Doing ERP When Getting Out of Bed is Daunting:

Combining ERP with BA for Comorbid OCD and Depression

Micah Howe
Mia Nuñez, PhD
Shauna Pichette, LPC, LPCC, NCC

Meet the Presenters

Micah is a mental health advocate who suffers personally with OCD, depression, and hoarding disorder. After years of exasperation and searching for answers, his recovery gained considerable momentum in his mid-twenties when he began undergoing treatment in a partial hospitalization setting. Over the course of his years in treatment, Micah has seen significant benefit from treatment strategies that incorporated the principles of BA, CBT, ERP, and ACT. Additionally, he has been fortunate enough to be actively involved in a variety of activities with the IOCDF as well.

Disclosures
Financial: Micah does not have any financial disclosures to declare
Non-Financial: Micah does not have any non-financial disclosures to declare

Meet the Presenters

Mia Nuñez, Ph.D., is a licensed clinical psychologist and the Clinical Director for the West Region of NOCD. Dr. Nuñez leads her region of mental health professionals to ensure patients receive high-quality psychological services. She is also responsible for training the entire network of therapists on evidence-based treatments, including behavioral activation.

Dr. Nuñez received specialized training in behavioral activation from Northwestern University and the Depression Treatment Clinic. Dr. Nuñez continued to build her expertise in the behavioral treatment of mood and anxiety disorders during her predoctoral psychology internship at the APPIC-accredited Rogers Behavioral Health Hospital.

Dr. Nuñez has worked as a supervising psychologist for several inpatient and residential specialty programs. As a supervising psychologist, Dr. Nuñez supervised therapists in their delivery of behavioral activation for treatment of depression comorbid with eating disorders and obsessive-compulsive disorder. She also personally provided behavioral activation for complex cases. Dr. Nuñez contributed to a large behavioral health hospital's CBT Academy as an instructor for many courses, including behavioral activation for depression, and was a member of their research team.

Disclosures
Financial: Dr. Nuñez does not have any financial disclosures to declare
Non-Financial: Dr. Nuñez does not have any non-financial disclosures to declare

Meet the Presenters

Shauna Pichette, LPC, LPCC, NCC, is a licensed professional counselor in California, Oregon, and Wisconsin. Shauna is the current Clinical Training Team Lead at NOCD and owner of a virtual private practice.

Shauna Pichette began her experience with behavioral activation (BA) and exposure response prevention (ERP) while working at the residential level at Rogers Behavioral Health in Wisconsin. Since then, Shauna has worked with various levels of care, including telehealth and community mental health utilizing these approaches.

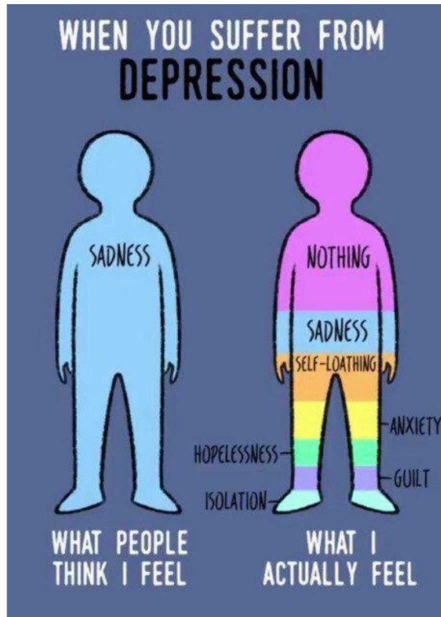
In Shauna’s current role, she is providing treatment for OCD and other related disorders at the telehealth level. She is also providing training and consultation to therapists new to ERP.

Disclosures
Financial: Shauna does not have any financial disclosures to declare
Non-Financial: Shauna does not have any non-financial disclosures to declare

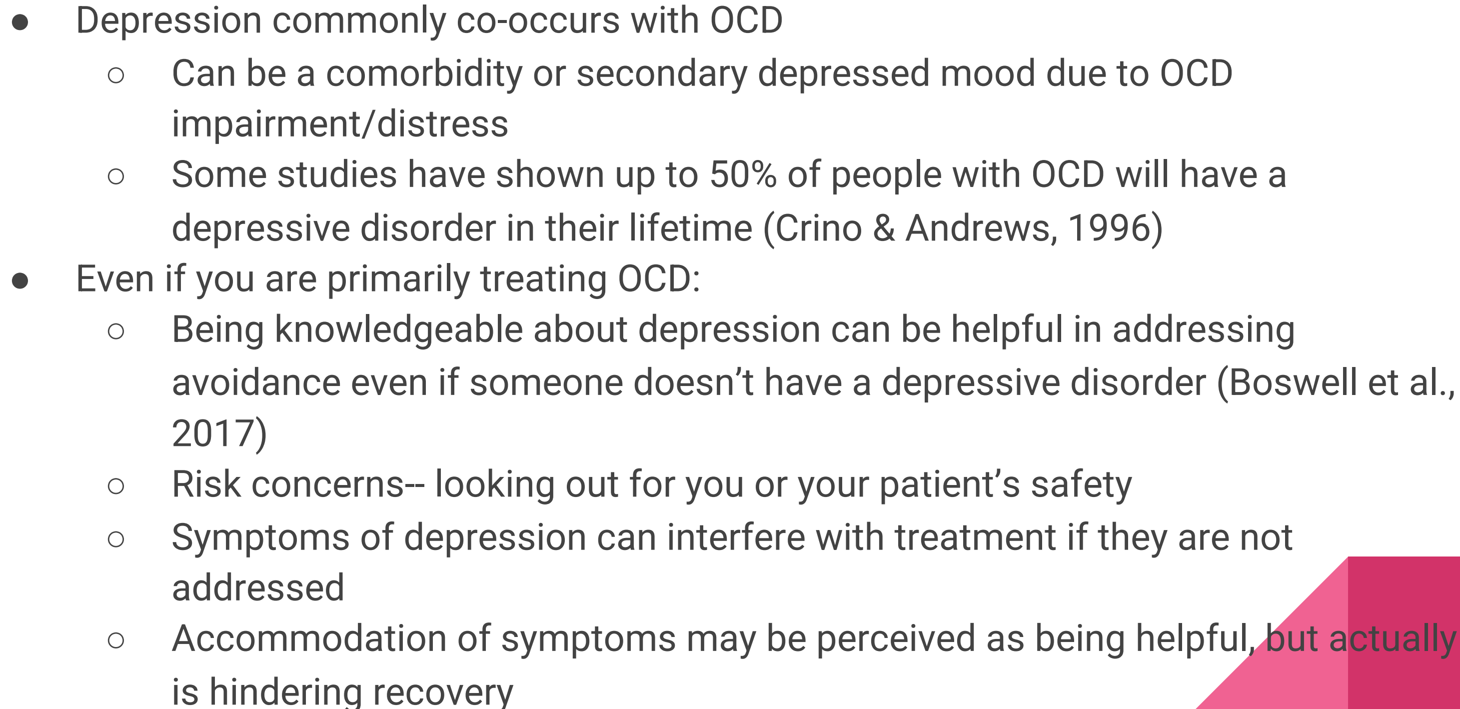
Presentation Outline

- DSM-5 Criteria for Depression
- Key Features and Epidemiology
- Maintenance Model of Depression
- Overview of Treatment
- Empirical Support
- Safety
- Simple BA Applications

What does it mean to have a depressive disorder?



