Exposure and Response Prevention (ERP) Therapy for OCD in Children and Adolescents

Dr. Stacy Shaw Welch
Anxiety and Stress Reduction Center
Part of the Evidence Based Treatment Centers of Seattle
September 10-2013
Vālant Learning Series
Today’s Presenters

Speaker:
Dr. Stacy Shaw Welch

- Senior Lecturer in the Department of Psychiatry and Behavioral Sciences at the University of Washington
- Member of Anxiety Disorders Association of America, the Obsessive Compulsive Foundation, the Trichotillomania Learning Center, & the American Association for Behavioral and Cognitive Therapies.

Moderator:
Natalie Meade

email: nmeade@valantmed.com

Twitter: @Valant
#
Learning Objectives

- Describe the importance of using ERP specifically for obsessive compulsive disorder, as opposed to general cognitive-behavioral therapy or eclectic principles.

- Discuss the difference between response prevention and exposure techniques.

- Describe ways to engage children, teens and parents in the therapy.
Education about OCD

- Definitions - obsessions and compulsions
  - Obsessions – repeated and intrusive, thoughts, images or urges that increase anxiety
  - Compulsions – behaviors (mental or observable) used to decrease anxiety and obsessions
CBT is out there....is it enough?

- The case of OCD....
  - 26 evidence based treatment manuals/guides/ books on amazon.com (ERP)
  - >100 books on OCD, vast majority endorsing evidence-based approaches (ERP)
  - Very clear consensus guidelines (ERP)
  - Well-organized local, national and international groups, all endorsing evidence based practice (ERP)

- And Yet......
  - >50% of doctoral-level licensed therapists who treat OCD do not use ERP
  - CBT that is provided is suboptimal
    - 60% of OCD patients who reported undergoing CBT did not meet defined minimal criteria for adequacy.
What is ERP?

Is ERP the same as Cognitive Behavioral Therapy?

- ERP is a specific form of CBT used for OCD
- Cognitive Behavior Therapy teaches clients to use physiological, cognitive and behavioral techniques (exposure) to reduce anxiety
- Exposure and Response Prevention has less emphasis on the physiological/cognitive management strategies and all exposures must be combined with specific response prevention strategies
Example

- Child with “bad thought” OCD (I might stab my mom with my Jedi lightsaber) and “just right” OCD (if I touch something with my right hand, then I have to touch it with my left hand to make it even)

- What would a general CBT treatment vs. specific ERP look like?
  - ERP - must include very clear assessment of obsessions and compulsions
  - ERP - must include specific strategies for response prevention AND exposure
ERP

- Response Prevention: prevent the usual response to compulsions
  - Compulsions: Avoid touching lightsaber and say in mind “you love your mom you would never hurt her”, ask for reassurance

- Exposure: Play with lightsaber, closer and closer to mom

- Response prevention: Remove reassurance, repeat “maybe I could harm mom” thoughts in head during exposure
20-session child / adolescent protocol (March & Mulle, 1998)

- Session 1 – Psychoeducation (externalize, nickname, DRO program for parents)
- Session 2 – Coping tools (cognitive, relaxation, SUDS, distraction)
- Session 3 - Mapping OCD (hierarchy)
- Session 4 – Finish toolkit (reward system)
- Sessions 5-18 – ERP, include family sessions
- Session 19 – Relapse Prevention
- Session 20 – Graduation
- Session 21- Booster (6 weeks post treatment)
Efficacy of Child OCD tx

- Mean reductions in the 45-65% range
- Mode of delivery does not appear to influence outcome (group vs. individual, intensive vs. weekly) overall
- Similar findings for children and adolescents
- Combined meds + CBT or CBT first line (Pediatric OCD Treatment Study)
How intensive does ERP need to be?

- Is appropriate medication management enough?

- Is medication management plus competent encouragement / instruction in ERP techniques enough?

