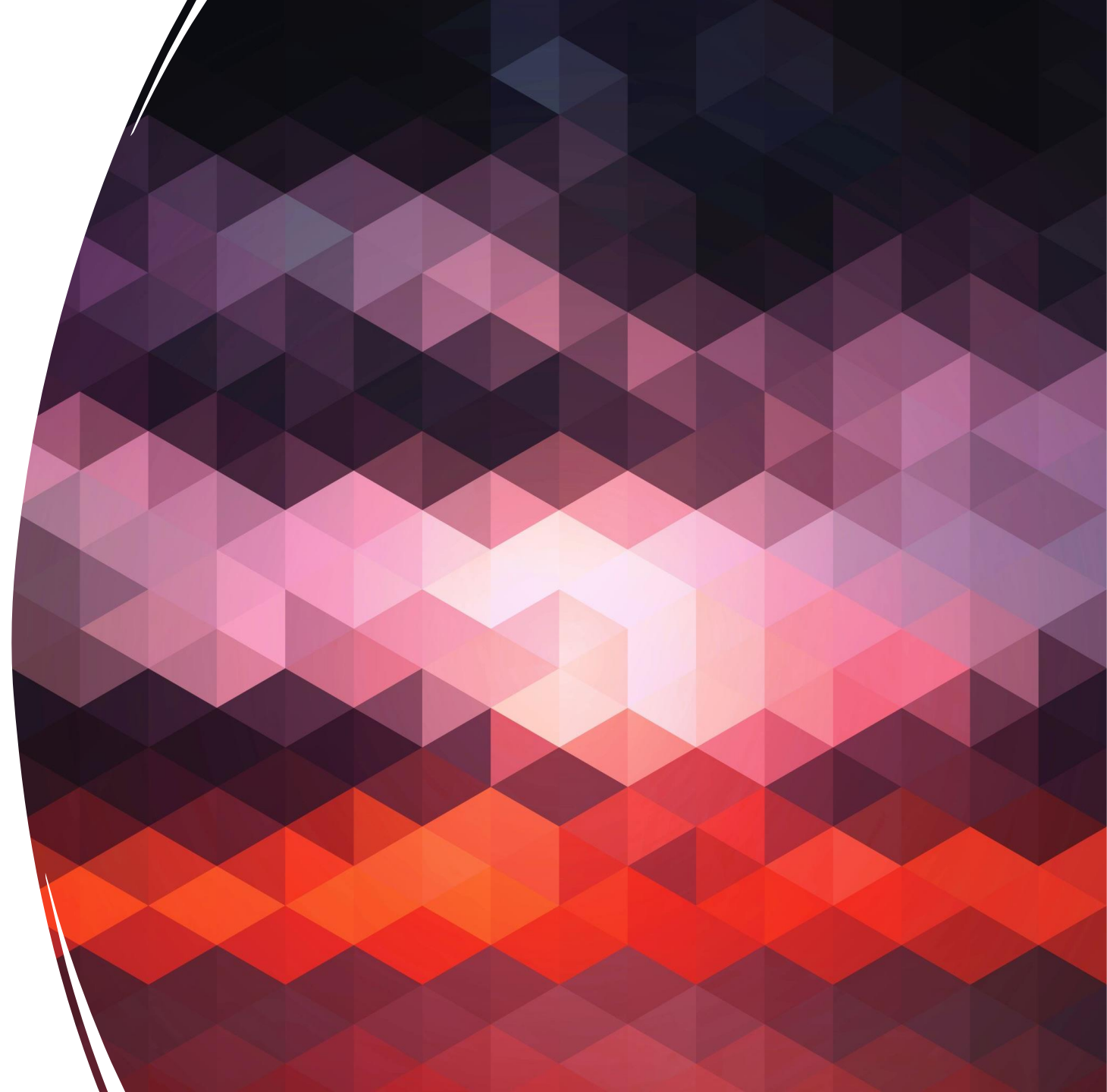


# Exposure to OCD: Understanding, diagnosing, and treating OCD with ERP

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# Learning Objectives

- Attendees will identify obsessions and compulsions including mental compulsions
- Attendees will learn methods for ERP implementation

## Disclosures

- Presenters have no financial relationships to disclose



# OCD

- **What it is**
  - A debilitating disorder
  - Obsessions and compulsions
- **What it is not**
  - Preoccupation/stalking
  - Rumination
  - Appetitive habit
  - Tic
  - OCPD
  - Worry
  - A quirky trait