Why is it important to know about depression & OCD?



- Depression commonly co-occurs with OCD
    - Can be a comorbidity or secondary depressed mood due to OCD impairment/distress
    - Some studies have shown up to 50% of people with OCD will have a depressive disorder in their lifetime (Crino & Andrews, 1996)
- Even if you are primarily treating OCD:
    - Being knowledgeable about depression can be helpful in addressing avoidance even if someone doesn't have a depressive disorder (Boswell et al., 2017)
    - Risk concerns-- looking out for you or your patient's safety
    - Symptoms of depression can interfere with treatment if they are not addressed
    - Accommodation of symptoms may be perceived as being helpful, but actually is hindering recovery

DSM-5 Criteria for Depression

Depression Diagnoses

Shared symptoms: Sad, empty, or irritable mood, along with physical and cognitive changes that interfere with one's ability to function in their everyday lives.

- Major Depressive Episode/Disorder
- Persistent Depressive Disorder

Others: Disruptive mood dysregulation disorder, Premenstrual Dysphoric Disorder, Substance/medication induced, Due to another medical condition, Specified/unspecified

DSM-5-TR Criteria Major Depressive Disorder (APA, 2022)

DSM-5-TR Criteria Major Depressive Disorder (APA, 2022)

5 or more symptoms present during a 2-week period:

1. **Depressed mood most of the day, *nearly every day***
2. **Loss of interest or pleasure in all, or almost all, activities most of the day, *nearly every day***
3. Weight loss/gain, or increase/decrease in appetite nearly every day
4. Insomnia or hypersomnia nearly every day
5. Psychomotor agitation/retardation nearly every day
6. Fatigue or loss of energy nearly every day
7. Feelings of worthlessness or excessive or inappropriate guilt nearly every day
8. Diminished ability to think or concentrate, or indecisiveness, nearly every day
9. Recurrent thoughts of death, recurrent suicidal ideation, or a suicide attempt or plan

Distress and impairment

Not due to effects of substance use, another medical condition, schizophrenia spectrum disorder/psychosis

DSM-5-TR Criteria Persistent Depressive Disorder

DSM-5-TR Criteria Persistent Depressive Disorder

3 or more symptoms present for at least 2 years (1 year for children/adolescent):

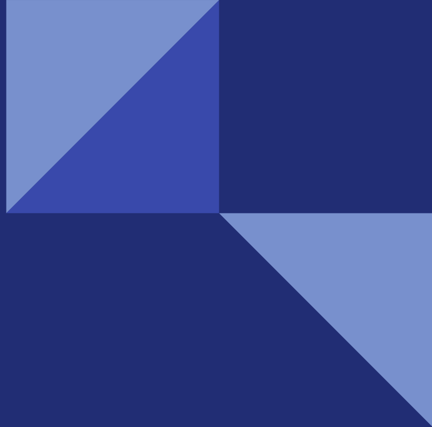
1. **Depressed mood for most of the day, for *more days than not***
2. Poor appetite or overeating
3. Insomnia or hypersomnia
4. Low energy or fatigue
5. Low self-esteem
6. Poor concentration or difficulty making decisions
7. Feelings of hopelessness

During the 2-year period,, the individual has never been without symptoms for more than 2 months at a time (1 year for children/adolescents). Criteria for MDD may be continuously present for 2 years.

Distress and impairment

Not due to effects of substance use, another medical condition, schizophrenia spectrum disorder/psychosis

There has never been a manic or hypomanic episode



Key Features and Epidemiology

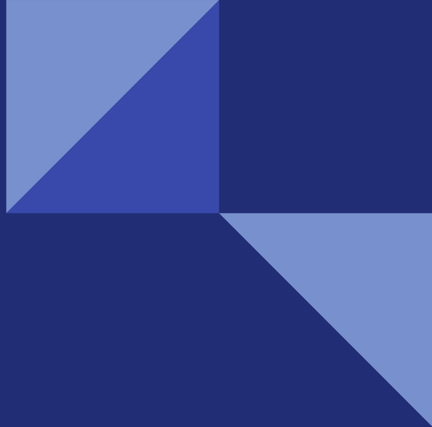
Key Features

- Rumination occurs in OCD & Depression, but present differently
  - Rumination in depression is “passively and repetitively focusing on one’s symptoms of distress and the circumstances surrounding these symptoms.” (Nolen-Hoeksema et al., 1997)
  - Rumination in OCD is an active mental effort: People may feel that rumination is helpful, or that they can “figure out” what is going on with them
  - Depressed individuals may ruminate out loud, which can lead to interpersonal problems and can make depressive symptoms worse
  - Depression & OCD rumination can fuel each other

Key Features

- Impairment varies across a spectrum-- some people are able to hide their mild to severe symptoms, while others may become unable to care for themselves, mute, or even catatonic
    - Some people may put effort into hiding their symptoms and appearing like their “normal selves”
    - Feelings of guilt, worthlessness, & hyperresponsibility can result in “people pleasing”
    - Symptoms of depression can interfere with ability to engage in treatment, people may find it challenging to attend sessions or complete homework in between sessions

Micah’s Story



Maintenance Model of Depression

Why Do People Get and Stay Depressed?

- Commonly referred to as **TRAP/TRAC**, this model demonstrates how depression is maintained and how Behavioral Activation (BA) disrupts this cycle

- Understanding the treatment model is important
  - Treatment can be tough, and this model provides the rationale for engaging in treatment, and explains how treatment will help you get better

Why Do People Get and Stay Depressed?

