

YOU WANT ME TO DO WHAT?
UTILIZING ERP TO EFFECTIVELY TREAT ANXIETY DISORDERS



Steph Crane, MSW



MODULE ONE: WHAT IS OCD?



DSM-5 DIAGNOSTIC CRITERIA FOR OBSESSIVE-COMPULSIVE DISORDER (300.3)

- A. PRESENCE OF OBSESSIONS, COMPULSIONS, OR BOTH
- B. TIME-CONSUMING (E.G., TAKE MORE THAN 1 HOUR PER DAY) OR DISTRESS/IMPAIRMENT
- C. NOT ATTRIBUTABLE TO A SUBSTANCE OR ANOTHER MEDICAL CONDITION
- D. NOT BETTER EXPLAINED BY ANOTHER MENTAL DISORDER

SPECIFIERS
INSIGHT
TIC-RELATED

RELATED DISORDERS
BODY DYSMORPHIC DISORDER, TRICHOTILLOMANIA, HOARDING DISORDER, EXCORIATION DISORDER

SCREENING TOOLS FOR ANXIETY-BASED DISORDERS

- OCD: YALE-BROWN OBSESSIVE COMPULSIVE SCALE
- SOCIAL ANXIETY DISORDER: LIBOWITZ SOCIAL ANXIETY SCALE
- GAD: GENERALIZED ANXIETY DISORDER 7-ITEM SCALE
- PD: ANXIETY SENSITIVITY INDEX
- PHOBIAS: THE SEVERITY MEASURE FOR SPECIFIC PHOBIA*

(ICDF, 2015)

CAUSES??

(IOCDF, 2015)

LIFETIME PREVALENCE RATES

OCD ~ 1/100 ADULTS (2-3 MILLION IN THE US) (IOCDF, 2021)
 ~ 1/200 KIDS (500,000 IN THE US) (IOCDF, 2021)

ANXIETY DISORDERS ~ MOST COMMON MENTAL HEALTH CONCERN IN THE US (NAMH, 2021)
 ~ 1/3 ADULTS & ADOLESCENTS (NIMH, 2017)

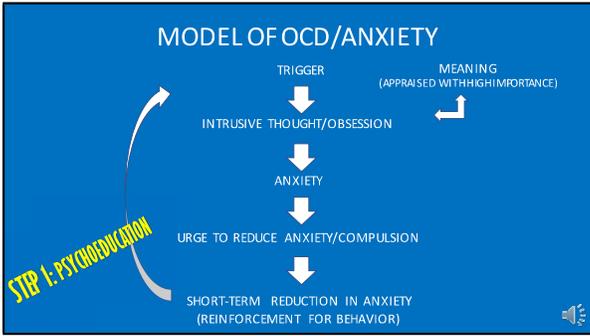
(AMERICAN PSYCHIATRIC ASSOCIATION, 2013)

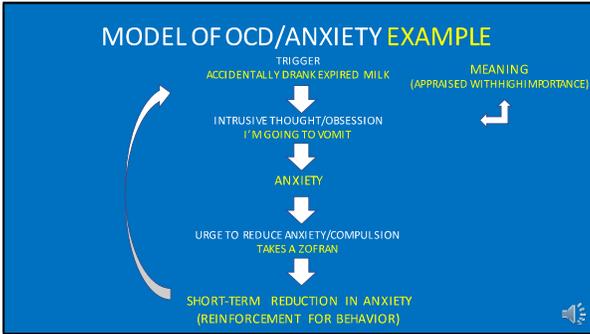
ONE: OBSESSIONS

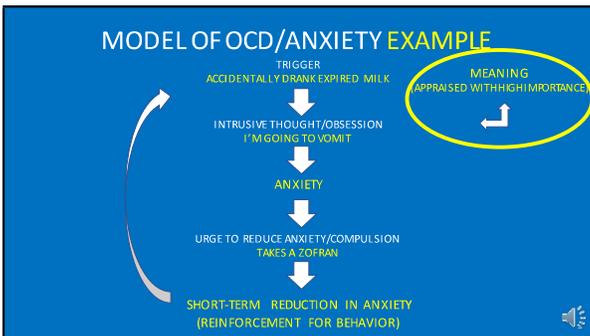
RECURRENT & PERSISTENT THOUGHTS, URGES, OR IMAGES
 UNWANTED (INTRUSIVE)
 CAUSE SIGNIFICANT DISTRESS AND/OR IMPAIRMENT (ANXIETY)
 FEAR OF UNCERTAINTY