# Obsessions

- Recurrent and persistent thoughts, urges, or images
  - Intrusive and unwanted
  - Cause anxiety or distress
- Individual attempts to ignore, suppress, or neutralize



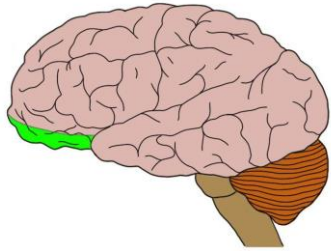


# Compulsions

- Repetitive behavior or mental acts
  - Feels driven to perform in response to an obsession, or according to rules that must be applied rigidly
- Aimed at preventing or reducing anxiety or distress, or to prevent some dreaded event or situation
  - Excessive or unrealistically connected to the obsession.

# Where does OCD come from?

(Hollander, et al, 2011; Preston et al, 2013; Goodman, et al. 2021)



Overactivity in  
Orbito-frontal Cortex

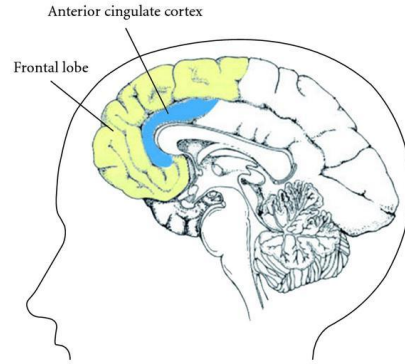
Reduced neuronal density found in postmortem studies.

Avoidance response – thoughts and emotions combine

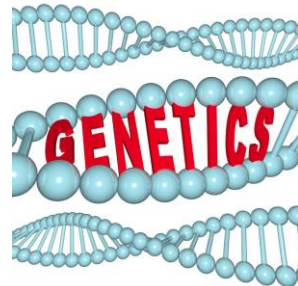


Serotonin Theory

(Dopamine and glutamate also implicated)



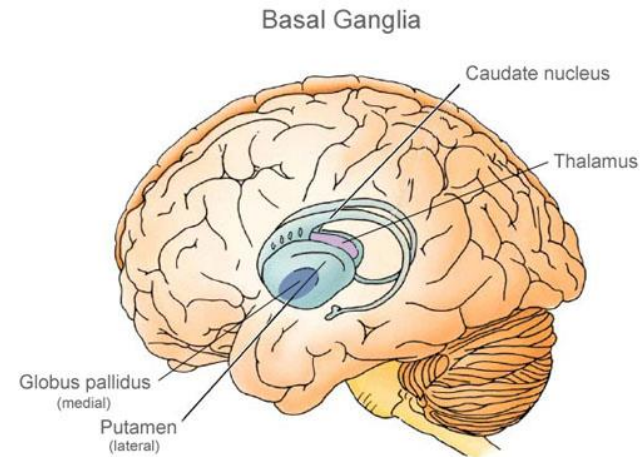
Overactivity in  
Anterior Cingulate Gyrus  
Signals danger – shifts attention



Genetic studies estimate between 27-65% Heritability

Potential linkage with the 3q27-28 gene which encodes 5-HT

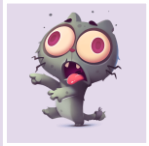
Early onset OCD has greater “familial loading”



Overactivity in  
Caudate (Striatum) and Thalamus (reduced after ERP)  
Processes sensory information, disregards unimportant things

