

CHAPTER 6

Your Intervention Strategy: Exposure and Response Prevention

Don't be afraid to take a big step if one is indicated. You can't cross a chasm in two small jumps.

—David Lloyd George

Now that you've done a thorough assessment of your OCD symptoms, you're ready to produce your road map for doing exposure and response prevention work. This road map is called an anxiety/exposure hierarchy. This is simply a list of situations that you fear and avoid, listed in order of the level of fear each provokes. Like a road map, your anxiety/exposure hierarchy shows you where to start, where to finish, and the pathway between.

You'll estimate the level of anxiety aroused in various fear-provoking situations using the Subjective Units of Distress Scale, or SUDS. This is a self-rating system designed to measure the amount of anxiety a person reports feeling. It was first employed in the 1960s by Edward Wolpe, MD, and Arnold Lazarus, Ph.D., both professors of psychiatry at Temple University School of Medicine. This scale will be useful as you design your own anxiety/exposure hierarchy. It's a 100-point scale, with 100 equaling the most anxiety-provoking situation you've ever experienced in your life and 0 equaling no anxiety whatsoever. A SUDS level of 50 indicates a medium level of anxiety—neither very high nor very low.

Think of a few situations you've experienced in your life that caused you the highest levels of anxiety and fear you've ever experienced. Or think of a very scary situation you hope you never have to deal

with. If you find yourself not wanting to think much about this, that's okay. This is just a quick mental exercise to give you an idea of the types of situations that would earn a SUDS level of 100.

Next, think of a situation that caused you a moderate level of anxiety—not a lot, but not a little. An example might be seeing your child off for his or her first day of school, or having to take a test for which you are very well prepared, but the outcome is fairly important. Situations like these tend to provoke moderate feelings of anxiety—a SUDS level of around 50.

Now, think of a very neutral or pleasant situation; for example, going to the market, taking a warm bath, or reading a magazine. For most people in most situations, these experiences would have a SUDS level of 0. The word “subjective” in subjective units of distress scale is important. It indicates that every person is different as to the specific situations they give SUDS ratings of low, medium, or high.

TIPS FOR WRITING YOUR ANXIETY/EXPOSURE HIERARCHY

Now that you're familiar with using SUDS levels to gauge your anxiety, you're almost ready to create your anxiety/exposure hierarchy. As you do so, here are some guidelines to keep in mind:

- Your list should include ten to fifteen specific situations that trigger different levels of fear and anxiety: some mild (SUDS levels below 40), some moderate (40 to 70), and some high (70 to 100). For some people, the most useful place to start is with the list of Target Avoidance Triggers you compiled in chapter 5.
- For each situation or trigger, rate the SUDS level based on what you think you would feel if you were faced with the fearful situation and either *could not carry out* or *were prevented from carrying out* the compulsion you would typically use in that situation. This will help you more accurately assess your true SUDS level for that particular situation or trigger. For example, for the compulsion to check that the stove is turned off, rate your SUDS level based on how it would probably feel if you were unable to check the stove or prevented from checking it more than once. If you have a washing compulsion, rate your SUDS level based on how you'd feel if prevented from, say, washing your hands after touching a doorknob in a public bathroom. This is your true SUDS level for that compulsion.
- The situations, or triggers, on your list should differ from each other by about 5 to 10 SUDS points. You should have at least two or three items in each range (mild, moderate, and high) on your master hierarchy.
- Arrange the items on your list in order according to the amount of discomfort they trigger, with the one that triggers the highest anxiety at the top of the list and the one that triggers the least anxiety at the bottom. You'll work your way through the hierarchy, starting at the bottom items and working your way up to those at the top.
- From your master hierarchy, you can make one or more mini hierarchies that address one single situation, trigger, or avoidance behavior. For example, the items in a mini hierarchy

might all relate to the same feared object or situation and differ only in your degree of proximity to that object or situation.

You may find it helpful to see some examples of other people's anxiety/exposure hierarchies before you come up with your own. Below, you'll find examples, including mini hierarchies, from Mary, Melody, Ben, and Jack, whom you met in chapter 1. After you review their hierarchies, we'll help you come up with a hierarchy of your own, targeting your most troublesome symptoms.

Mary's Anxiety/Exposure Hierarchies (Washing)

Let's look at Mary's anxiety/exposure hierarchies. Mary has OCD that began after her oldest son contracted a life-threatening virus five years ago. She has an obsessive fear and avoidance of blood, illness, dirt, and germs, and this has resulted in severely disabling hand washing and showering rituals. She washes her hands about a hundred times a day, her daily showering ritual takes about one hour, and she avoids going near specific places in her town because she considers them contaminated.

Specific triggers for Mary include red-colored spots and objects (because they could conceal blood-stains), homeless people (whom she believes are more likely to have open sores and carry diseases), and hospitals (lots of blood there!). Mary maintains specific "safe and clean" areas in her household that are off-limits to other family members, especially to her husband, who works for a delivery company that makes daily deliveries to local hospitals. She therefore considers him to be contaminated and includes him as an item on her list. Here is Mary's initial anxiety/exposure hierarchy.

Mary's anxiety/exposure hierarchy for fear of contamination by illness	SUDS level (0-100)
<i>Anyone entering my bedroom without showering first</i>	100
<i>Husband sitting in clean area in the living room without having showered</i>	80
<i>Touching red spots on a public elevator</i>	75
<i>Touching mail touched by a suspicious looking mailman</i>	60
<i>Parking next to a neighbor who was recently ill</i>	55
<i>Buying groceries from a sickly looking cashier at the checkout counter</i>	50
<i>Touching and using an ATM machine</i>	40
<i>Being visited by someone who went to visit someone in the hospital</i>	35
<i>Passing or driving close by a homeless person on the street</i>	30
<i>Touching a red spot in a book</i>	20

Mary's OCD includes avoidance of several "dangerous" situations involving hospitals and homeless people. She therefore constructed separate mini hierarchies addressing those specific situations. The items on each list differ in SUDS levels based on degree of proximity to the feared object or situation: people suspected of having AIDS and the hospitals that treat them, and sickly looking homeless people with "germs." Here's Mary's mini hierarchy for hospital triggers.

