Exposure and Response Prevention Therapy for Obsessive-Compulsive Disorder
Obsessive-Compulsive Disorder
Obsessive-Compulsive Disorder

- Chronic, debilitating disorder affecting 2% of the population
- Top 20 causes of illness-related disability age 18-44 (WHO report, 2001)
- Sufferers see 3-4 doctors and spend ~9 years in treatment before correctly diagnosed; 17 years before proper treatment (Seibell et al., 2015)
- DSM-5 update: new section ‘OCD and Related Disorders’
- Y-BOCS
The Mindfulness Workbook for OCD (2013) by Hershfield & Corboy

The OCD Workbook 3rd Ed. (2010) by Hyman & Pedrick
Exposure and Response Prevention
Exposure and Response Prevention (ERP or EX/RP)

**Exposure** - putting oneself in a circumstance which triggers anxiety, discomfort or distress.
Types: In vivo, imaginal, interoceptive

**Response Prevention** - refraining from a compulsion in order to allow for new learning and habituation.
CBT vs. ERP vs. BT vs. CT

- **Behavior therapy** and **ERP** are generally synonymous
- **Cognitive therapy** involves cognitive restructuring and identifying/changing maladaptive beliefs
- In **cognitive-behavioral therapy**, the exposure exercises are designed to test evidence for maladaptive beliefs
- In practice, can be difficult to distinguish between them

(Graven et al., 2009; Wheaton et al., 2015)

 ERP has larger body evidence and should be included in treatment
History of ERP

- OCD previously considered intractable
- Birth of ERP in 1966 by Victor Meyer
- In original behavioral model, habituation was emphasized
- In the 1970s Rachman & Marks developed imaginal exposure as well as the graduated exposure method
- 1980s/1990s Foa and Steketee validated importance of daily homework and introduced cognitive methods

(Wheaton et al., 2015 & Greist & Abrahmowitz, 2016)
Mechanism of Action

- **Emotional Processing Theory** - Activation and modification of “fear structure” through habituation - Foa & Kozak (1986)

- **Inhibitory Learning** - Fear is challenged with new safety information. How much fear decreases not predictive of outcomes - Craske and colleagues (2008)

- **Neurobiology models** - Compulsions as habits that require breaking - Gillan and colleagues (2014)
Literature and Evidence
Literture and evidence...

- APA and NICE recommend CBT, especially ERP, as first-line treatment alone or with medication for mild to moderate OCD (APA, 2007; NICE, 2014)
- CBT and ERP are effective, ERP may be superior.
- BT mean Y-BOCS difference -14.48 (Lancet, Skapinakis et. al, 2016)
- Improvement in 75%, ERP recovery rate of 60%, CBT 53% (Fisher & Wells, 2005)
Literature and evidence...

- CBT and ERP are at least as efficacious as medications
- Group CBT & ERP are effective
- CBT is effective in general outpatient settings with typical patients
- 65% of adults treated with SSRI, only 7.5% CBT (Blanco et al., 2006)
- The best treatment is likely SSRI and ERP
Don’t forget ERP as an adjunct or even first line treatment
Administration of ERP
The Process

1. Psychoeducation about OCD and ERP process
2. Y-BOCS symptom checklist and symptom tracking
3. Choose an OCD symptom domain and develop a hierarchy
4. Do an exposure in session, practice allowing distress
5. Give patient well-defined homework and tracking sheet with SUDS rating
6. Repeat exposure at least daily until it becomes “boring” or SUDS decreased by half
7. Move to next exposure on the hierarchy
The OCD Cycle

Adapted from *Overcoming Obsessive Thoughts* (2005) by Pardon, C. & Clark, D. A.
Trigger
Used restroom
Trigger
Used restroom
→ Intrusive Thought
Trigger
Used restroom

Intrusive Thought
What if my hands aren't clean enough?
Trigger
Used restroom

Intrusive Thought
What if my hands aren't clean enough?

Appraisal