

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

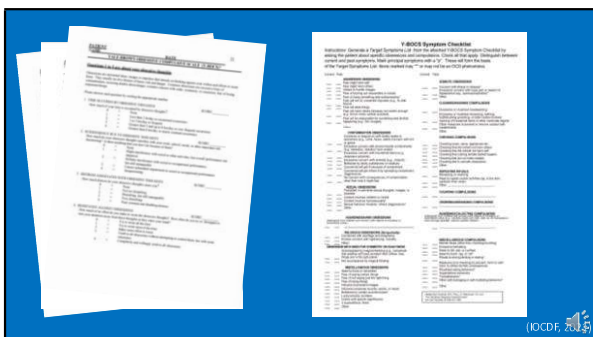
BODY DYSMORPHIC DISORDER, TRICHOTILLOMANIA, HOARDING DISORDER, EXCORIATION DISORDER



SCREENING TOOLS FOR ANXIETY-BASED DISORDERS

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





(IOCDF, 2014)

CAUSES??

(IOCDF, 2020)

LIFETIME PREVALENCE RATES

OCD ~ 1/100 ADULTS (2-3 MILLION IN THE US) (IOCDF, 2020)
 ~ 1/200 KIDS (500,000 IN THE US) (IOCDF, 2020)

ANXIETY DISORDERS ~ MOST COMMON MENTAL HEALTH CONCERN IN THE US (NAMH, 2020)
 ~ 1/3 ADULTS & ADOLESCENTS (NIMH, 2017)



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)



COMMON OBSESSIONS

Contamination <ul style="list-style-type: none"> Bugs (bats (examples: urine, feces)) Germs/diseases (contaminated surfaces, HIV) Environmental contaminants (toxicology, asbestos, radon) Household chemicals (examples: chlorine, ammonia) Dirt 	Unwanted Sexual Thoughts <ul style="list-style-type: none"> Forbidden or perverse sexual thoughts or images Forbidden or perverse sexual impulses about others Obsessions about sexual orientation Sexual obsessions that involve children or incest Obsessions about aggressive sexual behavior towards others
Losing Control <ul style="list-style-type: none"> Fear of acting on an impulse to harm oneself Fear of acting on an impulse to harm others Fear of violent or harmful images in one's mind Fear of bleeding over shameless or lewd Fear of losing things 	Religious Obsessions (Scrupulosity) <ul style="list-style-type: none"> Concerns with offending God, or sinners about blasphemy Excessive concern with right/wrong or morality
Harm <ul style="list-style-type: none"> Fear of being responsible for something terrible happening (examples: fire, burglary) Fear of harming others because of one being mental enough (examples: dropping something on the ground that might cause someone to slip and hurt him/herself) 	Other Obsessions <ul style="list-style-type: none"> Concerns with getting a physical illness or disease (not by contamination, e.g. cancer) Superstitions about lucky/unlucky numbers, certain colors
Obsessions Related to Perfectionism <ul style="list-style-type: none"> Concerns about arranging or starting Obsessions with a need to know or memorize Fear of being or appearing to be over-communicative when (talking, writing, etc.) Ability to handle schedules to keep on to discard things Fear of losing things 	(IOCDF, 2013)

TWO: COMPULSIONS

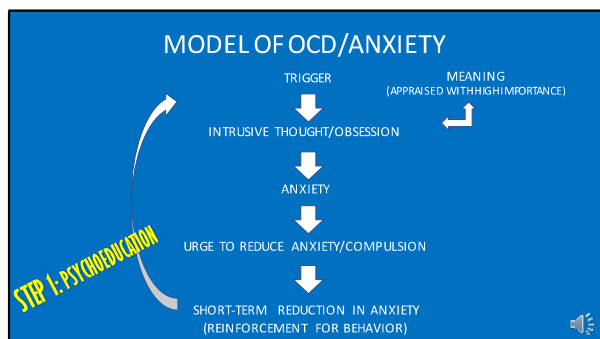
REPETITIVE BEHAVIORS OR MENTAL RITUALS
DRIVEN TO PERFORM OR ENGAGE IN IN RESPONSE TO OBSESSIONS
WOULD RATHER NOT DO THEM
GOAL: NEUTRALIZE THE THREAT OF THE THOUGHTS & REDUCE SUBSEQUENT STRESS/ANXIETY
GAIN CONTROL/INCREASE CERTAINTY

