EXPOSURE RESPONSE PREVENTION THERAPY FOR OBSESSIVE COMPULSIVE AND RELATED DISORDERS

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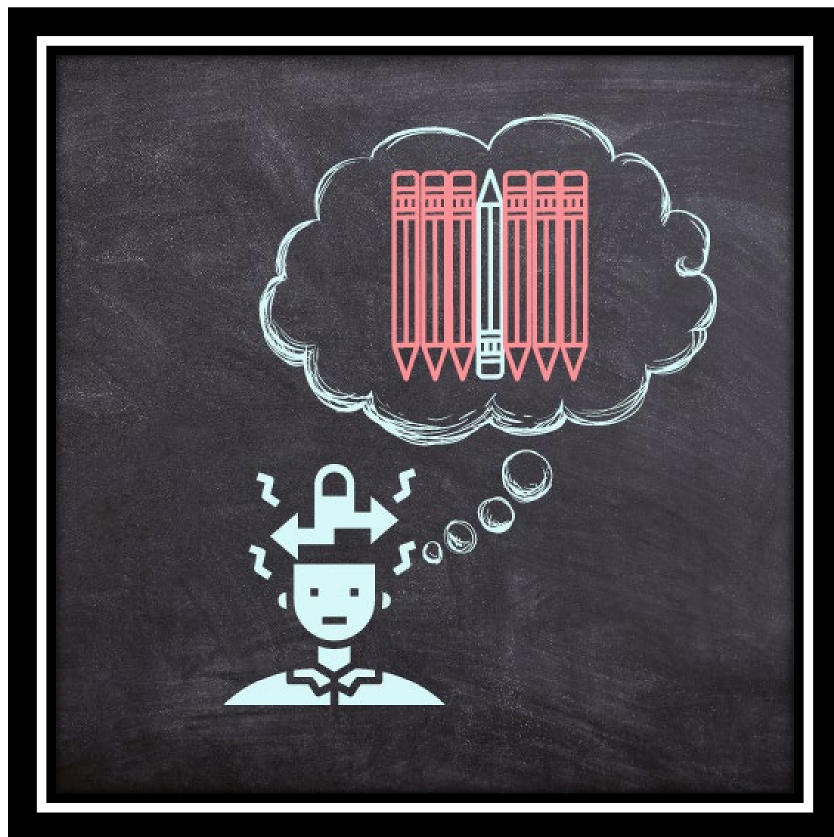

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WHAT ARE OBSESSIVE COMPULSIVE AND RELATED DISORDERS?

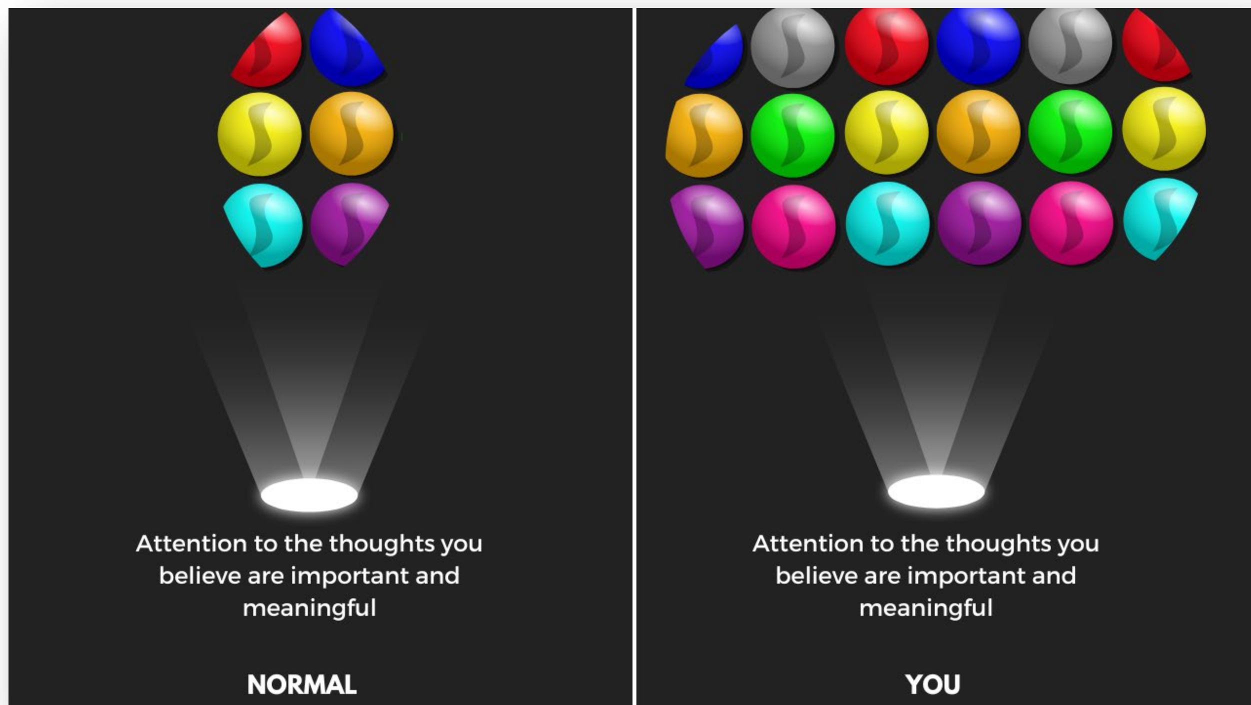
Being a "neat freak" has little to do with obsessive compulsive disorder.

