Getting Unstuck: Discovering RF-ERP

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Understanding OCD & Treatment Approaches

- **Definition of OCD:** Characterized by intrusive thoughts (obsessions) and repetitive behaviors (compulsions).
- **Subtypes of OCD:** Contamination, Harm OCD, Scrupulosity, Pure-O, etc.
- **Standard Treatments:**
  - **Cognitive Behavioral Therapy (CBT)**
  - **Traditional Exposure and Response Prevention (ERP)**
  - **Medication (SSRIs, Augmentation Strategies)**
- **Challenges in Treatment:**
  - Traditional ERP effectively reduces compulsions but often **overlooks mental compulsions (rumination).**

Introduction to RF-ERP

- **Developed by Dr. Michael Greenberg** to address **mental compulsions.**
- **Core concept:**
  - RF-ERP targets **rumination—the mental process of problem-solving or "figuring out" obsessive thoughts.**
  - Rather than **preventing physical compulsions**, RF-ERP focuses on **reducing engagement with intrusive thoughts.**
- **Why This Matters for Clinicians:**
  - Patients often misunderstand **response prevention** as "resisting thoughts" rather than **disengaging from them.**
  - RF-ERP emphasizes **mental disengagement** instead of attempting exposure to uncertainty alone.

Case Formulation

Greenberg's Case Formulation Approach

- **Key Components:**
  - **Primary Obsession:** The intrusive thought or fear that triggers distress.
  - **Mental Compulsion:** The repetitive thinking pattern used to reduce anxiety (e.g., rumination, analysis, mental checking).
  - **Emotional Avoidance:** The deeper emotional conflicts driving compulsive behaviors.
  - **Perceived Problem to Solve:** The illusion that the obsession requires resolution (e.g., "I must figure this out").
  - **Therapeutic Goal:** Shifting from solving the obsession to **mental disengagement** and emotional processing.

Structuring RF-ERP Sessions

Phase 1: Initial Assessment & Case Formulation

- Conduct a thorough **evaluation of OCD symptoms**, focusing on mental compulsions.
- Establish treatment goals: **reducing engagement with intrusive thoughts** rather than controlling them.

Phase 2: Psychoeducation & Cognitive Reframing

- Explain **how mental compulsions sustain OCD symptoms.**
- Challenge the **illusion of needing certainty** ("You don't need to figure this out, you need to stop trying to figure it out").

Phase 3: Active RF-ERP Implementation

- Introduce **disengagement exercises** (not traditional exposure exercises that lead to mental checking).
- Guide patients in allowing intrusive thoughts **without mental engagement.**

Phase 4: Monitoring Progress & Relapse Prevention

- Track improvements **not by fewer intrusive thoughts** but by **decreased rumination and avoidance.**

Identifying the Core Fear

1. Definition of Core Fear

- **Core Fear**: The central, deeply rooted fear or belief driving an individual's anxiety or obsessive-compulsive behaviors.
- Often tied to existential concerns, identity, or moral values (e.g., fear of being a bad person, fear of harm, fear of uncertainty).

2. Role of Core Fear in Anxiety Disorders

- Acts as the foundation for surface-level symptoms (e.g., compulsions, avoidance behaviors).
- Drives the cycle of obsession and compulsion by creating a sense of urgency to neutralize perceived threats.

3. Identifying the Core Fear

- **Exploration**: Therapist and client collaboratively explore recurring themes in intrusive thoughts and compulsions.
- **Questions**: "What are you most afraid would happen if you didn’t engage in this behavior?" or "What does this fear mean about you or the world?"
- **Patterns**: Identifying patterns of catastrophic thinking or deeply held beliefs.

Core Fear (cont.)

4. Resonance-Focused Approach

- **Resonance**: Encourages the client to emotionally connect with their core fear rather than avoiding or suppressing it.
- **Validation**: Acknowledges the emotional weight of the fear without judgment.
- **Empathy**: Therapist provides a safe space for the client to explore and process their fear.

Core Fear (cont.)