- POTS – II study: medication vs. medication + ERP guidance vs. medication + full ERP
Figure Legend:

Points are group-specific estimated mean CY-BOCS scores at each time point. Point estimates were derived from the fitted linear mixed models, averaged over site, sex, age (<12 vs ≥12 years), and baseline severity (Clinical Global Impression Severity scale, <5 vs ≥5). Error bars are point-wise 95% CIs.
Treatment Phases

- Phase 1 (Session 1*)
  - Assessment
  - Education
- Phase 2 (Session 2*)
  - Hierarchy and treatment planning
- Phase 3 (Sessions 3-15*)
  - Exposure and response prevention
- Phase 4 (Sessions 16-17*)
  - Relapse prevention and maintenance
PHASE 1 (Session 1)
Assessment and Education
Assessment

- Clinical interview
- Assessment instruments
  - CY-BOCS
  - Family accommodation scales?
  - ADIS-IV can be very helpful
- Cues, feared consequences, rituals (including mental rituals), avoidance (including passive avoidance)
- Behavioral observation
- Self-monitoring
Assessment Questions

- Identifying cues
  - What intrusive thoughts, images, or urges do you have?
  - When you have these thoughts, images, and urges, do you feel anxious?
  - When do you have these intrusive thoughts, images, or urges?

- Identifying rituals
  - When you have these thoughts, images, or urges, what do you do to: (1) decrease your anxiety, (2) get rid of the thoughts, images, or urges, or (3) minimize the likelihood of ______ (feared consequence)?

- Identifying feared consequences
  - If you had to ______ (act that causes anxiety) and couldn't _______ (ritual), what are you worried would happen?

- Identifying avoidance
  - Are there any situations that you avoid because you don’t want to feel anxious or have intrusive thoughts, images, or urges?
Examples of Cues, Feared Consequences, Rituals, and Avoidance

<table>
<thead>
<tr>
<th>Situation</th>
<th>Feared consequence</th>
<th>Rituals</th>
<th>Avoidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Touch faucet in public bathroom</td>
<td>Get sick and die</td>
<td>Wash hands excessively</td>
<td>Avoid dirty public bathrooms</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Use hand sanitizer</td>
<td>Touch faucets with paper towel</td>
</tr>
<tr>
<td>Holding knife</td>
<td>Might self-harm or commit suicide</td>
<td>Mental reviewing</td>
<td>Avoid using knives when alone</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Checking wrist</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Holding at arms length</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ask for reassurance 3 times</td>
<td></td>
</tr>
</tbody>
</table>
Key Assessment Issues

- Cues, feared consequences, rituals, and avoidance
- Client’s level of insight and motivation
- Significant others’ involvement in OCD and possible involvement in treatment
Education about OCD, cont.

- Functional relationship between obsessions and compulsions
  - Client examples
- Problems with rituals
  - Rituals prevent learning and maintain OCD
- Hand-out, *Obsessive-Compulsive Disorder: Some Facts*
Anxiety and Time: Relationship between Obsessions and Compulsions
Education about Exposure and Response Prevention

- Treatable with ERP
- Break association
  - Obsessions and anxiety
  - Compulsions and anxiety
- Challenge unhelpful thoughts
  - Anxiety will remain indefinitely---->anxiety comes down
  - Can’t cope with anxiety and may go crazy---->
    can cope with anxiety and don’t go crazy
  - Rituals prevent negative consequence from happening---->
    negative consequence is unlikely to happen or doesn’t happen
- Hand-out, *Understanding Cognitive Behavioral Therapy for OCD*
Anxiety and Time: Effect of ERP on Anxiety
Worry Hill

Ride: Up and Down the Worry Hill

Stick it out until the feeling passes

Panic Peak

I Did It!
I Beat OCD!
PHASE 2 (Session 2)
Hierarchy and Treatment Planning
Phase 2 - Overview

- Review OCD model and treatment
- Develop rating (“fear thermometer”) scale
- Develop hierarchy
- Treatment planning
SHOE

SCARY ANT

He seems larger than he really is!
## Example: Jayden, GAD

<table>
<thead>
<tr>
<th></th>
<th>Situation</th>
<th>Worry Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>Getting a shot</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Teacher yelling at me</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Making mistakes on tests</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Falling and getting hurt at school</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Forgetting my homework</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Seeing blood</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Thinking about robbers</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Getting a bad grade</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Going to a new place</td>
<td>9</td>
</tr>
<tr>
<td>Medium</td>
<td>Being late for school</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Forgetting a library book</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Making a mistake on homework</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Meeting new people</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Laundry machine</td>
<td>5</td>
</tr>
<tr>
<td>Low</td>
<td>Chatting at school</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Playdates</td>
<td>3</td>
</tr>
</tbody>
</table>
SCARY ZONE

BLOOD 10

SHOT 10

ROBBIES

PLAY game might I top 6

MESS something up on my terrace 6

Talk to how person 6!

