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2:15 - 3:45 PM PST

Rebranding Exposure and Response Prevention:

The Poetic Blend of Evidence-Based Treatment for OCD

Presenters:

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Presenters



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Why Rebrand ERP?



A Solid Research Base



Researchers have conducted hundreds of studies utilizing the treatment of ERP for OCD. This has been done with thousands of patients in countries worldwide, and the findings are consistent-- ERP is effective in treating OCD. No other treatment for OCD has as solid of a research base.

Gold-Standard Treatment

ERP is the front-line treatment for OCD, meaning it is the treatment modality described unequivocally as the best in its genre based on research and results, against which all others should be compared.

ERP is Evidence-Based

Evidence-based practice applies research-based treatments that are tailored to meet people's needs, preferences, and cultural expectations. Evidence-based treatments have been rigorously tested in randomized, controlled trials or a series of case studies and have proven effective outcomes.



Why an ERP "Rebrand" May Make Sense

Sounds Frightening (Think "Fear Factor")

Some individuals with OCD who avoid treatment may read online that they have to destroy bibles, jump in dumpsters, eat gross foods, or say racial slurs out loud

ERP and the Need to Shock

Previously, because ERP is a directive style of therapy, clinicians would come up with over-the-top exposure ideas that did not connect with their client's values or have the client see value in the exposures they were engaging in. ERP has evolved, such as asking our clients for exposure ideas, but may not be disseminated properly

ERP Has Evolved

Many clinicians may take an introductory training on how to utilize ERP in the treatment of OCD. They will learn the basics of the treatment and stop there. If ERP alone is not providing the level of results hoped for, they may abandon ERP or feel they are out of tools instead of utilizing helpful interventions from evidence-based modalities

Common ERP Myths



- **ERP IS DANGEROUS**

ERP is harmful and traumatizing. It causes more harm than good in the individual. Therapists struggle seeing their client in distress

- **ERP IS SUPERFICIAL**

ERP only addresses the symptoms of OCD and does not go deeper. May be just a bandaid

- **ERP IS COMPULSIVE**

In ERP, response prevention and distress tolerance are always a compulsion

- **ERP IS TORTURE**

ERP is cruel and resembles an episode of the television show, "Fear Factor." Often referring to the more archaic version of ERP from the late 60's / early 70's

- **ERP = WHITE KNUCKLING**

ERP is white knuckling instead of being with the experience

- **ERP IS PURELY BEHAVIORAL**

ERP derives from CBT, but only focuses on the "B"--the behavioral component. You are asked to focus only on changing behaviors



The Poetry of Evidence-Based Therapy for OCD

ERP IS THE FOUNDATION

There are those that criticize clinicians who specialize in ERP as being close minded, resistant to change, and skeptical of anything new. However, the majority of treatment providers are open to learning new adjunctive treatments to use in conjunction to ERP; they evolve. "Everything changes"



1966: ERP Is Created

VIC MEYER IN 1966, EXPANDED BY EDNA FOA IN THE EARLY 1970'S

Habituation model. Very rigid. Repeated and prolonged. Very directive therapy and therapists were often firm with their clients and willing to drop them if they did not comply with what was asked of them. Exposures, including imaginal exposure, could be seen as extreme. The type of ERP often used when criticizing the modality





MINDFULNESS-BASED COGNITIVE BEHAVIORAL THERAPY

Emphasis on accepting reality in the present moment

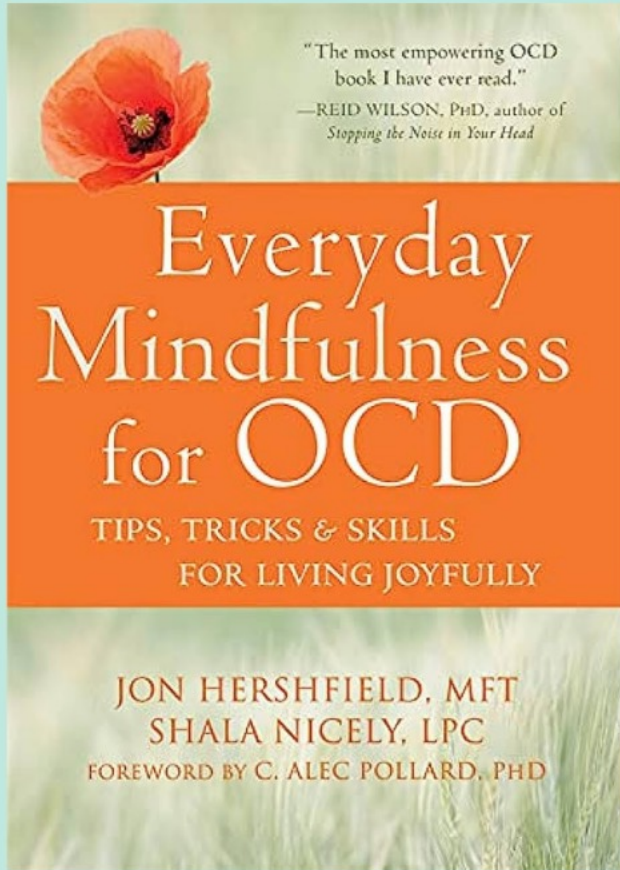
Took the C of CBT (cognitive therapy) and put a mindfulness bent on it--dropping assessment of the probability of the content of fears being true

