

Shit We Don't Talk About - Episode 63

Jenna Overbaugh

OCD and Generalized Anxiety Disorder

Mia Voss 00:03

Jenna. It's a follow up. I'm here for it. How are you?

Jenna Overbaugh 00:09

I'm good. I'm so happy to be back with you.

Mia Voss 00:12

So as I mentioned in the introduction, that was right before this that you haven't heard yet, Jenna, that this is the second time you've been on the show. So I love the follow up to this because you have things to say about OCD and generalized anxiety disorder, also known as GAD, I guess. Right?

Jenna Overbaugh 00:29

And yeah, I feel like it's been so long, I feel like that was even like pre pandemic, like, so much has happened. And as you know, even though I've been doing this since 2008, working with people who have OCD and anxiety, I feel like I'm always learning more and new analogies and new ways to kind of, kind of describe it to people. And as we've talked about, we are also growing right as a field and in our understanding of mental health. And, you know, I think we're doing better with certain things. Like, instead of saying, I'm so OCD, like we're kind of helping rewrite for people what that looks like and what else to say, and why not to say that. But I think, you know, it really has brought to attention for a lot of people like, what's the difference between generalized anxiety disorder and obsessive compulsive disorder because so long ago, we thought that obsessive compulsive disorder was just like these very outlandish kind of very obviously irrational thought processes. Like, I need to walk through the door eight times, otherwise, my mom is going to die. Or I need to wash my hands 54 times, otherwise, I'm going to get HIV and kill everyone around me, right? But I think as we've grown, and as we've kind of broadened our understanding of obsessive compulsive disorder, more people are talking about it. We now have things that

we have come to know as say relationship OCD, or sexual orientation OCD. And especially with the pandemic, you know, people experiencing contamination OCD in light of COVID. Like, that's not very irrational, is it? It's not very irrational to doubt your relationship or to not be 100% sure about your sexual orientation. So I've just been really floored lately myself, like in a curiosity sense, but also for personal reasons, like, Okay, what is the difference? Like, what actually is the difference? And I've gotten courageous in my own days of finally being able to say, like, I don't think there's that much of a functional difference. Like I've always, even when I started to first learn about OCD and anxiety in college and grad school, I couldn't really see what the functional difference was like, I could see what the DSM criteria was.

Mia Voss 02:45

What is DSM?

Jenna Overbaugh 02:50

Yes. So the DSM is the Diagnostic and Statistical Manual, pretty much like the therapists or psychiatrists, or doctors, like little recipe book for what we go through to identify, you know, what criteria someone meets for a diagnosis or what they don't have. And so yeah, but when you actually look at the function, and like how this is going to apply to the person and the implications of treatment, it's not that different. And so yeah, I've just gotten really, like powered up about that topic. And I feel like really big implications for people who were wrongly misdiagnosed as having generalized anxiety disorder, but they actually do have OCD. I feel like it really can clarify like the treatment trajectory for people who don't know whether they're one or the other. So yeah, I'm just super excited to hopefully help people who have that very legitimate question of what the heck is the difference? Because I actually don't think that there are too many differences.

Mia Voss 03:47

Ooh. And there she goes, laying it down, I want to back up and acknowledge one, I think with a pandemic that this added a whole new element to it. And I believe I need to look it up. And we're gonna have it in the show notes by the way, people go to www.shitwedonttalkaboutpodcast.com. We'll have links to your previous episode, which was about OCD and pregnancy. So Jen is living this, this issue by the way, folks, she's not

just rolling in here with an opinionated opinion, like I do. But she's done a lot of work she's in groups. She's also knows Drew Linsanata, who, you know, comes on my show, and is my show Podcast Producer, as well as the host of the Anxious Truth. So we have a lot of experience in that. But I do think the pandemic just brought up all these different elements. So I love that you're saying that you are continuing the education and the curiosity about what it means for people because everybody's in, it's been such a Petri dish of different ways, you know, with a lot of focus, you know, people have had a lot of more time to think about what's going on in their world and what's come up for them so I really appreciate that.