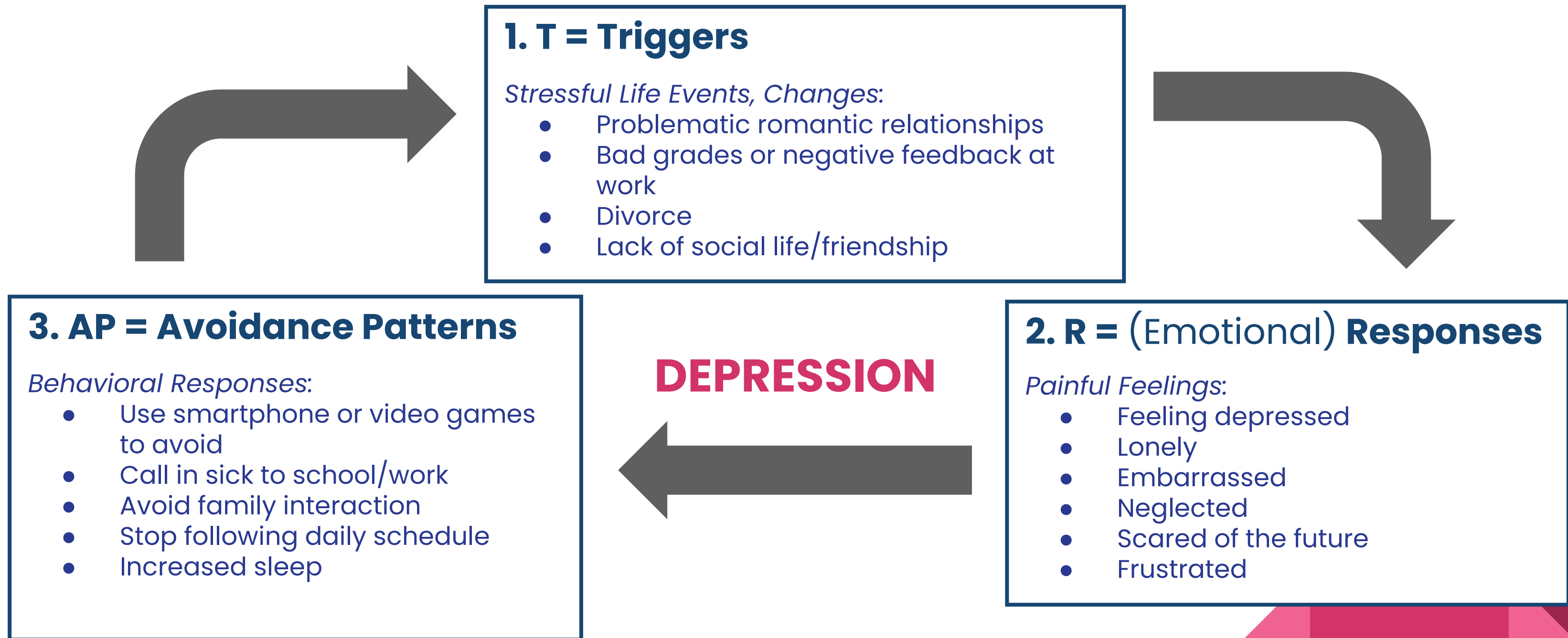
First we'll look at the **TRAP** process, which stands for:

Triggers

Responses

Avoidance **P**atterns

Theoretical Model of Depression and BA



Your Depression Makes Sense

Theoretical Model of Depression and BA

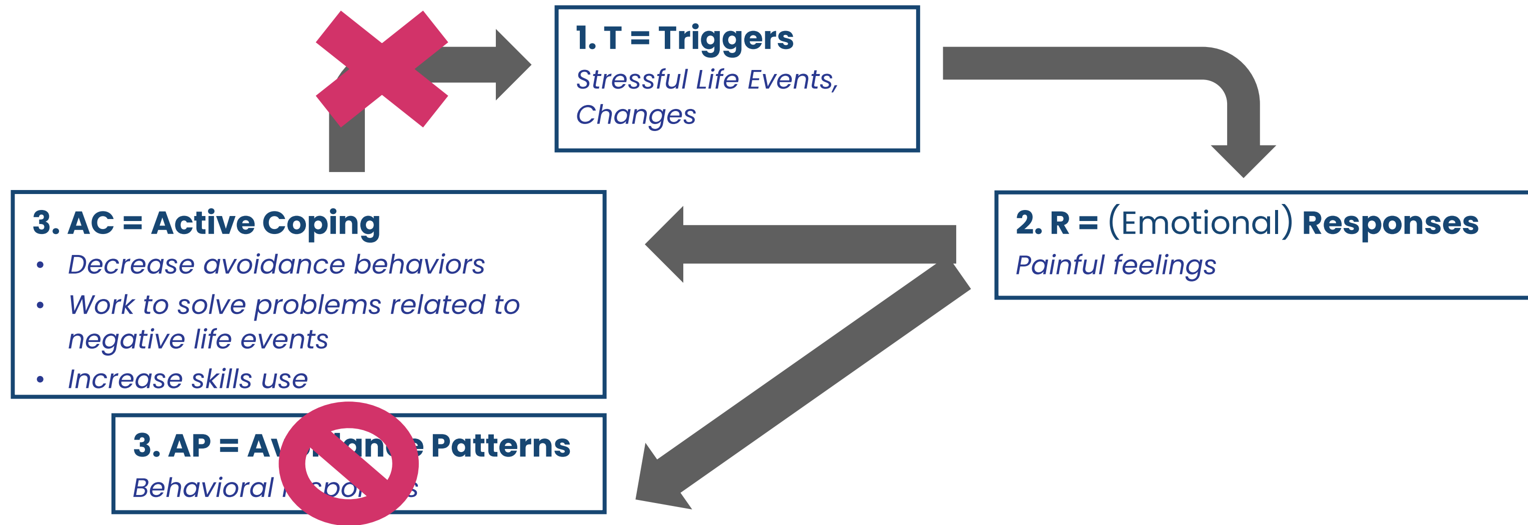
The TRAC model demonstrates how Behavioral Activation disrupts behaviors that maintain depression. **TRAC** stands for:

Triggers

Responses

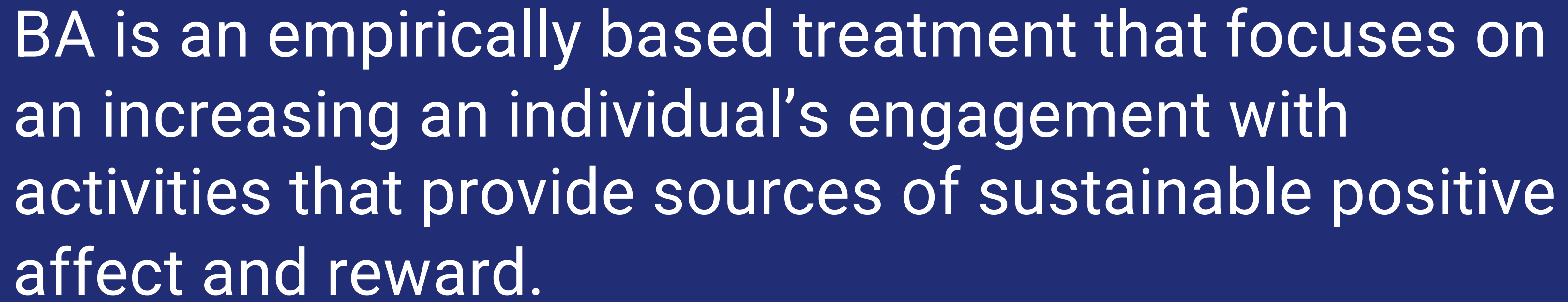
Active **C**oping

Theoretical Model of Depression and BA



MAIN POINT: There are specific things we can do to reduce your depression.