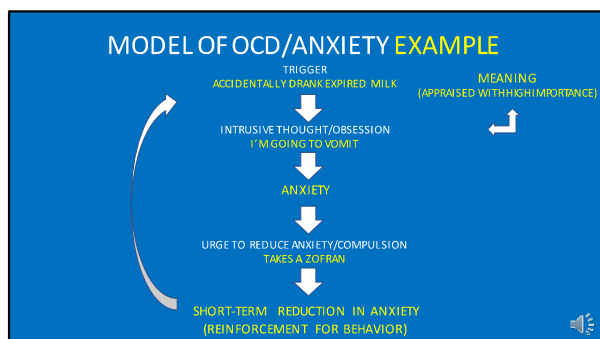
EXAMPLES
 CONTAMINATION OCD: "IF I TOUCH A PUBLIC DOOR KNOB, I WILL GET SICK AND DIE" **WASHING HANDS EXCESSIVELY USING A BARRIER**
 SCRUPULOSITY (RELIGIOUS OCD): "IF I DON'T SAY THE PRAYER THREE TIMES EVERY MORNING, SOMETHING BAD WILL HAPPEN TO MY FAMILY" **SAYING RITUALIZED PRAYERS**
 SOCIAL ANXIETY: "IF I SPEAK UP IN THIS MEETING, MY COLLEAGUES WILL THINK I'M STUPID" **REMAINING SILENT, PASSIVE AGREEMENT**
 ILLNESS ANXIETY: "I MIGHT HAVE AN STD" **CHECKING OR REASSURANCE SEEKING FROM DOCTORS**

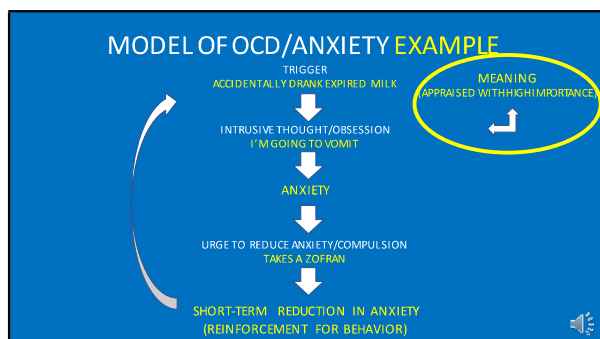
*** "PURE O" (2%)—ACT OR MIND RITUALS TRAINING (AMERICAN PSYCHIATRIC ASSOCIATION, 2013)

COMMON COMPULSIONS

Washing and Cleaning <ul style="list-style-type: none"> Washing hands excessively or in a certain way Excessive showering, bathing, tooth brushing, grooming, etc. Cleaning household items or other objects excessively Using other things to prevent or ensure contact with contaminants 	Mental Compulsions <ul style="list-style-type: none"> Mental review of events to prevent harm (to oneself or others, to prevent terrible consequences) Praying to prevent harm (to oneself or others, to prevent terrible consequences) Counting while performing a task to end on a "good," "right," or "safe" number "Checking" or "looking" (examples: looking at a "bad" word with a "good" word to neutralize it)
Checking <ul style="list-style-type: none"> Checking that you did not/will not harm others Checking that you did not/will not harm yourself Checking that nothing terrible happened Checking that you did not make a mistake Checking some parts of your physical condition or body 	Other Compulsions <ul style="list-style-type: none"> Putting things in order or arranging things until it "feels right" Telling jokes or embarrassing to get amusement Avoiding situations that might trigger your obsessions
Repeating <ul style="list-style-type: none"> Repeating or rethinking Repeating routine activities (examples: going in or out, eggs, getting up or down from chairs) Repeating health movements (examples: tapping, touching, blinking) Repeating activities in "multiples" (examples: doing a task three times because there is a "good," "right," "safe" number) 	(IOCDF, 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**





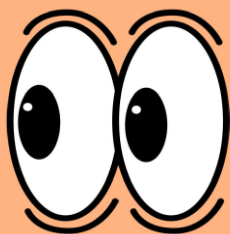
MODULE TWO: WHY ERP?



