



There's an Exposure For That! Developing Creative and Effective Exposures



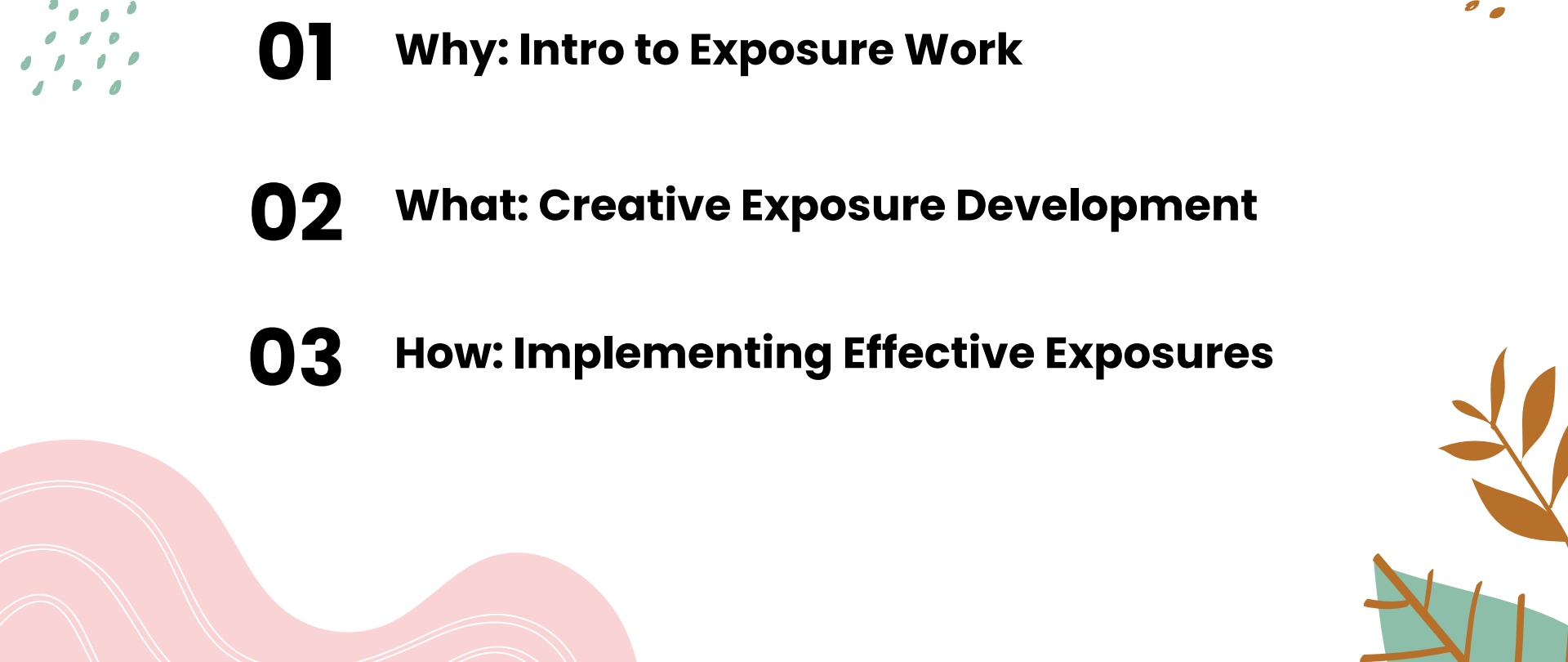
**Jenna Overbaugh, LPC
Amy Mariaskin, PhD
Caitlin Claggett Woods, PhD**

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Outline

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- 01** Why: Intro to Exposure Work
 - 02** What: Creative Exposure Development
 - 03** How: Implementing Effective Exposures



Why: Intro to Exposure Work

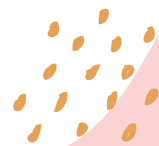
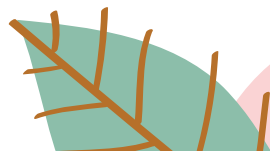
Theories Behind Exposure Work

- **Habituation**
 - Over time, you get used to the situation/stimuli
- **Inhibitory learning**
 - You learn via corrective experiences and expectancy violation
- **Neurological changes taking place in the brain**
 - Learning new associations
- **Psychological Flexibility – ACT applications**



The Importance of Exposures

- “I could never do that!”
- Exposures allow opportunities to learn:
 - **That you can resist rituals**
 - **That distress comes down over time**
 - **That emotions aren’t dangerous**
 - **That fears aren’t likely to come true**
 - **That you can go outside of your comfort zone**





The Importance of RP

The MOST IMPORTANT part of ERP!