Obsessive Compulsive Disorder (OCD) is a type of anxiety disorder where individuals experience intrusive and unwanted thoughts (or images) followed by compulsive behaviors that attempt to reduce the anxiety and distress. There are many misconceptions about OCD and its many manifestations.

What are Obsessions?

Obsessions are intrusive thoughts (or images, feelings, or sensations) that pop up at inconvenient times and stay there. These thoughts can cause a lot of anxiety and distress. This is because those suffering with OCD attach greater meaning and significance to every thought, feeling, or experience they have.

The figure below illustrates this point. The marbles represent all the thoughts, feelings, and sensations we have, and the spotlight represents the focus of our attention.



Normally, we filter the thoughts, feelings, and sensations we experience and only direct our attention to those that are truly meaningful and important. However, those with obsessive compulsive disorder (and other anxiety disorders) place significance on nearly every thought, emotion, and sensation they experience. This is because the "alarm system" is constantly signaling that "something is wrong."

It's difficult to be mentally present to experience life's joys when your attention is constantly being hijacked and directed to the thoughts, feelings, and sensations that you believe are significant. It's also an exhausting existence.

Obsessions are usually mental events.

A few examples of obsessions include

- Contamination fears (fears about being contaminated with germs or being dirty)
- Health obsessions (worrying about having cancer or some other devastating disease without any clinical evidence that it exists)
- Responsibility obsessions
- Harm obsessions (e.g., fear of losing control and hurting self or others, fear of hurting your child/newborn)
- Sexual orientation obsessions (e.g., fear of being homosexual, uncertainty about sexual orientation)
- Pedophilia Obsessions (e.g., worrying about being a pedophile or questioning whether you have physical/sexual attraction toward children)
- Perfectionism or "just right" obsessions
- Moral or religious obsessions (e.g., worrying about being an immoral or horrible person)
- Relationship obsessions (e.g., doubt about love, doubt about your attraction to your partner, obsessing about being with the wrong partner. Hyper focusing on a physical blemish on your partner)
- Existential obsessions (e.g., obsessing over the meaning of life or the "right" way of living or how one “should” live.)
- Hyperawareness/Sensorimotor obsessions (e.g., hyper-focusing on physical bodily sensations, bodily functions, and/or physical pain and their implications)

What are compulsions?

To reduce distress and anxiety from obsessions, individuals with OCD may perform compulsive rituals that are repetitive and time-consuming. These repetitive acts are called compulsions. By definition, a compulsion is a conscious, standardized, recurrent behavior, such as counting, checking, rationalizing, explaining, avoiding, or reassurance seeking. Compulsions may be mental or behavioral events. Compulsive acts are carried out to relieve the anxiety associated with the obsession. Resisting a compulsive act increases anxiety.

A few examples of compulsions include

- Washing hands or body repeatedly/Showering
- Repeating compulsions ("saying a word, phrase, body movement)
- Difficulty letting items go (i.e., hoarding)
- Cutting, burning, banging, hitting, picking
- Checking (e.g., stove, alarm, door, etc.)
- Counting
- Thought Neutralization (e.g., attempting to "undo" a thought)
- Mental checking
- Memory hoarding
- Mental Review (ruminating)
- Mental rehearsal
- Analyzing hypothetical scenarios
- Rationalizing
- Overcontrol compulsions
- Symmetry/Exactness/Evening Up compulsions (e.g., "just right")

- Self-punishment and self-criticism
- Compulsive Prayer
- Compulsive Flooding (e.g., purposefully bringing the obsessive thought to mind to feel overwhelmed)
- Compulsive reassurance seeking (e.g., researching online, visiting medical providers repeatedly, asking others if certain thoughts, feelings, sensations are "normal," comparing self to others as a barometer for "living the right way")
- Avoidance (e.g., attempting to avoid thoughts, feelings, scenarios, locations, conversation topics, etc.)