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

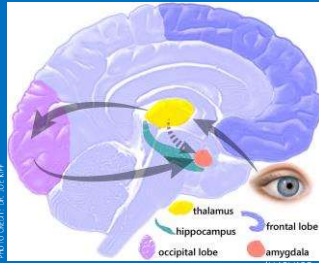
(HARVARD HEALTH PUBLISHING, 2015)

THREAT IS SENSED



(HARVARD HEALTH PUBLISHING, 2015)

AMYGDALA (ALARM SYSTEM) ACTIVATED



(HARVARD HEALTH PUBLISHING, 2016)

INFORMS HYPOTHALAMUS (COMMAND CENTER)



AUTONOMIC (INVOLUNTARY) NERVOUS SYSTEM

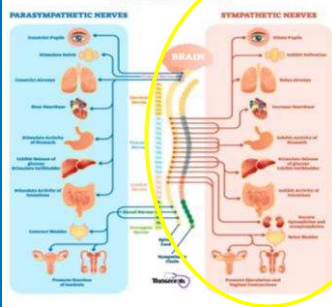


"FIGHT OR FLIGHT"
SYMPATHETIC (GAS PEDAL)

"REST & DIGEST"
PARASYMPATHETIC (BRAKE)

(HARVARD HEALTH PUBLISHING, 2016)

PARASYMPATHETIC AND SYMPATHETIC NERVOUS SYSTEMS



(NURSECEPTS, 2015)

SAFETY IS RESTORED



CORTISOL LEVELS DROP

(HARVARD HEALTH PUBLISHING, 2020)

INFORMS HYPOTHALAMUS (COMMAND CENTER)



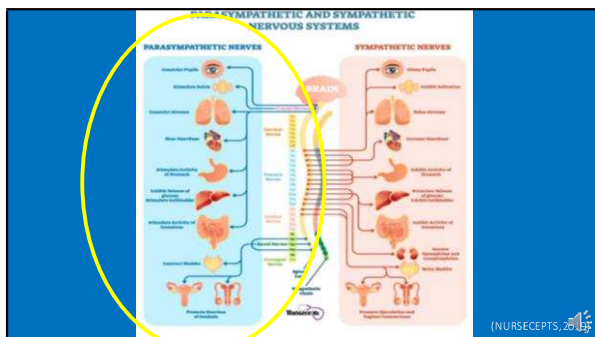
AUTONOMIC (INVOLUNTARY) NERVOUS SYSTEM

"FIGHT OR FLIGHT"
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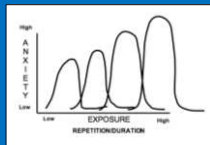
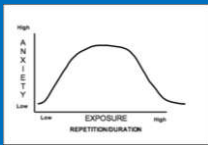
(HARVARD HEALTH PUBLISHING, 2020)



BALANCE IS ACHIEVED

(HARVARD HEALTH PUBLISHING, 2020)

ANXIETY + AVOIDANCE



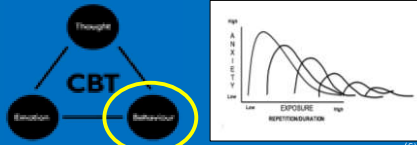
(SWEETON, 2019)

ERP: RE-PROGRAMS INTERNAL ALARM SYSTEM (NS)

(IOCDF, 2019)

HABITUATION

NATURAL DECREASE IN RESPONSE TO A STIMULUS AFTER REPEATED PRESENTATIONS



(SWEETON, 2019)

