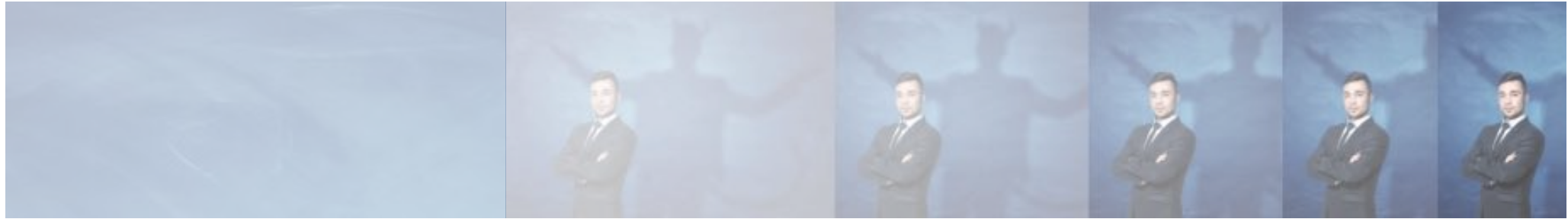


Say  
... But because I want more freedom in life it's worth it to me to be uncertain each day about what impression I'm making even if it will lose me friends and my job.  
Maybe I'm not performing very well  
It would be terrible to lose respect and connection in my field.  
I am twist dece



# Email





If you want to function, then do  
whatever it takes to function.





# Working with stigma & self-disclosure

Nathaniel Van Kirk, Ph.D.





To disclose or not to  
disclose...  
*That is a loaded question*






## Potential Costs and Benefits of Self-Disclosure<sup>1</sup>

### ***Benefits***

- Reduced worry/guilt/shame about hiding your mental illness
- Increased openness about daily activities
- May gain support & approval from others
- May meet others with similar experiences and get to learn new strategies
- Developing network of supportive others that can help you in the future
- Sense of personal power/empowerment
- Further fighting stigma (living testimony against stigma)
- Providing hope (sharing your story may help others who are struggling)

### ***Costs***

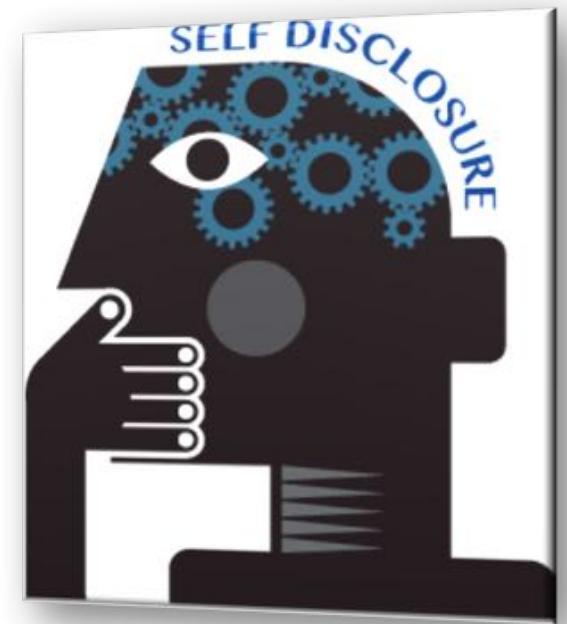
- Others may disapprove or not be supportive of your mental illness or your disclosure
- Potential for others to gossip about you
- Possibility of being excluded from social gathers, work, or other opportunities
- May worry more about what others are thinking about you
- Concern that others may pity you
- Increased concern about relapse due to beliefs that others are watching you more closely or may hold you to a different standard
- Possibility of family members or others being upset/angry with you for disclosing



<sup>1</sup>Watson & Corrigan: *The Impact of Stigma on Service Access and Participation: A Guideline developed for the Behavioral Health Recovery Management Project*

# Important Considerations

- Disclosure is a personal decision!
  - *There is no right or wrong answer* – the focus should be what is best for you at this time.
- Disclosure is *not all-or-nothing* ... Although OCD may want you to think that way!
- In addition to the potential benefits & costs, there are other barriers to self-disclosure, such as **stigma**.