These compulsive behaviors can be time-consuming, unproductive, and even harmful. To the person experiencing them, they are torturous and stressful. OCD is often described as feeling “stuck” or “a prisoner of my mind.”

A Disorder of Pathological Doubt

OCD can be thought of as a disorder of doubt. A persistent feeling of doubt and the need for reassurance and certainty are the prominent features of OCD. One of the most debilitating aspects of OCD is the insatiable nature of the compulsive behavior (i.e., seeking reassurance) that never quite reaches an acceptable level. This leads to tortuous repetition of the compulsive acts/reassurance-seeking behaviors.

There are numerous symptom “themes” or “types” of OCD, and many people suffer from more than one “theme” of OCD.

Treatment of OCD and Related Disorders

Current evidence suggests that medication (e.g., selective serotonin reuptake inhibitors) and/or exposure response prevention therapy are the most effective approaches to managing symptoms of OCD.

By becoming consciously aware of the doubt cycle and its chain of events, one learns how to respond differently--starting with regaining cognitive and emotional balance through the application of acceptance strategies and mindfulness-based practices.

Let’s turn to exposure response prevention therapy and how it can help.

PARADOXICAL INTENTION AND DE-REFLECTION

While paradoxical intention helps with anticipatory anxiety (i.e., fear of future events/activities/interactions) by ridiculing your symptoms (e.g., imagining the worst case scenario and imagining yourself laughing in that scenario or intentionally doing whatever you feel most fearful about), de-reflection helps with the heightened observations and evaluation of yourself by "ignoring" your symptoms.

The key word in paradoxical intention is "intention;" the key word in dereflection is "attention."

These phenomena are not necessarily disparate experiences but one superimposed upon another. That is, what starts as anticipatory anxiety, and the hyper-intention that comes with it, quickly slides into hyper-reflection.

Take a simple example of something that happened to me recently. I was trying to stitch a tear in my jeans recently and this required me to put a small piece of string through a small hole. My fingers were clumsy relative to the angle. At first I was hyper-intending, saying to myself, "I've got to get this done asap!" I soon started watching myself with a running commentary going through my head about how awkwardly I was doing it. And this rumination about my performance led to me dropping the string entirely.

As if anticipatory anxiety is not bad enough, it becomes worse by looking at yourself. What starts as trying too hard to make something happen turns into doubting whether you can actually do it. Anticipating failure, you watch to see how you will fail.

So the key is to pay attention to something other than yourself. It is important to understand that when applying de-reflection, you are not diverting attention from the problem, but putting the focus where it belongs.

Turning the focus away from the self is not a "distraction technique." It is a technique that takes your attention away from your self-distraction. Self-observation distracts you from your meaning.

What is "your meaning?" Your meaning consists of whatever you are meaningfully engaged in and occupied with in the here-and-now that deserves your attention.

Here is another example that was brilliantly illustrated by Dr. Viktor Frankl. Frankl brought in a young man who had a speech disturbance that began at the age of six. The man was told to resign himself to the fact that he won't be a public speaker. Therefore, he was free to pay attention only to the "what" of his speech and not the "how."

When trying to force himself to speak properly, he was fixated on "getting it right." When watching his own performance, his was fixated on his self.

His fixation, or hyper-reflection of self, was distracting him from reflecting on what was important, namely the content of what he wanted to say. De-reflection reoriented him to the task at hand and to his mission in life. It replaced his self-concern with self-commitment.

Both paradoxical intention and de-reflection restore a basic sense of trust in life.

In anticipatory anxiety you are fearfully anticipating what will happen. It makes no difference whether you want something to happen or you want to avoid something happening. In either case you are trying to control the results.

In hyper-reflection you are worried about how well you will do.

Paradoxical intention and de-reflection help you learn that you don't need to be concerned with the results. You can trust that whatever the results will be are good, and they are in any case not up to you anyway. The focus is on the task at hand. The task is something you have been entrusted with and that you can trust yourself with. Therefore, you don't need to be preoccupied with knowing what fruit your labors will yield or how well you're doing. You can rest assured that whatever you do will some kind of impact, even if you don't know what it is. All you need to do is pay attention to what you're doing.

