Nashville OCD & Anxiety Treatment Center

Compassionate Exposure & Response Prevention Therapy

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What is ERP?

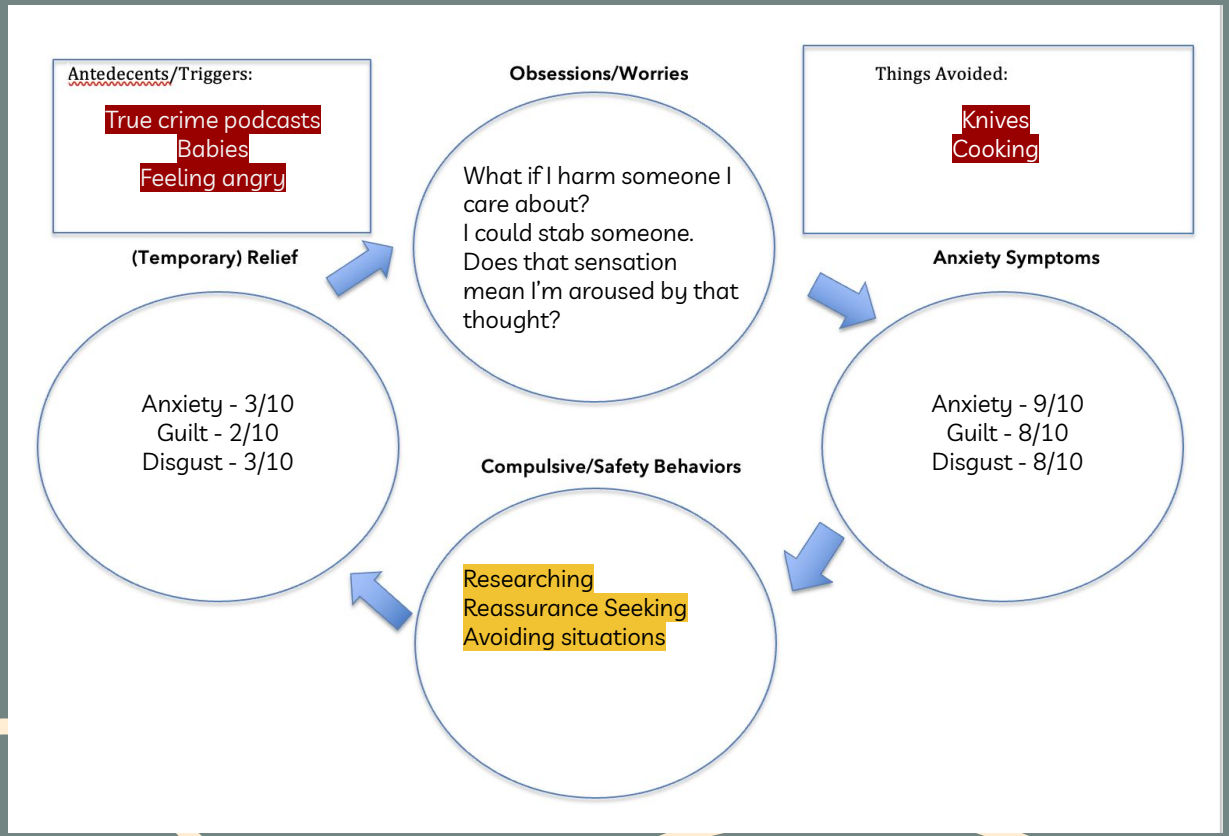
A form of CBT that gradually exposes clients to avoided anxiety stimuli while clients practice resisting the compulsive behaviors that maintain their fears. With repetition, commitment to reducing compulsive behaviors, and use of CBT techniques to restructure beliefs associated with fears, clients generally experience a reduction in both the intensity and frequency of their anxiety.

ERP is considered the “gold standard” treatment for OCD and is also used to treat anxiety disorders (e.g., Foa et al, 2005; Simpson et al, 2008). When completed, it has a 65-80% success rate for children, adolescents, and adults (Abramowitz et al, 2010).