5. Exposure and Response Prevention (ERP) Integration

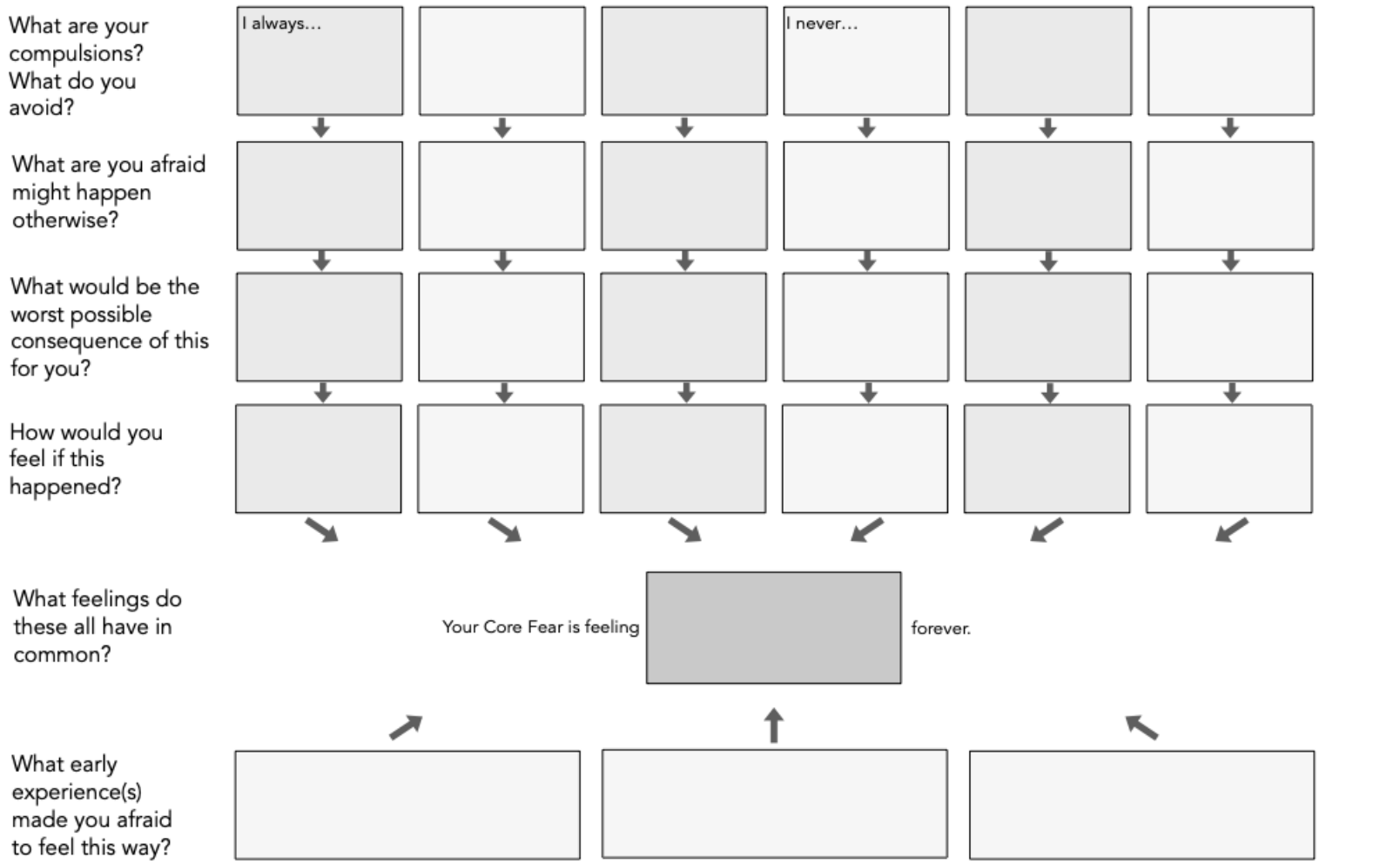
- **Exposure**: Gradual, systematic exposure to triggers associated with the core fear.
- **Response Prevention**: Resisting compulsive behaviors or avoidance strategies that reinforce the fear.
- **Core Fear Focus**: ERP is tailored to directly address the core fear, not just surface-level symptoms.

6. Reframing and Resilience Building

- **Cognitive Reframing**: Helping the client challenge and reframe distorted beliefs tied to the core fear.
- **Acceptance**: Encouraging acceptance of uncertainty and imperfection as part of the human experience.
- **Resilience**: Building emotional resilience to face fears without reliance on compulsive behaviors.

Identifying the Core Fear

www.drmichaeljgreenberg.com



Types of OCD Integrating Core Fear

1. Loss of Attachment as the Core Fear

- Symptoms are driven by the **fear of being without attachment**.
- Each person experiences this fear uniquely, making personalization crucial.

2. Vulnerability to Loss of Attachment as the Core Fear

- The individual fears **the possibility of losing attachment more than the loss itself**.
- They prefer **stability over attachment**, sometimes engaging in **self-sabotaging** behaviors to avoid the uncertainty of attachment loss.
- Anxiety may feel “safer” than calmness, leading to compulsive rumination to maintain a sense of control.

3. The Symptom Itself as the Core Fear

- Instead of an external consequence, the individual **fears being trapped in their symptoms forever**.
- Common in **sensorimotor OCD, contamination fears, and compulsive behaviors**.
- Often arises from **shame and invalidation** related to symptoms, leading to a **double conflict** – both the original fear and fear of the symptom itself.

Example Case Formulation: Harm OCD (Pure O)

Primary Obsession: "What if I hurt someone?"

Mental Compulsion: Analyzing past behaviors, checking for reassurance, rationalizing fears.

Emotional Avoidance: Fear of guilt, fear of moral failure, intolerance of uncertainty.