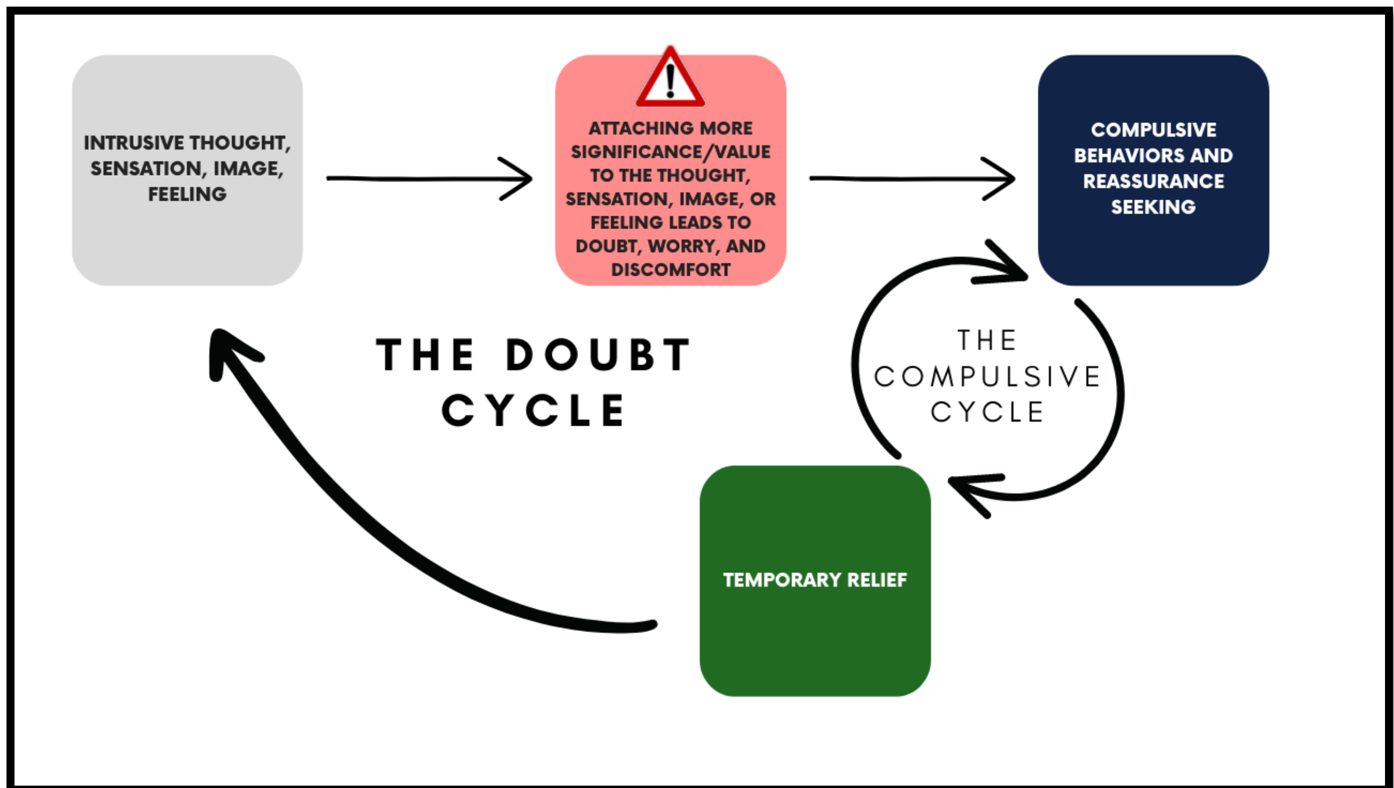
EXPOSURE RESPONSE PREVENTION

WHAT IS EXPOSURE RESPONSE PREVENTION?

Exposure and response prevention (ERP) is a form of cognitive behavioral therapy (CBT) used to treat a variety of conditions, including anxiety, phobias, and eating disorders. It is considered the gold-standard treatment for obsessive-compulsive disorder (OCD).

As stated previously, OCD and related disorders can be thought of as disorders of pathological doubt—the persistent feeling of doubt and the need for reassurance are prominent features.

One of the most debilitating aspects of OCD is the insatiable nature of the compulsive behavior that never quite reaches an acceptable level of reassurance. This leads to tortuous repetition of the compulsive acts/reassurance-seeking behaviors.



Exposure and response prevention is designed to gradually reduce the anxiety that feeds obsessions and compulsions.

One way in which this is thought to happen is through a process called habituation, whereby we become less physiologically aroused by triggering stimuli or obsessions after being repeatedly and safely exposed to them.