Clients pay attention to the here-and-now, the thoughts, feelings, and sensations in the body, and let go of resistance to them

Imaginal exposures focused on exposure from the viewpoint that these stories were, in fact, stories and repeated engagement with them would reveal that. "Oh, yeah, there's that story again" and drops it

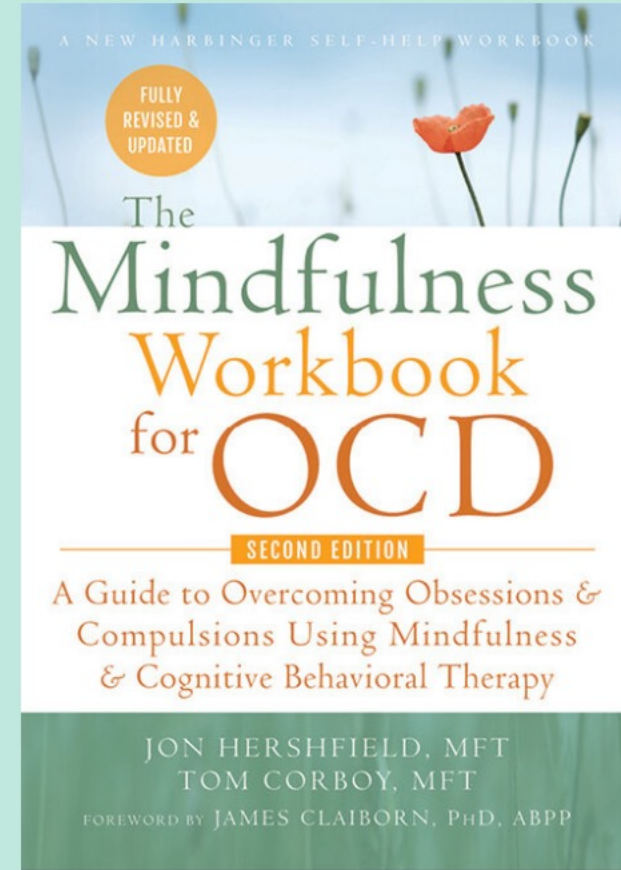
This was an evolution from traditional versions of ERP that emphasized a kind of "make it worse to burn out the circuits" approach





Everyday Mindfulness for OCD

Jon Hershfield & Shala Nicely



The Mindfulness Workbook for OCD

Jon Hershfield

A photograph of a person from behind, sitting at a wooden desk. They are wearing a grey t-shirt and have their hand on their neck. On the desk are several potted plants and small informational cards. The background is a brick wall. In the top right corner of the image, there are two circular navigation icons: a left arrow and a right arrow.

ERP/ACT

Acceptance and Commitment Therapy

ACT PRINCIPLES

Engagement with values

Defusing from thoughts

No more tug-of-war with thoughts

Based in mindfulness

Different language / framing than ERP

ERP & Inhibitory Learning

Alternative way to think of what makes ERP effective
(from habituation)

Distress does not always go down during exposures,
however, learning always happens

Less focus on how you feel and more on learning

Pair trigger with non-threat associations

Jumping around the exposure hierarchy

Moving items from the unsafe column to the safe column

Anxiety tolerance

People recognizing they could confront their fears

A language shift





Motivational Interviewing for OCD



HELPFUL FOR CLIENTS ONCE SEEN AS "TREATMENT RESISTANT"

Motivational interviewing enhances a patient's motivation to change by: Resist the righting reflex; Understand the patient's own motivations; Listen with empathy; and Empower the patient.