Perceived Problem: "I must find definitive proof that I won't harm anyone."

RF-ERP Intervention:

Teaching disengagement from mental analysis.
Addressing **underlying emotional conflicts** to break the OCD cycle.
Shifting from **control-based thinking to acceptance of uncertainty**.

Clinical Techniques

Disengagement Training: Teaching patients to **observe intrusive thoughts without engaging** in mental analysis.

Cognitive Defusion: Separating self from obsessive thought patterns

Emotional Processing Approach:

Identifying how emotional avoidance reinforces OCD symptoms.

Addressing **underlying emotional conflicts** rather than symptom suppression.

Practical Exposure Exercise:

Instead of “sitting with uncertainty,” patients practice **letting thoughts pass without analyzing them.**

Exercise #1

Don't ruminate.

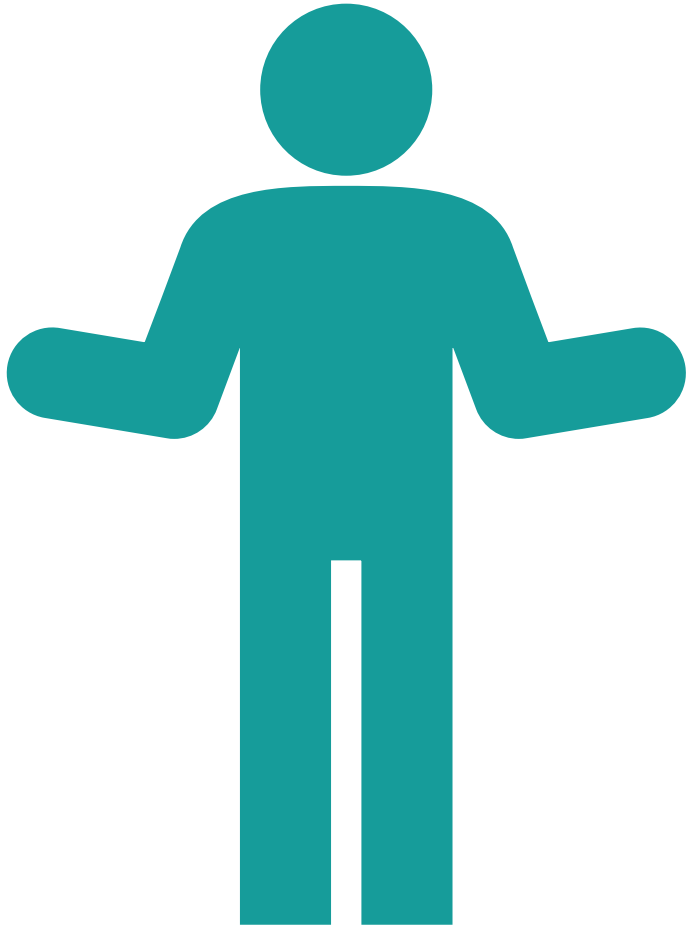
If there is a problem that you usually ruminate about,

Your job is to ***not try to solve that problem****.*

Don't try to push it out of your mind or forget about it.

Don't actively try to keep it in mind either.

- *It can be there or not be there; it doesn't matter. Your job is to not try to solve it.*



Exercise #1: Testing Results:

- Ask: *What is your anxiety level, from 0-10?*
  - **Goal is as close to 0 as possible**
  - **If not 0 then identify the stops:**

1. Trying to figure something out ('rumination proper')
2. Directing attention/monitoring
3. Keeping their guard up
4. Pushing away thoughts, trying not to let thoughts enter awareness
5. Using mindfulness or 'bad distraction'
6. Engaging in self-talk

Exercise #1: Testing the Results

- If anxiety gets close to zero, then ask: *Did that feel totally easy? How much of an effort were you making, from 0 to 10?*

- **Key is that ruminating is doing something (awareness vs. attention). Not ruminating should be effortless**
- **Review stop points if effort is above 0**

Exercise #2: Practice the Technique

Say: *Let's ruminate for 30 seconds, and then stop and not ruminate for a minute."*

Time is not important, mastery is. Repetition is key.

Stuck points are important.

Say: *Now that you know you can turn rumination off even when you're anxious, let's practice doing it even when you encounter a trigger. Let's do/read/look at something triggering for a moment (as little time as it takes to do/read/look at it) and then refrain from ruminating.*

Practice at home

Exercise 3: Exposure & Response Prevention

- Goal is to not get anxious vs being “comfortable” with anxiety

Summary

- RF-ERP therapy **targets rumination as a mental compulsion**.
- Emotional avoidance **is a key driver of OCD symptoms** and must be addressed.
- Success is measured **by disengagement from obsessive thinking, not the absence of intrusive thoughts**.

Therapists guide patients toward **mental disengagement rather than fear-based control strategies**

Resources

- https://drmichaeljgreenberg.com/

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