Jenna Overbaugh 04:57

Yeah, and it's been like you said a petri dish, right? Like we've all been for the past two years isolated and not knowing what to expect and having these fears that we could kind of anyone could get COVID at anytime. And, you know, it's just been really difficult for people who are already vulnerable to being anxious, whether that's a general sense with more, quote unquote down to earth worries and concerns like their job or finances or the state of the world or health. Or if it's more obsessive and compulsive in nature, like where it's very more specified and intense one would say about like their morality, right? Like I've worked with so many people who've really struggled with the pandemic, not just with contamination concerns obviously and obsessions and compulsions related to COVID. But also moral OCD and scrupulosity OCD as it relates to like, No, I don't have COVID. I got a test and I don't have it but am I still a moral person for going out to get my mail? Like I don't have COVID right, but like, am I still a horrible immoral person for going out to get my mail? Because I could have COVID, right? Like, we never know 100%

Mia Voss 06:04

That to say that's a new one for me. So thank you for bringing that up. And as I mentioned, before we hit the record button, the audience, for us and me, I'm on your every **white woman**. So this is really helping me understand and change my language around it too. So two things, one to help people feel heard, and understood for going through it. Because as you know, what your own experience like that the absolute terror of the unknown of like, why am I thinking this? Why am I feeling this way? And our episode is Episode 28. And that was from April of last year. So we've gone through a lot. So you've learned a lot more and

experienced a lot more. So yes, one for the people who are going through it, to understand it and then to for folks who don't have it, but to look outside your own experience and go that just because that's not my experience. It's someone else's.

Jenna Overbaugh 06:55

Yeah, for sure. Yeah, there's just so many different ways that it can come up. And I feel like that is another one of the reasons why we've kind of broadened our understanding of OCD, right. So many, many years ago when things like the Diagnostic and Statistical Manual and that was kind of written when a lot of these OCD skills were written, we kind of only really talked about or heard about some very specified conventional subtypes, right. So we would hear a lot about contamination OCD, we would hear a lot about moral OCD or scrupulosity OCD, sexual or pedophilic OCD, harm OCD, just right, perfectionism. But as people are going through things like the pandemic, and as thing as people are becoming, I think, more open to mental health issues in general, being more open and vulnerable about talking about their own experiences, we now have come to understand other very common manifestations of obsessive compulsive disorder, like sexual orientation OCD, where someone feels the need to know 100% what their sexual orientation is. And that can go anyway, right? So it's not just someone who identifies as straight being fearful that they may be a homosexual, but it can also go the opposite way or any other way with any sexual orientation. Right?

Mia Voss 08:18

And let me can I add in there to what's particularly frightening about that as well as in the outside world of what we're seeing, politically and just in the community, as people being demonized, it's not just an internal thing. Yes. There's the internal battle for folks who have it. But then literally what's going on of the fear of how you would be perceived, if you are comfortable in saying, this is my orientation I'm binary Do you know what I mean? Like so that's this added crazy element that I feel like we haven't had, as much even in the last two years, this year has really ramped that up in the year of 2022.

Jenna Overbaugh 08:54

One, you're reminding me of another example, which is all the awful shootings that have happened, especially, I mean, with everybody, but obviously, what's close to my heart is with kids in elementary schools and in schools. So I feel like we live in a world where what we thought might have been outlandish, where we thought would have been ridiculous, and would have definitely been OCD is now no longer as unconventional or outlandish as we once thought. And so yeah, I feel like we just live in different times now. And it's not as reflective as what it was when all of the that diagnostic criteria was made. And so in the DSM, you'll see under OCD, that its obsessions, you know, the presence of intrusive thoughts, ideas, images, impulses, or urges. You'll also see compulsions, which are these either behavioral or mental acts that someone does in response to those obsessions to try to reduce the anxiety that they feel from that. And it used to be that there was some indication that like this wasn't normal, right like that there was some level of irrationality involved in it. But that's not a thing anymore. Like we can't do that. Because, again, like you can have OCD about contamination as it relates to COVID. That's not very illogical. You can be obsessive and compulsive and have OCD about school shootings. That's not really necessarily all that unconventional anymore.

Mia Voss 10:23

We're in a dystopian Handmaid's Tale ish world right now more so than diagnostic would have been four or five years ago. Just giving it a name.