Individuals with OCD, anxiety, phobias, or eating disorders learn that the stimuli, thoughts, and feelings that prompt compulsions are more bearable than anticipated.

You will also realize that being exposed to your fears does not actually lead to the outcomes you dread. Over time, you will

come to recognize that you're capable of coping with the triggers without resorting to compulsive rituals.

HOW IT WORKS

Exposure and response prevention involves two steps:

1. **EXPOSURE**: Directly exposing yourself to thoughts or situations that generally evoke fear, distress, obsessive thoughts, or compulsive, ritualistic behavior.

2. **RESPONSE PREVENTION:** Use deep breathing, distractions, and other techniques to prevent the usual reassurance-seeking response. Over time, you will get accustomed to experiencing a trigger but not giving in to the compulsion.

The greatest challenge of ERP is the "response prevention" part—learning not to respond to the obsessions with the usual compulsive behaviors.

With exposure to increasingly uncomfortable stimuli, you will learn to tolerate the distress without having to resort to rituals which only perpetuate the cycle.

EXPOSURE RESPONSE PREVENTION EXERCISE

IDENTIFYING OBSESSIONS

In the space below, list as many intrusive and unwanted thoughts or images that you experience.

Examples (not all-inclusive):

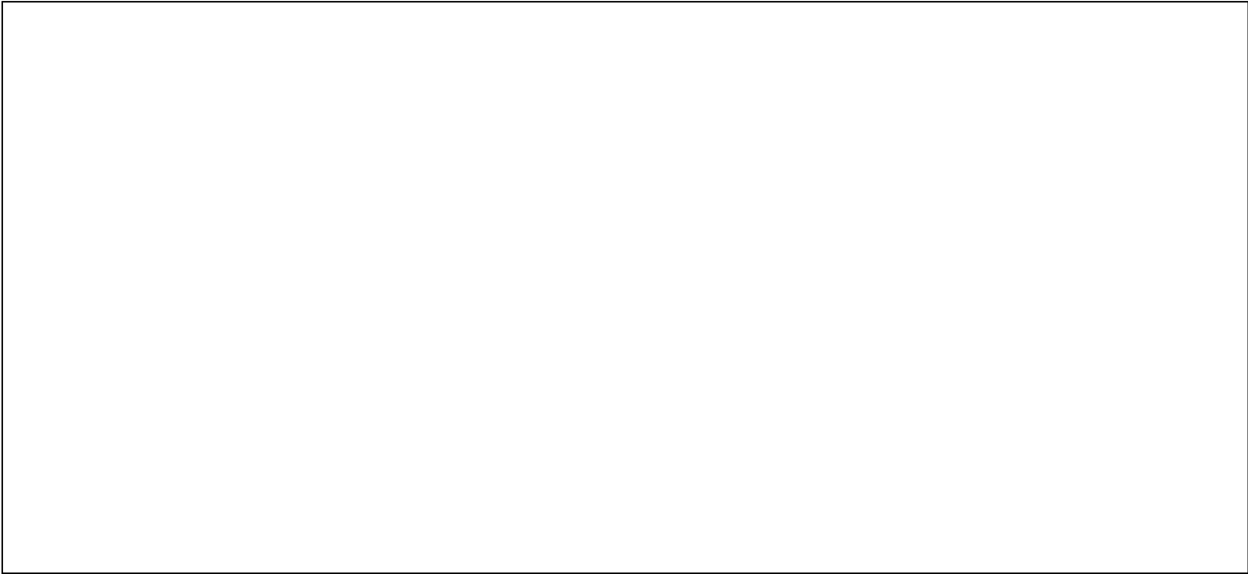
- Fear of contamination/germs
- Fear of losing control and harming self or others
- Fear of gaining weight
- Fear of contaminated food
- Fear of dying
- Fear of being gay
- Fear of being a pedophile
- Needing things to be "just right"
- Obsessing over the meaning of life
- Obsessing over whether you are living your best life or living the "right way"
- Fear of being sinful or immoral
- Fear of not being religious enough
- Fear of heights
- Fear of flying
- Fear of driving
- Health obsessions (worrying about having cancer or some other devastating disease without any clinical evidence that it exists)
- Relationship obsessions (e.g., doubt about love, doubt about your attraction to your partner, obsessing about being with the wrong partner)

IDENTIFYING COMPULSIONS

In the space below, list as many compulsive behaviors (mental and physical) that you perform. These are acts that are performed to reduce the stress (such as seeking reassurance).