GOAL: Diverse, stable sources of positive reinforcement



Get out of the TRAP and back on TRAC!

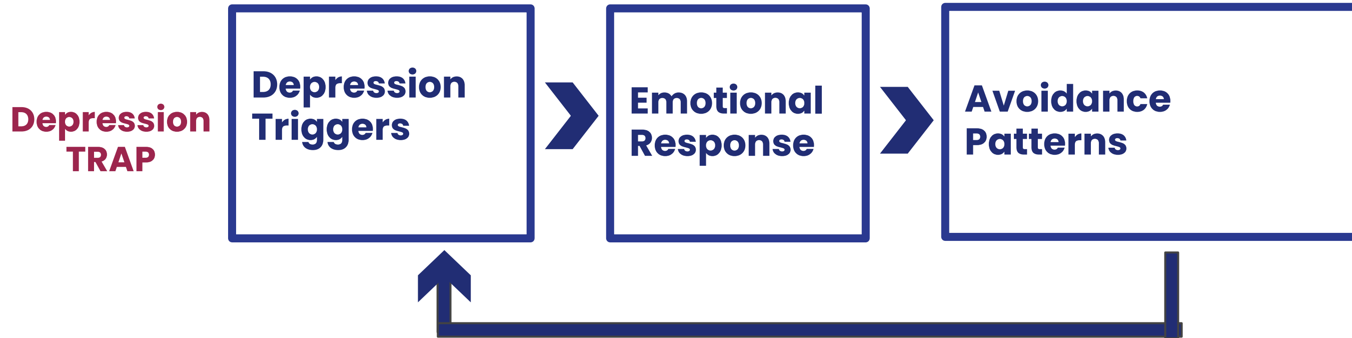
Where does OCD come into play?