Jenna Overbaugh 10:32

It disrupts what used to be our differentiating factor, right? So when a therapist or a psychiatrist or a doctor would be taking an inventory of someone's obsessions, or worries or fears, you know, what we would tend to do is go through this like mental filing process of is this a general worry, like a real life concern? Okay, well, then that would be under the generalized anxiety bucket. But if it's outlandish and unconventional, and there's like a clear level of irrationality to it, it would be obsessive compulsive disorder. But there are so many issues with that, because one of the times that we live in and too because we are broadening our understanding of what OCD can be like sexual orientation OCD, relationship OCD, and it kind of just muddles that mental filing process that we used to use, and it's just been really frustrating, really confusing for people who have anxiety like, is it generalized anxiety disorder? Or is it OCD, and at the end of the day, like, it really doesn't

even matter, because the treatment should be exactly the same. You know, if it's a worry and an obsession, or a concern, or an intrusive thought, idea, image or impulse that's getting in the way of you valuing and being able to live life to your full potential, we want to help people in whatever way possible only be as anxious as the facts warrant. And that's going to be via some elements of exposure and response prevention.

Mia Voss 11:59

Talk about that. I think a lot of folks that again, that aren't in that world don't understand. And I see it a lot because of yours, Christie's and Drew's content, the exposure therapy, which I know can seem so counterintuitive. Explain that, why not? And every woman context.

Jenna Overbaugh 12:19

So it does seem like very paradoxical, right? And very counterintuitive. Yeah.

Mia Voss 12:25

A lot of people are like, You know what, fuck straight off with that, right?

Jenna Overbaugh 12:30

Like, if you're fearful of something, like to go and do the thing, or like to just do it, it's like, very paradoxical. And almost unless you know more about it, it can almost seem like very invalidating like, oh, well, if it was that easy, I would have just done it. Right, like, so I totally get that. But the reality is that it's actually not all that foreign of concepts, right? Like, we're all familiar and can probably get on board with the concept of facing our fears. And not letting fear dictate our decisions. So that's kind of the, the backbone of it. Exposure and response prevention, it's supposed to be slow and gradual and challenging. So it's not as though you like do your worst fear and you jump into the deep end, like right away, that's not helpful. Research shows that that's not helpful at all in maintaining your recovery, it can actually just backfire. So it's all about taking those small and manageable, but still challenging steps, right? It's always going to be a little bit challenging to go a little bit

outside of your comfort zone. There's really no way around that. But so we work with people. And again, like I don't even do that mental filing process anymore. When I'm meeting with people. I used to do that mental filing process of okay, here are your worries and your concerns. Are they more real life and down to earth or is it more outlandish? And then that would be OCD? I don't even do that anymore. I identify like, okay, what are these persons concerns? In what ways are these difficulties getting in the way of their life? What would they like to be able to do? What would they like to stop doing? And how do I get them there? So I feel like if we can all take a little bit more of that approach, we won't get so lost in the weeds of like, is it generalized anxiety disorder? Or is it OCD? Like, our goal is to help that person become braver and more courageous, and put themselves in anxiety provoking situations while reducing their safety behaviors and reducing their avoidance. So however, we need to do that, I don't really care what label we slap on it.

Mia Voss 14:28

So are you doing this, let's talk sort of brass tacks about what you're doing. Are you doing this one on one with people or in groups? I would love to give some practical help for people too, because I feel like even in this conversation, there could be somebody that's listening and even if its one person that says, wait what? That might be me. Are you doing this in group settings, one on one, what's your modality of service in this world?

Jenna Overbaugh 14:52

So typically, when you're meeting someone for a diagnosis, so that would be like a doctor or a therapist, but when it comes to OCD, it's so nuanced. I would really encourage everybody to actually meet with someone who understands OCD. And that it's not just hand washing. And those kinds of very conventional obviously talked about scenarios. So I do it individually. So I meet with people individually, I'm a therapist, I run support groups as well, kind of on the side, but that's more supportive. Right? So that's more just like talking about our experiences, what helps, what doesn't help. [Mia: People who have started the work, right?] Right. For people who have started the work, they either have a diagnosis or they believe very strongly themselves that for somehow they would have a diagnosis. But yes, so a therapist or a doctor would be the one kind of taking you through a series of questions doing a diagnostic assessment of their preference, there are several of them. And then based on your discussion of those symptoms, they would diagnose you with

either obsessive compulsive disorder or generalized anxiety disorder, or both. But at the end of the day, like I'm saying, there's really no functional difference, and the treatment is largely the same.