Damage to basal ganglia, globus pallidus and caudate result in OCD like symptoms

# Trigger/Obsession/Feared Consequences



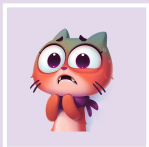
Trigger

Environmental or mental



Obsession

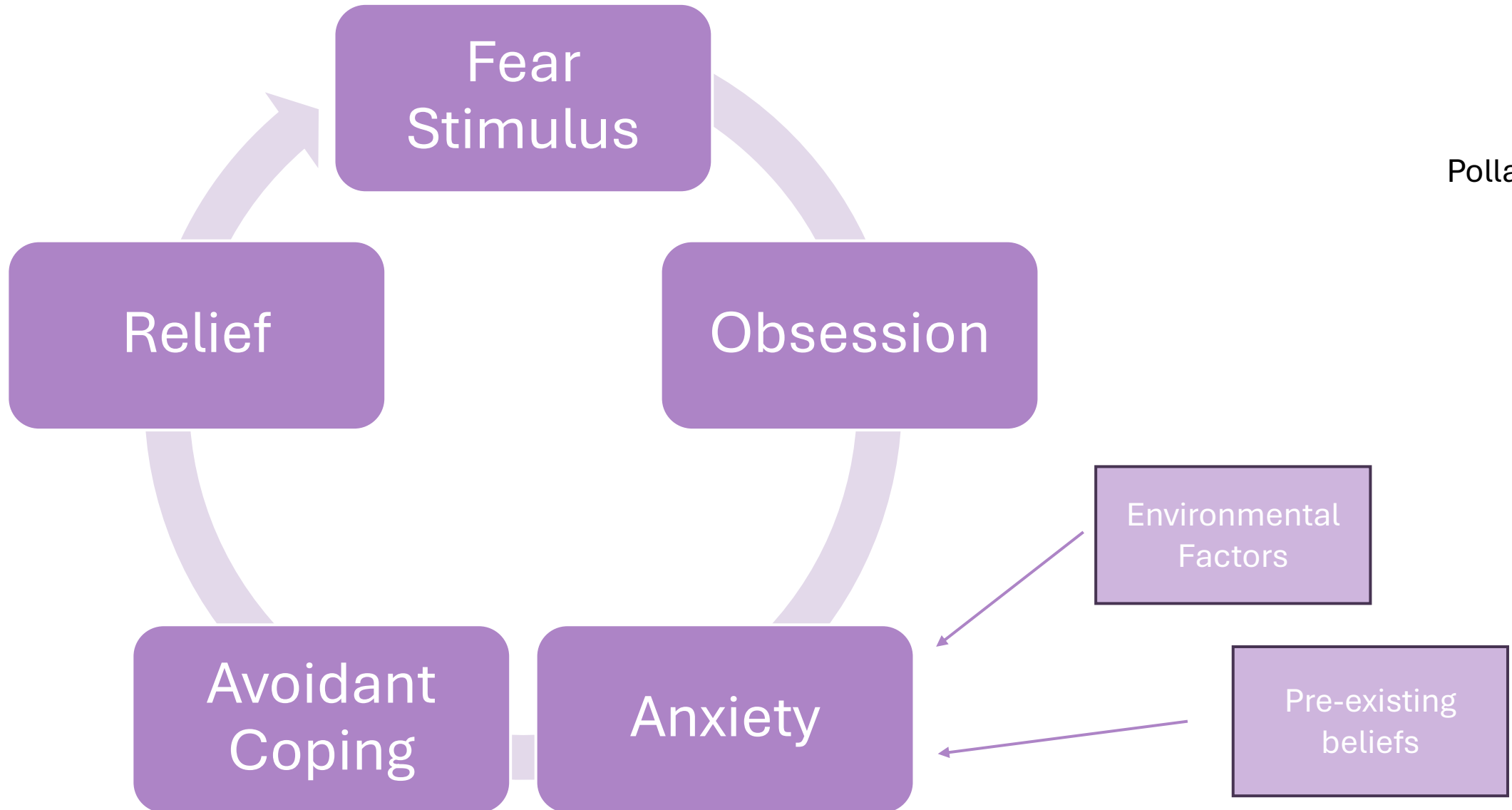
What the OCD sufferer fears



Feared Consequence

The feared outcome/what a sufferer believes will happen if a compulsion is not preformed

# Cycle of OCD



Pollard, 2023

# Core Fears in OCD

- Proximal, Specific Catastrophic events
- Interminable, intolerable distress: Not just right/disgust
- Interminable, intolerable distress: Uncertainty



# Intolerance of Uncertainty

- What are you certain of right now?
- Why? How are you certain?
- If you are now uncertain, how uncomfortable does that make you?
- NOTHING is 100% certain
- But we want to FEEL certain
- This is a trap for OCD

UNCERTAINTY  
IS AN  
UNCOMFORTABLE  
POSITION. BUT  
CERTAINTY IS AN  
ABSURD ONE

VOLTAIRE

*TheSilverPen.com*

# Disgust and OCD

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- Core fear in OCD: intolerance of the emotion disgust
- Exaggerated responses to disgust
- Commonly seen in contamination OCD
- Neutralizing behaviors are done to eliminate or reduce the intolerable emotion
- Sympathetic Magic is often present
- Disgust and Fear are often experienced together, but are in two different parts of the brain and nervous system
  - Fear- Amygdala, sympathetic nervous system
  - Disgust – Insula, parasympathetic nervous system.



