

Understanding Cognitive-Behavior Therapy for OCD

The treatment you are beginning is called Exposure and Response Prevention (ERP). It is designed to break two types of associations that are present in obsessive-compulsive disorder (OCD). The first one is the association between sensations of distress and the objects, situations, or thoughts that produce this distress. The second association you want to break is the one between carrying out ritualistic behavior and decreasing the distress. The treatment we offer will break the automatic bond between the feelings of discomfort/anxiety and your rituals. It will also train you to not ritualize when you are anxious. This treatment program includes three components which we call *situational exposure*, *imaginal exposure*, and *response prevention*.

The Components of Treatment for OCD

Situational exposure: Staying, for longer periods in the presence of a feared object or situation that evokes anxiety and distress (e.g., actual contact with contaminants)

Imaginal exposure: Mentally visualizing oneself in the feared situations or visualizing their consequences (e.g., driving on the road and hitting a pedestrian)

Response prevention: Refraining from ritualistic behavior (e.g., leaving the kitchen without checking the stove, touching the floor without washing one's hands)

What is Exposure?

Exposure means that you purposely confront objects or situations that prompt distress and anxiety, and that you stay in those situations for a period of time that lasts until the symptoms decrease by themselves and/or until you learn you can tolerate anxiety. For example, a person who feels contaminated by public restrooms would visit a public restroom. If you feel contaminated by contact with the floor, you must sit on the floor for an extended period of time. You may believe that your discomfort or anxiety will last forever unless you avoided or escape such situations, or that you wouldn't be able to handle it. However, as you will find out, this is not so. It is true that at first, you can expect discomfort. However, after a little while of exposure, such situations will no longer make you feel as uncomfortable as they once did and you learn that you can handle the distress. This is called habituation.

If this is true, you might wonder why you haven't relieved your distress already, because you have had many encounters with situations that provoked obsessions. The reason is that simply provoking an obsession is not enough. It must be done for a long enough time for the distress to diminish on its own, and it must be done repeatedly to really help with OCD. Many people with OCD hold mistaken beliefs that something terrible will happen if they don't ritualize. Only prolonged exposure without ritualizing can put this mistaken belief to the test and disconfirm it. Therefore, in this treatment, you will also refrain from ritualizing.

If exposure to situations that trigger obsessional distress and urges to ritualize is necessary to relieve OCD, how can you improve without actually confronting your anticipated harm? You can confront the harm by visualizing it in your mind. In *imaginal exposure*, you create in your mind detailed pictures of the disaster that you fear will occur if you do not avoid or ritualize. As in situational exposure, the obsessional distress gradually decreases during imaginal exposure.

Imaginal exposure is also helpful for individuals in whom obsessions occur spontaneously and are not triggered by any identifiable situations. For example, a person might have a blasphemous thought at any time or place, which is the main source of obsessional distress. In this case, there is no particular situation for the person to confront, and therefore the person can't practice remaining in an exposure situation for a prolonged period of time. In using imaginal exposure, the person would purposely imagine the blasphemy

repeatedly, without trying to eliminate or neutralize it with a prayer or other ritual.

Imaginal exposure may also be very helpful when a person is particularly distressed about disastrous consequences that he or she fears will occur. For example, if a person fears that their house will burn down, we would not actually burn her house for exposure practice! However, she *can*, for a prolonged period of time, imagine the house burning, until the distress associated with this image decreases. Similarly, someone who fears that they have run over a person who is now lying on the road would not purposely injure someone in therapy. In imaginal exposure, you create a mental image of the disaster that you fear would occur if you don't ritualize. As with situational exposure, distress gradually decreases during this imagery.

Another reason for using imagery is to make subsequent exposure practices easier for you. If you are extremely distressed over the idea of confronting a situation or object that provokes your obsession, you might find it helpful to *imagine* confronting it. The decrease in your distress during imagery will carry over to the situational exposure.

What is Response Prevention?

When people with OCD encounter their feared situations or have obsessional thoughts, they become anxious or distressed and feel compelled to perform the ritualistic behavior as a way to reduce their distress. Exposure practices can cause this same distress and the same urges to want to ritualize. Usually, performing rituals strengthens the associations between distress and rituals. Therefore, in treatment, *response prevention* is practiced to break the habit of ritualizing. Response prevention requires that you stop ritualizing, even though you are still having urges to do so. By facing your fears without resorting to compulsive rituals, you will gradually become less anxious. We call this process *habituation*. In short, rituals are difficult to stop because they bring about relief from anxiety or discomfort when you are feeling distressed. However, you are receiving treatment because these rituals are interfering with your ability to function. Through response prevention, your therapist will teach you how to stop rituals and you will learn more effective ways of coping and managing your discomfort, ways used by most people, that do not involve rituals.

Why should I do exposure therapy and response prevention?