Examples (not all-inclusive):

- Handwashing
- Checking
- Saying a word over and over
- Touching an object
- Counting
- Performing a specific ritual
- Wearing a specific outfit
- Researching online
- Repeatedly going to the doctor
- Repeatedly asking a friend or family member for reassurance
- Avoiding a specific geographic location or area of the house
- Restricting food intake or purging
- Using drugs
- Pulling hair out
- Picking at skin
- Cutting yourself
- Burning yourself
- Biting your nails
- Watching pornography
- Masturbating
- Using a thought to “undo” another thought
- Mentally reviewing a scenario over and over
- Difficulty letting go (of items or thoughts)
- Analyzing hypothetical scenarios
- Rationalizing
- Overcontrol compulsions
- Symmetry/Exactness/Evening Up compulsions (e.g., "just right")
- Self-punishment and self-criticism
- Compulsive Prayer
- Compulsive Flooding
- Compulsive reassurance seeking (e.g., researching online, visiting medical providers repeatedly, asking others if certain thoughts, feelings, sensations are "normal," comparing self to others as a barometer for "living the right way")
- Avoidance



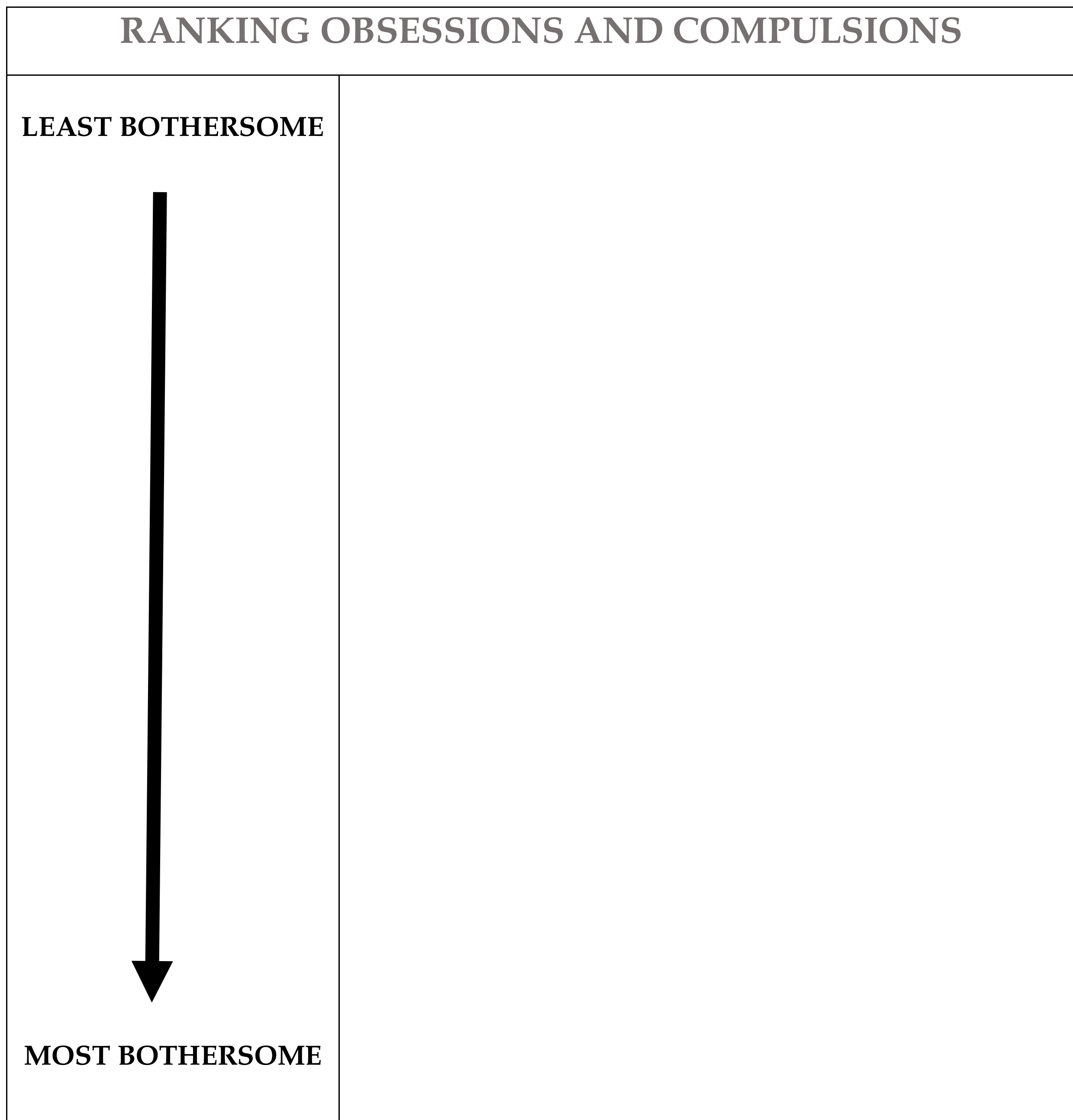
MATCHING OBSESSIONS AND COMPULSIONS

In the table below, see if you can identify the obsessions that lead to specific compulsions. Use an arrow to connect them. If you are not able to identify a connection, THAT IS OKAY!

Obsessions →	Compulsions

RANKING OBSESSIONS AND COMPULSIONS

From the table above, rank your obsessions and compulsions from least bothersome (or least impairing) to most bothersome (or most impairing).



RANKING OBSESSIONS AND COMPULSIONS	
LEAST BOTHERSOME ↓ **MOST BOTHERSOME**	

EXPOSURE AND RESPONSE PREVENTION STEPS

Step 1: Begin with the least distressing obsession or compulsion.

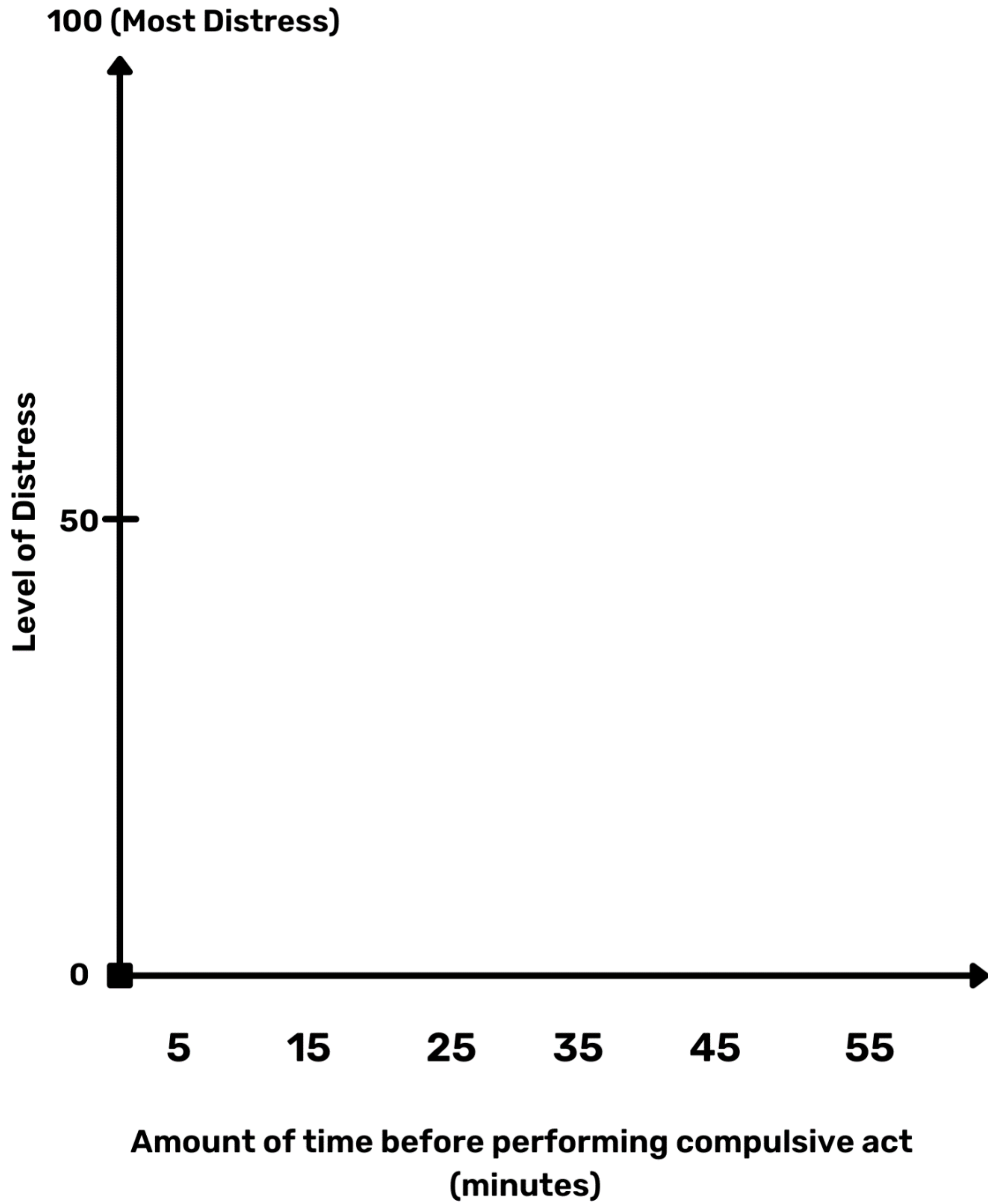
Step 2: Expose yourself to situations that usually trigger the obsession or compulsion.