The Cycle of OCD

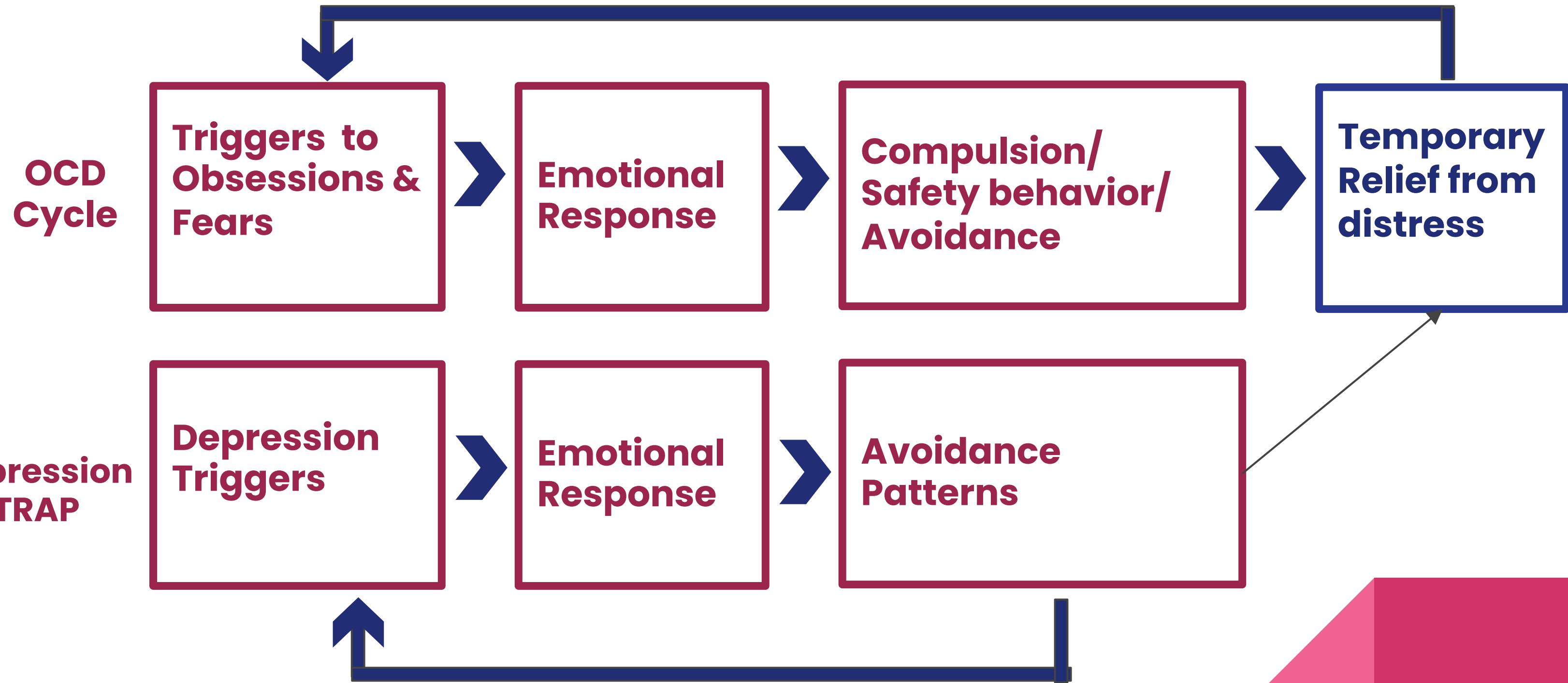
The Cycle of OCD

OCD Cycle

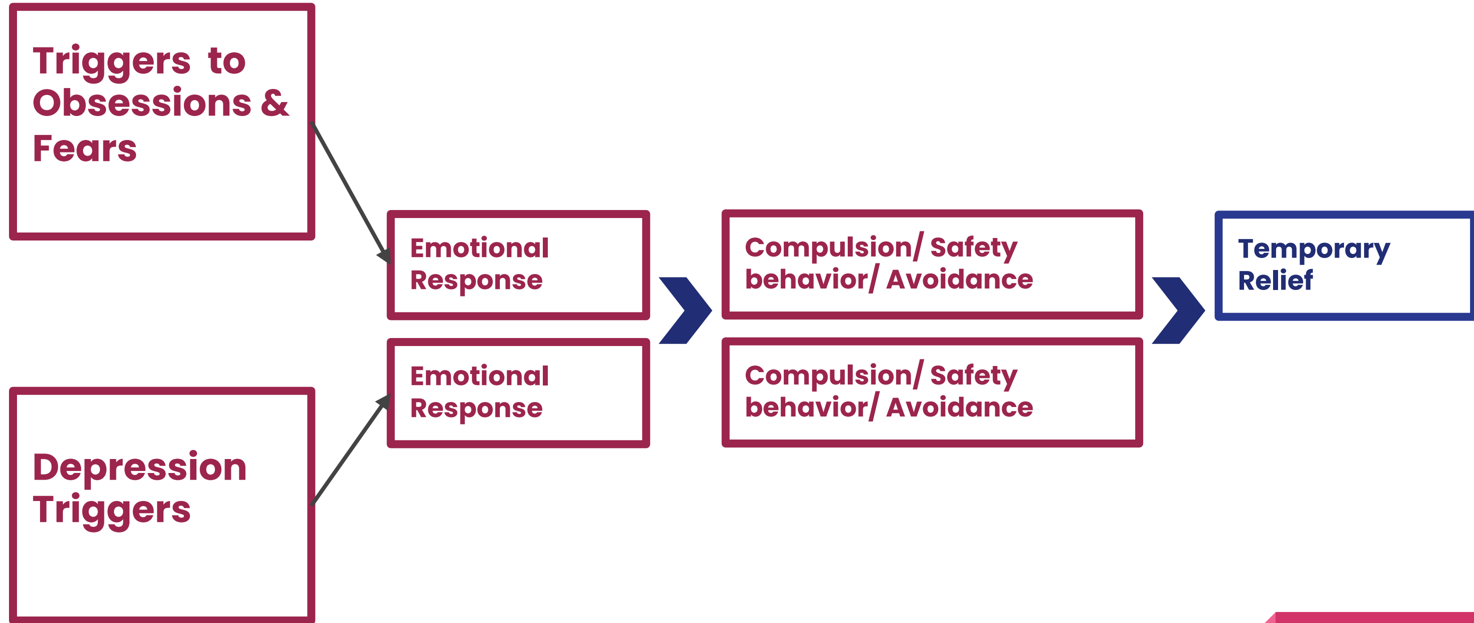
Depression TRAP



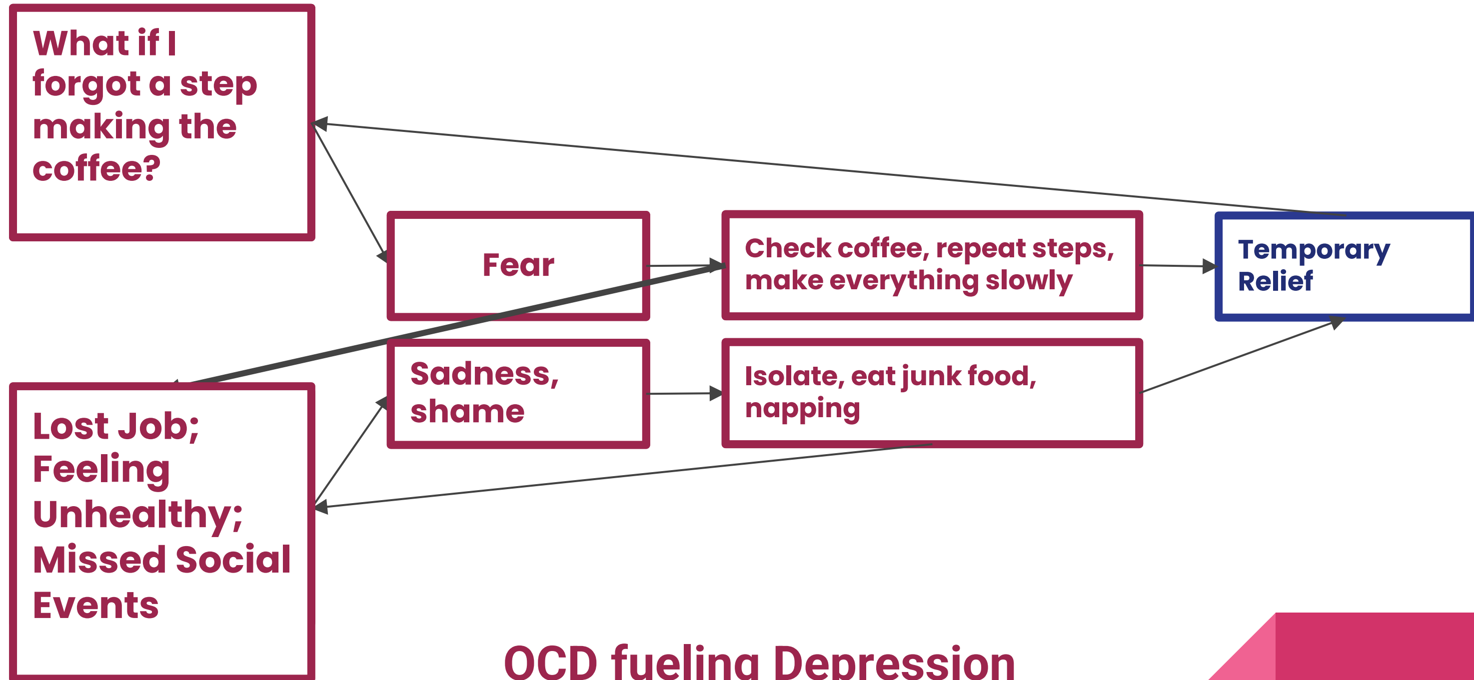
The Cycle of OCD