Mia Voss 16:06

I think what's most important, I love that you said that distinction about not making the lists anymore. One, because as we just said, this world is so crazy. Who's to say, what is outlandish or something that can never happen. There's not a lot at this point that we can know, you know, maybe quick sands, or those rats that were in the Princess Bride. Do you know what I mean? Those giving things in me. I was terrified of quicksand as a kid just never happened, right?

Jenna Overbaugh 16:37

It's nowhere near a desert. I'm like, I don't know why I had this here.

Mia Voss 16:41

I grew up in Illinois. Same thing like Jonny Quest says, but yeah, when is that going to happen? So I love that, because I think that just takes out a lot of work that maybe you don't need. But I would say it sounds like to just taking charge of your, your own experience. So talking with somebody that I think that's the first step of like, I think we're all like a little bit of a different recipe. Right. So Oh, and I think empowering people with that. More than anything is like not trying to fit yourself into these certain categories, like the DSM per se, but just say, I'm going to take these little certain pieces. And one thing I didn't tell you is I actually got diagnosed with generalized anxiety disorder. [Jenna: Yeah, I'm diagnosed with it too]. Right. Raise your hand if you have it or if you think that you might have it. But Drew and I've had this conversation to, my panics started in, what's my first one, I think, I was 22. So whatever year that was, but it was in the 80s. I'll just say that, that it was definitely oh my gosh, and we didn't talk about feeling so isolated. Like what the fuck is wrong with me and it came out of nowhere. And I know Drew talks about that happening for him too. So then when I finally did go get the diagnosis one, it kind of put like a mark on my health chart.

Jenna Overbaugh 18:09

Yeah, like you are this thing.

Mia Voss 18:12

Yes. Because I remember moving from I got that diagnosis in New York City and moved to Colorado and this was in the mid 90s. That whole cloud of a diagnosis kind of hung over my head in the sense yet I wasn't really given any guidance at all. And then it's been interesting, especially with menopause. Because menopausal jack your shit up just to, Oh, hello. Let's just let you know the bioidentical hormone replacement therapy has been key, but I also have to really keep on top of my hormones, too, because I had sensory issues, I had brain fog. And because I always just had this panic diagnosis. And this has been interesting of me taking charge of my own health, I didn't realise that there was this cloud of anxiety. Right, I just kind of know I have panic, not realizing all these anxious thoughts that I had.

So then once I kind of got that under control, I was able to look at it from the outside. That's my own personal experience. I'm not a doctor or therapist, I don't play one on TV. But I want to say that to empower people to and feel free to add to that or give me some advice or judging on that because I know just me taking charge of it and asking questions. And then really taking a close look at Oh my God, that's not panic. That's anxiety.

Jenna Overbaugh 19:33

Right? I don't know. I think if I had it my way, mental health professionals would almost have to be like medical professionals, right? Like sure we have like these general family doctors, but then their purpose is to kind of like keep you stable, but if something's wrong, then you need to go and see a specialist right? Unfortunately, in mental health, it's not that way like, first of all our version of general practice nurses or doctors, they don't understand mental health as well as they should, right? So they don't understand all these little nuances or all those things. A good example I think we talked about that was in our postpartum or pregnancy episode, right? Like if you are a mom and you're struggling and you go to a doctor, you're going to be labelled with postpartum depression, even if you're not depressed at all right? Like if you have OCD, anger, anxiety, whatever it is, you're going to be labelled with postpartum depression, because that's just how messed up our society and system is. But anyway.

Mia Voss 20:31

And that's not even taking into account that we're white women. Right, right. So let me let me just do that. How I present I forgot what the phrase is. I am a 57 year old white woman with short, blonde hair with blue eyes. How about you? How do you present?

Jenna Overbaugh 20:45

I am a white woman. I have long brown hair, but I'm very obviously a white woman.

Mia Voss 20:51

Okay, perfect. Perfect. Thank you. I've been trying to do that a lot too of just say, just for the audience that audio like this is how we present. So that's even speaking of not even about the medical gaslighting that happens, the difference between men and women, that difference that happens between Black and Brown people and white people. There's a whole, oof.