EXAMPLES
 CONTAMINATION OCD: "IF I TOUCH A PUBLIC DOORKNOB, I WILL GET SICK AND DIE"
 SCRUPULOSITY (RELIGIOUS OCD): "IF I DON'T SAY THIS PRAYER THREE TIMES EVERY MORNING,
 SOMETHING BAD WILL HAPPEN TO MY FAMILY"
 SOCIAL ANXIETY: "IF I SPEAK UP IN THIS MEETING, MY COLLEAGUES WILL THINK I'M STUPID"
 ILLNESS ANXIETY: "I MIGHT HAVE AN STD"

(AMERICAN PSYCHIATRIC ASSOCIATION, 2013)







YOU CAN'T RATIONALIZE YOUR WAY OUT OF THE CYCLE
AND THIS IS WHY TRADITIONAL TALK THERAPY IS NOT ENOUGH



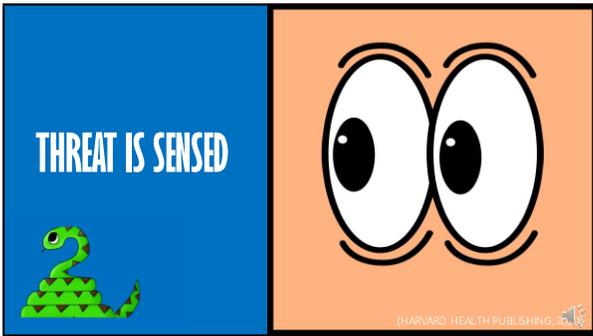
**GOLD STANDARD:
ERP + SRIs**





MODULE TWO: WHY ERP?

**STRESS (ANXIETY):
ADAPTIVE (NORMAL) PHYSIOLOGICAL REACTION
THAT OCCURS WHEN WE PERCEIVE DANGER**



AMYGDALA (ALARM SYSTEM) ACTIVATED

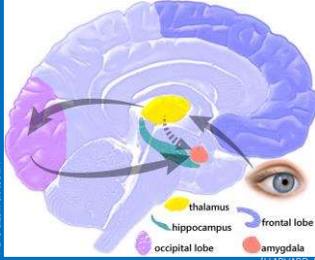


PHOTO: GETTY IMAGES

(HARVARD HEALTH PUBLISHING, 2016)

INFORMS HYPOTHALAMUS (COMMAND CENTER)



AUTONOMIC (INVOLUNTARY) NERVOUS SYSTEM

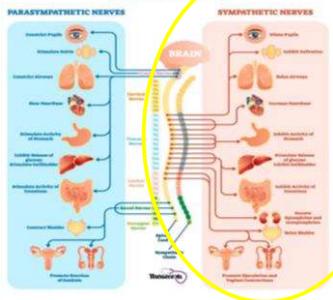


"RIGHT OR FIGHT"
SYMPATHETIC (GAS PEDAL)

"REST & DIGEST"
PARASYMPATHETIC (BRAKE)

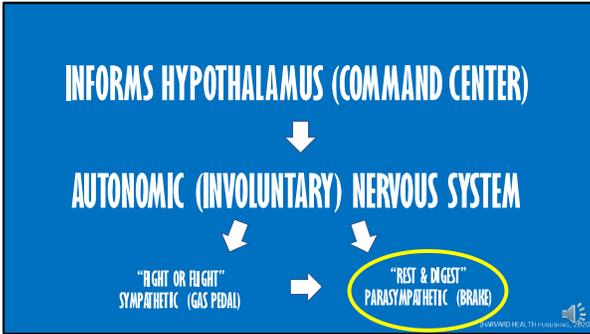
(HARVARD HEALTH PUBLISHING, 2016)

