BASIC
Exposure and Response Prevention (ERP) for OCD

The Center for OCD & Anxiety, LLC
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Training Objective

- To create a clear understanding of the principles and goals of Exposure and Response Prevention by the end of this training as measured by successful completion of the post test.
- To be able to implement Exposure and Response Prevention therapy for the treatment of OCD by using practical strategies gained in this training as measured by successful completion of the post test.

OCD Introduction

- OCD in DSM V requires the presence of obsessions, compulsions, or both.
- Obsessions are defined as unwanted thoughts, feelings, or urges; unwanted experiences.
- Compulsions can be almost anything(physical or mental behaviors or avoidant behaviors) and are used to neutralize the discomfort produced by the obsessions or to prevent a feared event or situation from occurring.
- Symptoms are very diverse from one client to the next, and a thorough and ongoing assessment is needed to increase the effectiveness of treatment.

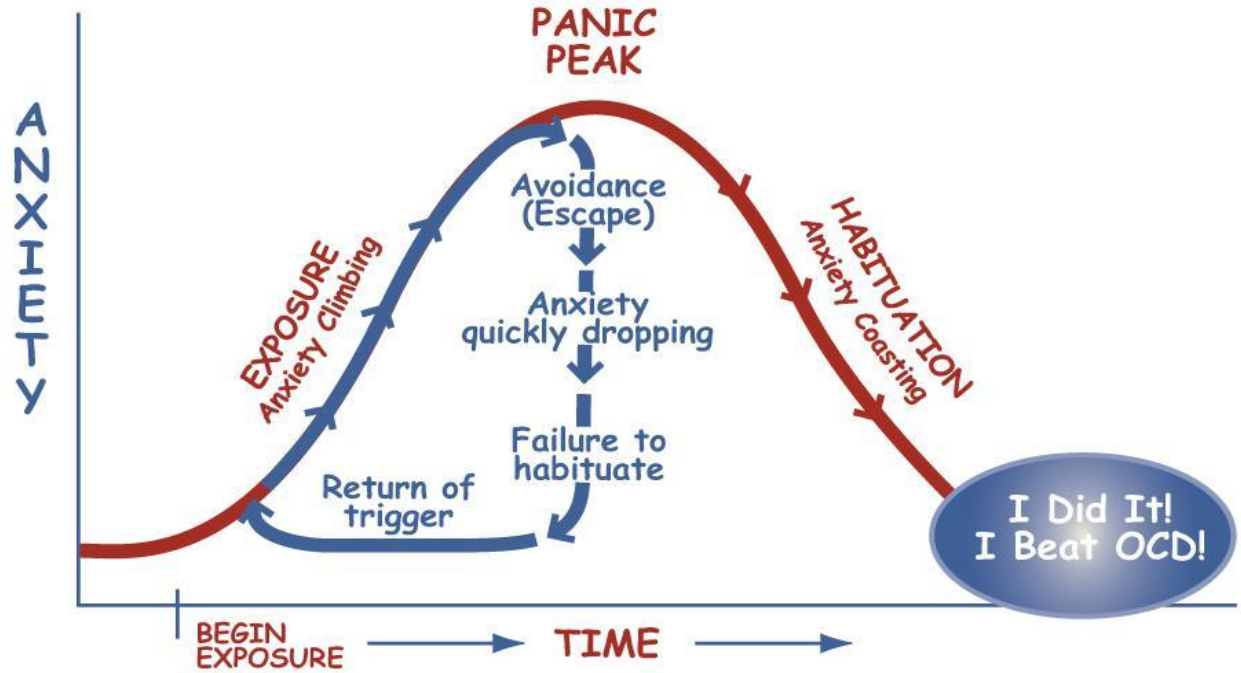
What is Exposure and Response Prevention?

- ERP or EXRP is a type of CBT specifically designed to treat OCD. It focused on confronting feared situations (exposures to triggers, thoughts, obsessions) and resisting compulsions (response prevention).
- ERP is the gold standard, evidence based, best practice treatment for OCD and has demonstrated a 60-100% success rate depending on the study.
- ERP is based on the idea that rituals reinforce OCD symptoms and that systematic exposure paired with response prevention helps reduce discomfort/anxiety over time.