Perhaps you are asking yourself: Why should I suffer the distress of confronting feared situations on purpose without doing some rituals to get relief? Remember that this treatment program is designed to weaken two types of connections that people with OCD have. The first is the connection between distress and the objects, situations, or thoughts that trigger distress. The second connection is between ritualizing and relief from distress. In other words, after you carry out a ritual, you temporarily feel less distress, so you continue to engage in these patterns. By *not* doing rituals, you help to weaken the connection between rituals and feeling better.

In addition to weakening connections, the program is designed to help correct mistaken ideas that are common in OCD that cause considerable distress. These ideas are: (a) the rituals prevent harm from happening to myself and other people; (b) I have to avoid the distressing situation because if I don't avoid it, distress will continue forever and even will worsen; and (c) if I don't avoid or ritualize, the anxiety will get worse to the point that I will "fall apart" or go crazy.

The first idea common in OCD is that it is necessary to avoid or ritualize in order to prevent harm. Most people can think of potential disasters that might happen to them or others if they carry on necessary daily activities such as driving a car. However, because they can think about the risk without intense, disabling distress, they are able to see that the actual risk is so low, it should be ignored. But, many people with OCD become overwhelmed with distress when they think about certain potential disasters that might happen to them or that they may inflict on others. For example, individuals with OCD might become intensely anxious about the thought of their house catching fire, being possessed by the devil, or contracting AIDS. The intense feeling prevents them from making rational and informed judgments about

how risky a situation really is and what they can do to protect themselves or others. To be on the safe side, the person with OCD will avoid or ritualize to prevent even the most remote possibility of harm. Consequently, the individual does not have the opportunity to learn that the feared situation is actually quite safe.

The person who carried out checking rituals thinks that “my house didn’t catch fire, either because I never use the stove, or because I am always extremely careful to check it.” The person who engages in washing rituals thinks, “yes, I did not get sick after my visit to the hospital because I washed my hands with Lysol and scrubbed myself in the shower.” This kind of thinking perpetuates avoidance and rituals. Exposure works against this type of mistaken idea. When you actually confront a mistakenly feared situation again and again, and don’t ritualize, you realize that no harm follows. Thus, you recognize that the risk is remote and you learn to ignore it. For example, Stacy was afraid that her house would catch fire, so she refused to use her central heating even in cold weather. For therapy, she practiced starting the heater and leaving it on while she was away from home. After 24 hours, the house was comfortably warm inside, but did not catch fire, and Stacy learned that her fear was unfounded.

Andrew was concerned about getting poisonous household chemicals into food that his family would eat. Therefore, he never went into the kitchen and never used household chemicals. In addition, before eating, he washed his hands, all dishes and glasses extensively so that nothing would be accidentally poisoned. For his therapy, Andrew placed a bottle of oven cleaner on the counter and prepared food for his family and served it without first washing anything. His family enjoyed the food and didn’t die from it, and Andrew learned that his fear was groundless.

The second mistaken idea people with OCD tend to have is the belief that they must avoid the distressing situation, or else they will be distressed forever. This leads them to avoid many situations or to ritualize if they cannot avoid them. However, during prolonged exposure, intense anxiety gradually decreases (“habituation”). If someone confronts a distressing situation for a prolonged period of time (such as 1-2 hours), the individual will experience a gradual decrease in distress until the distress has come down and/or you learn you can tolerate it. As the distress drops, it becomes easier to see whether or not situation is actually dangerous. Later on, if the same or similar situation arises, there will be some distress, but much less than previously.

Because most people tolerate stressful situations for prolonged periods for practical reasons, they have learned that the distress does not persist forever. This program is designed to help you to remain in the distressful situation so that you too will realize that the distress decreases with time.

A third common belief in OCD is that, “if I don’t avoid or ritualize, the distress will get so bad that I’ll lose control of my mind.” For example, Ray was concerned that if things were not arranged neatly and in the right order, he would be so uncomfortable that he would not be able to stand it, and he would lose his mind and be committed to a psychiatric hospital. For his therapy, Ray purposely disordered his office and bedroom and did not put things back in order even though he became distressed. Instead, his discomfort eventually decreased and he did not lose his mind. He learned that anxiety did not persist forever and did not produce insanity.

A program that involves prolonged situational exposure is designed to help you, whether you are afraid of contracting a disease for public bathrooms, causing automobile accidents, discarding something important, saying inappropriate things, or hurting someone with a knife. Naturally, when you first confront a feared situation, you will become distressed. However, if you remain long enough in the situation, and do so repeatedly, the distress will diminish. This experience changes your idea that the distress will last forever and perhaps lead to insanity, because you learn that if you wait it out, the distress decreases.

How will exposure and response prevention help reduce OCD?

For actual and imaginal exposure to be helpful, you must become emotionally involved during the exposure. Specifically, the exposure situation must evoke the same kind of obsessional distress that you experience in your daily life. To promote emotional involvement, we will develop exposure exercises that are a good

match to the real-life situations that provoke your obsessions and urges to ritualize. If you are mainly distressed by contamination related to cancer, and for your exposure exercise, you visit a hospital with no cancer ward, the exercise will not be helpful because the situation does not match your obsessional concerns. Thus, it will be hard for you to become emotionally involved when your exercises are unmatched to your obsessions.