Jenna Overbaugh 21:10

Yep, they're way more likely to be not just misdiagnosed, but to be like, especially, like taken away from their babies or, yeah, like complete rack. It's a complete rack. But yeah, I mean, with you. So Right. Like, if you went to a general doctor, if you went to like a general practitioner, or a family doctor, and you said that you were having, like a heart problems like skipping beat, or like all these problems that we're seemingly associated with your heart, you would be encouraged to go and see a heart specialist. Right, like someone who understands heart conditions in and out, that's their specialty, that's their area of expertise. But when you are presenting with mental issues, or like a mental health diagnosis, not a medical diagnosis, you go to a general practitioner, and you just get like, sent to this random, kind of like generic talk therapist who's like a jack of all trades, and they don't understand, they understand like a little bit about a lot of things. But mental health is so nuanced, regardless of what the diagnosis is, but especially OCD and anxiety. So it's it's a mess. It's just a mess. I don't know how we got off on that tangent.

Mia Voss 22:22

No, it's a good tangent to add to add on that too. And we're not saying we're coming to you with answers, but just a curiosity, which I think is the great thing, too. Let me ask you this

with that, do you feel like taking a big consideration of hormones is massively under looked?

Jenna Overbaugh 22:38

100%. I mean, like you're bringing up the issue of menopause, but I know even for like when people are pregnant, right, like when moms are pregnant, they often experience a whole wide range of differing emotions and intrusive thoughts and an increase in anxiety. And I think so often, when you go and get medical attention for that, or bring it up, it's kind of like, oh, yeah, that's normal. Like you have to deal with it. Like, you're like pregnant, like mood swings, or whatever. And then I mean, I don't know if I mentioned this, even in my old episode with you, but when I was like, six months postpartum with my son, I was like, in the depths of the shit, and I was struggling hardcore with postpartum OCD at that point. And my doctor pretty much had told me that like, Yeah, this is normal, like, your hormones are changing a lot. This is kind of like just how motherhood is going to be right now. Which is true, right? Like, hormones play a really big role. But like, it's also not like how my life should be like, I shouldn't just accept that as how my life is right? So hormones do definitely play a role. I mean, I work with women who they swear, every month at this time in their menstrual cycle, shit hits the fan. Like they just completely forget what it is that they're talking about, what they work together. And they just feel like they're underwater, like that brain fog that you were referencing, like, they just feel like I know all the things, but like, it just doesn't seem to apply to me for that week. And then they get their period. And they're like, Okay, everything's better like so yeah, hormones are a big deal.

Mia Voss 24:11

They are. It's harkening back to my period days I do remember just having some massive cries and being what the fuck is going on then the next day I'll be, Oh, oh, that's it. So I would say some good advice too, is to one to question things, and then not to accept and I know this is easier said than done, because nothing is harder to get your brain together than when you're sitting trying to cover your who and your boobs with a piece of paper and having an honest conversation. So one thing...

Jenna Overbaugh 24:41

See I'm not vulnerable at all. Or inferior whatsoever.

Mia Voss 24:46

Like side boobs hanging out. You can't even think straight I love it, how we're still compelled to hide our underwear. Right tuck things in on the chair. So I know for myself one great thing that's happening, that I do is write everything down beforehand, before the doctor's appointment and make a list before I go in there maybe even the night before I just spent some quiet time because and then I'll get home I'm like, Why in the world did I not say, XYZ. But you also touched on a great point of that, that you are being told that this is just normal.

Jenna Overbaugh 25:20

It's what we expect to be like, gaslit. Shout of the appointment. Right? Right.

Mia Voss 25:29

And then people get mad because they think you're coming in with your old weapon D thing so. So give me some solid takeaways that people can do if they even, one if you're have someone that you know, they're struggling because I don't want to say suffering, I want to say struggling with that one on either side. Because I'm not struggling with that. Because now I have my hormone replacement therapy, which I really have to keep up on. I even got the blood tests back and she's like, your testosterone levels are really long, like, I don't think so. I think I'm feeling pretty good. So, you know, questioning that. So give me some things that you talk to people about to some takeaways.

Jenna Overbaugh 26:09

So yeah, I think, one just acknowledging that like, we are always growing as a field, right, like as mental health professionals, like we're growing and kind of like responding to the world that is also very rapidly changing and getting like increasingly crazier as we go. And so we know so much more now than we did before. And in five years, we'll know so much more than we do now. So just like acknowledging that as part of the process, and then it's not perfect, but like anyone out there who like feels that they have anxiety, or they themselves I get asked this question probably 20 times a day. What's the difference between anxiety and OCD? What's the difference between you know, how would this post that you made Jenna about OCD differ from how...