The purpose of an exposure is to learn what happens in a situation when they *don't* do rituals

Can't resist rituals completely?

Mess with OCD's pattern *somehow* (reduce, postpone, undo, change pattern, change routine, change order.. etc)

What: Creative Exposure Development





Functional Analysis: Getting to know your client

- Triggering situations and stimuli
- Rituals and avoidance
- Maladaptive beliefs and misappraisals
- Core fear

Functional Analysis: Getting to know your client

Antecedent		Behaviour		Consequence	
What happened to trigger the emotion?	What emotion did you experience?	What thoughts were going through your head?	What did you do in response?	<u>Short term</u> How is this response working for you?	<u>Long term</u> How might this response lead to more difficulty in the future?



Formulation: Getting to know your client

Triggers	
Rituals and safety behaviours	
Avoidance	
Maladaptive beliefs	
Core fear	
Values	

A Day in the Life

Typing it all together!

- What is your client likely to encounter at different times in the day (meals, commute, social stuff)?
- Where does OCD alter behavior or lead to avoidance?
- If your client were living their life according to their values, what would be different? What might they try? What can they dream of doing?



A Therapist's Day in the Life:

Friday, June 16th, 6:30am to 9:30am

- **Contamination:** Clean up raccoon debris in socks then lay on the couch, leave yogurt out for hours before eating, use bathroom without handwashing
- **Harm:** Leave house door unlocked while working 30 minutes away, cook something in oven while not at home, leave space heater on while downstairs
- **Scrupulosity:** Laugh at and share a sexual joke about Jesus, drive through yellow light, listen to music with derogatory lyrics
- **Sex:** play with baby crawling on me in my underwear, smile at attractive man that's not my husband, pride sticker on computer





Overcorrection

Overcorrection: lessons in willingness, expectancy violation, and having an “umbrella” effect

A - Z: Don't have to go to the absolute worst case scenario... but beyond “normal” is important

A note of caution: Be aware of your *own* avoidance around exposure development

The Use of Scripts

Need to have discussion about mental rituals and how this is *NOT* rumination

To be used when situational exposure is impossible or unethical - exposure to the core fear

Don't use as your "go to" - there's always something in the real-world that can be adapted to a manageable level





It's Not All About the Fear

Reciprocal inhibition – theory about evoking emotions that are antagonistic to anxiety to suppress anxiety (Wolpe, 1959)

- Not great evidence BUT
 - Seen through the lens of inhibitory learning theory, there is room for both anxiety **AND** excitement, curiosity, etc
 - Seen through the lens of ACT, we can practice non-avoidance or policing of **ALL** internal states

We can have FUN!

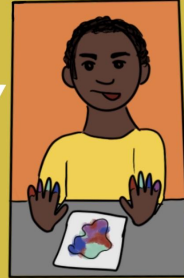
Using Humor

- Carefully to avoid invalidation
- Matching the client's style of humor
- Integrating interests
- Increase rapport
- Create a wedge between feared stimulus and compulsive urge

Exposures can be



Scary Humorous
Gross Cringey
Fun Creative
Uncomfortable



Surprising Exhilarating Irritating

All exposures should be



Consensual
Empowering
Values-driven
Respectful



@ocdnashville

FUN, continued

Integrating Play

- Puzzles, word searches, coloring books
- Hiding exposure clues
- Scavenger hunts
- The next Billboard Hot 100 hit single
- Gamifying exposures into physical challenges
- Yapp app and other ways to randomize exposure (e.g. cartoons)
- Harnessing competition



Contamination bracelet
in the works

How: Implementing Effective Exposures




Collaboration is Key



**Therapy is time limited but having a brain is forever.
Each client is the expert in their treatment.**

Exposure should empower clients to:

- Increase self-efficacy and self-trust
 - Push the boundaries of their comfort zone
 - Engage with the life they want
 - Internalize principles of ERP
 - Reduce cognitive and metacognitive biases that contribute to OCD
- 



