



Measuring Distress,
Creating a Hierarchy,
and Symptom
Management



Developing a Hierarchy

- List of feared and avoided things, places, situations, feelings, etc. ranked from least distressing to most distressing
- Make sure to include the trigger and core fear when creating a hierarchy item
- Hierarchy items are rated by how they would feel in the absence of rituals or avoidance
- Make the exposure and distress unavoidable
 - No “safe” areas

Ways to use it

- Start with low level exposures and work up
 - Low challenge
 - Moderate challenge
 - High challenge
- Gradual vs. Flooding
- Work on distress tolerance and eventually have them move around on the hierarchy
 - Variety helps foster inhibitory learning
 - Keeps OCD on its toes



Example Hierarchy

Core fear: If I interact with marijuana in any form, I'll be contaminated and be irresponsible; I might contaminate others; I'm a bad person

Go into marijuana dispensary: 9/10

Walk around parking lot of marijuana dispensary: 8/10

Sit outside marijuana dispensary with car windows down: 8/10

Use CBD lotion sample at CBD kiosk: 8/10

Go to CBD kiosk at mall and peruse items: 7/10

Hold CBD dog treats in hand: 6/10

Hold bag of CBD dog treats (closed): 5/10

Imaginal scripting around being contaminated by marijuana: 5/10

Watch videos/TV shows/movies about marijuana: 4/10

Write the word marijuana (and nicknames for it): 2/10

Example Hierarchy

Core fear: I'm a bad person

Throw out old shoes instead of donating them and buy new pair that costs more than \$30: 9/10

Put plastic in trash instead of recycling bin: 8/10

Start shower and wait 10 mins before going in: 8/10

Frown at someone on the train: 7/10

Send email with spelling errors/grammar errors: 7/10

Therapist buys candy bar for patient with own money and patient throws it away: 6/10

Express an opinion in group of friends: 6/10

Leave shopping cart in parking spot: 5/10

Interrupt someone mid conversation: 5/10

Measuring Distress

- ERP can bring about different types of distress
- Measuring distress can help the patient learn and rework their relationship to distress
 - Subjective units of distress (SUDs)
 - Thoughts, ability to be present, physical sensations, etc.



Measuring Distress

- Most common feeling of distress that is measured is anxiety
- Other feelings that come up during exposures:
 - Disgust/gross feelings
 - Anger
 - Sadness
 - Shame and guilt
 - Feeling several emotions, leading to feeling overwhelmed





Measuring Distress

- Habituation Model
 - Measure SUDs before, during, and after
- Inhibitory Learning Model
 - Two different measurements:
 - The amount you believe your feared outcome
 - The amount of confidence you have in your ability to manage your distress related to the exposure
 - Measure two items: before, during, and after



Measuring Distress

- 0-10
- 0-100 _____
- 1-7
- Not all patients are good with numbers
 - Get creative!
 - Temperature
 - Traffic light
 - Colors

Measuring Distress

- Distress might not always decrease
 - Sometimes focusing on SUDs decreasing, can lead to feelings of failure or feeling that something is wrong with self/ERP does not work for me
- Find a takeaway message/what I learned and what can I do differently next time
- **Focus is on reworking one's relationship with distress/anxiety and building confidence in one's ability to manage distress**