I'M ANXIOUS

(Mental compulsion) I remember unplugging it

I feel better

But what if I didn't?

I might not have turned off my straightener

But what if I didn't?

I feel better

(Compulsion) driving home to check

I'M ANXIOUS





## Behavioral Compulsions

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Washing

---

Checking

---

Repeating

---

Straightening

---

Organizing

---

Maintaining Routines

---

Reassurance seeking

---

Confessing

---

Researching



# Mental Compulsions

---

Counting

---

Mental Review

---

Reasoning

---

Scenario Bending

---

Figuring it out

---

Thought or image replacement

---

Thought neutralization or suppression

---

Mental rehearsal

---

Memory Hoarding

---

Praying

---

Mental Self-punishment

---

# OCD Subtypes

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Harm

---

Pedophile

---

Sexual Orientation

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Gender Identity

---

Moral Scrupulosity

---

Hyper-Awareness

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Hyper-Responsibility

# OCD Subtypes cont'd

Health

Relationship

False Memory/Stuck Thought

Contamination

Just right/symmetry

Perinatal and Postpartum

Existential

# Assessment

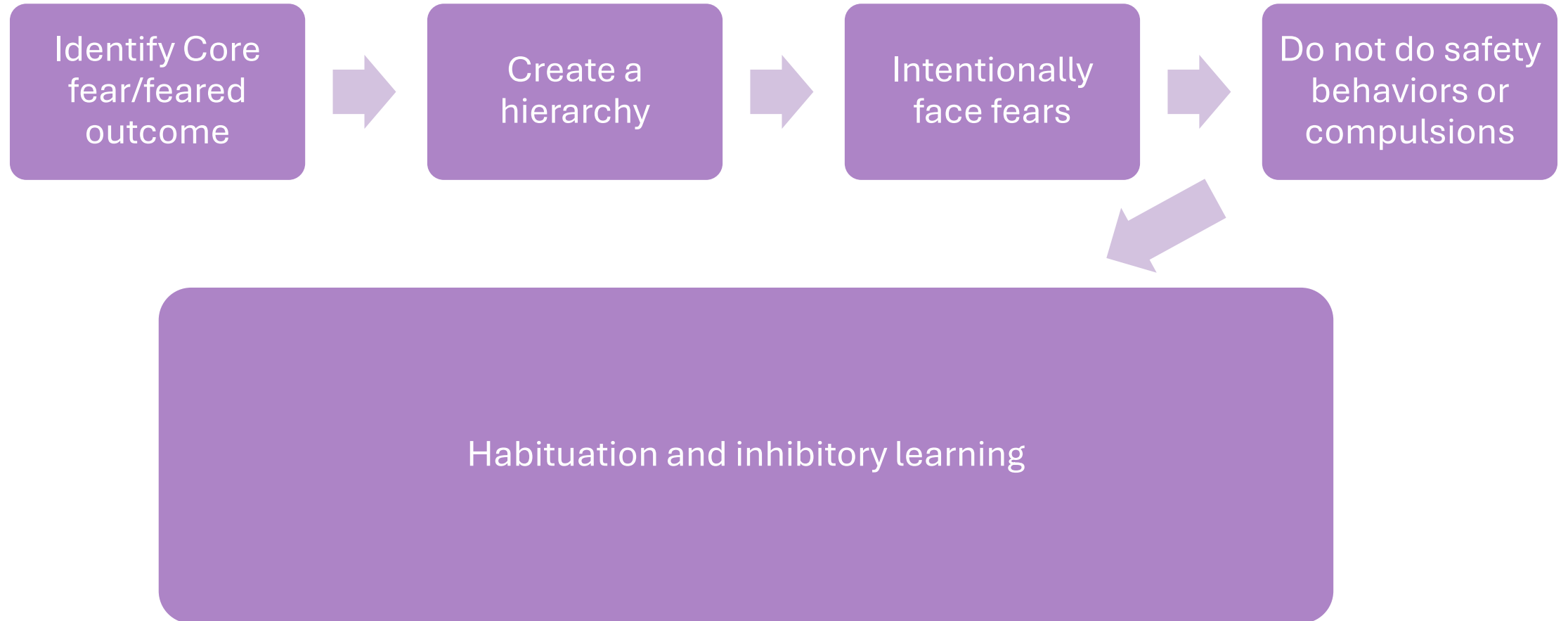
- CYBOCS
  - Kids 6-17
- YBOCS-II
  - 18+
  - Has an SR version
  - Allows for more extreme scores than YBOCS I
- OCI-R
  - screening