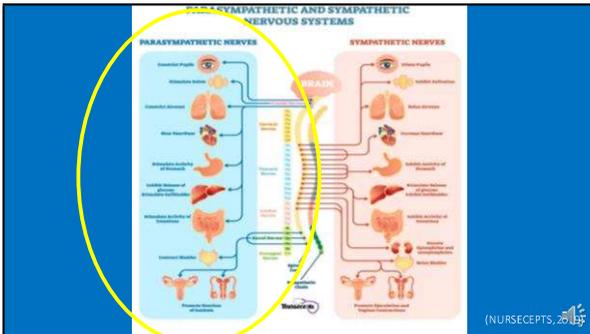
PARASYMPATHETIC AND SYMPATHETIC NERVOUS SYSTEMS



(NURSECEPTS, 2015)





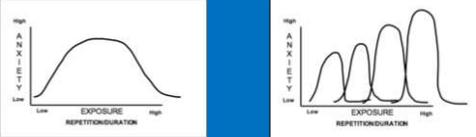


BALANCE IS ACHIEVED



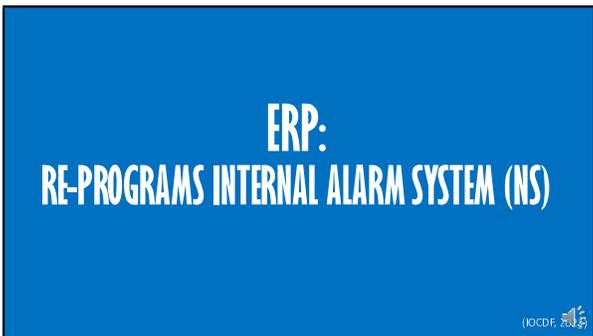
(HARVARD HEALTH PUBLISHING, 2020)

ANXIETY + AVOIDANCE



(SWEETON, 2018)

**ERP:
RE-PROGRAMS INTERNAL ALARM SYSTEM (NS)**



(IOCDF, 2015)

HABITUATION

NATURAL DECREASE IN RESPONSE TO A STIMULUS AFTER REPEATED PRESENTATIONS

Thought
Emotion
Behaviour

CBT

ANXIETY

EXPOSURE REPEATED

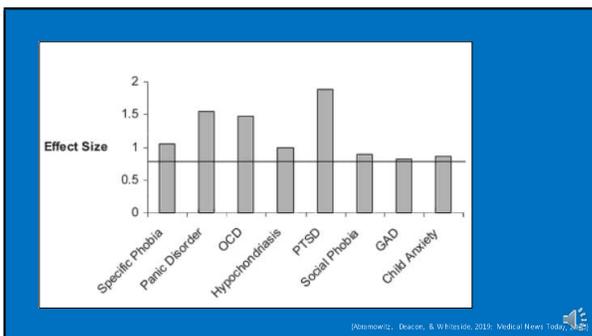
(SWEETON, 2019)

ERP

BREAKS CYCLE OF AVOIDANCE & ANXIETY
(ALLOWS THE AMYGDALA TO LEARN NEW INFORMATION)

MUST HAVE BOTH ...
EXPOSURE (ENGAGEMENT WITH IMAGINAL OR IN VIVO FEARED STIMULI) &
RESPONSE PREVENTION (ABSENCE OF SAFETY BEHAVIORS)
 IF YOU DON'T HAVE BOTH, YOU'RE JUST REINFORCING THE CYCLE!

(SWEETON, 2019)









STEP TWO: RELAXATION RESPONSE TRAINING



BOTTOM UP TECHNIQUES
SENSORY AWARENESS (5-4-3-2-1 GROUNDING, MINDFULNESS OF SENSES)
INTERCEPTIVE AWARENESS (BODY SCAN, PAIR, BREATH WORK)
PROPRIOCEPTIVE TECHNIQUES (YOGA, STRETCHING, TAI CHI)

NOT USED DURING EXPOSURES

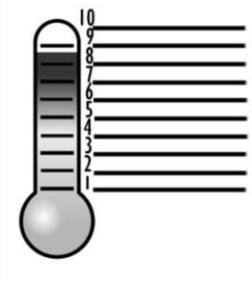
(SWERTON, 2014)



