Treating Obsessive-Compulsive Disorder with Cognitive-Behavioral Therapy

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Disclosure

- The faculty have been informed of their responsibility to disclose to the audience if they will be discussing off-label or investigational use(s) of drugs, products, and/or devices (any use not approved by the US Food and Drug Administration).

- Applicable CME staff have no relationships to disclose relating to the subject matter of this activity.
- This activity has been independently reviewed for balance.
2 primary treatment approaches with empirical support:

- Cognitive-Behavioral Therapy (CBT)
- Psychototropic Medications
Effect size = 0.46, 95% CI = 0.37 to 0.55.
When you think of psychotherapy, what comes to mind?
Effectiveness of Exposure and Response Prevention Therapy Alone

- Overall, 80% to 85% significantly improve with ERP (dozens of research trials)
- Produces roughly 60% symptom reduction
  - Produces on average an 11.8 point reduction in Y-BOCS scores
- Very low relapse rates
- Key to medication discontinuation

ERP = Exposure and Response Prevention; Y-BOCS = Yale-Brown Obsessive Compulsive Scale.
Meta-Analysis of Pediatric OCD Treatment

Cognitive-Behavioral Therapy

• CBT for OCD can be broken down into 2 general components
  – ERP
  – Cognitive Restructuring

Cognitive-Behavioral Therapy: ERP

• A specific behavior therapy technique
• Meyer published first study in 1966
• Based on the principle of habituation
• Habituation is the decrease in anxiety experienced with the passage of time
  – Within trial habituation
  – Between trial habituation

Theoretical Basis of Cognitive-Behavioral Therapy

Exposure → Anxiety provoking trigger → Urge to ritualize → Compulsions performed → Relief from anxiety → New obsession

Response prevention → No immediate relief

Habituation → Extinction learning
Typical OCD Scenario

Typical OCD Scenario

- **High Anxiety**
- **Response/Ritual/Compulsion**
- **60 sec**

What happens to anxiety…

SUDS = Subjective Units of Distress Scale.
Psychoeducation

- Psychoeducation is important – takes ~1 session
  - Education about OCD and treatment
  - Goal setting
  - Enlisting supports/coaches
Exposure Therapy
Exposure Therapy

• Placing an individual in feared situations without ritual engagement
  – Needs to be prolonged enough to lead to within trial habituation (at least 50% reduction in anxiety)
  – Needs to be repetitive enough to lead to between trial habituation (until causes minimal to no anxiety)
  – Needs to be graduated (increases compliance)
Exposure Therapy

Exposure Therapy within Trial Habituation

Exposure Therapy between Trial Habituation

Treatment Steps

• Initial Evaluation
  – Confirm diagnosis of OCD
  – Identify major problem areas (eg, contamination, doubting)
  – Assess for common comorbid diagnoses
  – Educate patient and family about OCD and treatment options

Treatment Steps (cont’d)

• Detailed Assessment Phase
  – Y-BOCS checklist and severity rating scale
  – Generate specific exposure exercises
  – Patient rates each exercise on scale of 0–10 on perceived difficulty
  – Create exposure hierarchy

## Importance of Exposure Hierarchy

<table>
<thead>
<tr>
<th>Feared Situation</th>
<th>(Session 1)</th>
<th>(Session 7)</th>
<th>(Session 14)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Holding sharp objects near parents/siblings</td>
<td>10</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>Standing next to traffic with parents/siblings</td>
<td>8</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>Holding sharp objects near friends</td>
<td>7</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>Holding sharp objects near strangers</td>
<td>6</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Reading a detailed script about stabbing people with a sharp object</td>
<td>6</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Standing next to traffic near friends</td>
<td>5</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Reciting the thought that he/she is going to stab someone with a sharp object</td>
<td>5</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Standing next to traffic near strangers</td>
<td>4</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Reading a detailed script about shoving people into traffic</td>
<td>4</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Reciting the thought that he/she is going to punch/shove someone near him/her</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