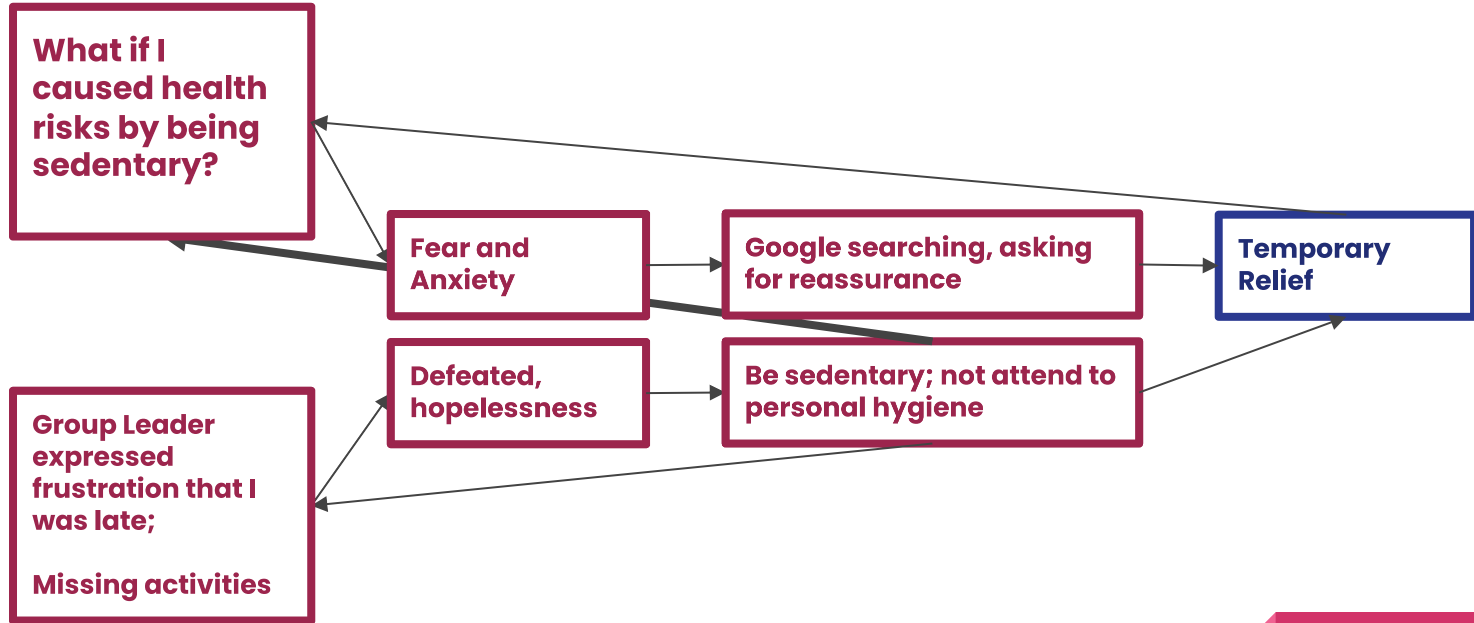
The Cycle of OCD



The Cycle of OCD



The Cycle of OCD

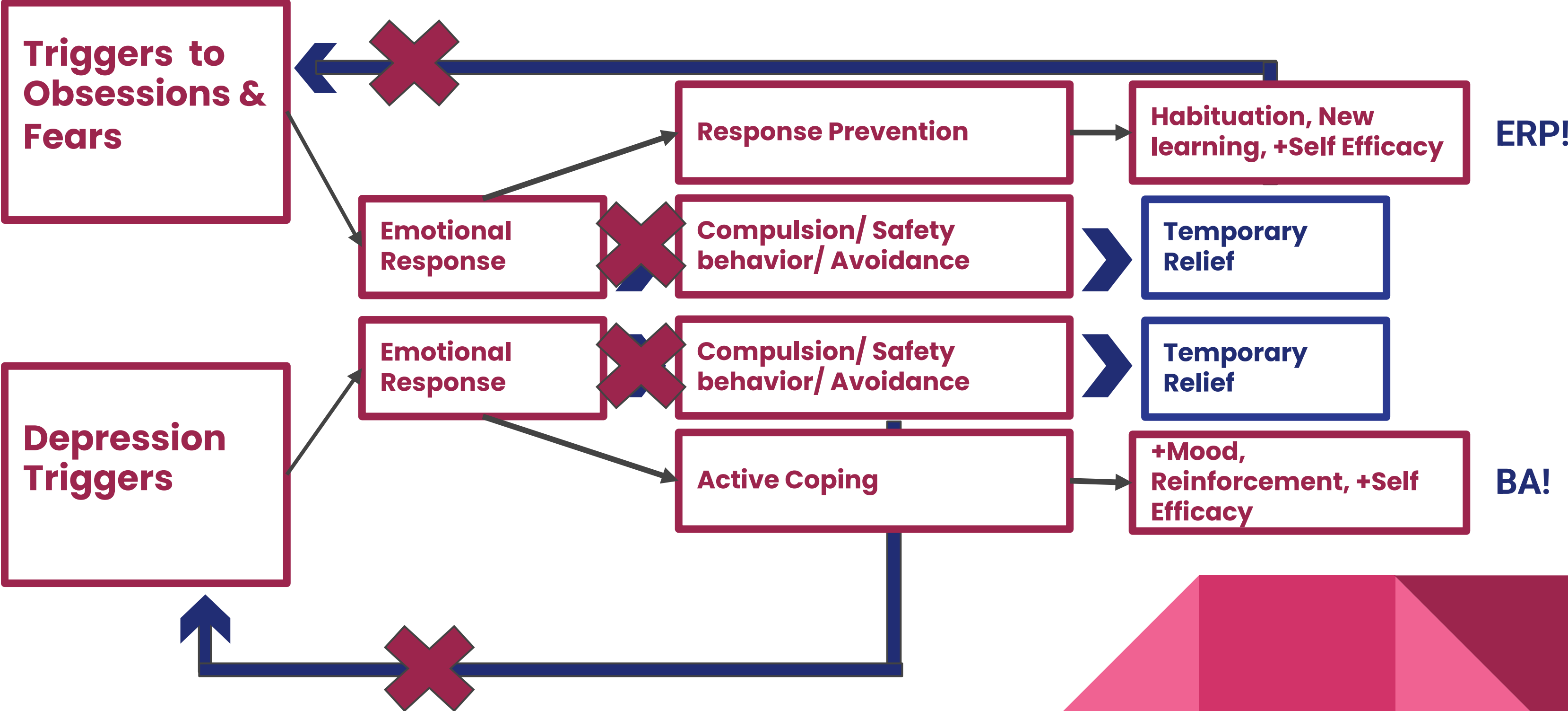


Depression fueling OCD

So, What Does This Mean?