Mia Voss 26:54

Or even like I said, anxiety and panic, right.

Jenna Overbaugh 26:59

So I use fear, worry, obsessions, intrusive experiences, and panic, kind of all synonymously, right, like, and that's because obviously, like to someone that might feel different, like panic might feel different than fear, but like, I approach them the same, like my target as a therapist is the same. So like, I don't have a prescription that's different for panic or a prescription that's different for fear or prescription from intrusive thought, like, my goal is to hear what it is that you're struggling with, to hear what your triggers are, to identify a plan that's challenging, but manageable for you in a hierarchical fashion to get you to gradually step a little bit more and more outside of your comfort zone. And what are the safety behaviors that you would typically do right, because in panic, there are safety behaviors and generalized anxiety disorder, there are safety behaviors and in OCD there are safety behaviors, although we call them compulsions. But it all functions the same, the cycle is the same, what we do as safety behaviors, it all helps temporarily, but it just negatively reinforces the fear and the worry for next time. And the treatment is obviously going to be the same too. So I just feel for anyone out there who's like, well, I have panic, or I have generalized anxiety disorder, but this OCD thing really resonates with me or this, like, let's just like, stop getting so hung up in the labels, like that's actually for professionals and for people who are struggling with the diagnoses, like let's just like release the labels really quickly, and identify like, what is the freaking point? Like, what's the function of these behaviors via which cycle is all of this happening? And how hopefully with a therapist, can you work to functionally break that cycle in a way that leads you to a more values driven life. You know, for insurance purposes, obviously, we need diagnosis, like we need a certain label to give you for diagnostic purposes. But beyond that, like people deserve so much more than just a label and this is like really regimented approach like, it's all about just like overcoming your fear. And that seems like so simple. And it's obviously so much harder than that. Overcoming your fear.

Mia Voss 29:06

It is, and thank you for that. Well, that was a good soundbite to because that that really helps people want to get outside of the label because you hear that and then you just kind of sink in and just wait for someone else to tell you. So I appreciate that you kind of touched on what would be one of the red flags is what I wanted to ask you in closing, what are some of the I love what not to do's. Yeah, so what are some of the red flags for people to look for when they're starting out on their journey or continuing on their journey for this?

Jenna Overbaugh 29:39

So a red flag to me would be if you are you know, given a diagnosis of generalized anxiety disorder and you are sent to someone who's just kind of like a generic talk therapist who doesn't really specialize in OCD exposure and response prevention or the treatment of anxiety disorders. Like I said my worst fear is that someone who actually needs like very specialized treatments via exposure and Response Prevention just kind of lands in the lap or in the office of someone who just does like more generic talk therapy, because not only can generic kind of talk therapy, and what I mean by that is just like, well, how does it make you feel? And let's talk about the root of all that. Where do you think that stems from in your childhood, like, it's just very lacks, and there's no clear direction, there is no clear guiding.

Mia Voss 30:28

And potentially dangerous too.

Jenna Overbaugh 30:31

It's not only not helpful, but it can be dangerous. And unfortunately, that's why it takes on average 10 to 17 years for people who have OCD to eventually get the right diagnosis and to get the right treatment because it boils back down to what we talked about, right? Like you go to a general practitioner, they don't understand anxiety, OCD or mental health. They give them this generic label of generalized anxiety disorder, they go and see a therapist, because that's what we're supposed to do. But that therapist has no idea what actually to do for that person. And it's not that it's not only not helpful, but it could be harmful.

Mia Voss 31:06

I agree, or just shoved a prescription.

Jenna Overbaugh 31:11

Oh, 100%. First, like things like Xanax, right? So things like Xanax and like benzodiazepines, I would rather someone, obviously, like I'm always pro-behavioral intervention, right? Like, I think that we should all learn the skills, we all need to learn the skills of what's going on in our brains and how we can learn new things to overcome that because shits gonna happen, the world is gonna get crazier and crazier. And we need to learn skills that are generalizable to new situations so that we can continue to be good people and have great lives, right? Medications are great, I take medication. But there's a difference with anxiety between SSRIs selective serotonin reuptake inhibitors or a Serotonin Reuptake Inhibitors. Those are the medications that you take like reliably every single day, regardless of how you feel. Versus PRN's which are known as needed medications. Those are going to be things like benzodiazepines, Ativan, Xanax, so on and so forth. Those things are the worst thing that somebody could do when you have anxiety or OCD or panic because it works like a safety behavior. You take that and you feel better but then you just negatively reinforced that for next time. Like, okay, thank goodness, I took that medication. Now your brain is like, okay, like, now I really need to have that medication with me for next time. I really can't tolerate feeling that way next time. So I need more of it and I need it sooner. And you just become more and more intolerant of that fear, of that panic and of that worry. So yeah, worst thing that somebody could do is, it's really bad when someone just gives you a medication, but doesn't talk to you about like actually how to help yourself. Like learning something even worse than that is like here's a benzodiazepine. There you go.