Mary's anxiety/exposure mini hierarchy for hospital triggers	SUDS level (0-100)
<i>Sitting in a chair at home after returning home from the hospital</i>	100
<i>Touching a chair in a hospital room</i>	95
<i>Sitting in a chair in a hospital room</i>	90
<i>Standing in a patient room in the hospital</i>	80
<i>Touching a chair in the hospital waiting room</i>	70
<i>Sitting in a chair in the hospital waiting room</i>	60
<i>Walking into the hospital and standing in the waiting room</i>	55
<i>Walking into a hospital known to treat AIDS patients, standing for one minute, then leaving</i>	40

Here is Mary's mini hierarchy for her fear of homeless people. Note that the items on her list involve progressively getting closer and closer to her most feared situation (touching the ground in a place where homeless people congregate, then touching the interior of her car, with a SUDS level of 100). Think about how your obsessive fears and avoidance triggers might similarly be broken down into smaller pieces or steps.

Mary's anxiety/exposure mini hierarchy for fear of homeless people	SUDS level (0-100)
<i>Touching the ground in an area where homeless people congregate, then touching the interior of the car</i>	100
<i>Handing a homeless person a quarter, making sure to touch his skin</i>	90
<i>Directly touching the ground in an area where homeless people congregate</i>	80
<i>Standing within an area where homeless people congregate</i>	75
<i>Walking within 10 feet of an area where homeless people congregate</i>	70
<i>Walking within 25 feet of an area where homeless people congregate</i>	65
<i>Driving by an area where homeless people congregate, with the windows open</i>	60
<i>Driving by an area where homeless people congregate, with the windows cracked one inch</i>	55
<i>Driving by an area where homeless people congregate, with the windows closed</i>	50

Notice that Mary's second hierarchy and the following examples don't have any items with SUDS levels below 50. That's okay; in fact, it can lead to more rapid progress. But if you find that much exposure too uncomfortable to start with, you'll need to back up and include items with lower SUDS ratings (20 to 50) in your hierarchy. Just be sure that the situation does indeed provoke at least some anxiety. This is necessary in order for ERP to be effective.

Melody's Anxiety/Exposure Hierarchies (Checking)

Now we'll look at some mini hierarchies for Melody, who has extensive checking rituals involving light switches, door locks, and electrical appliances. An important component of her obsession is her fear of being responsible for causing a house fire or a burglary, which intensifies the longer she plans to be away from home.

Melody's anxiety/exposure mini hierarchy for checking appliances	SUDS level (0-100)
<i>Leave all small kitchen appliances plugged in overnight</i>	100
<i>Check door locks only once prior to going to bed at night</i>	95
<i>Leave small kitchen appliances plugged in, leave home, and return home the next day</i>	85
<i>Leave small kitchen appliances plugged in, leave home, and return in 6 hours</i>	80
<i>Leave small kitchen appliances plugged in, leave home, and return in 3 hours</i>	75
<i>Leave small kitchen appliances plugged in, leave home, and return in 1 hour</i>	70
<i>Turn off the coffeemaker and leave it plugged in overnight</i>	65
<i>Turn the stove off once and walk away without checking</i>	60
<i>Shut the refrigerator door once and walk away without checking</i>	50

Melody constructed the following mini hierarchy involving her compulsion to check door locks. This list shows how her SUDS level increases the longer she's away from home. This fact will prove useful later on, as she constructs exposure exercises to increase her tolerance for being away from home without having checked the door locks.

Melody's anxiety/exposure mini hierarchy for checking door locks	SUDS level (0-100)
<i>Locking the front door once, walk away without checking and stay away overnight</i>	100
<i>Locking the front door once, walk away without checking and stay away for 8 hours</i>	95
<i>Locking the front door once, walk away without checking and stay away for 4 hours</i>	85
<i>Locking the front door once, walk away without checking and stay away for 2 hours</i>	80
<i>Locking the front door once, walk away without checking and stay away for 1 hour</i>	75
<i>Locking the front door once, check once, then walk away</i>	70
<i>Locking the front door once, check twice, then walk away</i>	65

Ben's Anxiety/Exposure Hierarchy (Ordering and Symmetry)

Ben, who's had OCD since childhood, requires everything in his home to be arranged precisely. For example, in his pantry, items such as cans of food must be lined up like toy soldiers, in size order, perfectly spaced, and with labels facing forward. His clothing is hung neatly and organized with surgical precision. Rug tassels must lie perfectly straight. Furnishings and display objects must be placed at perfect right angles to the wall. Linen items must be folded and stacked in a precise way. The slightest disarray, disturbance, or misplacement of any object provokes intense anxiety for Ben. Here is his anxiety/exposure hierarchy.

Ben's anxiety/exposure hierarchy for ordering and symmetry	SUDS level (0-100)
<i>Move dining room chairs to not perfectly straight position—3 inches off</i>	100
<i>Place throw pillows extremely out of place</i>	95
<i>Place throw pillows moderately out of place</i>	90
<i>Move dining room chairs to not perfectly straight position—2 inches off</i>	85
<i>Move dining room chairs to not perfectly straight position—1 inch off</i>	80
<i>Move cans of food in the pantry so that they aren't lined up perfectly straight</i>	75
<i>Place throw pillows slightly out of place</i>	70
<i>Mix clothing so that colored items aren't lined up</i>	65

Note that, in general, as objects are placed further from their "perfect" position, Ben's SUDS level increases. As with Mary and Melody, Ben might create mini hierarchies for specific issues; for example, a hierarchy for the dining room, another for out-of-place kitchen items, and so on. As in Melody's case, these hierarchies will be helpful in constructing exposure exercises to overcome his compulsions regarding orderliness and symmetry.