Originally use for individuals with substance use disorder

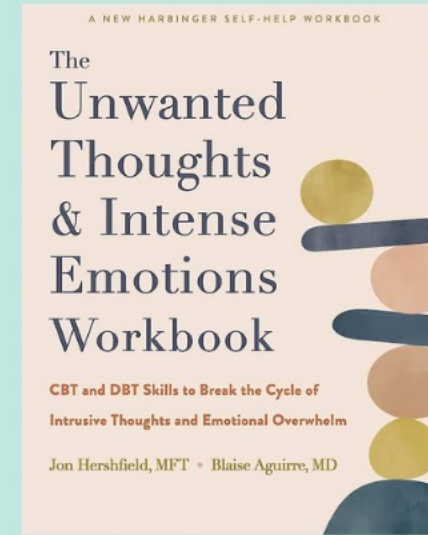
Slow down and focus on client readiness before jumping into treatment

Open ended questions, reflecting, affirmations, and summarizing

Stages of change: pre-contemplation, contemplation, action, maintenance, and relapse

Using DBT with ERP

DIALECTICAL BEHAVIORAL THERAPY



Emotional Regulation Skills

Interventions that help a client regulate their emotions (ice bath, grounding techniques (your five senses), self soothing techniques, calming music, journaling, strong mint

Mindfulness

DBT is heavily founded in mindfulness
Being full present in the moment
Non-judgemental with your thoughts
Objective observer
Engage in the present
Radical acceptance

Ways ERP Has Evolved



ERP Is Flexible

Clinicians specializing in the treatment of OCD will utilize ERP as a front line treatment option, but will also integrate other evidence-based treatments. ERP is standardized but not rigid and inflexible

ERP Doesn't Ask You To Accept Your Worst Case Scenario

We don't ask a client to accept they are a pedophile. Instead, we ask clients to change their relationship with their intrusive thoughts and images; disengaging with them. Not accept worst case but instead accept that life is not always certain

ERP Is Collaborative; No More Therapists Worrying About Putting Their Client in Unnecessary Distress

ERP is collaborative now. We ask our clients and seek out knowledge about their OCD presentation from them. We ask our clients what exposures they would find effective and make them goals and value based. No more "Fear Factor" type of exposures!

ERP Is Now Justice-Based

If a client's core fear is being racist, instead of having a client say the "N-word" we may have them visit and purchase an product from a black business.

THERE IS A COGNITIVE COMPONENT

ERP is not purely behavioral. There is a cognitive component. Learning common cognitive distortions can be useful for clients. Additionally, helping a client to see 'how they got here,' the role of cognitive bias, and recognizing when they are fixating on the future or past can be useful



TREATING THE WHOLE CLIENT

ERP is not an in-and-out treatment anymore. It is very effective, and can produce results fast. However, we are now using self-compassion strategies, addressing a client's shame and guilt, helping them to grieve time lost to the disorder & feeling behind their peers, and aiding them in getting back into life once therapy completes