Mia Voss 33:02

On the flip side of that, the other awful people are usually MLM's that are like the how about you just take stop taking them all together. And here's an essential oil, or CBD.

Jenna Overbaugh 33:09

Or hypnosis, or this like green juice, there was a big thing on social media, it was like a really popular medical profile too. I forget what the name was, but like, he was talking about how OCD was the result of like a vitamin deficiency and how you just needed to drink celery juice. What makes that awful is when people actually believe it.

Mia Voss 33:35

Oh they do because they want [crosstalk], what we've also been sold the delegates of the instantaneous results of it. As opposed to doing that work. And real quick, I didn't realise that I did this. But I do have a beta blocker that I take, like my panic is pretty specific to speaking or presenting. They can be typical, but that for me is where it manifests the most. And so I have my beta blocker that I usually take that I had really gotten quite a system down, I always still have to practice quite a bit and know what I'm saying. Because if I stumbled that I definitely fall but I had forgotten them for a pretty big speaking thing. And so I did I got through it.

Jenna Overbaugh 34:19

That's amazing.

Mia Voss 34:22

Thank you.

Jenna Overbaugh 34:24

I bet you didn't want to.

Mia Voss 34:25

Hell no. I was ready to drive back 50 miles and be 15 minutes late just to do it. But I'm like, Bitch, you better get your ass up on that stage. And so...

Jenna Overbaugh 34:31

And like that is what exposure and response prevention is all about. Like teach you how to be able to do that. You don't want to do this thing and you feel shitty doing this thing. You won't have it any other way. But because it's aligning with your values and had you not done that like had you not gone through that and pushed yourself your brain unknowingly or not consciously or not, you would have had that information of like well, good thing you didn't go on stage and talk because you can't make it without your beta blocker. You can't do it on your own.

Mia Voss 35:04

Right, right.

Jenna Overbaugh 35:07

That sets you up. Whether you're aware of it or not like it sets you up to feel so shitty, but like how good does it feel to be able to do it.

Mia Voss 35:17

It was very empowering. And again, accidental so I can't take a ton of credit for it but I was able to recognize, not walking away from going that was horrible. I'll never do it again. But yes, you can do it just in case. So that that is empowering.

Jenna Overbaugh 35:34

I love that. And that's what yeah, that's what exposure and response reg is all about. Like, it's not about getting more confident speaking in front of people. It's not about thinking that toilets are less disgusting. It's not about any of these like superficial things. It's about what you just said, which is like I can handle it. Like to be able to develop that mental muscle and that mental bravery, of like, it's not going to be pretty, but I can handle whatever comes my way. Like I want, and anxiety and OCD is the antithesis of that, right? Like I'm not going to be able to cope, I'm not going to be able to handle it. And exposure and Response Prevention really does get you to build that mental muscle of like, No, you can handle it. It might not be pretty, but you can.

Mia Voss 36:18

Absolutely. Oh, this is so good. All right, where do we find you? That will be in the show notes too. But where do we find you?

Jenna Overbaugh 36:25

So I live mostly over on Instagram I'm over at @Jenna.overbaugh. I also have my own podcast, if you like to kind of what we chatted about. You can learn more about that podcast and listen more about me over on All Of The Hard Things. It's on all podcast platforms. But I'm also pretty active over at NOCD. We are a teletherapy company over there. So I'm usually on their Instagram talking about some cool stuff too. So yeah, that's really awesome places where you can find me, but mostly on Instagram and my podcast.

Mia Voss 36:57

Love it. Thank you for joining me today again, and I'll post the links to your previous show. And the other links you have. I appreciate you so much.

Jenna Overbaugh 37:05

Awesome. Thank you so much. It was really nice to talk to you as always

Mia Voss 37:09

Me too. Thank you