***Public Stigma***



***Self-Stigma***







	Potential Benefits	Potential Costs
Decision <u>to</u> Disclose		
Decision <u>not to</u> Disclose		

**Self-Disclosure Decisional Balance**

*At this time, my decision is to:*

*Not Disclose      Selective Disclosure      Full Disclosure*

*Rationale/What I will disclose:*

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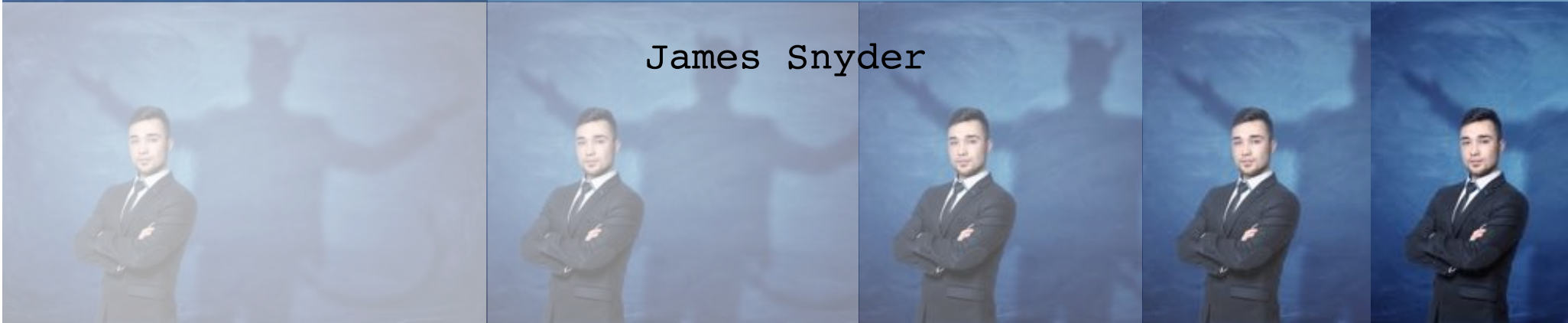
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# Human resources perspective

James Snyder





I can  clearly now..

Focus on Human Resources



What  
**you**  
need to  
know..





# "Perfect" World

- If we lived in a perfect World...  
mental health = body health
- If we lived in a perfect World... ~~discrimination~~
- If we lived in a perfect World... ~~stigma~~



# Legislation



# Legislation

Mental Health Parity Act

Americans With Disabilities Act (ADA)

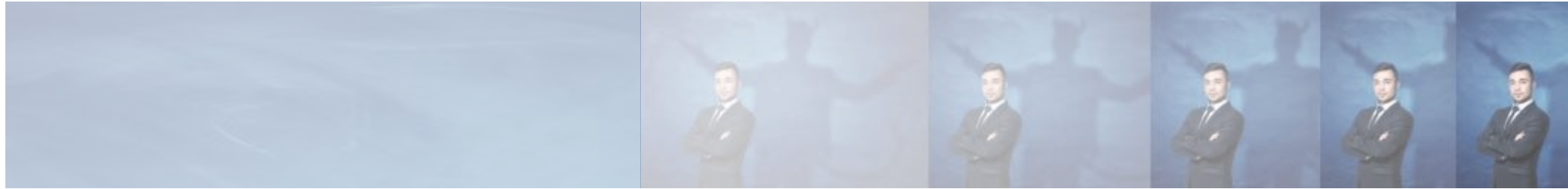
Rehabilitation Act

Family Medical Leave Act (FMLA)



