Cognitive-Behavior Therapy for OCD:
An Update for Consumers and Families

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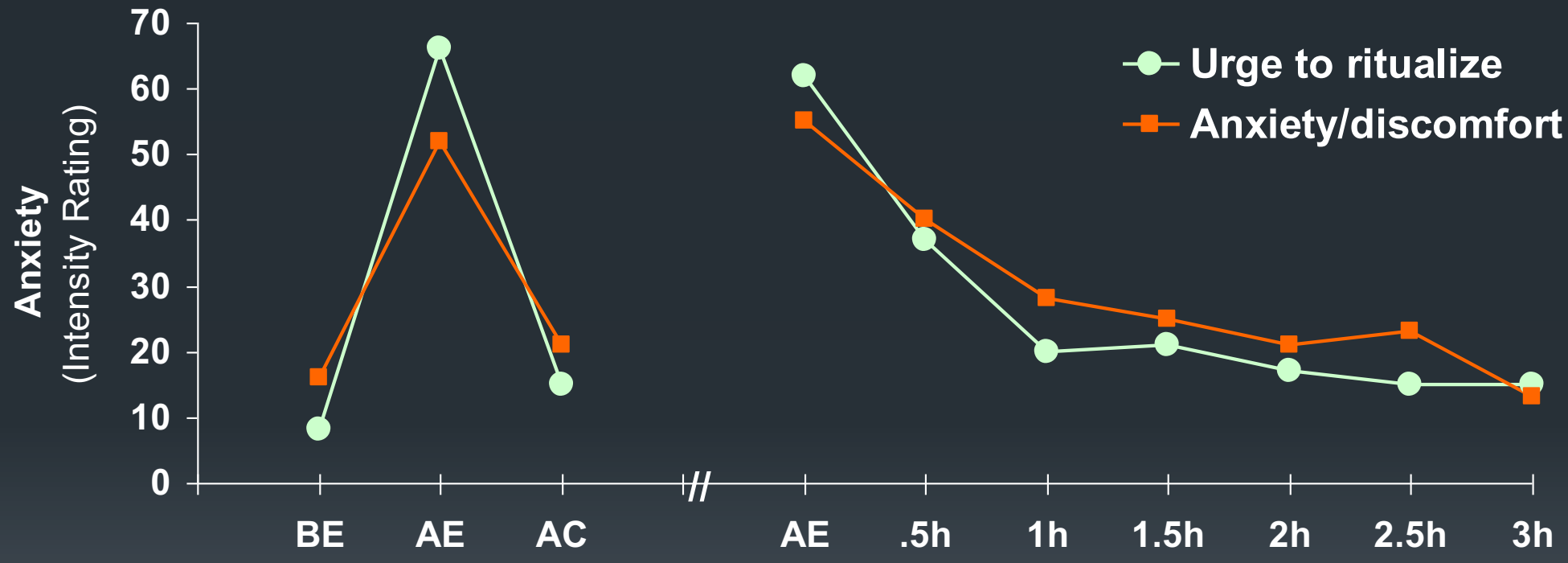
Conceptual View of OCD

- Obsessional stimuli evoke fear, anxiety, distress
- Compulsions produce an immediate reduction in obsessional anxiety
- Compulsions and avoidance are reinforced by the immediate reduction of anxiety they engender
- The performance of avoidance and compulsions prevents:
  - Learning that obsessional anxiety is temporary
  - Learning that obsessions, anxiety, and uncertainty are tolerable
  - Learning that feared consequences are unlikely

Empirical Basis for the Conceptual Model and for ERP



BE - Before exposure to anxiety-evoking stimulus
AE - After exposure
AC - After compulsion

Rachman, de Silva, & Roper, 1976

Cognitive Factors in OCD

- Exaggerated thinking patterns that lead to obsessional fear
  - Overestimates of threat
  - Inflated sense of responsibility
  - “Bad” thoughts are significant, meaningful, threatening
  - Need to control thoughts
  - Intolerance of certainty
  - Need for perfection

Exposure therapy is:

A set of techniques to help patients confront situations that elicit excessive or inappropriate fear and anxiety so they can learn new information about danger/safety

Exposure and Response Prevention for OCD Includes:

- Procedures that evoke obsessional anxiety
  - Exposure to obsessional cues (floors, driving)
- Procedures that eliminate the contingency between performing compulsions and anxiety reduction
  - Response prevention (refrain from washing or checking rituals)

Exposure

- OCD symptoms are reduced when the person comes to believe his/her fears are unfounded and acts accordingly
- Simply talking about probabilities of danger is not as convincing as direct evidence from experience
  - Patients need to directly confront their fears to truly master them
- Exposure is a behavioral intervention, but it changes beliefs about external cues, obsessional thoughts, and the experience of anxiety and doubt

What Happens During Exposure?