# Exposure and Response Prevention

- ERP appears to be an effective treatment modality for OCD
- ERP teaches individuals to confront fears/situations where compulsions may be provoked, and resist acting on compulsions
- Exposure to trigger or obsession
- Response Prevention to act differently from the urges/impulses/compulsions

# ERP



## Habituation

- Also known as anxiety reduction
- Goal to reduce anxiety through exposures, usually with a gradual approach to exposures
- Potentially shames anxiety and reinforces idea that anxiety/distress is intolerable or “bad”
- Suggests that exposure therapy is only successful if anxiety is “gone”

• Abramowitz et al., 2011

# Inhibitory Learning

- Explains differences between exposure SUDs and SUDs after exposure
- Fear-based thoughts are not gone, but remain and new learning occurs (Example: Fear that all dogs will bite is changed to most dogs are safe)
- The fear may decrease, but the thought/meaning may return
- Goals of exposures are to 1: Develop new thoughts, 2: Increase use of new thoughts across different settings

# Inhibitory Learning Continued

- Therefore, there is fear tolerance not fear extinction or “no anxiety”
- May also introduce “desirable difficulties”
  - Randomly pick exposures vs moving through a fear hierarchy
  - Not using coping skills during exposures
  - May increase learning that anxiety is tolerable vs something to avoid

# Types of Exposures: In-vivo/Situational



Intentionally facing fears in real life

Agreed upon with client

Intended to be as similar as possible

Include situations that are avoided or there are safety behaviors with

May involve completing sessions out of the office

# Types of Exposures: Imaginal

- Scripting exercises
- Exposures to intrusive thoughts/images
- Method to explore mental cues/triggers
- The aim is to have exposure to mental events and tolerate these events/that these events are not dangerous

# Imaginal Continued



**Primary Imaginal Exposure:** exposure to intrusive thoughts or fears

**Secondary Imaginal Exposure:** used with in-vivo exposures to face outcomes that are not able to occur (example: drive around the block and imagine someone being hit by the car)

**Preliminary Imaginal Exposure:** Used to prep for a in-vivo exposure

# Types of Exposures: Interoceptive

Used when there is a fear of body sensations to decrease misinterpretation of meaning

Examples:

**Emetophobia**: Spinning on a chair, laying with books on the stomach, quickly drinking soda

**Somatic/hyper-awareness** OCD: Intentionally focus on a body sensation that is feared, such as swallowing, blinking, breathing

**Fear of signs of a panic attack**: Physical exercise to increase heart rate, breathing through a straw to simulate hyperventilating

# Response Prevention

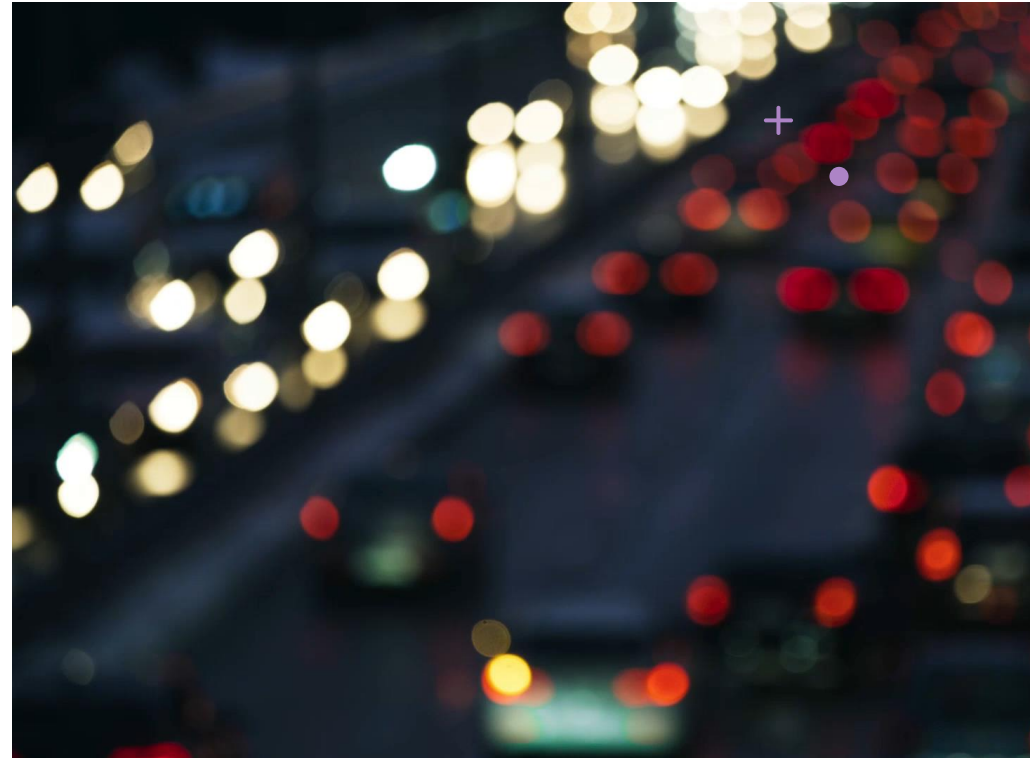
- More than “I just won’t do it”
- New rules for behaviors
- Distinguish:
  - Abnormal/unnecessary (i.e., counting, mental self-punishment)
  - What is done to excess (i.e., cleaning)
- Need to be able to specify what to do and when to do it
- May need to specify what is normalized (i.e., washing)
- Essential for successful ERP