Even during exercises that are well-matched to your obsessions, you must approach it in a way that involves you emotionally. This means that you must pay attention to the distressing aspects of the exposure situation, rather than try to ignore them, or pretend that they are not there. This is true for both imaginal and situational exposure. For example, if you pretend that a cancer ward is really a cardiac unit in order to reduce your distress, the exercise will be less effective. Therefore, during exposure, you should think about the potential harm that concerns you. For example, if you are afraid of using public restrooms and you go to a public toilet as an exposure exercise, while you are there, you should think about what concerns you about the toilet, such as how dirty it might be, or what type of disease you're afraid of catching. In the same way, during imagery practice, you should include anticipated disasters and work at imagining them as vividly as you can.

Getting the most out of exposure and response prevention

Often, when people think about exposure treatment, they don't understand how it is supposed to work. You might think that if you could just decide to do the things that you avoid and also to give up doing rituals, as you are asked to do, you really wouldn't need treatment at all. Well, most people with OCD can temporarily stop their avoidance and rituals, but it is very uncomfortable, and they don't see why anyone would want to go through this. It is true that for this program, you must decide to stop avoiding and ritualizing, but you will learn to do it in a way that has been found to weaken obsessions and compulsions. Not just any kind of exposure works. Certainly you have had occasions when you accidentally or purposely confronted feared situations, but it did not get rid of your OCD habits. You must do well-designed exercises, and do them correctly, otherwise exposure does not work. In this treatment, exposure exercises will be designed expressly for your OCD symptoms, and your therapist will coach you through them as you practice.

You can see that what you get out of exposure and response prevention depends very heavily on what you put into it. It also depends on your therapist coming up with an exposure plan that fits your particular OCD habits. A useful analogy is that of an athlete who gets help from a coach. Suppose that a baseball player is in a batting slump and does not know how to get out of it. A coach will watch the batter and figure out what has to be done differently. Then practice exercises will be assigned to correct the problem. If the coach is not knowledgeable and does not analyze the batter's problem correctly, or provide useful exercises, no amount of practicing the wrong exercises will correct the problem. On the other hand, if the coach prescribes just the right exercises, but the batter does not follow the coach's instructions, the coaching won't be useful. Also, if the batter agrees with the coach but doesn't practice, even good coaching will be useless. Exposure therapy is much the same. If your therapist gives you essential exercises to do and you decide that you know better, or you change them around to make them easier, or you reject them, therapy will not be helpful. Also, if you do not practice as much as you should, you will not get the relief that you want.

Sometimes exposure exercises may seem counterintuitive, or not very related to what you want to get out of treatment, but it will be important for you to practice anyway. If you want to hit homeruns, a coach might give you a weight-lifting schedule and a diet. Neither of these exercises looks like homerun hitting, but if your muscles are weak or malnourished, your hitting will not be very good. In exposure and response prevention, your therapist will probably give you some instructions to do exercises that seem a bit odd or different from what you would do in day-to-day life. It will be important to follow these instructions if you want to get the relief that you want. Exposure exercises are not simply to practice mimicking what other people do, they are especially designed to weaken your obsessions and compulsions. If you complain that an exercise isn't normal, or isn't something a normal person would do, you are missing the point. Exposure exercises are designed for the purpose of weakening your obsessive-compulsive habits, they are not supposed to be normal exercises. Try to remember this if you start wondering whether a normal person would do the exposure exercise that you are doing.

Summary

In summary, your treatment program will involve two procedures: exposure and response prevention. Exposure involves confronting objects or situations that prompt distress and urges to ritualize. Response prevention means resisting the urge to perform rituals. Why should you do exposure? These exercises are designed, by you and your therapist, to help you break associations between fear, and the objects or situations that make you feel distressed. Exposure also helps you to learn that confronting these situations will not lead to such terrible anxiety that you would not be able to handle. Response prevention is designed to help correct certain beliefs, such as the idea that doing rituals prevents disastrous things like harm to you, or others. By purposely becoming anxious when doing exposure practice, but resisting the urges to perform compulsive rituals, you will learn that these urges to ritualize, and the anxiety/discomfort, will dissipate on their own. This will greatly help reduce your OCD symptoms.

If you think that exposure and response prevention may be difficult at times, you are probably correct. It takes hard work to confront these situations that you would usually avoid. However, in order to reduce OCD, you must practice exposure and find out that anxiety and distress will decrease without rituals. Further, that no terrible things will occur if you do not ritualize. Therefore, as you practice exposure, these exercises become easier and easier, and your urges to ritualize become less and less over the course of treatment. In order to experience these reductions, it will be important to follow the therapist's instructions as your therapist will design exposure practices that are specifically designed to help you with your symptoms. As you can see, if you put a great effort into treatment, your results will be much more than if you do not put much effort.