Jack's Anxiety/Exposure Hierarchies (Obsessional Slowness)

Jack has obsessional slowness while dressing and showering. These tasks take him as long as two to three hours because he feels he must perform certain rituals before any piece of clothing feels right. His rituals include repeating (for example, tying shoelaces three times), counting (to a "good" number) and straightening the garment until it feels "just right." Like Mary, Jack takes excessively long, ritualized showers, but for a different reason. Whereas Mary showers excessively because she obsessively fears contamination from germs and HIV, Jack's showers are so lengthy simply because they must be done "just right." For example, body parts must be washed in the "proper" order, and a certain number of "right" times. Contamination is of no concern to him. Here is Jack's anxiety/exposure hierarchy, followed by a mini hierarchy for his lengthy showers.

Jack's anxiety/exposure hierarchy for obsessional slowness	SUDS level (0-100)
<i>Leave bedroom without counting to 8 three times</i>	100
<i>Leave bedroom with wrong foot first</i>	95
<i>Zip up pant zipper only once (rather than a good number of times)</i>	90
<i>Place foot in pants touching bare feet to inside of pant leg—the wrong way</i>	80
<i>Place shirt in trousers slightly "off," without straightening or tapping</i>	75
<i>Tie shoelaces only once, and without performing ritual tapping when finished</i>	70
<i>Tie shoelaces only once</i>	60
<i>Put on left shoe first (rather than right one first)</i>	55
<i>Lay clothing on the bed imperfectly</i>	50
Jack's anxiety/exposure mini hierarchy for lengthy showers	SUDS level (0-100)
<i>Wash body parts just once, then step out of shower</i>	100
<i>Wash body parts wrong number of times, then step out of shower</i>	95
<i>While in shower, wash all body parts out of correct order</i>	85
<i>While in shower, wash three body parts out of correct order</i>	75
<i>While in shower, wash two body parts out of correct order</i>	65
<i>While in shower, wash one body part out of correct order</i>	55

EXPOSURE AND RESPONSE PREVENTION STEP-BY-STEP

Now that you've constructed an anxiety/exposure hierarchy for your trigger symptoms, you're ready to get into the heart of exposure and response prevention. Exposure consists of confronting situations from your list and thereby creating opportunities to change the way you typically respond to these anxiety-arousing situations. You'll confront these situations in a step-by-step fashion—and in a way that's completely different from your typical way of dealing with them, such as by excessive hand washing, cleaning, or checking. Doing this may seem scary, but remember, you'll be planting the seeds of your recovery from OCD. Below, we'll look at each step in detail, but to give you an idea of the overall process, here's an outline of the steps involved:

1. Choose a hierarchy or mini hierarchy and start with an item that provokes a mild to moderate amount of anxiety.
2. Carry out the exposure for that situation, allowing your discomfort to rise. Stay with it, and do not avoid it!
3. Carry out response prevention while doing exposure.
4. Repeat the exposure task over and over until your SUDS rating goes down to 20 or less. Then move up to the next item on your hierarchy.

Step 1. Start with an Item That Provokes Mild to Moderate Anxiety

It is extremely important that the item you choose for your exposure provokes at least a mild to moderate level of fear. A SUDS level of about 40 to 60 is best, but if this seems too high for you at this time, start with an item lower on your list. If, on the other hand, you don't feel any fear or anxiety when doing an exposure, go to the next situation or trigger on your list. The purpose of exposure is to provide you with firsthand experience of the process of habituation—your nervous system's natural response to prolonged stimuli. With time, your level of fear and arousal will diminish. However, you can only benefit from habituation if you confront a situation that creates an adequate level of discomfort. You've heard it many times before: No pain, no gain! This is key in doing ERP. Because it's highly motivating to see your day-to-day progress, we encourage you to fill out the Daily Exposure Practice Monitoring Form, which you'll find later in this chapter, to keep track of your improvement. Knowing that you're making progress will help you continue with the difficult work of ERP.

In the examples, one of Mary's mini lists focuses on her fear of contamination by a homeless person. Her least anxiety-provoking item is "Driving by an area where homeless people congregate, with the windows closed." Mary carried out this exposure by driving through the "contaminated" area. Her beginning SUDS level was 50. She allowed her feelings of anxiety to emerge.

If you're too uncomfortable with your initial exposure, figure out how to make it a bit easier. For example, if you're afraid of touching a "contaminated" object with your hand, start by touching it with your fingernail or with the tip of a fingernail. If walking away without checking a faucet creates too much anxiety, allow yourself to briefly check it just once to start. If moving an object out of place by six inches is too overwhelming, start by moving it just an inch or two. It's less important where you start than that you start somewhere!

Step 2. Carry Out the Exposure, Allowing Your Discomfort to Rise

As you encounter the triggering situation, feel your SUDS level begin to go up. Stay with the feeling and don't avoid or block it. Even if your SUDS goes up very high, it's okay. The more anxiety you take on now, the better. Too much is better than too little! Try not to fear your discomfort. Although you may feel as if you might die or go crazy, that has never happened as a result of doing exposure. In a while—maybe just a few minutes longer—you'll notice that your SUDS level starts to decrease. This is a sign that habituation is taking place. Your challenge is to stay in continuous contact with the very situations your anxious mind is telling you (or screaming at you!) to run from, escape, or avoid at all costs, until your SUDS level decreases by roughly half, or until you experience a noticeable inner shift in the power and intensity of your urge to escape or avoid the situation. This can take a few minutes or even hours. Hang in there! It's important to stick with it, no matter how long it takes! If you stop the exposure while your anxiety is very high or before an inner shift takes place, you'll miss out on an important opportunity to move forward.

If your SUDS level doesn't go high enough, look for ways you may be blocking your experience of anxiety during the exposure. Here are some typical ways that people block their feelings of anxiety:

Exposure Pitfalls: Typical Ways of Blocking or Avoiding Exposure

- Dulling yourself by purposefully shutting out your experience. It is important to stay alert and connected to the fearful feelings throughout the exposure.
- Relying on a *safety signal*, such as a spouse, therapist, or friend who offers excessive reassurance while you practice an exposure. Although a friend or helper can be a source of motivation, be careful that this person's presence doesn't serve to neutralize your fears. An example would be a friend or helper who, while helping you walk out of the house without checking the door locks and stoves, repeatedly reminds you that you are perfectly safe and nothing bad has happened. Another example would be a friend who shows you passages in medical textbooks about how it's impossible to become HIV positive with just casual contact. Reliance on this sort of reassurance can become yet another compulsion and therefore is self-defeating. If you find yourself relying on others to feel comfortable doing the exposure, eventually try practicing by yourself so that you can obtain the maximum benefit.