ERP

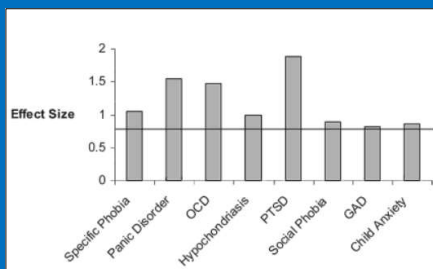
BREAKS CYCLE OF AVOIDANCE & ANXIETY
(ALLOWS THE AMYGDALA TO LEARN NEW INFORMATION)

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)



(Rosenberg, Deacon, & Whiteside, 2010; Medical News Today, 2019)

practice break



MODULE THREE:
FOUNDATIONS FOR EXPOSURE WORK



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

STORY: HOW TO TAKE CARE FOR YOU & FUTURE

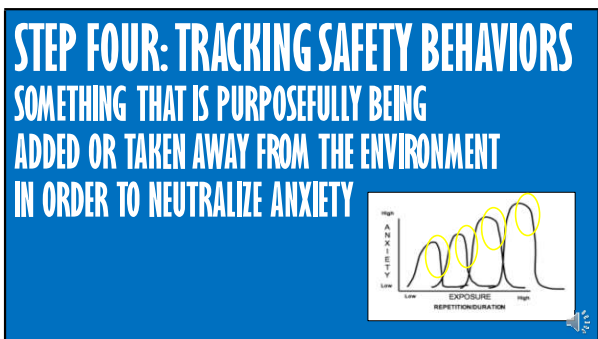
HOW DO YOU FEEL AT THIS ABOUT GETTING YOUR AT A PART

HOW: ALIVE AND LIVING IN

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

EMOTIONAL
SUCKING ON NINT'S
DRINKING CHERRY ALE
W/ APPROPRIATE SILVERWARE
GLOVES TO EAT
CHECKING BEST-BY DATES
SMELLING/EXAMINING
ASKING FRIENDS
RESEARCHING SYMPTOMS
AVOIDANCE FOODS
AVOIDANCE PLACES
AVOIDANCE PEOPLE

→ **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:			
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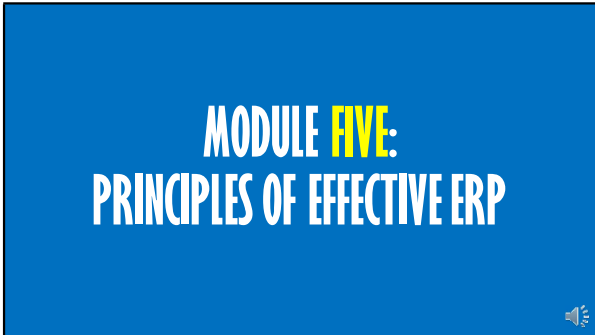
SAFETY BEHAVIOR LOG

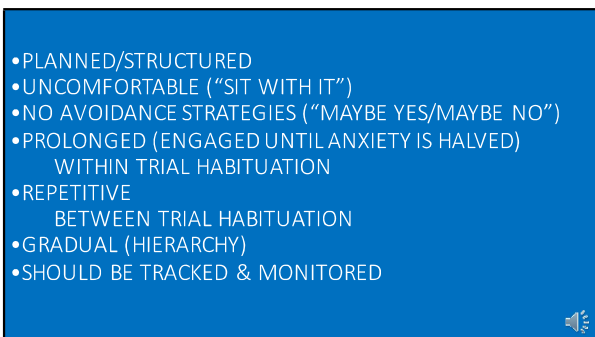
EXAMPLE

DATE:				SAFETY BEHAVIOR 1:				SAFETY BEHAVIOR 2:				SAFETY BEHAVIOR 3:				SAFETY BEHAVIOR 4:				SAFETY BEHAVIOR 5:			
RECOUNTS		BLANKETS		RECOUNTS		BLANKETS		RECOUNTS		BLANKETS		RECOUNTS		BLANKETS		RECOUNTS		BLANKETS		RECOUNTS		BLANKETS	
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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