- We don't "unlearn" a fear, we acquire new learning that competes with previous learning
- The central task in ERP is to create learned safety
- Habituation
  - What is it?
  - Why it doesn't matter so much

Basics of Exposure

- ERP is a set of “experiments” that test the accuracy of anxious predictions, such as:
  - Obsessions are signs of disastrous consequences
  - I can’t tolerate anxiety/uncertainty
- Patients practice confronting their fears in a planned and systematic manner (often using a hierarchy)
- Exposures are practiced without the use of compulsive rituals (i.e., response prevention)

Types of Exposure used for OCD

- In vivo exposure - confronting feared stimuli in the environment
- Imaginal exposure - confronting feared mental stimuli such as thoughts, images, impulses, worries, and memories

Response Prevention

- Rationale: weaken the pattern of using rituals to control anxiety
  - Learn that rituals are unnecessary
- Goal is to refrain from all ritualizing and avoidance
  - May have to start with partial RP
- Washers: 1 daily 10-minute shower otherwise no contact with water
- "Effortless" rituals: do them incorrectly
- Counting: count to the wrong number

Response Prevention (cont'd)

- If a ritual is performed: re-expose
- Self-monitoring of rituals
  - Situation or thought that evoked the ritual
  - Anxiety level
  - Time spent ritualizing
- Violation of RP means we have to work harder on that particular area

Detailed Investigation of OCD Symptoms

- "Functional (behavioral) analysis"
- Guided by the conceptual framework
- Gather specific information about the antecedents, behaviors, and consequences
  - External fear cues
  - Intrusive obsessional thoughts and beliefs
  - Feared consequences associated with cues and obsessions
  - Avoidance and rituals
  - Consequences of avoidance and rituals
- Leads directly to the treatment plan

Setting Up the Treatment Plan

- Generate list of situations and thoughts for exposure
  - Realistically safe
  - Evoke obsessional distress and urges to ritualize
- Patient rates subjective units of discomfort (SUDS) for each situation or thought
- Collaborative effort in generating exposure list
- Generate a list of rituals to target

Sample Exposure List

- Public surfaces (doors, buttons)
- Floors
- Garbage cans/dumpsters
- “Buggy” room
- Clothes from “buggy” dresser
- Bugs
- Home bathroom
- Public bathroom

Stylistic Considerations

- Therapist as coach and cheerleader
- Therapist and patient *vs.* OCD
  - *not* therapist *vs.* patient + OCD
- Focus on “choosing to be anxious” and “increasing risk tolerance”
- Discourage reassurance-seeking or analyzing
- Use of humor
- Providing treatment outside of the office
- It’s OK if anxiety doesn’t subside – fear tolerance

Why Imaginal Exposure?

- Helps patients access experiences that cannot be confronted with situational exposure
- Helps weaken mistaken beliefs about intrusive thoughts
- Helps with tolerance for uncertainty
- Helps the patient confront and accept (rather than attempt to fight) obsessional thoughts

ERP: How well does it work?

- Hundreds of studies around the world
- Comparisons between ERP and:
  - Credible psychotherapies (anxiety management, relaxation)
  - Medications (Clomipramine)
- Meta-analyses of controlled studies
  - Olatunji et al. (2013): *ES* = 1.39
  - Ost et al. (2015): *ES* = 1.33

- Short- and long-term improvement for most patients
- Not everyone responds
- Not everyone stays better after treatment

ERP: Modes of Delivery

- Individual therapy
- Intensive treatment
- Residential programs
- Group therapy
- Couples therapy
- Over the Internet
- Smartphone apps

Cognitive Model of OCD

- Obsessions
  - Intrusive unpleasant thoughts are universal
    - A thought about stabbing my child at dinner
  - "Obsessive beliefs" lead to misinterpretation of normal intrusions as anxiety-provoking
    - *"Only bad people have bad thoughts"*
    - *"I am a bad person for thinking about this"*