# Mental Health Parity

- How we got here...
- What is health insurance parity?
- Appeals





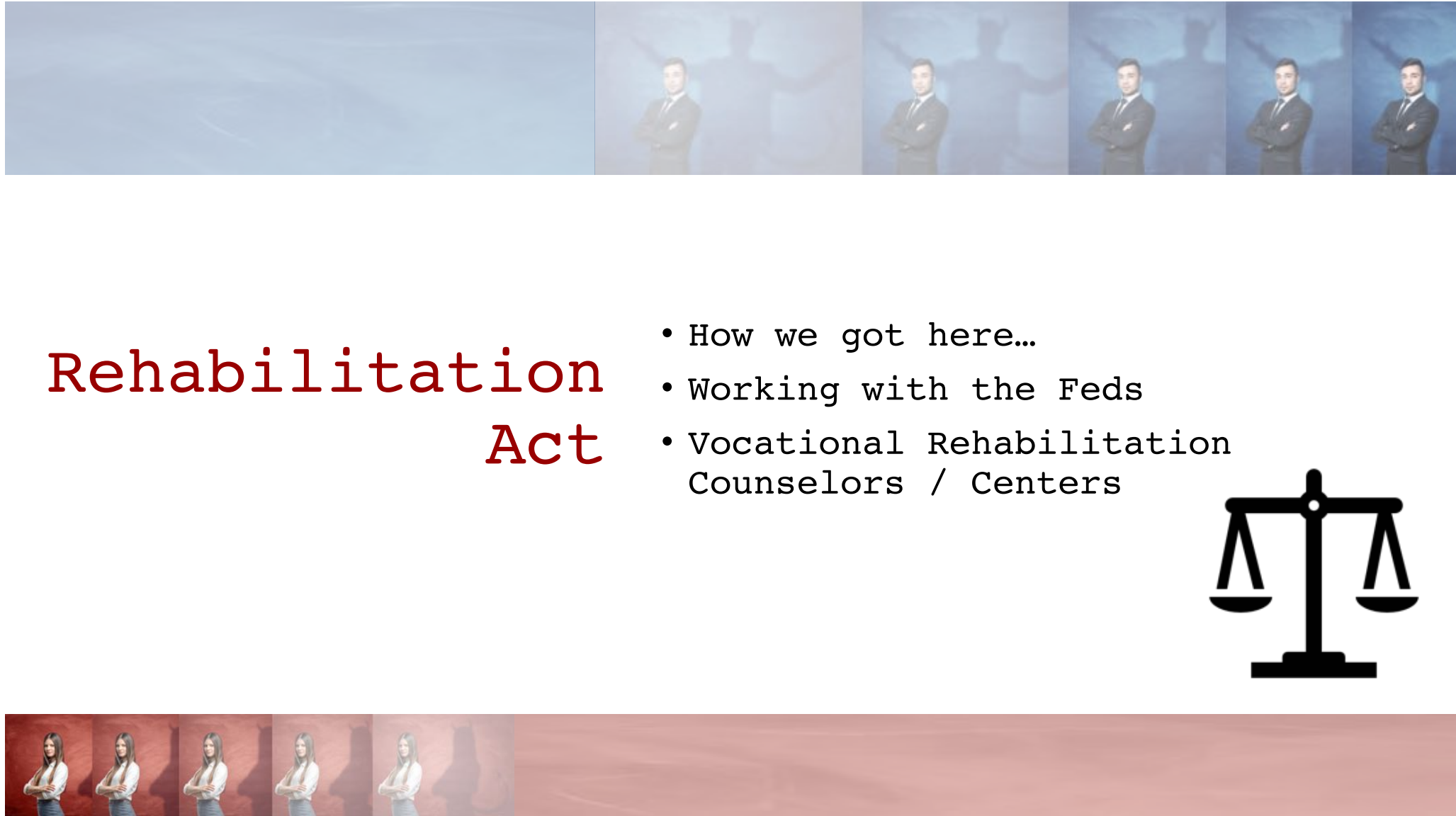
# ADA

- How we got here...
- Employment discrimination and retaliation
- Reasonable Accommodation(s)
- 180 days



# Rehabilitation Act

- How we got here...
- Working with the Feds
- Vocational Rehabilitation Counselors / Centers



# FMLA

- How we got here...
- FMLA vs. disability insurance
- Job protection and health benefits



Insurance



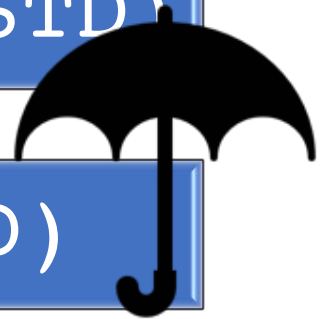


# Insurance

Health Insurance

Short Term Disability (STD)