STEP THREE: SUBJECTIVE UNITS OF DISTRESS

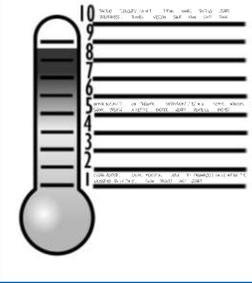


SUD SCALE



**THINKING
FEELING
SENSING
DOING
EXAMPLE
SITUATIONS**

**SUD SCALE
EXAMPLE**



STRENGTHENING TO TAKE CARE OF SELF & OTHERS

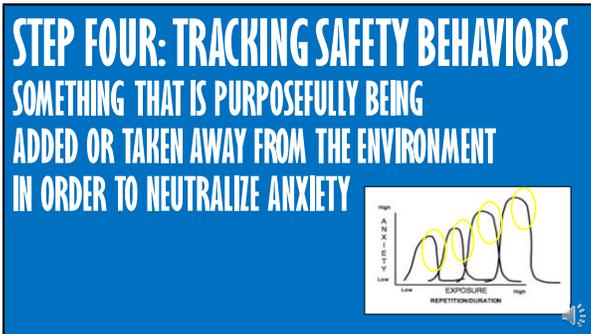
BEING AN EDUCATOR THAT ABOUT GETTING TOGETHER AT A PARTY

BEING ALONE WATCHING TV

practice break







COMMON SAFETY BEHAVIORS

- HAND-WASHING
- SHOWERING
- CLEANING
- USING BARRIERS
- ORDERING
- ARRANGING
- CHECKING
- RE-READING/RE-WRITING
- REPEATING
- COUNTING
- CANCELLING/UNDO-ING
- CONFESSING
- REASSURANCE SEEKING
- RESEARCHING
- PERFECTING

EJECTOPHOBIA

SUCKING ON ANITS
DRINKING CHICKEN ALE
W/ APPROPRIATE SILVERWARE
GLOVES TO EAT
CHECKING BEST-BY DATES
SMELLING/EXAMINING
ASKING FRIENDS
RESEARCHING SYMPTOMS

- AVOIDANCE ①
- BARRIERS ②
- CHECKING ③
- RS ④
- AVOIDANCE

DATE:		SAFETY BEHAVIOR 1:		SAFETY BEHAVIOR 2:		SAFETY BEHAVIOR 3:		SAFETY BEHAVIOR 4:		SAFETY BEHAVIOR 5:	
MEASURES	BLINDSPOTS	MEASURES	BLINDSPOTS	MEASURES	BLINDSPOTS	MEASURES	BLINDSPOTS	MEASURES	BLINDSPOTS	MEASURES	BLINDSPOTS
TOTAL # UNCLE'S:	TOTAL # UNCLE'S:	TOTAL # UNCLE'S:	TOTAL # UNCLE'S:	TOTAL # UNCLE'S:	TOTAL # UNCLE'S:	TOTAL # UNCLE'S:	TOTAL # UNCLE'S:	TOTAL # UNCLE'S:	TOTAL # UNCLE'S:	TOTAL # UNCLE'S:	TOTAL # UNCLE'S:
REPEAT #:	REPEAT #:	REPEAT #:	REPEAT #:	REPEAT #:	REPEAT #:	REPEAT #:	REPEAT #:	REPEAT #:	REPEAT #:	REPEAT #:	REPEAT #:
UNITS:	UNITS:	UNITS:	UNITS:	UNITS:	UNITS:	UNITS:	UNITS:	UNITS:	UNITS:	UNITS:	UNITS:

