First Psychology SCOTLAND

Breaking the OCD cycle

using exposure and response prevention

An introduction to obsessive compulsive disorder (OCD)

Obsessive compulsive disorder (OCD) is an anxiety disorder characterised by repeated unwanted thoughts (obsessions) and repetitive behaviours (compulsions) that are difficult to control.

Repetitive behaviours, e.g. hand washing, checking, counting, are performed to reduced anxiety and to stop unwanted thoughts. However, performing these behaviours only provides short-term relief, while not performing these behaviours increases anxiety.

The perceived consequences of not carrying out certain behaviours is one of the causes of people becoming trapped in a cycle of unwanted thoughts and compulsive behaviours.

This booklet provides details of breaking the OCD cycle using 'exposure and response prevention' (ERP). ERP is recommended by the National Institute of Health and Care Excellence (NICE) as the most effective treatment for all forms of OCD due to the focus on obsessions and compulsions.

For more about OCD, see our first booklet '*Managing OCD & learning to live/support someone with it*'.

A bit about OCD

OCD is a self-maintaining disorder, as the person with it naturally searches for ways to reduce anxiety as quickly as possible to minimise the chances of the perceived threat becoming a reality. People with OCD often believe that anxiety is dangerous, but anxiety isn't the threat. Anxiety is a natural response in anticipation of perceived threat and danger.

Viewing anxiety as the enemy can lead to fear, e.g. that anxiety levels will become so high that they will result in a lack of mental or behavioural control, sickness or death. When someone repeatedly uses compulsions to reduce anxiety/distress, this causes them to get stuck in a loop where the 'solution' maintains the problem. Compulsions can be very time-consuming and interfere with people's functioning and relationships.

People often know their thoughts or behaviours aren't reasonable although this is not always the case, e.g. children and young people.

Most people with OCD assume a situation to be dangerous unless proven safe and often struggle to make an accurate assessment of threat.

It is also difficult for those with OCD to use 'evidence' to counter thoughts from previous situations where they have faced fears because OCD's trump card against most rational arguments is: 'This time is different'. The idea that this time may be different endlessly justifies that vigilance and behaviours (compulsions) create safety rather than the reality that there is often no danger.

For example, someone with OCD may believe that because a thought occurred, there is a risk somewhere, or that the thought indicates an unconscious desire. When mixed with emotion, intrusive thoughts often attempt to validate thoughts.

As a result of this unhelpful belief, a false signal is created based on faulty logic. The person becomes preoccupied with the thought and aims to find a way to reduce the perceived risk. A compulsion develops, which becomes a strategy to 'neutralise' the perceived risk associated with having the intrusive thought.

> e.g. I must wash my hands because if I don't, I'll contaminate everyone around me and make them sick.
>
> I must repeat the words "I'm not a bad person" because if I don't, I could risk harming someone I love, and it would be my fault.

