

Introduction to Exposure Therapy for Obsessive Compulsive Disorder

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The Exposure Myth...



"In just six hours you will be simultaneously cured of your fear of snakes, heights, small spaces and commitment."

Exposure Therapy for OCD: Workshop Agenda

- What is Exposure Therapy?
- Treatment Components
- “Doses” of Exposure Therapy
- Examples of Exposure Therapy for OCD
- Discussion/Questions

What is EXPOSURE?

- Exposure is a procedure in which you purposely confront objects or situations that prompt distress
- You stay in those situations long enough for your anxiety to decrease **by itself**

“Habituation”

- You may believe that your discomfort will last forever unless you avoid or escape such situations
- You may feel as if you couldn't handle such a situation
- As you will find out, this is not true.
 - At first, you can expect to feel anxiety or discomfort.
 - After exposure practice, these situations will no longer make you feel as uncomfortable as they once did (you “get used to it”)
- This process is called ***habituation***
(Foa et al, 2002)

Exposure & Ritual Prevention for OCD

EX/RP is a type of cognitive behavioral psychotherapy that is designed to break **two** types of associations that occur in OCD:

- The association between sensations of distress and the objects, situations, or thoughts that produce this distress (“obsession = anxiety up”)
- The association between carrying out ritualistic behavior and decreasing the distress (“compulsion = anxiety down”)
- EX/RP breaks the automatic bond between feelings of anxiety and ritual behaviors

How does EX/RP work?

- Obsessions
 - Goal is to demonstrate that we can have thoughts and experience distress without “losing control” or “having to shut anxiety down”
 - EXPOSURE is the key intervention
- Compulsions/Rituals
 - Goal is to demonstrate that rituals are short-term anxiety reducers that **ultimately** increase obsessions
 - RITUAL PREVENTION is the key intervention

OCD Treatment Guidelines (2007)

- CBT and serotonin reuptake inhibitors (SRIs) are recommended as safe and effective first-line treatments for OCD
- CBT that relies primarily on behavioral techniques such as exposure and response prevention (ERP) is recommended because it has the best evidentiary support

*American Psychiatric Association. Practice guideline for the treatment of patients with obsessive-compulsive disorder. *Am J Psychiatry* 2007; 164(suppl):1–56. Available online at: http://www.psych.org/psych_pract/treatg/pg/prac_guide.cfm.

Exposure Success Rates

- “Within the span of about 20 years, the prognosis for individuals with OCD has changed from **poor** to **very good** as a result of the development of ERP.” (Abramowitz, 2006)
- “Exposure and response prevention (ERP) appears to be the most effective treatment currently available, with 50-60% recovered.” (Fisher & Wells, 2005)
- About 7 out of 10 people with OCD will benefit from either medicine or CBT, specifically EX/RP (Griest & Jenike, 2009) *brain changes*
 - Typical OCD symptom reduction: Medication 40-60%, CBT 60-80%
 - Up to 25% of patients REFUSE or DO NOT COMPLETE Exposure
 - Research needed here; See Muller & Schultz, 2012:
<http://jrul.libraries.rutgers.edu/index.php/pcsp/article/view/1800>

The Components of Treatment

- Assessment of Symptoms
- Psychoeducation
- Assessing Anxiety: The “SUDS” scale
- Developing the Exposure Hierarchy
- “Banning” Rituals
- Exposure: In-session, In Vivo, Imaginal, Homework, “Home” work
- Maintenance

Assessment of Symptoms

- Clinician assesses presence of cardinal features of OCD for diagnosis
- Clinician assesses history, severity, and level of impairment of symptoms
- Clinician assesses type of obsessions and compulsions to tailor treatment
 - **Yale Brown Obsessive Compulsive Scale (Y-BOCS;** Goodman W.K, Price L.H, Rasmussen S.A, et al. The Yale–Brown Obsessive–Compulsive Scale: Development, use, and reliability. Arch Gen Psychiatry 1989;46:1006–1011)

Psychoeducation

Information about OCD including:

- Theories of the development of OCD
- Statistics about OCD (1 in 100 adults, 1 in 200 kids)
- Common symptoms
- Available treatments and their effectiveness

Introduction to EX/RP:

- Goals of treatment
- Review of treatment components (with examples!)