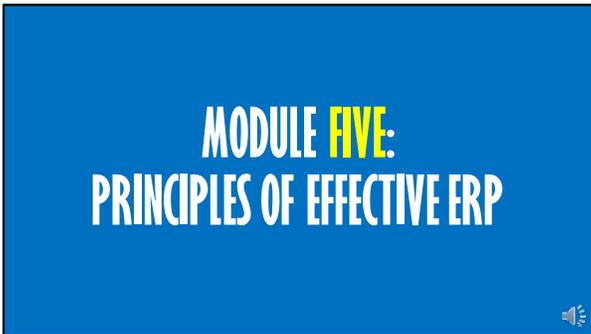
SAFETY BEHAVIOR LOG

EXAMPLE

DATE:		SAFETY BEHAVIOR 1:		SAFETY BEHAVIOR 2:		SAFETY BEHAVIOR 3:		SAFETY BEHAVIOR 4:		SAFETY BEHAVIOR 5:	
MEASURES	BLINDSPOTS	MEASURES	BLINDSPOTS	MEASURES	BLINDSPOTS	MEASURES	BLINDSPOTS	MEASURES	BLINDSPOTS	MEASURES	BLINDSPOTS
TOTAL # UNCLE'S:	TOTAL # UNCLE'S:	TOTAL # UNCLE'S:	TOTAL # UNCLE'S:	TOTAL # UNCLE'S:	TOTAL # UNCLE'S:	TOTAL # UNCLE'S:	TOTAL # UNCLE'S:	TOTAL # UNCLE'S:	TOTAL # UNCLE'S:	TOTAL # UNCLE'S:	TOTAL # UNCLE'S:
REPEAT #:	REPEAT #:	REPEAT #:	REPEAT #:	REPEAT #:	REPEAT #:	REPEAT #:	REPEAT #:	REPEAT #:	REPEAT #:	REPEAT #:	REPEAT #:
UNITS:	UNITS:	UNITS:	UNITS:	UNITS:	UNITS:	UNITS:	UNITS:	UNITS:	UNITS:	UNITS:	UNITS:

SAFETY BEHAVIOR LOG







- PLANNED/STRUCTURED
- UNCOMFORTABLE (“SIT WITH IT”)
- NO AVOIDANCE STRATEGIES (“MAYBE YES/MAYBE NO”)
- PROLONGED (ENGAGED UNTIL ANXIETY IS HALVED) WITHIN TRIAL HABITUATION
- REPETITIVE BETWEEN TRIAL HABITUATION
- GRADUAL (HIERARCHY)
- SHOULD BE TRACKED & MONITORED

SET EXPECTATIONS APPROPRIATELY (HOMEWORK)
NORMALIZE TEMPORARY WORSENING OF SYMPTOMS





MODULE SIX:
HIERARCHY DEVELOPMENT & EXPOSURE



BRAINSTORMING AVOIDANCES

PEOPLE, PLACES, THINGS, SITUATIONS, THOUGHTS, SENSATIONS . . .

ADAPTING A STANDARDIZED LIST
 LOOK AT DIAGNOSTIC CRITERIA
 LOOK AT SCREENING TOOLS
 ANXIETY TRIGGERS (SUD SCALE)
 SAFETY BEHAVIORS



COMMONHOOD EXPOSURES

WRITE "DEVIL"
 WRITE "DEMON"
 WRITE "HELL"
 THROW THE BIBLE ON THE FLOOR
 STAND ON THE BIBLE
 TEAR PAGES OUT OF THE BIBLE
 WATCH MOVIE ABOUT EXORCISM
 WATCH THE "DA VINCI CODE"
 LOOK AT A CARTOON PICTURE OF THE DEVIL
 LOOK AT A PICTURE OF THE DEVIL
 WATCH MOVIE WITH THE DEVIL (BENAZZLED, DEVIL'S ADVOCATE)
 WATCH EXORCIST ADVENTURE/REANIMATED MATERIALS
 WRITE "GHOST"
 WRITE OR SAY "I BELIEVE IN GHOSTS"
 IMAGINE SEEING A GHOST
 USE THE WORDS "PLANE" IN URN
 WRITE "GOD"
 WRITE OR SAY "JESUS CHRIST"
 WRITE SWEAR WORDS IN THE BIBLE
 WRITE IN PENCIL IN THE BIBLE
 WRITE IN PEN IN THE BIBLE
 WRITE "666" IN THE BIBLE
 IMAGINE HELL
 LOOK AT A PICTURE OF HELL

STANDARDIZED LIST FOR SCRUPULOSITY

© 2008 BY WALTER DODD, MD



1. FEAR/ANXIETY
 - LOSING PUBLIC TRANSPORTATION
 - BEING IN OPEN SPACES
 - BEING IN ENCLOSED SPACES
 - STANDING IN LINE OR BEING IN A CROWD
 - BEING OUTSIDE OF THE HOME ALONE
2. FEAR/AVOIDS SITUATIONS ABOVE
3. SITUATIONS ABOVE ALMOST ALWAYS PROVOKE FEAR OR ANXIETY
4. FEAR OR ANXIETY IS OUT OF PROPORTION TO DANGER POSED
5. THESE SITUATIONS ARE AVOIDED OR ENDURED WITH STRESS
6. > 6 MONTHS
7. CLINICALLY SIGNIFICANT DISTRESS OR IMPAIRMENT
8. IF MEDICAL CONDITION PRESENT, FEAR/ANXIETY IS EXCESSIVE
9. NOT BETTER EXPLAINED BY ANOTHER DISORDER

DIAGNOSTIC CRITERIA FOR AGORAPHOBIA



STEP FIVE: DEVELOPING THE HIERARCHY

USE THE SUD SCALE

SHOULD BE MANY EXPOSURE OPTIONS IN EACH LEVEL

GET CREATIVE! ("DOES THE ANXIETY LEVEL DEPEND ON ANYTHING?")