Rachman, 1997; Salkovskis, 1999

Cognitive Model of OCD

- Compulsions
  - Rituals and avoidance reduce obsessional fear
    - Avoidance of child, keep knives locked up
    - Asking for reassurances, checking, repetitive praying
  - Avoidance and rituals prevent the correction of obsessive beliefs and misinterpretations

Rachman, 1997; Salkovskis, 1999

Cognitive Therapy for OCD:

- Psychoeducation
  - Intrusive unpleasant thoughts are universal
  - How do avoidance and rituals maintain obsessions
- Cognitive restructuring
  - Identify and modify mistaken beliefs about intrusive thoughts
- Behavioral experiments
  - Test out new beliefs about obsessional thoughts

What does NOT work for OCD?

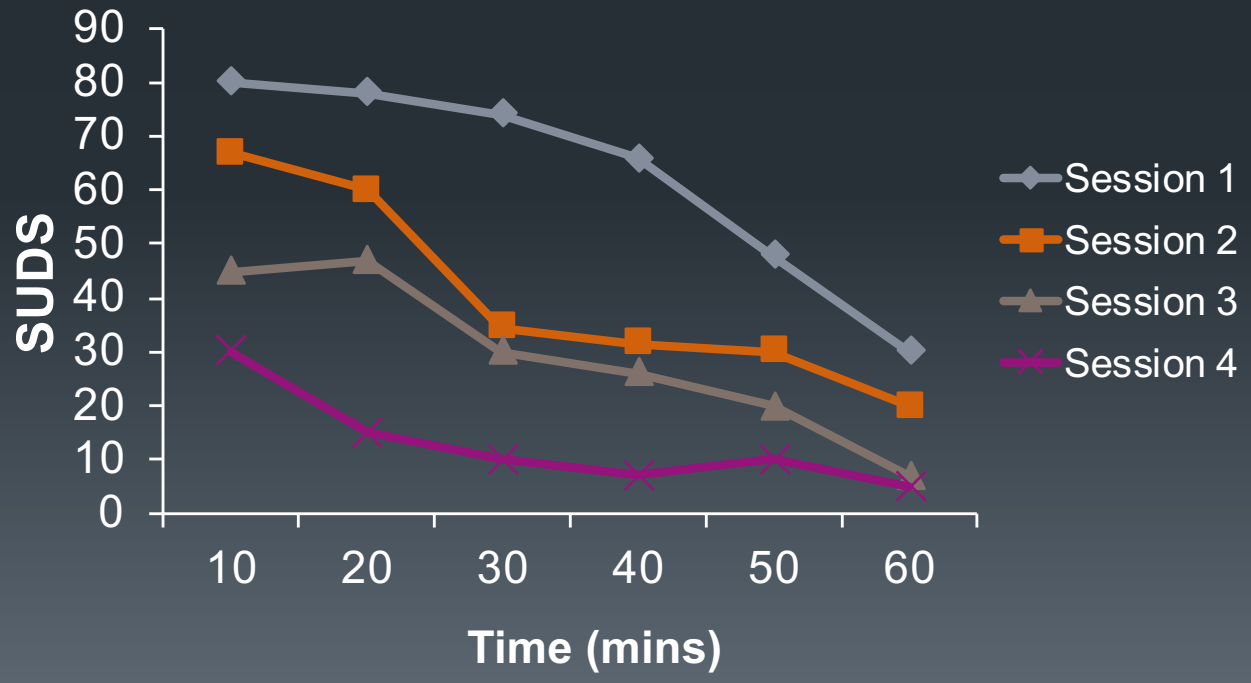
- Relaxation
- Biofeedback
- Reassurance
- Deep breathing
- Thought-stopping
- Rubber band snapping

Inhibitory Learning ERP

- The best of ERP and cognitive therapy

Emotional Processing Theory (EPT), Habituation, and Exposure Therapy

- EPT emphasizes the importance of within- and between-session habituation
  - Provoke initial anxiety (SUDS)
  - Remain exposed until anxiety subsides naturally



Implications of EPT

- It is assumed that patients improve if
  - Self-reported anxiety (SUDS) decline during exposure trials
  - Exposure to the same stimulus evokes less anxiety from one trial to the next

Is Performance During Exposure a Reliable Indicator of Learning?