Put my clothes in laundry 7

Play game near laundry 5

IN BATTLE ON!

JAYDEN'S
JOYFUL jump-lane

TALK at School 2

BWAH!
PHASE 3 (Sessions 3-15) Exposure and Response Prevention
Engaging Kids and Parents

- Make sure you have buy-in (get parents to identify a way exposure has worked or have them try it)
- Make things as fun as possible
- Rewards
- Make the first exposure work!
- Do exposures with kids, model, and use yourself as much as possible to demonstrate exposure as a lifestyle
In Vivo Exposures – Procedure

- Elicit feared cue (thought, image, situation); start with SUDS around 30/40
- Get SUDs ratings every 5 minutes
- Exposure to situation (e.g. knife, contaminated item) the whole time
- Ensure that not ritualizing
- E.g. – contamination – contaminate whole body
- Leave enough time!
- Always do first exposures with your client
- Talking about something else vs. focusing on feared consequence
In Vivo Exposures – Post Exposure Processing

- If anxiety decreases
  - Lessons learned about anxiety and feared consequences

- If no anxiety decrease
  - Longer or more exposures
  - Repeated practice – between session exposures more important than within session exposures
  - Possible ritualizing, particularly cognitive rituals, or distracting
  - Possible wrong cue, or cue too hard to start with
Imaginal Exposures - Rationale

- Use when
  - Need prep for in vivo, to consolidate in vivo exposures
  - Specific consequence (e.g. stab someone and go to jail)
  - Consequences occur in distant future (e.g. going to hell, dying from illness 10 years from now)
  - Spontaneous obsessions not triggered by identifiable situation
  - …ever possible! Combine with in vivo exposure
Key Exposure Issues

- Combine imaginal and in vivo exposures
- In session and homework
- Gradually move up hierarchy
- Repeated
- Long enough so that anxiety decreases significantly
- Exposure to feared situations, obsessions, and feared consequence
- No ritualizing to specific exposure
- If ritualize, re-expose or “undo”
Response (Ritual) Prevention

- **Goal**
  - Drop as many rituals as possible
  - Minimum – stop rituals associated with most recent exposure
- **Begin ASAP**, minimally after first exposure, usually in 3rd session
- Define rules/guidelines for ritual prevention – “Always move into anxiety”
  - For contamination – minimal contact with water, and shower 15 minutes every second day
  - For checking – normal glance
  - For mental ritualizing (e.g. praying, counting, self reassurance and rationalizing) – evoke feared thought
  - If ritualize, re-expose to situation (e.g. contamination cloth) or thought that provokes same level of anxiety
PHASE 4 (Sessions 16 - 17) Relapse Prevention and Maintenance
Relapse Prevention

- Review progress
  - Rate hierarchy again
  - Assessment measures – Y-BOCS, OCI
- Review important points
  - Anxiety decreases
  - Can cope with anxiety and not lose control
  - Feared consequence didn’t happen, and if it did client coped well
  - Will still have some obsessions but key is how respond to obsessions – ignore obsession or move into them
- Preparing for the future
  - OCD Quiz – present different scenarios and discuss how to respond
  - Living non-OCD life
  - Design future exposures
  - Plan for lapse or relapse
  - Guidelines for returning to normal behavior
Potential Challenges and Strategies

- Ambivalence about treatment, overvalued ideation, difficulty tolerating anxiety, drawing a line in the sand
  - Motivational interviewing techniques
  - Smaller steps / slower pace
  - Medication
  - Intensive treatment
- OCD with no consequence – longer exposures
- Little or no anxiety to exposures – exposure to feared thoughts and anxiety provoking situations
- Family interactions - educating, coaching, guidelines for addressing reassurance
- Exposure not working – look for subtle avoidance
About Vālant

Leading Behavioral Health EMR & eBilling Suite

- Only for private practice behavioral health
- Completely web-based system
- Providers integrated CPT billing codes

Sponsoring: Therapist Practical Findings Series through 2013
Question & Answer

- Type questions into the Chat Box

OR

- Tweet questions to us @Valant #
Thank You For Attending

If you are interested in consultation with Dr. Shaw Welch; please call 206-374-0109

Today’s Speaker:

Stacy Shaw Welch, Ph.D.