Step 3: Resist the urge to perform the compulsion for as long as you can.

Step 4: Record on the graph (next page) how distressed you feel over time

Step 5: If you eventually perform the compulsive act, that's okay. Expose yourself again and repeat steps 1-4. Do this at **least** a few times per day.

Step 6: Gradually move your way down to the more bothersome obsessions and compulsions.


100 (Most Distress)
Level of Distress
50
0
5
15
25
35
45
55
Amount of time before performing compulsive act
(minutes)

ACCEPTANCE SCRIPTS FOR OCD

Acceptance scripts are meant to orient you toward a mindful, non-compulsive stance. While acceptance scripts do contain an element of exposure because you're confronting your fear of uncertainty, it can be a healthy, mindful reminder of your treatment goal(s).

I have obsessive compulsive disorder (OCD). Because I have OCD, I deal with obsessions and compulsions that cause me to suffer. My main obsessions are:

List your primary obsessions in short form here. See attached table for examples.

I respond to these obsessions with compulsions. My main compulsions are:

List a few of your major compulsions here. See attached table for examples.

I accept that I may never obtain certainty regarding my obsessions. The only thing I can be certain of is that if I continue to do these compulsions, I will continue to suffer as a slave to my OCD.

Consider some things that you'd like to do that your OCD keeps you from doing. This could be anything from feeling relief in everyday life to using a public restroom to having a healthy relationship.

I deserve to be able to:

I am willing to accept unwanted thoughts and feelings when I start to do these things. I won't let my OCD bully me anymore. It may be a long, bumpy road ahead, but I am a person of value and I deserve a fair shot at happiness.

READ THIS TO YOURSELF AT LEAST ONCE PER DAY.

COMMON OBSESSIONS	COMMON COMPULSIONS
• Contamination fears (fears about being contaminated with germs or being dirty) • Health obsessions (worrying about having cancer or some other devastating disease without any clinical evidence that it exists) • Responsibility obsessions • Harm obsessions (e.g., fear of losing control and hurting self or others, fear of hurting your child/newborn) • Sexual orientation obsessions (e.g., fear of being homosexual, uncertainty about sexual orientation) • Pedophilia Obsessions (e.g., worrying about being a pedophile or questioning whether you have physical/sexual attraction toward children) • Perfectionism or "just right" obsessions • Moral or religious obsessions (e.g., worrying about being an immoral or horrible person) • Relationship obsessions (e.g., doubt about love, doubt about your attraction to your partner, obsessing about being with the wrong partner. Hyper focusing on a physical blemish on your partner) • Existential obsessions (e.g., obsessing over the meaning of life or the "right" way of living or how one “should” live.) • Hyperawareness/Sensorimotor obsessions (e.g., hyper-focusing on physical bodily sensations, bodily functions, and/or physical pain and their implications)	• Washing hands or body repeatedly/Showering • Repeating compulsions ("saying a word, phrase, body movement) • Difficulty letting items go (i.e., hoarding) • Cutting, burning, banging, hitting, picking • Checking (e.g., stove, alarm, door, etc.) • Counting • Thought Neutralization (e.g., attempting to "undo" a thought) • Mental checking • Memory hoarding • Mental Review (ruminating) • Mental rehearsal • Analyzing hypothetical scenarios • Rationalizing • Overcontrol compulsions • Symmetry/Exactness/Evening Up compulsions (e.g., "just right") • Self-punishment and self-criticism • Compulsive Prayer • Compulsive Flooding (e.g., purposefully bringing the obsessive thought to mind to feel overwhelmed) • Compulsive reassurance seeking (e.g., researching online, visiting medical providers repeatedly, asking others if certain thoughts, feelings, sensations are "normal," comparing self to others as a barometer for "living the right way") • Avoidance (e.g., attempting to avoid thoughts, feelings, scenarios, locations, conversation topics, etc.)