Qualities of Therapeutic Exposure


- **Intentional, repeated, prolonged**
 - Going out of your way vs life just happening
 - Offensive vs defensive
- **Challenging but manageable**
 - Can you resist rituals during it?
- **In vivo or imaginal**
 - In real life vs imaginal/scripts

Remember Compassion First

- Exposures should be collaborative and consensual
- “I never want anyone to do anything they don’t want to do unless I’ve convinced them of why they need to do it.” – Jon Grayson
- If you’re not thoughtful with exposures..
 - Scare people off
 - Confuse people
 - “Why do I have to do this?”
 - Reading a newspaper article when someone can’t even change their son’s diaper

Remember Compassion First



- We want them to understand why we make the recommendations we make
 - They should have a say in their exposures
 - Increases compliance across the board
 - Invest heavily in your clients at this stage
 - More likely to continue the work outside of session
 - Making ERP a lifestyle
- 



Hierarchy VS Menu

Hierarchy: putting exposures into a hierarchy that gets more and more challenging over time

E.g. 0-10, 0-100

Menu: selecting at random (Inhibitory Learning emphasizes that this is more applicable to daily life + protects against relapse)



Approaches to Timing of Exposures

Until anxiety comes down by half (e.g., from a 6-3, 5-2)

Until you learn something

Cultural Humility

Person-centered care that recognizes race, ethnicity, religion, sexual orientation, gender, etc as important

- Competence = mastery
- Humility = openness

Designing exposures

- Safety concerns with racism, heterosexism, etc
- Know your local laws for LGBTQIA+ clients
- Respecting faith traditions and beliefs
- Enlisting others from individuals' community (e.g., faith leader)

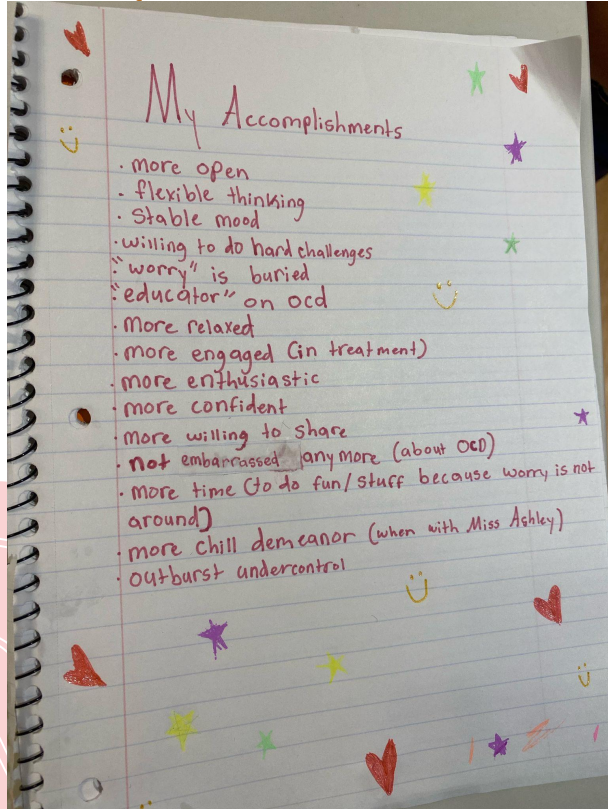


Willingness

- **ACT Framework**
 - Deviates from symptom reduction as sole outcome
 - Integrates in behavioral goals moving toward the life you want
- **Keeps the client in the driver's seat**
- **Willingness vs. Motivation**
- **Ties exposures to values or activities of daily living**
- **Improves treatment outcomes**



Rewards & Incentives



Hopefully, the biggest rewards are intrinsic. However, external rewards can be:

- Sticker charts or token economy systems
- Consequences and rewards
- Actual prizes in office or with family
- Outings with therapist (all ages)
- Verbal celebration (all ages)
- Graduations/Certificates (all ages)
- Ending treatment earlier (all ages)



A Final Thought

ERP is still *Cognitive Behavioral Therapy*

- What did you notice?
- How was it different from what you expected?
- How was it the same?
- What did you learn?
 - About the world, yourself, OCD?
 - About the need for certainty? About perfectionism?
 - About personal responsibility?

THANKS!

 [jenna.overbaugh](https://www.instagram.com/jenna.overbaugh)

 [ocdnashville](https://www.instagram.com/ocdnashville)

 www.anxietyottawa.com

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