- Doing private rituals in the form of counting, praying, and the like in order to neutralize the anxiety or discomfort of the exposure.
- Dissociating from the experience; for example, thinking, "It's not me doing this, but someone else." This is a form of magical thinking that people with OCD may resort to for handling their discomfort during the exposures.
- Being overly perfectionistic about how you carry out the exposures. This can actually interfere with ERP; for example, trying way too hard to find the "perfect" exposure to start with can actually interfere with starting ERP. Likewise, excessively monitoring your anxiety level during exposure to make sure it's high enough can get in the way of habituation. And being extra careful about doing response prevention properly can become, in itself, another obsession. The key is in the idea of "allowing" the exposure experience to happen on its own, along with its attendant discomfort, rather than making it happen. Willingness to immerse yourself in the uncertainty of the exposure situation is much more important to success than devising and executing the perfect exposure.

Spend some time considering the ways you may be tempted to block or avoid anxiety during exposure exercises. List them in the Exposure Pitfalls chart on the next page, then describe what you can do to counteract these problems so that you get the maximum benefit from exposure.

<i>Exposure Pitfalls</i>	
Ways I might block or avoid exposures	How I can get maximum benefit from exposures

Step 3. Carry Out Response Prevention While Doing Exposure

As explained in chapter 3, exposure only works when it is conducted hand in hand with response prevention. Response prevention means the voluntary blocking of compulsive rituals, and it is crucial for progress in the self-directed program. Doing response prevention is like resisting the urge to scratch an itchy patch of skin, knowing that if you give in and scratch it, it will only become itchier. If you successfully refrain from scratching, the itch has a chance to go away on its own.

General Rules for Response Prevention

- A relative or friend may be helping you in exposure exercises as a support person. This person also needs to be familiar with the rules, and in the event that you try to violate the rules, your support person should calmly but firmly remind you to follow the rules.
- If you have an urge to perform a ritual or compulsion and are afraid you can't resist, tell your support person before you do the ritual. Ask this person to remain with you until the urge decreases to a manageable level.
- As a general rule, people with OCD shouldn't be physically restrained from doing rituals. There are, however, certain situations where such restraint may be appropriate: if the rituals are causing life-threatening harm to the person with OCD; or if you have agreed, *prior* to starting the self-directed program, to a specific plan for having your support person physically restrain you.

People with OCD are afraid of not doing their rituals for many reasons. Some typical fears include dying, hurting others, failing to prevent harm to someone else, going crazy, causing someone you care about to get sick, being held responsible for something bad happening, going to jail, and losing one's job. The following exercise will help you identify your own fears in regard to response prevention.

In the following chart, list the consequences you fear might happen if you didn't do your rituals. In the middle column, assign a SUDS rating to each fear you listed. Then, in the right-hand column, rate how much you truly believe that the feared consequence will actually occur, using the scale of 0 to 100 percent outlined below. For example, you might list the fear "I or someone I love will get sick and die," assign a SUDS level of 100 to resisting the ritual, and assess your degree of belief at 50 percent.

- | | | |
|------|---|--|
| 0% | = | Not likely at all. I know it is completely senseless and I have no doubt about that. |
| 25% | = | I don't believe it will really happen, but I don't want to take any chances. |
| 50% | = | I somewhat believe it will really happen, but I don't want to take any chances. |
| 75% | = | I strongly believe it will really happen, and I don't want to take any chances. |
| 100% | = | I'm completely certain this will happen. I have no doubt whatsoever, and I don't want to take any chances. |

Feared consequences of not doing rituals	SUDS level (0-100)	Degree of belief (0-100%)

If you assigned a rating of 70 percent or higher to your belief that the feared consequence would occur if you didn't do your ritual, research predicts that exposure and response prevention may not work well for you (Steketee 1993). In this case, we suggest that you skip the remainder of this chapter and chapter 7 for the time being and move on to chapter 8, Challenging Your Faulty Beliefs. Chapter 8 will help you modify the strength of your belief in these feared consequences. If you can decrease the strength of your beliefs, you're much more likely to benefit from the ERP exercises.

Step 4. Repeat the Exposure Task

As discussed in chapter 3, the process of habituation requires extensive and prolonged contact with the situations, places, and objects that provoke anxiety. In general, habituation is evident when your SUDS level goes down by at least half during the exposure session. This is referred to as *within-session habituation*. By repeating the same exposure on successive days, further habituation becomes evident over time. This is referred to as *between-session habituation*. The goal is for your SUDS level to reduce to 20 or less after repeated exposure to the same item on successive days. When this occurs, move up to the next higher item on your anxiety/exposure hierarchy.

Monitor Your Progress

The following Daily Exposure Practice Monitoring Form will help you stick to the program and monitor your progress. Be sure to fill it out every time you practice ERP. You'll want to make copies of the blank form so that you can use it for a variety of different exposure exercises.

Mary's ERP Program

Mary decided to start her ERP program by working on her mini hierarchy related to fears of contamination by homeless people. She repeated her first exposure (driving by an area where homeless people congregate, with the windows closed) over and over, each time noting the change in her SUDS level. After two days of successive exposure, her SUDS level in the situation had reduced to 20. This situation, which only the day prior had provoked so much fear, had become simply boring.

With her SUDS level at 20 for the first exposure situation, Mary was now ready to move up to the next item on her mini hierarchy (driving by an area where homeless people congregate, with the windows cracked one inch). Initially, this exposure raised her SUDS level to 60 to 70. Despite how illogical it seemed, even to her, Mary's OCD caused her to fear that the "contaminated air" in that area might contaminate the inside of her car. But again, despite her fear, she repeated this exposure over and over in the same day, and on successive days until her SUDS level was below 20 as she entered the situation.