## Sample Hierarchy: Harm

<table>
<thead>
<tr>
<th>Exposure</th>
<th>SUDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Holding a knife to mom/dad/sister's throat</td>
<td>10</td>
</tr>
<tr>
<td>Holding pencil against mom's throat</td>
<td>9</td>
</tr>
<tr>
<td>Holding a knife to therapist's throat</td>
<td>9</td>
</tr>
<tr>
<td>Holding knife on lap with mom close</td>
<td>9</td>
</tr>
<tr>
<td>Standing behind person with hands on shoulders ready to push (balcony)</td>
<td>8</td>
</tr>
<tr>
<td>Pushing your brother's head under water in pool</td>
<td>7</td>
</tr>
<tr>
<td>Holding pencil against Dr. S's throat</td>
<td>7</td>
</tr>
<tr>
<td>Mother cooking dinner while leaving knives out</td>
<td>7</td>
</tr>
<tr>
<td>Holding a handful of medication that could kill</td>
<td>7</td>
</tr>
<tr>
<td>Holding knife to wrist</td>
<td>7</td>
</tr>
<tr>
<td>Sitting with regular knife</td>
<td>6</td>
</tr>
<tr>
<td>Script about killing mother</td>
<td>5</td>
</tr>
<tr>
<td>Being near a knife in a room</td>
<td>5</td>
</tr>
<tr>
<td>Seeing a picture of a knife</td>
<td>4</td>
</tr>
<tr>
<td>Playing b-ball with brother</td>
<td>3</td>
</tr>
<tr>
<td>Sitting with butter knife</td>
<td>2</td>
</tr>
<tr>
<td>Seeing a picture of a knife</td>
<td>1</td>
</tr>
</tbody>
</table>
Exposure and Response Prevention

• How does it work?
  – Create a list of events that cause rituals and/or things that the person cannot do because of OCD
    • Easiest to hardest
    • Be creative and “intense”
    • Identify subtle changes in SUDS ratings
  – Incorporate reductions in family accommodation
  – Progress up that list slowly where the person does not engage in rituals
    • First exposures should have high likelihood of success

Abramowitz JS. Obsessive-Compulsive Disorder (Advances in Psychotherapy; Evidence-Based Practice). Hogrefe Publishing; 2006.
Exposure and Response Prevention (cont’d)

• How does it work?
  – Tackle things one at a time
  – Therapist should model exposure
  – *In vivo* works best (but can do it through imagination)
  – Don’t leave the situation until anxiety drops

Abramowitz JS. *Obsessive-Compulsive Disorder* (Advances in Psychotherapy; Evidence-Based Practice). Hogrefe Publishing; 2006.
Hierarchical Progression of Fear of Harm Exposures
Draw the Intrusive Images
Cognitive Therapy
Cognition and Anxiety Disorders

- People with anxiety disorders have biased information processing
- Heightened level of attention to potential threat
- View situations as being unrealistically dangerous or likely to cause harm
- Underestimate ability to manage or cope with feared situations

Thoughts or Interpretations

Feelings

Behavior

Thoughts predict feelings which predict behavior.
Common Cognitive Errors

Doubt/Uncertainty
• “I can’t remember if I checked my door lock.”

Thought Action Fusion
– “If I think about having sex with my cat, I must want to do it.”

Overestimating Probability
– “I could get HIV from sitting on a public toilet seat.”

Catastrophic Thinking
– “I’ll get sick and die if I go near sick people without washing afterwards.”

Inflated Sense of Responsibility
– “If my mom develops cancer, it is my fault.”
Family Involvement

• Include

• Address problematic family dynamics
  – Anxiety, OCD, distress, etc.
  – Expressed emotion

• Train family as therapists
  – Teach them the skills (eg, CT, ERP, etc.)
  – Enhances compliance/generalization

• Have them conduct ERP tasks
  – Model first and gradually allow parents to take over

Other Considerations in Treatment Implementation
Have Fun!

• Doesn’t change that the exposure is being completed
• Make games or contests out of exposures
• Laugh!
• Involve family members
  – Models tasks
  – Allows you to address any “undesirable” family behaviors
Additional Resources
International OCD Foundation

• Search the IOCDF for OCD resources near you:
  – Therapists
  – Clinics
  – Support groups
  – Online resources

• Visit: https://iocdf.org/find-help/
Self-Help Resources

• Self-Directed Treatment
  – Exposure Ritual Prevention and Awareness Exercises

• Internet-Based Programs
  – OCD Challenge: [www.ocdchallenge.com](http://www.ocdchallenge.com)
  – BT Steps
    • For more information about the program, please contact Revere Greist at [rgreist@centerforpsychconsulting.com](mailto:rgreist@centerforpsychconsulting.com) or (608) 556-0766

• Smartphone Apps
  – Live OCD Free
  – iCounselor OCD

Thank you!

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