- Avoidance, social isolation, etc. caused by OCD also reduce sources of positive emotions and reinforcement
- This also makes other triggers for depression more likely
  - losing a job, loss of relationships, financial concerns, etc.
- Additional exacerbating factors: shame related to obsessions, feelings of hopelessness caused by perceived inability to “get over” OCD, etc.
- OCD & Depression fuel each other– depression can make it difficult to engage in treatment, allowing the OCD cycle to continue

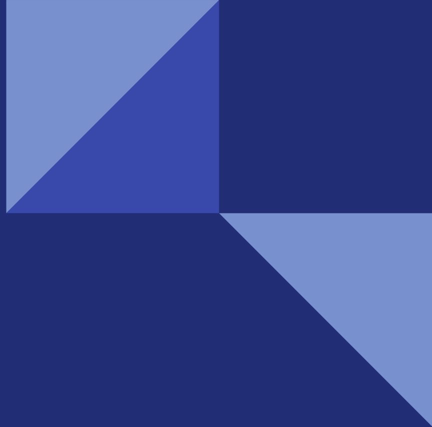
The Cycle of OCD



Empirical Support

Empirical Support & Multicultural Considerations

- Studies have shown that BA alone is just as effective as CT alone and BA+CT (Jacobson et al. 1996) and just as well tolerated (Ciharova et al. 2021)
- BA is demonstrated to be effective across diverse populations (Dimidjian et al., 2011)
    - However, a recent meta-analysis found that out of 19 studies included, all were conducted in high-income settings (Martin & Oliver, 2019).
    - This is certainly an important gap in the literature that needs to be addressed
- There is not sufficient literature on the combination of ERP + BA (case studies), nor for multicultural considerations
    - It is important to be mindful of the intersectional identities of yourself or clients



Overview of Treatment

Behavioral Activation (BA)

Like exposure-based therapies for OCD and anxiety disorders, BA addresses how depression is maintained (i.e., avoidance).

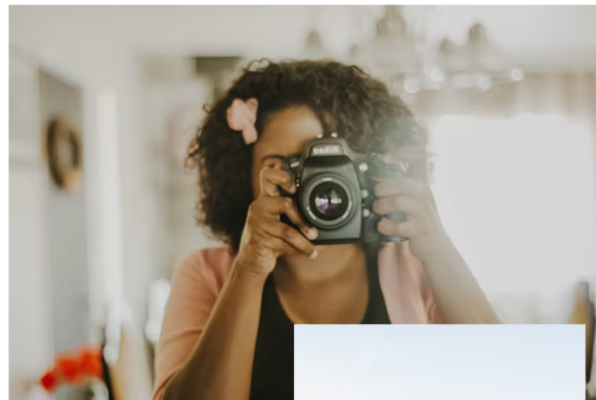
Goal: to identify appropriate targets for activating behaviors in three different domains & engage in activities that have been avoided:

1. **Routine activities**-- hygienic routines, grooming, dressing
2. **Pleasant/enjoyable activities**-- sports, hobbies, music, movies
3. **Value-based activities**-- volunteering, seeing family/friends

Activities then are organized into a BA/activity hierarchy

Treatment: ERP + BA

- Psychoeducation on both conditions
- Monitoring (Obsessions, Compulsions, Anxiety, Activities, Mood)
- Initial/Immediate BA Assignments and Scheduling
- Creation of Hierarchies
  - ERP hierarchy
  - **BA hierarchy**
    - **Routine; Activities of Daily Living (ADLs)**
    - **Enjoyable/Pleasurable**
    - **Values-based; Mastery**
- **ERP Assignments + Increasingly difficult BA**
  - **Combined ERP/BAs**
- Hierarchy Progression
- **Troubleshooting**



Hierarchy Creation

Activity	Anticipated Difficulty	Activity Category R = Routine, P = Pleasant, V = Values
Get out of bed by 8:30 am	1	R
Shower every morning	2	R
Spend 5 min. picking up my room per day	3	R
Call best friend once per week	3	V

- Create by asking patient/family, looking at assessments, observations
- Ask:
  - What did you spend your time doing before you started feeling this way?
  - Is there anything you're avoiding?
  - What activities make you feel (used to make you feel) proud or accomplished?
  - etc.

ERP

Exposure	SUDs	RP Target
Touch honey on a counter	3	No handwash
Leave hotel room without making bed	5	No Perfecting
Leave hotel room without checking room	6	No checking
Watch video of people diagnosed with HIV	7	No self-assurance
Read script about disappointing God	9	No researching

BA

Activity	Anticipated Difficulty	Activity Category R = Routine, P = Pleasant, V = Values
Call a friend	2	P, V
Go out to eat with friends	4	P, V
Get to treatment on time	6	R
Go for a run	8	V
Take fewer than 2 naps in the afternoon	10	R, V

Assigning ERP and BA together

- Engage in ERP to BA ratio based upon current symptom presentation
  - BA may need to occur first if depression symptoms are interfering with ERP
  - Start at 1s and 2s for BA; perhaps 3-5s for ERP

- Ensure BA is not used as avoidance of ERP, or scheduled immediately after difficult ERP for the purpose of immediate relief of anxiety

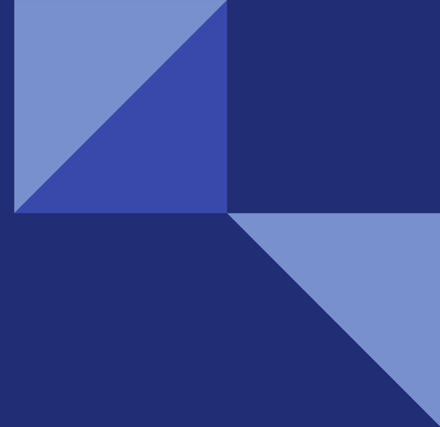
- Assignments can double as both ERP and BA!
  - ERP has been proven to be activating! (Blakely, Abramowitz, Leonard, & Riemann; 2019)
  - Driving into the city to engage in ERP at the mall
  - Retry an old hobby that causes you to get dirty/sweaty
  - Go out to eat with friends, resist checking during transitions

Troubleshooting

Date	Trigger: what is the situation?	Response: what emotions did you feel in response to the trigger?	Did you engage in avoidance or active coping?	If avoidance: What was your avoidance pattern? How did you avoid?	If avoidance: What was the outcome?	If active coping: What was the active coping behavior?	If active coping: what was the outcome?

Also ask, did they have everything needed for the homework?:

- Materials
- Available time
- Someone to assist
- Childcare
- Skills
- etc.