In this way, Mary gradually moved up through the items on her list, repeating steps 2 through 4 with each item. When it was time for her to confront her most feared situation (touching the ground in an area where homeless people congregate, then touching the interior of the car), she became extremely anxious and experienced several fearful thoughts:

- *I'll never be clean again.*
- *If I go from my car into my house, my whole house will become contaminated.*
- *Everything will become contaminated and I can never make it perfectly clean again.*

In spite of her fears, she persisted with the exposure, repeating the task by lightly touching many different places inside her car. When Mary had conquered this task and completed her "homeless" list, she moved on to her "hospital" list. When she found it too frightening to directly touch chairs in the hospital waiting room (which she thought were contaminated with HIV), she lightly dabbed a tiny, quarter-inch corner of a napkin to the backs of the chairs. Then she brought the napkin back to her home and lightly touched many objects there, including the bathroom fixtures, bedroom furniture, and even the kitchen sink, with the "contaminated" napkin.

Mary practiced this exposure for a few hours every day. After a week, she was able to touch nearly all of the items in her home with her napkin and feel very little fear. Her goal was to "avoid avoidances," so any time she had a feeling of wanting to protect an object from "contamination," she countered it by touching the object with the napkin in spite of that feeling. As she gained confidence that nothing terrible would happen to her or her loved ones, her obsessive fears diminished.

ERP FOR SOME COMMON OCD PROBLEMS

Now that you have some familiarity with the basic principles of ERP, we'll give you more details about how to apply these principles to some of the most common OCD symptoms, starting with washing compulsions due to contamination fears. Even if washing isn't an issue for you, read through this section

closely, as it provides a good overview of how to approach exposure and response prevention. In subsequent sections, we'll explain how to apply a similar approach to checking, ordering, and "just right" or perfectionistic compulsions that are related to obsessional slowness.

ERP for Washing Compulsions

We'll describe two approaches to ERP for washing compulsions: a "fast-track" method, and a more gradual method. We highly recommend that you use the fast-track method, as it will yield the most rapid results. However, if you find this approach too overwhelming, the gradual method is also effective.

FAST-TRACK METHOD

The fast-track method involves sharply limiting washing and use of water down to normal levels right from the start of your exposure work. Although it may seem frightening at first, if you follow this program rigorously, you can expect more rapid results. For a period of at least three weeks, you should stick faithfully to the washing guidelines below. This will set the stage for an entirely new and healthier washing and cleaning regimen, not dictated by the OCD.

- For the first week, limit showering to one seven-minute shower for men and one ten-minute shower for women every other day. This includes hair washing. If you have long hair, you can add three to five minutes. Use a timer to keep track of the length of your shower. Repetitive or ritualistic washing of specific areas of the body, such as genitals or hair, must be stopped or at least limited as much as possible. If, at the end of your shower, you have the feeling of the wash being "incomplete," you'll know you're on the right track.
- By the start of week two and thereafter, you may take one normal shower per day, as defined above.
- Hand washing should last no longer than twenty seconds (a "normal" hand wash as recommended by the U.S. Centers for Disease Control and Prevention). That's about the length of time it takes to sing "Happy Birthday" to yourself twice. Use only one dime-sized squirt of liquid soap or a quick swipe of a bar of soap to produce a minimum amount of lather. After completing your hand wash, you should experience a feeling of the wash being "incomplete."
- Restrict your hand washing to the following situations:
 - Once before and after meals
 - Once after toileting
 - Once after handling greasy or *visibly* dirty things
 - Once just prior to and after preparing food, especially after touching raw meat, poultry, or seafood

- If you're caring for an infant, wash once after changing a diaper
- Once after emptying a cat litter box, taking out the garbage, or doing the laundry

Your goal over the course of the program is to gradually decrease the number of illegal washes and, after three weeks, to have only "legal" washes. Of course, you need to apply these new washing guidelines while also increasing in your daily contact with the situations that trigger the urge to wash excessively. This is the challenge: to gain, over the course of the program, a greater and greater capacity to withstand those situations without having to resort to compulsive washing to relieve your anxiety.

Additional Washing Guidelines

- Using creams and other toiletry items (bath powder, deodorant, and so on) is okay, except where you use these items to reduce "contamination." Don't use products labeled "antibacterial," including creams, soaps, or other toiletry items.
- If your job requires that you wash your hands more often (for example, if you work with food or in health care), wash as often as required, but following the above guidelines.
- If you live with or care for infants or very young children, adhere to the rules for normal washing, but use common sense and follow your pediatrician's advice as to the most appropriate hygiene procedures. If you use baby wipes with your infant, decide on an appropriate amount to use (for example, one per diaper change), and stick to it.
- Stop any excessive use of hand wipes and instant hand sanitizers, such as Purell. Restrict their use to public situations where there is obvious disease risk, such as in a hospital, day care center, or medical office.
- If you have excessive cleaning rituals, for example, using bleach or unnecessarily strong detergents to clean your body or "contaminated" surfaces, you must remove those items from your home entirely for the duration of time that you're actively engaged in self-directed ERP. Any necessary home cleaning should be done with simple, mild household cleaning products. After you make significant progress with ERP, you may keep on hand a limited quantity of stronger cleansers to use for necessary cleaning tasks.
- The use of latex gloves as a barrier against "contamination" in situations that most people (without OCD) would regard as unnecessary, for example while toileting or grooming, is prohibited.

Keep track of all of your daily washing and showing over the next three weeks using the following form. Make copies and keep your working copy in the bathroom you use most, along with a pen or pencil. All washes that comply with the above guidelines for normal washing are termed "legal" washes; mark them with an *L*. All other instances of washing or cleaning and those that violate the guidelines are termed "illegal"; mark them with an *I*.

few days to more than a week. As soon as you can maintain your reduced washing and cleaning at a consistent level for at least three days, move to phase 3.