Assessing Anxiety: The “SUDS” scale

- Anxiety “temperature”
- **Subjective**
Units of
Distress
Scale
- Ratings based on 0-10 or 0-100 scale

Developing the Exposure Hierarchy

- The anxiety “ladder”
- List of feared and avoided things, places, situations → MUST look at reasons (fear, bad things, bad thoughts, “just doesn’t FEEL right”)
- Each item receives a subjective SUDS rating
- Items are ranked in order from least distressing to most distressing
- Serves as the backbone of the exposures

“Banning” Rituals

- Exposure is important, but rituals/compulsions must also be addressed
- When the exposure phase begins, rituals must be “banned”
- Not doing rituals aids in exposure, allows for full immersion in anxiety
- Shows that rituals are NOT the only way for anxiety to dissipate
- **EX or RP alone** → not as effective

Exposure

- Systematic, based on the hierarchy
- In Vivo- “in the life/living”, real life situations
 - With therapist in session
 - As homework
- Imaginal- using the imagination to “picture” being in the exposure situation
- “Home” work- therapy sessions in the individual’s home/work environment

Maintenance

- Review of gains made in treatment
- Plan for continuing exposures completed in therapy
- “Script” for coping with new obsessions and urges to perform rituals
- “Once you have the tools, you can apply them to **ANY** situation. Does it make you anxious? Do it! Does it make you less anxious? Stop it!”

“Doses” of Exposure Therapy

- Intensive Treatment Programs
- Weekly Treatment
- Guided Self-help
- Self-help

A few notes about EXPOSURE...

- Exercises must be **well-designed** and **systematic**
- Must do exercises correctly for exposure to work (no “safety behaviors”, no “disconnecting”)
- What you get out of exposure and ritual prevention depends heavily on what you put into it (homework practice is key)

Examples of Exposure Therapy

Sample hierarchy:

Item	SUDS
Put mail in mailbox, do not open to check	25
Unplug iron, leave room without checking	30
Walk away from door, no checking lock	45
Not calling husband to see if he got to work safely	60
Driving down Route 9 without stopping to check if hit someone/something	80

Morgan

- MTV's documentary "True Life: I Have OCD"
- Age 23
- Fear that something bad will happen to her mother / mother will die
- Does rituals to try to prevent this, e.g., praying, lining objects up, avoids seeing blood
- Clip of her in-session/in-vivo exposure

Jessica

- MTV's documentary "True Life: I Have OCD"
- Age 18
- Fear of / worry about vomiting
- "If I do something wrong, I may vomit", does rituals to "prevent" vomiting
- Clip of her homework exposures

Stephanie

- BBC / Discovery Channel documentary “Obsessions: Who’s Normal Anyway?”
- Fear of contamination, involving her son catching a disease
- Clip of her “home” work exposure with her therapist

The Role of Reassurance

- Many people with OCD ask for reassurance
- This is a ritual
- Therapist will identify reassurance seeking (active and passive) and will point it out
- Reassurance may interfere with the exposure (temporarily reduces anxiety that is needed to promote habituation)

Finding an Exposure Therapist

- **Ask about:**
 - Training and experience providing EX/RP
 - Assessment procedures they use
 - Do they offer “home” work and out-of-office exposure sessions?
 - Have them explain EX/RP to you
- **Where to find an exposure therapist:**
 - www.abct.org
 - www.ocfoundation.org (*Excellent resource, printable forms, etc.)
 - www.academyofct.org
 - www.abpp.org
 - Established expert treatment centers for OCD- call / email for referrals

Resources

- **Training in Exposure Therapy for OCD**

- Center for the Treatment and Study of Anxiety at University of Pennsylvania; Dr. Edna Foa: www.med.upenn.edu/ctsa

- **Books and Articles**

- Exposure and Response (Ritual) Prevention for Obsessive-Compulsive Disorder: Therapist Guide (Treatments That Work series) by E. Foa, E. Yadin, & T. Lichner, 2012, Oxford University Press. (*client workbook also available)
- Getting Over OCD: A 10-Step Workbook for Taking Back Your Life (Guilford Self-Help Workbook series) by J. Abramowitz, 2009, Guilford Press.

- **Intensive & Inpatient OCD Treatment Programs**

- The OCD Institute at McLean Hospital, Belmont, MA: www.mclean.harvard.edu/patient/adult/ocd.php

Questions/Discussion

- Stephanie's Final Comments

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