Long Term Disability (LTD)



# Health: Back to Mental Health Parity

- Health plan cannot require you to “fail first” at less expensive treatment
- Mental health benefit = other medical benefit(s)
- Right to appeal
- No pre-authorization

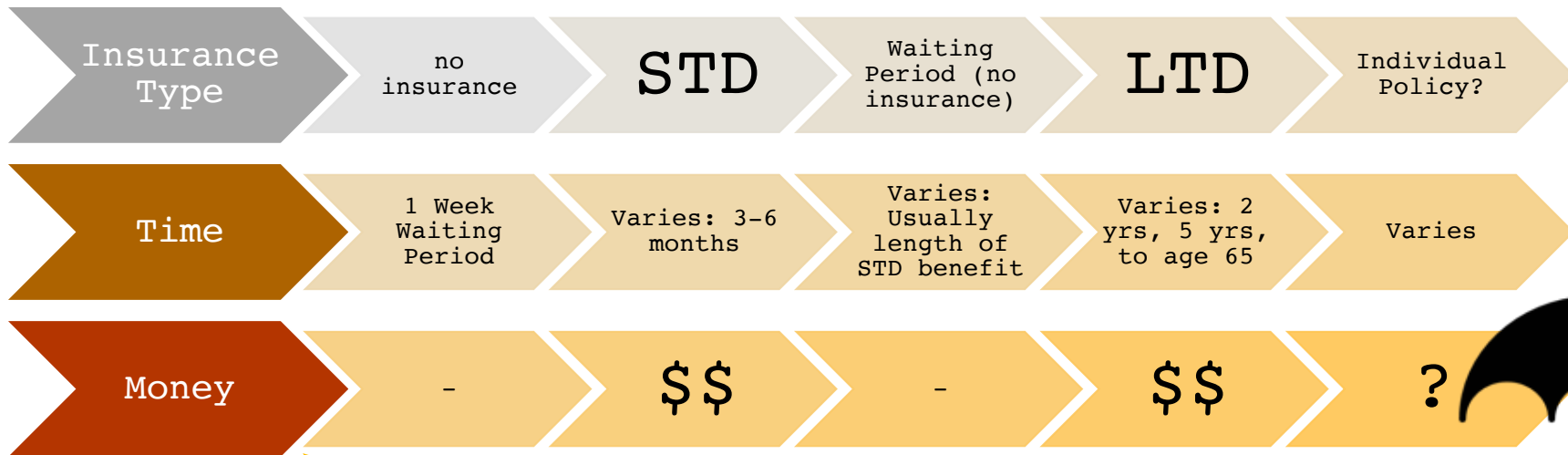


# Health: American Health Care Act – Repeal and Replace

- Changing by the hour...
- What we know right now
- Mental health impacts



# Disability Insurance



  Disability Begins





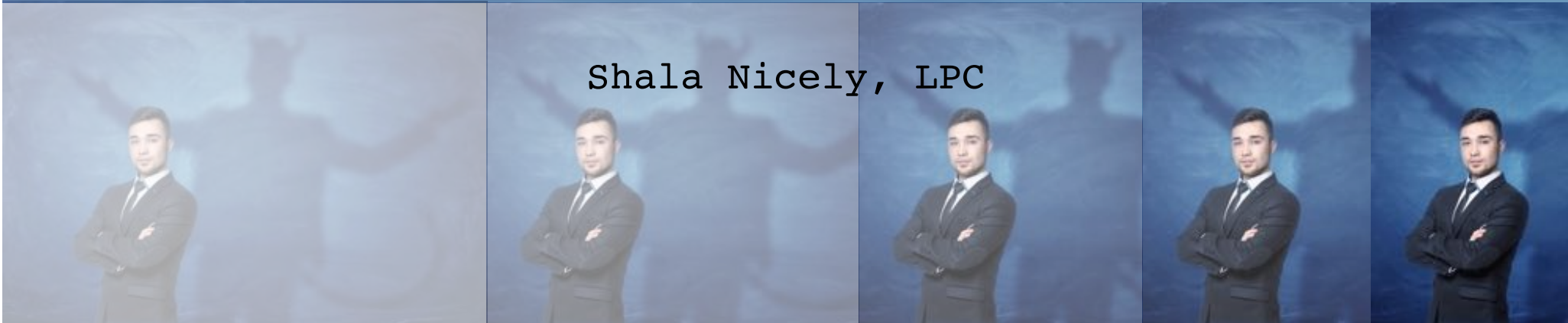
# Disability insurance

- State mandates
- Employee Retirement Income Security Act (ERISA)-governed group policies
- Pre-existing conditions





# Accommodations



Shala Nicely, LPC

# Back to ADA..



- Reasonable accommodations to qualified individuals with disabilities\*
- Exceptions

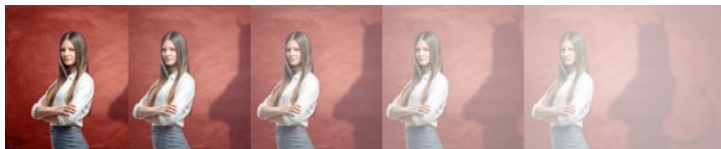
\*applies to all employers, including State and local government employers, with 25 or more employees after July 26, 1992, and all employers, including State and local government employers, with 15 or more employees after July 26, 1994.