3. During phase 3, expose yourself to increasingly anxiety-provoking situations while limiting your washing to the normal levels indicated in the guidelines for the fast-track method above. Follow all of the other guidelines as well, and continue to use the monitoring form to track your progress.

Although you may not progress as rapidly and thoroughly with this gradual method as with the fast-track approach, you may find the gradual approach easier to manage. Both can be extremely effective, and either one can help you toward your goal of breaking free from OCD.

TOOLS FOR ENHANCING ERP FOR WASHING COMPULSIONS

Whichever method you use—fast-track or gradual—there are several techniques you can use to enhance the effectiveness of your exposures for contamination fears. These techniques will speed your progress with either approach.

Full-body exposure. After touching a contaminated object during an exposure session, do a *full-body exposure*. Run your “contaminated” hands up and down your body along your clothing and any exposed skin, toe to head, including touching your hair. Next, hold your “contaminated” hands directly to your face and keep them there for five seconds. As a finale, place a small candy, like a breath mint, in your “contaminated” hand for a few seconds, and then eat it. This is a powerful technique, and if you do it each and every time you do a contamination exposure exercise, it will greatly accelerate your progress.

Total immersion. You can greatly enhance your exposure, and thus your habituation, to a “contaminant” by spreading it throughout your entire living space with your “contaminated” hands. Touch the feared source of contamination, rubbing rub your hands over it if possible, then use your hands to touch a wide array of surfaces throughout your home: in the kitchen, the bathroom, your bedroom, dresser drawers, laundry baskets, washing machine and dryers, closets, and especially the places you are most reluctant to allow to become contaminated. If you spend a good deal of time in your car, “contaminate” it as well. Do this daily for ten days to two weeks, or until you notice a considerable decrease in your urges to clean, wash, and shower.

Using a contamination towel. It’s helpful to create a “contamination towel” to use as a tool to enhance response prevention. Lightly touch a washcloth or hand towel to a “contaminated” object to “contaminate” it, making sure that the degree of “contamination” evokes a SUDS level of 60 to 80. Keep this towel on the countertop in your bathroom for easy access. Immediately following all hand washes and showers, touch the contaminated towel with both of your hands, then continue on with your day. If you just showered, do a full-body exposure. This deprives your OCD of the relief from anxiety that it craves and typically obtains through washing and cleaning rituals. Your brain will begin to disconnect the powerful OCD association between anxiety and the use of water to relieve that anxiety. Should you slip up and wash when you weren’t supposed to, “recontaminating” your hands with the

contamination towel immediately after washing will help you get back on track. Since your brain will eventually habituate to the contamination towel, recontaminate the towel every two to three days to “recharge” it before resuming your exposure practice.

ERP FOR AVOIDANCE DUE TO DISGUST

Some people with washing compulsions don't fear being “dirty” because of potential harm to themselves or loved ones. They simply find contact with certain people (such as the homeless), or objects or surfaces (such as countertops in a retail store) extremely disgusting or unpleasant to a degree that triggers an abnormal level of fear and avoidance. Even though they may acknowledge that there's no great physical danger in touching such people or objects, they avoid contact in a similarly extreme way. ERP works in just the same way here. If you go ahead and do exposure by repeatedly touching or staying in contact with the “unpleasant” object (without washing afterward), the discomfort associated with the object or situation will eventually subside to manageable levels.

ERP for Checking

When doing ERP for compulsive checking, work toward the goal of checking only once in situations where most people would probably check only once. For example, check door locks, faucets, appliances, and so forth only once before leaving the house or going to bed. Check the stove, oven, and other appliances only once after using them. Work to refrain from checking items in situations where they aren't normally checked, for example, repeatedly verifying that you've written the correct amount on a check when paying a bill.

Strict response prevention for checking is very challenging. Try using the following techniques to help strengthen your efforts to deal with the powerful urges to check:

- Instead of checking a door lock over and over, check it once, then plan to check it once every five minutes for an hour. This “overcorrection” makes the checking more cumbersome and therefore may inhibit it.
- Use procrastination as part of your response prevention. In other words, make a deal with yourself to check something later. Often, by the time “later” comes, the urge to check will have passed.
- The urge to ritualize during response prevention is powerful! It's like a strong magnet that tries to pull you back to whatever it was that you didn't check. Coach yourself to resist the pull by taking your mind off the urge. Focus on another activity. Do a chore, make a phone call, or do some sort of vigorous physical activity, such as walking or strenuous exercise.
- Because checking often involves fears and images of catastrophic future events and consequences, use imaginal exposure (explained in chapter 7) along with ERP to face your fears associated with not checking.

- Fight the urge to check by using self-talk techniques, as explained more fully in the section “Correcting Faulty Beliefs,” in chapter 8.

Use the Daily Checking Monitoring Form to monitor your progress as you use ERP for checking compulsions, such as checking door locks, the stove, other kitchen appliances, faucets, or the car (lights, radio, air conditioner or heat, and so on). Each time you do an “illegal” check, record it with an *I*. Illegal checking means any checking beyond a single check in any situation. Record legal checks with an *L*. At the end of the day, tally the number of illegal checks you performed that day. You may want to copy this form into a small spiral notepad that you can conveniently put in your pocket or purse. This will make it easier to carry around and keep track of your progress.

<i>Daily Checking Monitoring Form</i>		
Date	Checking events	Total illegal checks

When doing ERP for checking compulsions, bear in mind that response prevention itself is the exposure—in this case, exposure to the idea that unless you check excessively, that you are endangering yourself and others. If complying with the “one check rule” seems too difficult to start off with, take two or three days to record how often you typically perform illegal checks; this is your baseline number of checks. Then begin to reduce the number of checks more gradually. For example, if you typically checked the door locks six times before going to bed, reduce that by half for three days, then do one less check for three days. Continue in this way until you check briefly, just once.

The key to all ERP exercises for checking is to purposefully bring on the discomfort by lessening the frequency and duration of your checks. This allows you to habituate to the discomfort.