EXAMPLE (SOCIAL ANXIETY)

MAKING EYE CONTACT

FAMILIAR PERSON VS. UNFAMILIAR PERSON

MALE VS. FEMALE

AGE

ATTRACTIVE VS. AVERAGE

SETTING

AUTHORITY FIGURE OR PEER



HIERARCHY W/ SUDS	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4
1. Greet the instructor				
2. Stand in line				
3. Stand in line				
4. Stand in line				
5. Stand in line				
6. Stand in line				
7. Stand in line				
8. Stand in line				
9. Stand in line				
10. Stand in line				

BUILDING A HIERARCHY



STEP SIX: EXPOSURE WORK

COLLABORATIVELY SELECT FIRST EXPOSURE
 SHOULD BE CHALLENGING BUT MANAGEABLE*
 SHOULD BE WALKED THROUGH TOGETHER INITIALLY



STEP SIX: EXPOSURE WORK

PREPARE THE ENVIRONMENT
 START TIMER
 ENGAGE WITH FEARED STIMULI
 OBSERVE NORMAL ANXIETY CYCLE UNTIL ANXIETY IS HALVED
 END ENGAGEMENT
 RECORD
 REPEAT REPEAT REPEAT



DATE	EXPOSURE 1			EXPOSURE 2			EXPOSURE 3			EXPOSURE 4			EXPOSURE 5		
FEAR	FEAR	FEAR	FEAR												

DATE	EXPOSURE 1			EXPOSURE 2			EXPOSURE 3			EXPOSURE 4			EXPOSURE 5		
FEAR	FEAR	FEAR	FEAR												

DATE	EXPOSURE 1			EXPOSURE 2			EXPOSURE 3			EXPOSURE 4			EXPOSURE 5		
FEAR	FEAR	FEAR	FEAR												

EXPOSURE LOG



EXAMPLE

DATE: 11/23/2020														
EXPOSURE 1					EXPOSURE 2					EXPOSURE 3				
TRIAL	FRANK	ELAPHER	PLANK	ELAPHER	TRIAL	FRANK	ELAPHER	PLANK	ELAPHER	TRIAL	FRANK	ELAPHER	PLANK	ELAPHER
REP	REP	TIME	REP	REP	REP	REP	TIME	REP	REP	REP	REP	TIME	REP	REP
1	1	0:00	1	1	1	1	0:00	1	1	1	1	0:00	1	1
2	1	0:00	1	1	1	1	0:00	1	1	1	1	0:00	1	1
3	1	0:00	1	1	1	1	0:00	1	1	1	1	0:00	1	1
4	1	0:00	1	1	1	1	0:00	1	1	1	1	0:00	1	1
5	1	0:00	1	1	1	1	0:00	1	1	1	1	0:00	1	1

DATE:														
EXPOSURE 1					EXPOSURE 2					EXPOSURE 3				
TRIAL	FRANK	ELAPHER	PLANK	ELAPHER	TRIAL	FRANK	ELAPHER	PLANK	ELAPHER	TRIAL	FRANK	ELAPHER	PLANK	ELAPHER
REP	REP	TIME	REP	REP	REP	REP	TIME	REP	REP	REP	REP	TIME	REP	REP