# Recovery-oriented vs. OCD-enabling

- Think about effect on functioning
- Does this help me get my job done and function more like people without OCD OR...
- Does this allow me to be more compulsive?

Recovery-oriented	Possibly OCD-enabling
Time off for therapy/MD appointments	Allowed to be late for work





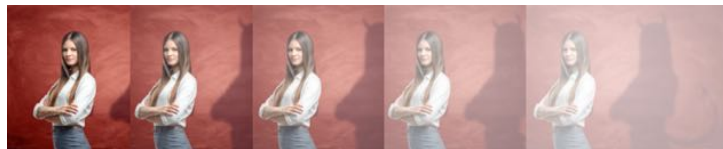
It's not black and white..

### Recovery-oriented

Allowed to dictate instead of type

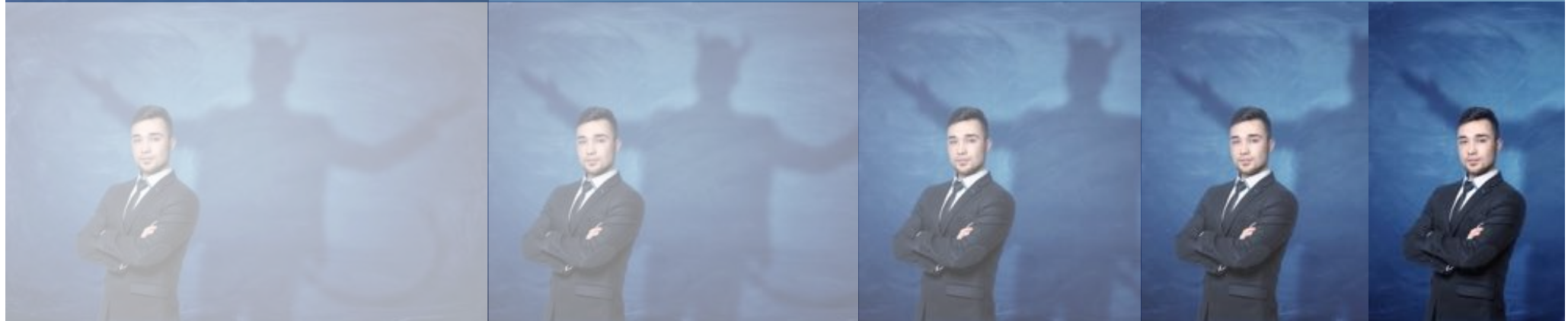
### Possibly OCD-enabling

Allowed extra time on assignments and projects





Q & A



# References



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- <https://www.dol.gov/general/topic/benefits-leave/fmla>
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- <https://www.psychiatry.org/psychiatrists/practice/parity>





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THANK YOU!!!

IOCDF 2017

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