Learning the Lingo

- Exposure: purposefully confronting thoughts, images, objects, situations, etc. that elicit the anxiety or feelings of discomfort
- Habituation: the idea that within exposure, or over many exposure practices, the anxiety/discomfort response will decrease
- Response Prevention: deliberately preventing the completion of compulsive behaviors or mental rituals, even when anxiety/discomfort is high
- Fear Ladder/Hierarchy: a list of feared situations ranked from least to most anxiety producing; used to guide the exposure process

The Vicious Cycle of Avoidance



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What Makes a Good Exposure?

- A safe, but reasonably triggering situation and the client allows this experience to occur!
- It feels uncomfortable!
- Repeated attempts are needed for habituation.
- Focus is on exposing threshold/distress tolerance levels
- Types of ERP:
  - Imaginal
  - In vivo
  - Planned or unplanned

What is Response Prevention?

- Pair the response prevention with the exposure part
- Helpful strategies to teach clients as they work toward full resistance include:
  - Delay
  - Walk Away
  - Limit
  - Change
  - Make Fun of It
- Variable that can be manipulated:
  - Proximity
  - Duration of time
  - Interaction with the trigger
  - Environment
  - People

Fear Ladders or Hierarchies

- Creating this ladder is often the first exposure
- List of activities that trigger the obsessional experience through exposure AND response prevention
  - Create physical sensations
  - Trigger uncomfortable emotions
  - Expose to troubling thoughts, images, situations, etc.
- Function First: any areas that are clearly impacting basic ADLs?
- Miracle Question?
- What's hard for you to do?
- No need for separate fear ladders

Fear Ladder Difficulty Ratings

- SUDS scale (0-100)
- 0-10 with 10 being the worst
- Thumbs up, down, or to the side
- Traffic light
- One made up by client!

Fear Ladder (Sample One)

SAMPLE LADDER FOR A CLIENT WITH SOCIAL PERFECTIONISM AND CONTAMINATION

- Have driving lessons with dad (would need to wear gloves for now)
  - Sit in least to most contaminated cars, remind self that I am contaminated (speech at the beach), with or without gloves
  - Go for a ride (people with me may make it easier, where we are going may make it easier, number of barriers or not?) VALUES focused, not contamination/habituation focused
- Spend at least half an hour reading my new woodworking book
- Make a meal for myself
  - FOCUS IS WHY I AM HERE, not what is gross/disgusting
  - Being in the kitchen with a values focused idea
- Put on a “regular” outfit (AKA something that I would want to wear out in the world, not just sweatpants or running shorts)
- Think about taking an online course this fall
- Go to an in-person therapy appointment to get used to leaving the house/confronting contamination issues
- Walk in neighborhood
- Walk to gym (but don’t actually go in yet)
- Do imaginal exposures in the house, looking at “contaminated” things & picturing touching/interacting with them without then engaging in compulsions

Fear Ladder (Sample Two)

Obsessions (thoughts, urges or fears the exposure is targeting)	
Response Prevention (rituals you're committing to resisting during exposure)	
Difficulty Level	Exposure

Steps to Implement ERP

1. Assessment
    a. Assessment Tools: YBOCS, CYBOCS, OCI, FAS
    b. Clinical Interview
2. Develop the ERP plan
    a. Create a fear ladder together with the client, “easier” to “harder” ERP
    b. Determine type of ERP (imaginal, in vivo, planned, or unplanned)
    c. Review use of coping and when to use as compared to distraction
3. Implement the ERP plan
    a. Rate anxiety before, during, or after each exposure in session and out of sessions
    b. Revise and repeat ERP

Overcoming Challenges

- Shame/Fear: client is embarrassed or distressed by the content of their OCD
  - As the clinician, do not be bothered by the disturbing content
  - Remind the client this information is needed for the whole ERP process to work
- Resistance: client does not want to engage in ERP because of the distress it causes
  - Education on rationale behind therapy, expected long term benefits
  - Engage with the client in the ERP side by side
  - Work the fear ladder–add more variety in terms of ERP
- Relapse: OCD is chronic and relapse is common
  - Plan for relapse and setbacks in treatment; adapt exposures and reinforce continued practice
- Motivation: ERP is hard!
  - Notice the small victories and remind clients of the benefits of treatment
- Everything is 10/10 and too hard
  - Explore in DETAIL to find places that are not actually 10/10