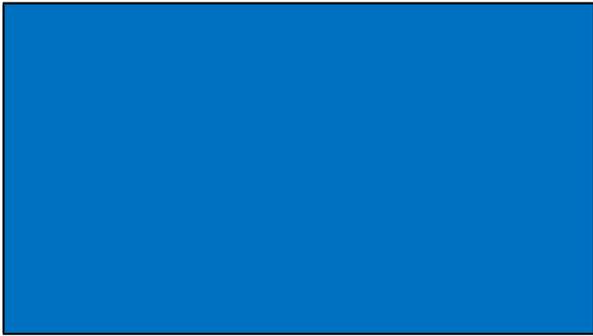
DATE:														
EXPOSURE 1					EXPOSURE 2					EXPOSURE 3				
TRIAL	FRANK	ELAPHER	PLANK	ELAPHER	TRIAL	FRANK	ELAPHER	PLANK	ELAPHER	TRIAL	FRANK	ELAPHER	PLANK	ELAPHER
REP	REP	TIME	REP	REP	REP	REP	TIME	REP	REP	REP	REP	TIME	REP	REP

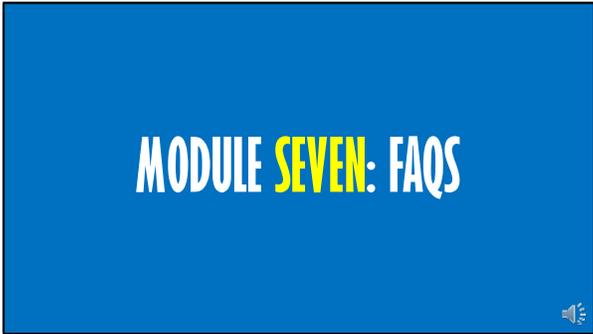
EXPOSURE LOG

practice break

WHEN TO CLOSE AN EXPOSURE

- WITHIN TRIAL HABITUATION INDICATORS
- BETWEEN TRIAL HABITUATION INDICATORS
- CLIENT REPORT INDICATORS







IS ERP DANGEROUS?



WHAT IF MY CLIENT STRUGGLES WITH THE SUD SCALE?



WHY NOT JUST START WITH THE LEVEL 10 EXPOSURES?

10/08/2021



**DO WE HAVE TO COMPLETE ALL
OF THE EXPOSURES IN THE HIERARCHY?**



HOW DO I KNOW WHEN WE'RE DONE?



WHAT IF HABITUATION IS NOT OCCURRING?



**DOES IT MATTER IF THE ANXIETY
IS A RESULT OF A TRAUMA?**

Foa, Hemme, & Rothbaum, 2007

WHAT IF THERE ARE COMORBIDITIES?

IDCJ, 2020; APA, 2013; Blakey, Abramowitz, Leonard, & Heimann, 2016

DO I NEED TO INVOLVE MY CLIENTS' FAMILIES?

LANDMAN, BURSTE & PIRACK, 2003

CAN MY CLIENT UTILIZE PRNs?

WHAT ABOUT DURING COVID?

(IOCDF, 2020)

THERE ARE SO MANY TOOLS! HOW WILL I KNOW WHICH TOOL TO RECOMMEND WHEN?

When should I... ?

- ANXIETY THAT IS PART OF AN ASSIGNED EXPOSURE
 - Is with the anxiety. No tools, visual, distractions, avoidance, etc.
NOTE: If you are doing an assigned exposure and your anxiety is not manageable, use the response and work with your therapist.
- ANXIETY THAT IS NOT PART OF AN ASSIGNED EXPOSURE
 AND IS IN A **MANAGEABLE** RISK RANGE
 - Is with the anxiety. No tools, visual, distractions, avoidance, etc.
- ANXIETY THAT IS NOT PART OF AN ASSIGNED EXPOSURE
 AND IS **NOT** IN A **MANAGEABLE** RISK RANGE
 - Practice respiratory control.
- SUBSTANTION WHICH IS CREATING OR PERPETUATING ANXIETY
 - Practice mindfulness.

HOW WILL I REMEMBER ALL OF THIS?

ANXIETY AND OCD TREATMENT ROAD MAP
ASSUMING ASSESSMENT, SCREENING & DIAGNOSIS HAS ALREADY OCCURRED

1. PSYCHOEDUCATION ON ANXIETY, AVOIDANCE, AND ERP
2. RELAXATION TRAINING & PRACTICE
3. DEVELOP AND PRACTICE USING SUD SCALE
4. IDENTIFY AND TRACK SAFETY BEHAVIORS
5. DEVELOP HIERARCHY
6. EXPOSURE PRACTICE

THANK YOU FOR THE WORK YOU DO!

APPENDIX