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# Case Vignette

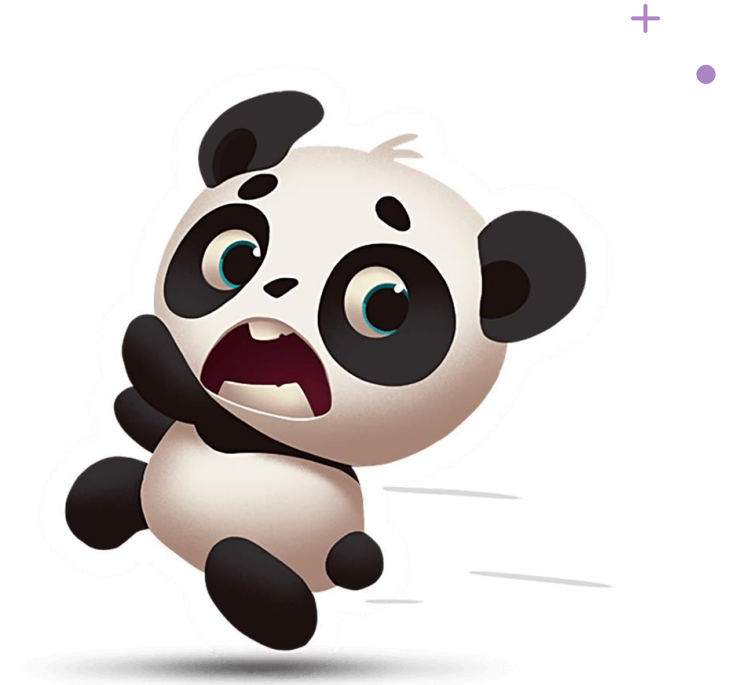
- George is a 32 year old cis-male who was diagnosed with OCD when he was in the ER for suicidal ideation
- He went to the ER following fears that he would act on thoughts he has, specifically: “I couldn’t stop thinking about jumping in front of cars when I was walking. What if I actually did it?”
- He was discharged as he did not have intent, but was afraid that he would “snap”
- George has no history of other mental health diagnoses, including depression. He has a diagnosis of non-alcoholic fatty liver and high blood pressure



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# George

- George shares treatment goals to: “make these thoughts go away” and to reduce fears related to offending others, harming others, and harming himself
- With additional assessment, George shares history of having images of self-harming through burning himself after he saw this on a TV show, but adamantly noted “I would never do that. I don’t want to harm myself.”



# Treatment

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- George has researched ERP and OCD, and has listened to numerous podcasts on OCD, and believes he has harm OCD
- George has a hierarchy ready for his first appointment with you
- George agrees to complete imaginal exposures in office, and is able to work up to listening to a recording of himself reading the scripts when walking to and from work
- George, additionally, agrees to practice setting and holding boundaries despite fears that he will harm others if he puts others before himself



# Pitfalls

1. Not going far enough in exposures
2. Wrong forms of exposure
3. Distraction during exposure
4. Reassurance!
5. Not treating the core fear
6. Not addressing mental compulsions
7. Not working with supports
8. Not including response prevention with exposures



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