- Although habituation usually occurs during exposure, it's not a good predictor of outcome
- Decline in anxiety across similar exposures may predict, but is not necessary for, long-term improvement
  - Successful response to exposure can occur in the absence of habituation
- Therapists are over-relying on habituation

Perils of the Habituation Model

- Over-reliance on habituation can contribute to return of fear and relapse
  - Patients continue to view anxiety/fear/arousal as a problem
  - Exposure used to control anxiety
    - *"I know I'll be OK because anxiety will go down eventually"*
  - Inevitable surges of anxiety and arousal viewed as a failure

Using Exposure to Foster Anxiety Tolerance

- If exposure can instill greater *fear tolerance*, the return of fear (and relapse) can be avoided
  - OCD patients: "*Make anxiety go down*"
  - IL approach: "*Learn that you can tolerate anxiety*"
- Doing exposure practice
  - Importance of using exposure to learn fear tolerance
  - Label the occurrence of anxiety, and uncertainty as opportunities to practice fear tolerance (as opposed to signs of failure)
  - "Bring it on" attitude!
  - Don't use exposure to control anxiety

1. Frame exposure to mismatch expectancies

- When you confront a trigger and expect that a negative outcome will occur, but it doesn't, a new "non-threat" association is generated (i.e., when we are "surprised") = corrective learning
- What are negative outcomes for people with OCD?
  - Fairly immediate (fires, mistakes, bad luck, act on thoughts)
  - Long-term (diseases, personality change)
  - Unknowable (am I saved?, sexual preference?)
  - Inability to handle emotions (uncertainty, imperfection, disgust, anxiety)

Clinical Implications: Expectancy Tracking

- Set up exposure to violate expectancies about uncertainty
  - Instead of tracking SUDS, track length of time you can manage without rituals while being exposed to the possibility of the feared outcome
  - Consolidate learning by summarizing what you learned (i.e., the discrepancy between what was predicted and what occurred)

2. Combine Fear Cues

- When an expected negative outcome fails to occur despite the presence of multiple fear cues, inhibitory learning is greater than when only a single fear cue is present
  - “Deepened extinction” (Rescorla, 2006)

- What are fear cues for people with OCD?
  - External (contaminants, driving, religious icons, horror movies)
  - Cognitive (obsessional thoughts, doubts, images)
  - Physiological (arousal-related sensations)

Clinical Implications: Multi-Media Exposure

- Include multiple fear cues and multiple media in exposures
  - External fear cues along with imaginal exposure to the feared consequences of (or uncertainty about) doing so
    - Ex: Touch public toilet and imagine getting AIDS one day
  - External, cognitive, and physiological cues
    - Ex: Look at pictures of children, imagine touching them, notice arousal sensations

3. Maximize Exposure Variability

- Introducing variability into exposure makes short-term learning more difficult, but enhances long-term retention (Bjork & Bjork, 2006)
  - The more diverse the conditions under which learning takes place, the greater the number of retrieval cues that are generated
    - Greater retention, transfer, and generalization of learning

Clinical Implications:

- Vary intensity of anxiety during exposures (instead of hierarchy)
  - Teaches fear tolerance
  - Similar to what happens in real life
- Practice exposure in different contexts
  - enhances retrieval of new safety learning
  - Examples of contexts
    - Situations and stimuli, emotions (anxiety level), others present, (therapist), other treatments (medication), time of day/week

How to find a competent ERP therapist

- What kind of treatment approach do you use for OCD?
- Can you tell me what CBT involves? What would the therapy be like?
- What formal training have you had in treating OCD using CBT?
- About how many people with OCD have you worked with using CBT and what kinds of results do you get?
- How long will it take me to start feeling better with CBT? How long does treatment usually last (how many sessions, weeks, or months will it take)?

How to find a competent ERP therapist

- Will we do exposure therapy together during the treatment sessions, or will I do it for homework?
- Are you able to leave your office to help me do exposure therapy?
- Do you use imaginal exposure along with situational exposure?
- Will you work with my family to help them help me with treatment? Is it OK if I being a family member (or close friend) who has volunteered to help me with treatment?
- Is it OK if I bring in some self-help materials I've been using so you can see where I'm at with working on this problem?