COMMON OBNOXIOUS 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 "ON WIND CORP"
LOOK AT A CARTOON PICTURE OF THE DEVIL
LOOK AT A PICTURE OF THE DEVIL
WATCH MOVIE WITH THE DEVIL (MONZIELO, DEVIL'S ADVOCATE)
WATCH GHOST ADVENTURE/HORROR FILMS
WRITE "GHOST"
WRITE OR SAY "I BELIEVE IN GHOSTS"
IMAGINE SEEING A GHOST
USE THE WORDS "HAIR" IN URBAN
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 "BIB" IN THE BIBLE
IMAGINE HELL
LOOK AT A PICTURE OF HELL

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STANDARDIZED LIST FOR SCRUPULOSITY

1. FEAR/ANXIETY

USING 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

Situation
1. Using a telephone in public
2. Participating in a small group activity
3. Eating in public
4. Drinking with others
5. Talking to someone in authority
6. Acting, performing, or speaking in front of an audience
7. Going to a party
8. Working while being observed
8. Working while being observed
10. Calling someone you don't know very well
11. Talking face to face with someone you don't know very well
12. Meeting strangers
Situation
13. Urinating in a public bathroom
14. Entering a room when others are already seated
15. Being the center of attention
16. Speaking up at a meeting
17. Taking a test of your ability, skill, or knowledge
18. Expressing disagreement or disapproval to someone you don't know very well
19. Looking someone who you don't know very well straight in the eyes
20. Giving a prepared oral talk to a group
21. Trying to make someone's acquaintance for the purpose of a romantic/sexual relationship
22. Returning goods to a store for a refund
23. Giving a party
24. Resisting a high pressure sales person

SCREENING TOOL FOR SOCIAL ANXIETY DISORDER



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?")



RATING EXPOSURES

1. WRITE "DEVIL"
2. WRITE "DEVIL"
3. WRITE "HELL"
4. THROW THE BIBLE ON THE FLOOR
5. STAND ON THE BIBLE
6. TAP PAGES OUT OF THE BIBLE
7. WATCH MOVIE ABOUT EXORCISM
8. WATCH THE "DA VINCI CODE"
9. LOOK AT A CARTOON PICTURE OF THE DEVIL
10. LOOK AT A PICTURE OF THE DEVIL
11. WATCH MOVIE WITH THE DEVIL (BEDAZZLED, DEVIL'S ADVOCATE)
12. WATCH GHOST ADVENTURES/GHOST HUNTERS
13. WRITE "GHOST"
14. WRITE "GHOST" IN BIBLE IN GHOSTS
15. IMAGINE "SEEN" IS GHOST
16. USE THE LORD'S NAME IN VAIN
17. WRITE "GOD" WITH LOWER CASE G
18. WRITE ONLY 4 LETTERS CHRIST (BIBICATORRY)
19. WRITE SWEAR WORDS IN THE BIBLE
20. WRITE IN PENCIL IN THE BIBLE
21. WRITE IN PEN IN THE BIBLE
22. WRITE "GOD" IN THE BIBLE
23. IMAGINE "HELL"
24. LOOK AT A PICTURE OF HELL



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

AGE
ATT

ATTRACTIVE VS. AVERAGE SETTING

SETTING AUTHOR

PROHIBITION: 12.00% ON 12.00%

[illegible][illegible]

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	FEAR	FEAR
ANXIETY	ANXIETY	ANXIETY	ANXIETY	ANXIETY	ANXIETY
TIME	TIME	TIME	TIME	TIME	TIME

DATE:	EXPOSURE 1	EXPOSURE 2	EXPOSURE 3	EXPOSURE 4	EXPOSURE 5
FEAR	FEAR	FEAR	FEAR	FEAR	FEAR
ANXIETY	ANXIETY	ANXIETY	ANXIETY	ANXIETY	ANXIETY
TIME	TIME	TIME	TIME	TIME	TIME

DATE:	EXPOSURE 1	EXPOSURE 2	EXPOSURE 3	EXPOSURE 4	EXPOSURE 5
FEAR	FEAR	FEAR	FEAR	FEAR	FEAR
ANXIETY	ANXIETY	ANXIETY	ANXIETY	ANXIETY	ANXIETY
TIME	TIME	TIME	TIME	TIME	TIME