The typical course of treatment

- First, clinician and client identify compulsions that maintain fears.
- Client begins response prevention, or, starts to reduce the frequency of their compulsions.
- Clinician and client collaboratively create a values-based fear hierarchy with the aid of a SUDS scale.
- Exposure: client repeatedly interacts with a variety of anxiety provoking stimuli without doing compulsions.
- Using CBT, clinician and client process exposure experiences to aid in the corrective learning needed to create fear reduction.
- Client experiences decrease, but not total elimination, of intensity and frequency of anxiety.
- Client is able to co-exist with their OCD or anxiety disorder.

SYMPTOM MAPPING



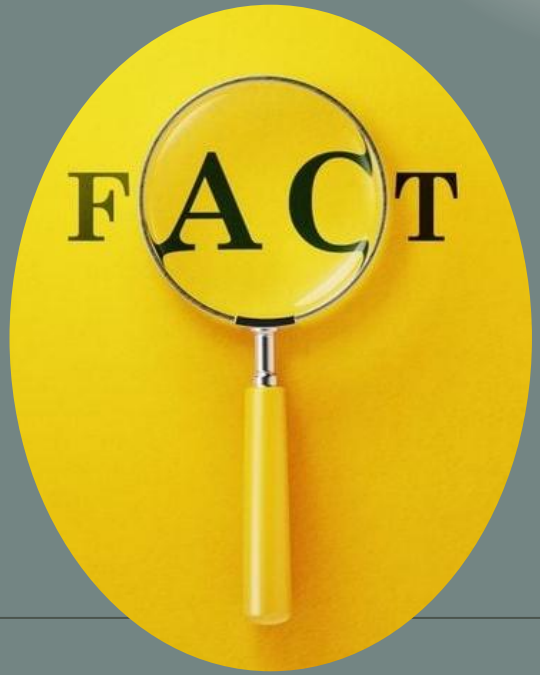
Exposure

Response Prevention

RESPONSE PREVENTION

Exposure without response prevention is a surefire way to strengthen rather than weaken anxiety and OCD.

SAY IT AGAIN!



“Evidence based treatment focuses on symptoms and doesn’t take into account the person and their culture more holistically.

“Having OCD is traumatic and exposure retraumatizes people.”

“People are forced to do exposures and it’s not collaborative.”

“Some therapists seem to get a kick out of seeing how far they can push exposures, which is offensive to those with lived experience.”

— Chatter in our community!

“People are forced to do exposures and it’s not collaborative.”

Relevant ACA Code sections:

A.2.a Informed Consent

A.4.b Personal Values

B.1.a Multicultural/Diversity Considerations

“Having OCD is traumatic and exposure retraumatizes people.”

Relevant ACA Code sections:

A.2.a Informed Consent

A.4.a. Avoiding Harm

C.7.c. Harmful Practices

Some therapists seem to get a kick out of seeing how far they can push exposures, which is offensive to those with lived experience."

Relevant ACA Code Sections:

C.7 Treatment Modalities

C.7.a: Scientific Basis for Treatment
C.7.b: Development and Innovation
C.7.c: Harmful Practices

C.6.d Exploitation of Others

“Evidence based treatment focuses on symptoms and doesn’t take into account the person and their culture more holistically.”

Relevant ACA Code sections:

- B.1.a Multicultural Considerations in disclosure
- A.4.a. and b. Avoiding Harm and imposing values
- C.7.c. Harmful Practices
- E.5.b Cultural Sensitivity

HOW WE PRACTICE ERP

Compassionate
Consensual
Flexible
Using Evidence Based Practice
Developmentally Appropriate
Culturally Appropriate

DONALD

Donald is a 34-year-old Black cisgender man whose wife encouraged him to contact the clinic for anxiety. He has an OCD presentation with a fear of stealing things or being arrested. He avoids going into stores without his wife or other safe people. He only goes into stores in daylight hours, and only wearing more formal clothing. His wife is the only person who is aware of his symptoms, as he avoids situations where he might be triggered, and is not comfortable sharing with other family or friends. He presents as soft spoken and excessively kind at times, but has been observed interacting with a black staff member with much more ease.