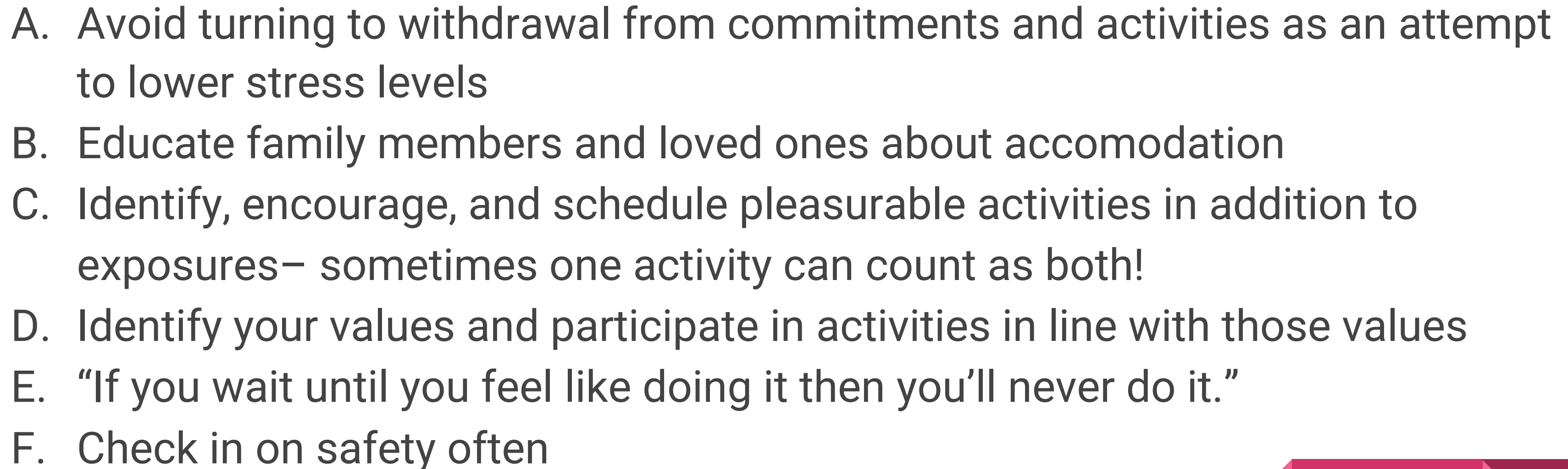
Safety

Safety Considerations

- Suicidal ideation/plans/attempts are a common symptom of depressive disorders & may occur with OCD
  - Differentiate between true suicidality and Obsessions regarding suicide
- Safety Planning
  - This can be effective– reduced risk of subsequent suicide attempts and increase continuity of mental health care (Doupnik et al., 2020)

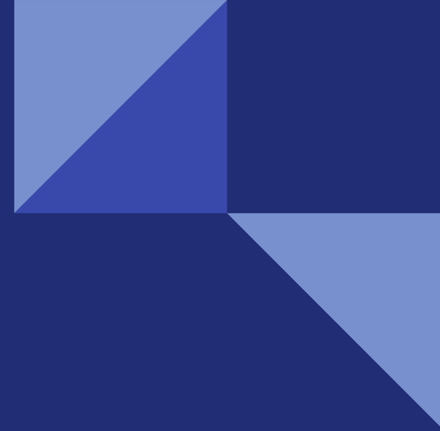
Simple BA Applications

Simple BA Applications for Depression Co-occuring with OCD



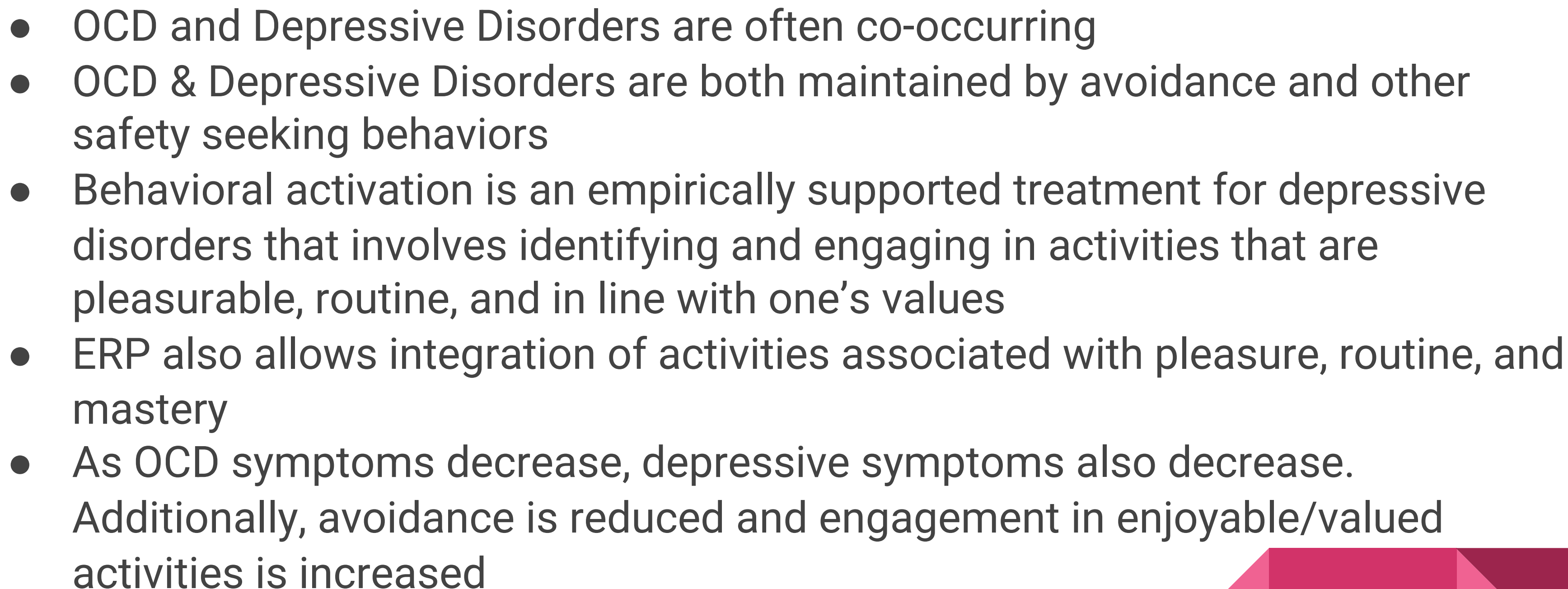
A. Avoid turning to withdrawal from commitments and activities as an attempt to lower stress levels
B. Educate family members and loved ones about accomodation
C. Identify, encourage, and schedule pleasurable activities in addition to exposures– sometimes one activity can count as both!
D. Identify your values and participate in activities in line with those values
E. “If you wait until you feel like doing it then you’ll never do it.”
F. Check in on safety often

Summary



Summary

- OCD and Depressive Disorders are often co-occurring
- OCD & Depressive Disorders are both maintained by avoidance and other safety seeking behaviors
- Behavioral activation is an empirically supported treatment for depressive disorders that involves identifying and engaging in activities that are pleasurable, routine, and in line with one’s values
- ERP also allows integration of activities associated with pleasure, routine, and mastery
- As OCD symptoms decrease, depressive symptoms also decrease. Additionally, avoidance is reduced and engagement in enjoyable/valued activities is increased



Questions?