ERP for Ordering and Symmetry Compulsions

Ordering and symmetry compulsions involve an intolerance for objects not being placed in perfect order and position or being even slightly asymmetrical. For these compulsions, ERP consists of gradually becoming more and more habituated to disorder by purposefully placing objects in “wrong” places or “imperfect” positions. Response prevention involves managing the compulsive urge to restore these objects back to their “perfect” positions.

Use the four-step program outlined earlier in the chapter: To begin, review your anxiety/exposure hierarchy, then start with a situation that elicits moderate discomfort, with a SUDS level in the range of 40 to 60 SUDS. If this feels much too uncomfortable for you, choose a situation even lower on the hierarchy. After purposely moving an object out of its “perfect” position, maintain response prevention by not restraightening. Allow your discomfort to rise, and continue resisting the urge until it lowers to a manageable level. Repeat this exposure until your SUDS level drops to about 20 while the item is “out of place.” Then you’re ready to move up to the next item on your list,

If you’re unable to tolerate even the slightest response prevention, use a gentler, more gradual approach. For example, each day for one week, try “messing up” an item or several items in the house, such as a bedspread or throw pillows. Then try to delay straightening for a predetermined period of time. Experiment and find a length of time that raises your SUDS level to about 50 or 60. That may be fifteen minutes, a half hour, or more.

Repeat this two or three times each day for a few days until you’ve begun to habituate. You’ll know you’ve habituated because your SUDS levels will be considerably lower and you’ll feel more comfortable delaying your straightening rituals. Then increase the length of the delay to two hours. Once you’ve habituated to two hours, increase the delay time even more, and continue in this way until you can tolerate items being “messed up” and not straighten them for a whole day with minimal discomfort. Don’t worry, your family won’t mind the house not being “perfect.” To the contrary, they’ll probably appreciate your efforts to help yourself!

Note that family members sometimes believe they’re being helpful by purposefully “messing up” things that are normally kept straight and symmetrical by the person with OCD. Unless this “messing up” is requested by the person with OCD, it is of little help and is likely to antagonize that person and make matters worse.

Many people with ordering and symmetry compulsions fear that being “cured” of their problem will make them disorderly, sloppy, or unorganized. Nothing of the sort is going to happen. Rather, as you break free from this tyrannical form of OCD, you will develop a much healthier and more flexible relationship with the objects in your surroundings.

ERP for Obsessional Slowness

When a person with OCD takes an extremely long time to complete the most basic daily tasks, such as bathing, grooming, shaving, tooth brushing, and dressing, it is often referred to as obsessional

slowness. This form of OCD is most often a by-product of an extreme, rigid adherence to perfectionistic standards and intolerance of not doing a task “just right.” Often, the activity must be performed in a strict order and is accompanied by counting, repeating, tapping, or various other rituals in order to arrive at the feeling of “just right.” The person generally becomes so absorbed in the ritual activity that he or she loses the forest for the trees, as the goal of getting the task done and moving on to something else becomes secondary to getting it “just right.”

Slowness is often made worse by trying harder. The more pressure you put on yourself to speed up, the worse the slowness tends to become. When working on obsessional slowness, ERP should focus on habituating to the opposite: “doing it wrong.”

REDUCING TIME SPENT ON TASKS

If obsessional slowness is an issue for you, you’ll benefit from first monitoring the length of time it takes to do various tasks where slowness is a factor, such as dressing or showering, to establish a baseline. Then decide on a goal for the length of time it should take to complete these activities. Next, set a goal of decreasing the time you take to complete the task by two to five minutes per day. Use a timer or have a friend or family member act as a helper and time how long it takes you to complete the task. We’ve provided a monitoring form so you can track your progress, preceded by an example filled out by Jack, from chapter 1. (Make copies of the blank form before you fill it out so that you can use it repeatedly for various tasks.)

Jack's Slowness Monitoring Form

Target activity: Showering

Goal: Reduce time to complete shower

Baseline: 2-hour showers

Goal time: 15 minutes or reduce by: 25% per ~~day~~ or week

Date	Start time	End time	Total time	Date	Start time	End time	Total time
3/13/10	8:30am	10:30am	2 hrs.	3/22/10			
3/14/10	8:25am	10:15am	1 hr. 50 min.	3/23/10			
3/15/10	8:30am	10:35am	2 hrs. 5 min.	3/24/10			
3/16/10	8:28am	10:27am	1 hr. 59 min.	3/25/10			
3/17/10	8:32am	10:15am	1 hr. 43 min.	3/26/10			
3/18/10	8:26am	9:56am	1 hr. 30 min.	3/27/10			
3/19/10				3/28/10			
3/20/10				3/29/10			
3/21/10				3/30/10			

REDUCING REPETITIVE RITUALS THAT CAUSE OBSESSIVE SLOWNESS

Some instances of slowness are due to repetitive verbal or mental rituals consisting of phrases, numbers, rhymes, or images that must be repeated, either silently or aloud, in order to achieve a “just right” feeling while grooming, shaving, hair brushing, or dressing. If the ritual isn’t performed “perfectly,” the action must be repeated. In these situations, ERP consists of gradually reducing either the number of repetitions of phrases or the length of the phrases, or otherwise not doing the ritual completely. The procedure is as follows:

1. Make a list of all the activities during which you perform rituals. For each, take a sheet of paper and, at the top, write the activity, such as shaving ritual, hair brushing ritual, dressing ritual, and so on.
2. Make a list of all the rituals you perform while engaging in a given activity. After each ritual you list, designate its SUDS level based on the amount of anxiety or discomfort you’d experience *if you did not do* that ritual. You now have something akin to an anxiety/exposure hierarchy. (An example from Jack appears after this list.) Do this for each activity you listed in step 1.
3. Begin the process of exposure by choosing two or three items on the list with the lowest SUDS ratings, and practice doing those activities while purposefully not performing the ritual that typically accompanies them.
4. Repeat this process for two to three days, until your SUDS levels for those activities go down by at least half.
5. Choose two or three more items with the next higher up SUDS rating and repeat, this time leaving out the rituals for all actions at that SUDS level and below. For each exposure exercise, write down the anticipated SUDS level and the actual SUDS level you experienced.
6. Continue with the process until you can complete the activity while doing only a minimal number of rituals—or none at all.