Case Example

- Nina, early 30s female, that prefers to work from home in her role as an executive administrative assistant
- Harm: fears that she will get sick and harm herself or others (mostly others)
- Reports that she can only spend time with people when she feels well and checks herself before leaving home
- Restricts time with friends and family, isolates from public places

Generalized Exposure Examples

- Write the word “illness”/say out loud
- Write the word “germs”/say out loud
- Draw a picture of a germ
- Draw a picture of yourself when sick
- Look at a still image of germs or doctor’s office/hospital
- Look at a still image of someone that is sneezing/coughing by others
- Look at a still image of a patient in a medical setting
- Look at a still image of a patient and family members in distress in a hospital setting
- Listen to only audio of sneezing or coughing
- Listen to audio of “illness sounds” with an image of someone that is visibly ill

Generalized Exposure Examples, Cont.'d

- Watch videos of medical patients (manipulate severity, duration of time)
- Read an article about a random illness that *has not* occurred nearby (perhaps in another state–manipulate severity)
- Read an article about a contagious illness that occurred nearby (perhaps in a nearby town–manipulate severity)
- Watch the news for 15 minutes (maybe new illnesses will be reported during this time, maybe not? maybe flu in your area will be reported? –manipulate duration of time)
- Watch videos with PPE being worn by people (manipulate types of PPE)
- Watch Grey's Anatomy, House, etc. and attend to medical procedures
- Watch documentaries about contagious illnesses (manipulate length of time, type of documentary)

Generalized Exposure Examples, Cont.’d

- Ask others to tell stories about their own experiences with illnesses/infecting others (scale based on severity of illness)
- Read obituaries that are related to contagious illnesses
- Find photos, videos, articles about illnesses and how they spread

Make sure that suggested ERP is not a ritual client is already completing

These examples would also need to focus on sitting with the discomfort without ritualizing; use delay/change/limit/make fun/walk away options

Specific Exposures for Nina

- Complete checking rituals and go to the store but limit all other precautionary measures (rechecking, safe distance from others, going multiple places, etc.)
- Spend time with family/friends as planned even if noticing something small in a full body check; resist rituals while with them
- Go into work instead of working remotely; limit additional rituals
- Practice clearing throat in public spaces, then with family/friends
- Check in the morning for illness before work, but do not repeat before spending time with friends after work
- Walk through the pharmacy aisle at the grocery store
- Resist (or take, depending on how OCD responds) cold medicine for moderate symptoms
- Manipulate proximity to friends/family by planning to spend time with them

Specific Exposures for Nina, Cont.'d

- Spend time with different people (least to most "at risk" from a possible illness) without precautions/rituals
- Plan social outings to maintain time with others
- Limit any researching rituals online
- Delay body scans
- Follow through on all plans committed to with friends, family, work
- Reduce reliance on body scan by shifting focus of scan
- Imaginal ERP of harming others by getting too close to them in public places
- Going grocery shopping instead of using Instacart
- Reduce reassurance seeking online or with others; coach family/friends to respond differently
- Review actual medical symptoms instead of OCD version of disease model

Summary

- OCD is detailed and complex; thorough assessment will help build better ERP.
- To generate ERP, practice identifying, isolating, and manipulating as many variables(proximity, duration of time, interaction with the trigger, environment, people) as possible and challenging rituals in many ways (delay, limit, change, walk away, make fun of it). This helps produce a long, thorough fear ladder.
- Resist the urge to immediately being working on specific triggering scenarios– get a full fear ladder and use generalized ERP to create success.

Resources//Contact Information

- International OCD Foundation (iocdf.org)
- *Freedom from OCD* by Jonathan Grayson (for adults)
- *What to do when your child has OCD* by Aureen Wagner (for parents of kids)
- Podcasts (Your Anxiety Toolkit, The OCD Stories, Fearcast, etc.)
- Access training, supervision, and consultation