EXPOSURE LOGS



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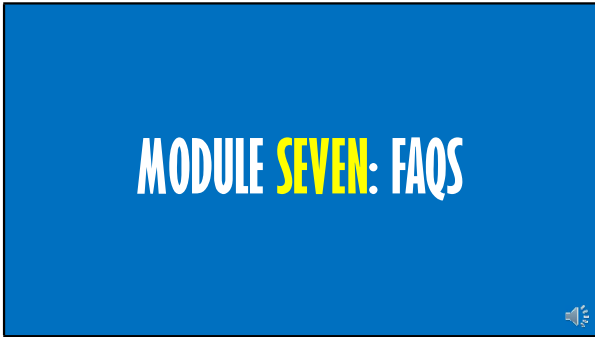
practice break

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?

© CCOH, 2020



**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, Hemmels, & Rothbaum, 2007

WHAT IF THERE ARE COMORBIDITIES?

ICD-10, 2000; APA, 2013; Blakey, Abramowitz, Leonard, & Heimberg, 2010

DO I NEED TO INVOLVE MY CLIENTS' FAMILIES?

LANDMAN, BURDETTE, & PIERCE, 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
(ie with the anxiety, No tools, visuals, distractions, avoidance, etc.)
NOTE: If you are doing an assigned exposure and your anxiety is not manageable, stop the exposure and work with your therapist.
- ANXIETY THAT IS **NOT** PART OF AN ASSIGNED EXPOSURE
AND IS IN A **MANAGEABLE** RISK RANGE
(ie with the anxiety, No tools, visuals, distractions, avoidance, etc.)
- ANXIETY THAT IS **NOT** PART OF AN ASSIGNED EXPOSURE
AND IS **NOT** IN A **MANAGEABLE** RISK RANGE
Practitioner requires support.
- STIMULATION WHICH IS CREATING OR PERPETUATING ANXIETY
Practitioner must pause.

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

INCLUDED MATERIAL:

MODEL OF OCD/ANXIETY HANDOUT
 LIST COMMON INTRUSIVE THOUGHTS
 STRESS RESPONSE HANDOUT
 ANXIETY, AVOIDANCE & HABITUATION GRAPHS
 BLANK SUD SCALE
 SAFETY BEHAVIOR LOG
 PRINCIPLES OF EFFECTIVE EXPOSURE
 LIST OF COMMON EXPOSURE IDIOMS
 BLANK HIERARCHY WORKSHEETS
 HIERARCHY EXAMPLE WORKSHEETS
 EXPOSURE LOG
 WHEN SHOULD I...? HANDOUT
 ANXIETY & OCD TREATMENT ROADMAP

**EVIDENCED-BASED
 ASSESSMENT & SCREENING TOOLS
 FOR ANXIETY-BASED DISORDERS
 AVAILABLE ONLINE:**

OCD: YALE-BROWN OBSSIVE COMPULSIVE SCALE
<https://iocdf.org/wp-content/uploads/2016/04/04-YBOCS-w-Checklist.pdf>

SOCIAL ANXIETY DISORDER: LIEBOWITZ SOCIAL ANXIETY SCALE
<http://www.goodmedicine.org.uk/sites/default/files/whhttp://www.goodmedicine.org.uk/sites/default/files/social%20anxiety%20assessment%20bias-sc.pdf>

GAD: GENERALIZED ANXIETY DISORDER 7-ITEM SCALE
<https://med.dartmouth-hitchcock.org/documents/GAD-7-anxiety-screen.pdf>

PD: ANXIETY SENSITIVITY INDEX
<https://arc.psych.wisc.edu/self-report/anxiety-sensitivity-index-asi/>

PHOBIA: THE SEVERITY MEASURE FOR SPECIFIC PHOBIA*
 (GOOGLE THIS TO DOWNLOAD FREE PDF)

REFERENCES