ASSESSMENT – know your tx targets

Verify appropriate level of care, done by clinical interview and formal assessment. If culturally appropriate, include supporters

The clinical interview is the most important assessment tool in your arsenal. Use at least one assessment measure if not more for dx clarity and to establish a baseline.

- Yale-Brown Obsessive Compulsive Scale (YBOCS)
- Anxiety Sensitivity Index (ASI)
- Beck Depression Inventory (BDI)
- OBQ-44

Ethical, compassionate assessment

- Yale-Brown Obsessive Compulsive Scale (YBOCS) Are these avoidances realistic? Are they compulsions?

- OBQ-44- measuring excessive responsibility- Does the responsibility this client feels toward ensuring he is perceived in a positive manner make sense? What of this is workable, what is not? Would he expect a peer to take the same amount of responsibility?

PSYCHOEDUCATION – setting the stage

Without a rationale, ERP can feel disrespectful and abusive. To mitigate this:

- Cite evidence base. Cultivate hope without promises.
- Describe processes. Use metaphors or personal examples.
- Outline anxiety or OCD cycle.
- Assess for understanding.
- Be curious about places where this may not “work” for their particular set of circumstances, be open to hearing their perspective

EXPOSURE DOs

- Collaborate with your client.
- Use respectful language and humor judiciously.
- Laughter and fun are actually okay as long as they aren't at the expense of engagement with the feared item.
- If there are knowledge deficits make sure to provide information first (e.g., do they understand how disease spreads). Also do YOU have any information deficits you need to address?
- Select exposure targets that relate to the client's desires/values.
- Build resilience and reconnect client to valued behaviors.
- Don't limit yourself to the office!

EXPOSURE DON'Ts

- Never do exposures without consent or thorough psychoeducation.
- Don't engage in exposures to "prove" that nothing bad will happen, it's about reasonable risk.
- Beware of playing up negative possibilities- keep it real. Something can be possible but not probable.
- Don't shy away from tough exposures if they will be helpful.
- Things like sensory issues or routine preferences (e.g., in autism) may not be suitable targets.
- Don't choose arbitrary targets – they won't feel like positive experiences
- People are not props – justice based ERP

RESPONSE PREVENTION

Safety behaviors serve to mitigate anxiety but end up providing negative reinforcement or otherwise sustaining the cycle

- Compulsions in OCD
- Safe people (mom/dad, partner, best friend)
- PRN medication (spare benzo just in case)
- Avoidance
- Rumination (figuring out, PGA)

They both prevent habituation or tolerance, as well as prevent an individual from forming new cognitive appraisals of threat situations.

HELPFUL v UNHELPFUL ACCOMMODATION

Accommodation generally that is UNHELPFUL
- Kids missing school - is it reinforcing the behavior
- Reassurance - in the therapy relationship and as external compulsions

Not every repetitive beh is a compulsion (e.g., Autism)
Cultural context - don't have to stop prayer completely
Compulsions that are steps along the way toward valued behavior

Not expecting perfection - no punishment for compulsions, etc

COGNITIVE STRATEGIES

At best, these provide another perspective or new knowledge.

At worst, clients will feel invalidated or misunderstood (gaslighting).

COGNITIVE STRATEGIES

- Less about traditional thought restructuring and more about learning ways to relate to obsessive thoughts
- Validation is crucial as a first step, we're not questioning their experience or knowledge
- Socratic questioning to have client come up with answers
- Can then use prompts to generate alternative explanations.
  - Can you think of another reason for that?
  - Do you have any evidence for that from your past? Or currently?
  - What would you tell a friend who said that to you?
- If client is aware that logic is flawed (very common!), they may become frustrated

METACOGNITIVE WORK

- Thinking about thinking
- Thoughts as dangerous
  - Moral thought-action fusion
  - Likelihood thought-action fusion
  - Thought-thought fusion
- Thoughts as meaningful
- Beliefs about thinking strategies
  - Worrying/rumination is helpful
  - Thought suppression works