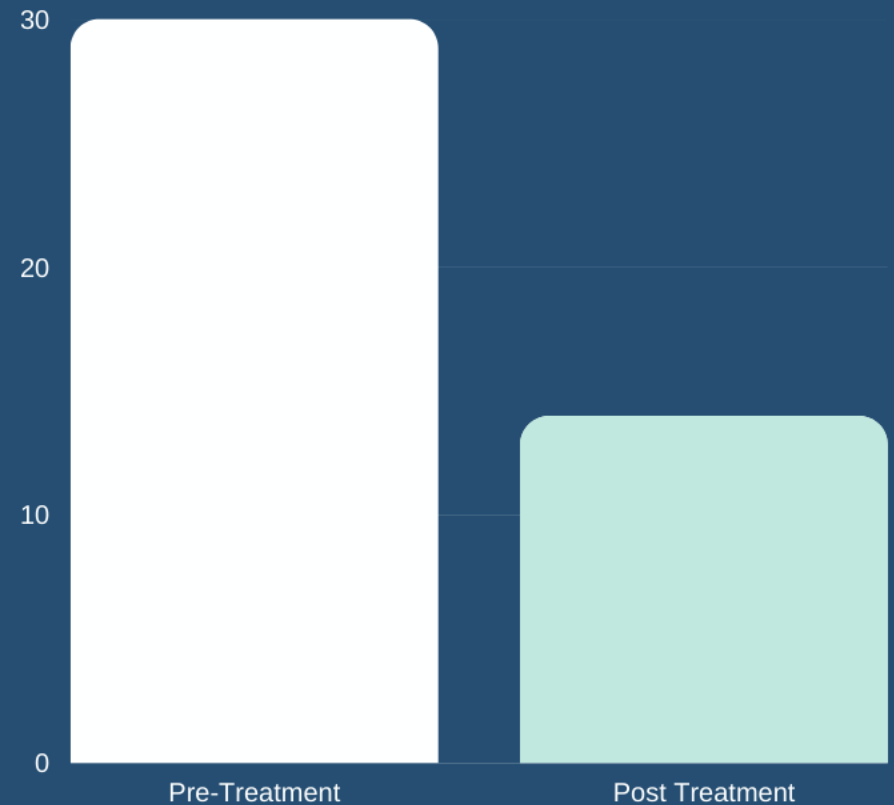
ERP For OCD Works

THE CURRENT VERSION OF ERP PRODUCES RESULTS AND INCREASES ENGAGEMENT

A meta-analysis of 16 experimental studies, nearly 30 years after ERP's inception, that investigated the effectiveness of ERP for OCD in adult participants. Results found an 83% positive response rate for OCD sufferers that contributed to a substantial reduction of symptoms. In 76% of cases, individuals retained treatment gains at the 29-month follow-up.

For the intensive outpatient program (IOP) at The Gateway Institute, clients came in with an average Y-BOCS score of 29 (severe) and left with a score of 14, landing them in the mild range. Out of 120 IOP clients in 2021 and 2022, only 4 left the program early, resulting in just a 0.03% dropout rate

Jamie D. Fuesner, Patrick B. McGrath, et. al, found nearly 65% found ERP effective and lack of finances and insurance was the primary reason for the drop out



Severity Range:

8 – 15 = Mild

16 – 23 = Moderate

24 – 31 = Severe

32 – 40 = Extreme



How We Practice ERP



Out of The Office

All three of us are able to put our client in real world situations that match their living environments



Exposures are Thoughtful, Fun & Engaging

The more the work is engaging for the client, the more likely they will stick with it and have it become a lifestyle for them



ERP is a Poetry of Effective Treatments

Therapists that go beyond the foundations of ERP, and integrate what is found to work, can customize a treatment plan for each client

"ERP Didn't Work For Me"



- **Was your provider a specialist?**

Did you work with someone whose case load is 100% individuals with OCD and related disorders? Who has gone through advanced trainings and work in the field for many years?

- **Were you in the right level of care?**

Were you on medication, TMS, or other psychopharmacological interventions if needed? Did you go to an IOP, PHP, or residential?

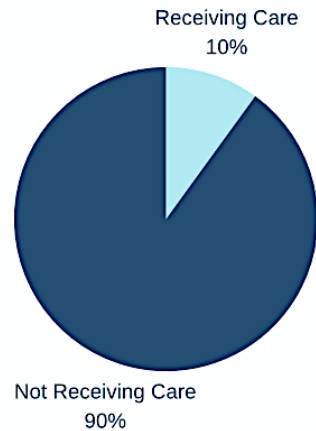
- **Was your treatment collaborative?**

Were you engaging in values-based exposures at a pace comfortable to you? Did your provider explain what OCD was and wait until you saw the value in exposures before introducing them?

- **Did your treatment feel customized for you?**

Were they bringing in elements of other evidence-based treatments? Did they engage in motivational interviewing and address family accomodation to make sure you were ready for treatment?

Why "Re-Market" ERP?



Individuals with
OCD Receiving
Treatment

- **ONLY 10% RECEIVE CARE**

Only 10 percent of individuals with OCD receive proper care. How many more would seek out help if they weren't scared away by what they think the treatment is?

- **NOT ENOUGH ERP PROVIDERS**

Most therapists are trained in a gentle, person-centered manner when in college. Many therapists avoid receiving ERP training because they fear it goes against why they entered the helping field

Call to Action: Help Us Rebrand ERP!

Parents & Loved Ones

Explaining to your loved one what OCD treatment really looks like. Help dispel their fears based on rumors or myths of ERP

Individuals with OCD

Share your positive experiences with ERP. Share what you learned and what your success have looked like

Mental Health Providers

Share with colleagues, as well as therapists working with other populations, on what a more current version of ERP looks like

Share These Slides!

Provide these slides to anyone resistant to learning about or engaging in ERP based on the archaic version of the treatment

Talk to Us



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