Jack's shaving rituals	SUDS level (0-100)
<i>Pick up the razor and count backward from the number 26.</i>	60
<i>Run the razor under water back and forth twice while reciting the phrase "180 meal ticket."</i>	40
<i>Pick up the shaving cream can and tap the top of the can three times.</i>	80
<i>Press the top and extrude a small dollop of shaving cream, then discard it and repeat saying "all hands on deck" twice, picturing the image of the Pope until his image feels "just right."</i>	90
<i>Spread the shaving cream on my face in symmetric circles on both sides of my face until it feels just right.</i>	50
<i>Begin to shave, starting always on the right side and repeating the strokes; while shaving my moustache, picture the image of the Dalai Lama in lights.</i>	55
<i>Rinse the razor and say "twenty two right" three times in a row.</i>	70
<i>Place the razor on the side of the counter, at a right angle to the mirror, saying "Absence makes the heart grow fonder" six times.</i>	80
<i>Place the top back on the shaving cream can, repeating "thirty-nine steps" six times.</i>	60

REACH BEYOND YOUR FEARS

To break free from all forms of OCD, it is necessary to push your limitations somewhat. You must go to "reasonable extremes" when doing ERP. This means you must be willing to take some reasonable risks and engage in activities that by OCD standards may appear uncomfortable, unsafe, or even quite risky, such as touching an object thought to be contaminated. OCD feeds on these fears and demands perfect certainty, safety, and control in life. Breaking free requires accepting the possible risks and uncertainties—and also opens the door to new and rewarding experiences. Take a chance for a change!

Remember that it's okay and even normal to feel afraid at times when doing ERP; in fact, it's part of the process. Don't be alarmed if your fears and worries increase temporarily. This is actually a good sign and indicates that you're making progress. Your fear and anxiety will diminish with continued ERP work. Get mad at the OCD! Anger can be a great motivator as you continue to face your fears.

Do your best to "avoid avoidance." Realize that any exposure you avoid doing will persist as a fear and eventually erode your progress. Be rigorous with yourself. Make ERP part of your life on a daily basis. As you make progress, you'll find opportunities to practice going beyond your previous limitations.

Keys to Breaking Free Using ERP

- From an early age, many of our learned patterns of behavior—how we walk, talk, eat, dress, and conduct ourselves—are the result of modeling the behaviors, both positive and negative, that we observe in others. You can use this principle of behavioral modeling to gain the courage to do exposures that seem disturbing. Ask yourself, “Would a reasonable person without OCD stringently avoid touching this object merely because it’s unpleasant to do so?” If you answer no, then to break free you should consider touching the object. Then ask yourself, “Would a reasonable person without OCD consider touching this object to be dangerous?” (In this context, dangerous means having a high probability of causing immediate harm to yourself or others.) If your answer is no, then you should consider touching the object and doing the exposure.
- If doing exposures to feared or avoided situations seems scary to you, make a distinction in your mind between “possibly harmful or dangerous” and “probably harmful or dangerous.” “Possible” means that something could happen—that is, it may or may not happen—whereas “probably” means something is likely to occur. Realize that many more things could go wrong than are likely to go wrong. For example, while walking outside on a rainy day in Florida, you could possibly be hit by lightning, but you probably won’t be. Likewise, touching a doorknob and not washing could possibly be harmful, yet in reality it is probably harmless. Walking out of the house and checking the door locks just once could possibly be dangerous, but in reality, it’s probably harmless. When OCD is strong, it’s hard to distinguish between possibly harmful or dangerous and probably harmful or dangerous. Even unlikely occurrences seem probable. As you confront more and more fear-provoking situations in ERP, it will be helpful to ask yourself, “Even if this situation is possibly harmful or dangerous, is it *probable* that it’s harmful or dangerous?”

HELP FOR FAMILY AND FRIENDS

The self-directed program is becoming more challenging now as your loved one is developing anxiety/exposure hierarchies and implementing exposure and response prevention. When people confront situations that provoke fear, it's common for them to become somewhat more anxious and irritable in general for a while. It can be difficult to watch a person with OCD go through the discomfort that's a necessary part of exposure therapy. Your attitude will be instrumental in helping your loved one stick with ERP and get the greatest benefit from it. As far as your supportive role is concerned, less is usually more: the fewer words spoken, the better. Refrain from statements that offer reassurance, such as "Don't worry, it's okay," "You didn't harm anyone," or "Nothing bad is going to happen." Although this may seem supportive, it will interfere with the effectiveness of ERP. However, do offer encouragement and praise for your loved one's courage and willingness to take even small steps forward.

As for your role in reducing your own enabling behaviors, communication is key. Discuss the importance of decreasing your involvement in your loved one's compulsions and rituals. Once you are agreed in principle, start taking small but significant steps toward reducing your involvement. Just as you wouldn't expect someone with OCD to tackle every symptom at once, don't expect to tackle all of your enabling behaviors at once. Start with things you could do that would help reduce the impact of your loved one's OCD on the family without causing too much distress. Ask yourself, "What would really help improve our family functioning the most?"

Relate the changes in your behavior to the challenges your loved one is taking on in the self-directed program. For example, if your husband is working on leaving the house without checking the door and sometimes wants you to check it for him, give ample warning, then stop checking for him. If your daughter is working on limiting hand washing and showering, gradually purchase fewer body care products before starting to purchase only the amount other family members use. If your son has insisted that everyone change clothes as soon as they enter the house, gradually reduce the number of times family members comply over the course of several days, and then strive to stop participating in this ritual altogether.

For all OCD symptoms, reduce reassurance and participation in rituals with the understanding that these enabling behaviors must eventually be stopped. Throughout, stay in close communication with your loved one and other family members. Family members sometimes believe they are helping the person with, say, ordering and symmetry symptoms by purposefully "messing things up." This generally backfires and tends to antagonize the person with OCD and cause further strife in the family.