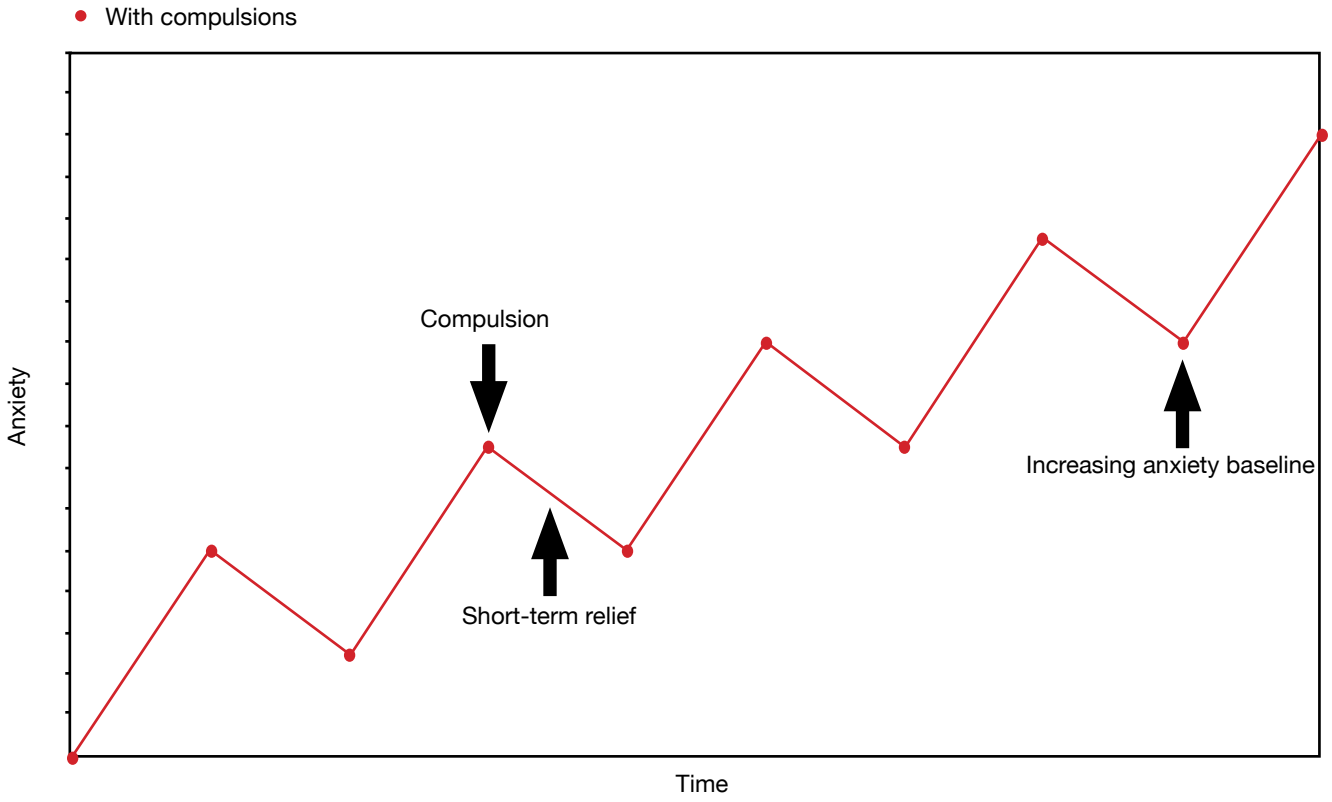


Figure 1: Using compulsions to cope

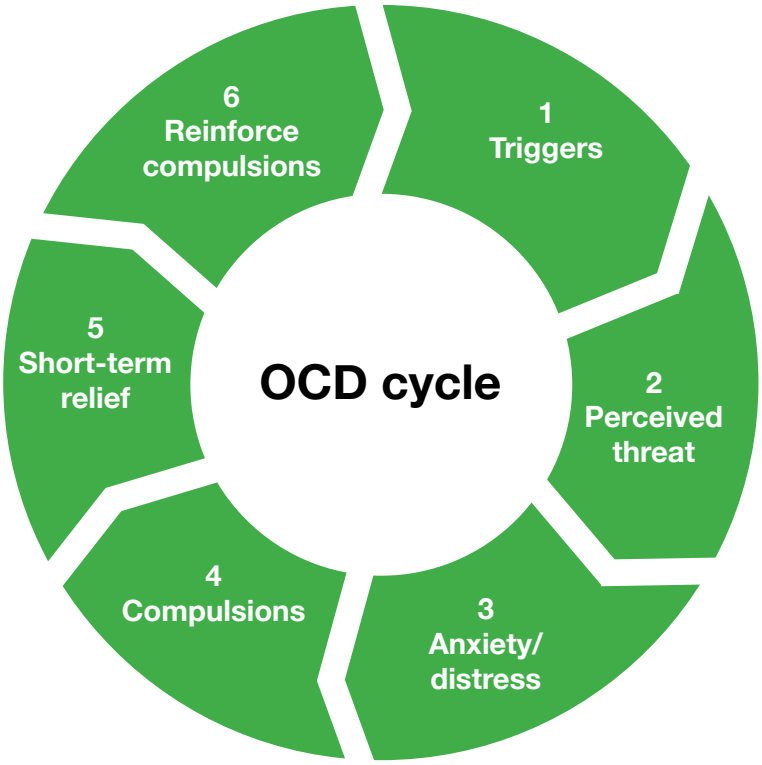
I must check the door five times because someone could harm my family if I don't.

I must seek reassurance from my partner that I wouldn't harm our child.

I must check this label ten times because if I don't, my child may have an allergic reaction, which would be my fault.

Figure 1 shows how the compulsion reduces the anxiety/distress produced by the obsession in the short term. However, as a reaction to anxiety, the person now employs the compulsion to control obsessional thoughts, as their 'anxiety baseline' rises and rises without ever resolving. Without a resolution, the rising degree of perceived anxiety makes it increasingly difficult for a person to resist the urge to carry out a compulsion, while the obsessions become increasingly distressing. While compulsions seldom provide pleasure, the distress and perceived threat of the obsession keep people trapped. Then, the cycle endlessly continues.

The OCD cycle



A person has a **trigger**. A trigger is typically an intrusive thought, e.g. hurting someone, a taboo sexual thought, or 'maybe my partner doesn't care about me'. The thought might seem irrational, but is considered factual and accurate. The anxiety alarm bells begin going off, creating an urge to resolve a problem. It's as if the brain and body are saying, 'I can't be certain what's real or not...but I'll warn you just in case.' The meaning attached to the thought creates a **perceived threat**.

The perceived threat is often followed by **anxiety**, experienced in forms like adrenaline, nausea, tightness in the chest, panic, shortness of breath. When we experience anxiety, our mind and body aim to act and eliminate it as quickly as possible.

Trigger
Typically an intrusive thought, e.g. hurting someone, a taboo sexual thought, etc.

But what can we do to reduce the anxiety? One way to reduce anxiety is by **compulsion**. Performing a compulsion often brings **short-term relief** from anxiety. The brain has learned that this is how to respond to anxiety…but the relief is only temporary. **The compulsion gets reinforced.**

Next time there is a **trigger**, the brain thinks, 'ah! I know what to do, if I wash my hands for ten minutes, check that message five times, or check the door is locked three times…' Then, the cycle endlessly continues.

Breaking the cycle

When supporting someone with OCD, we're looking to break the cycle, particularly between numbers 3 (anxiety) and 4 (compulsion). Anxiety functions like an alarm system used to get our attention when there is a threat.

Think about when an alarm goes off. Maybe someone is trying to break into your home…or perhaps a bird has triggered the alarm? Either way, your mind, and body will respond to the alarm in the same way (perceived threat).

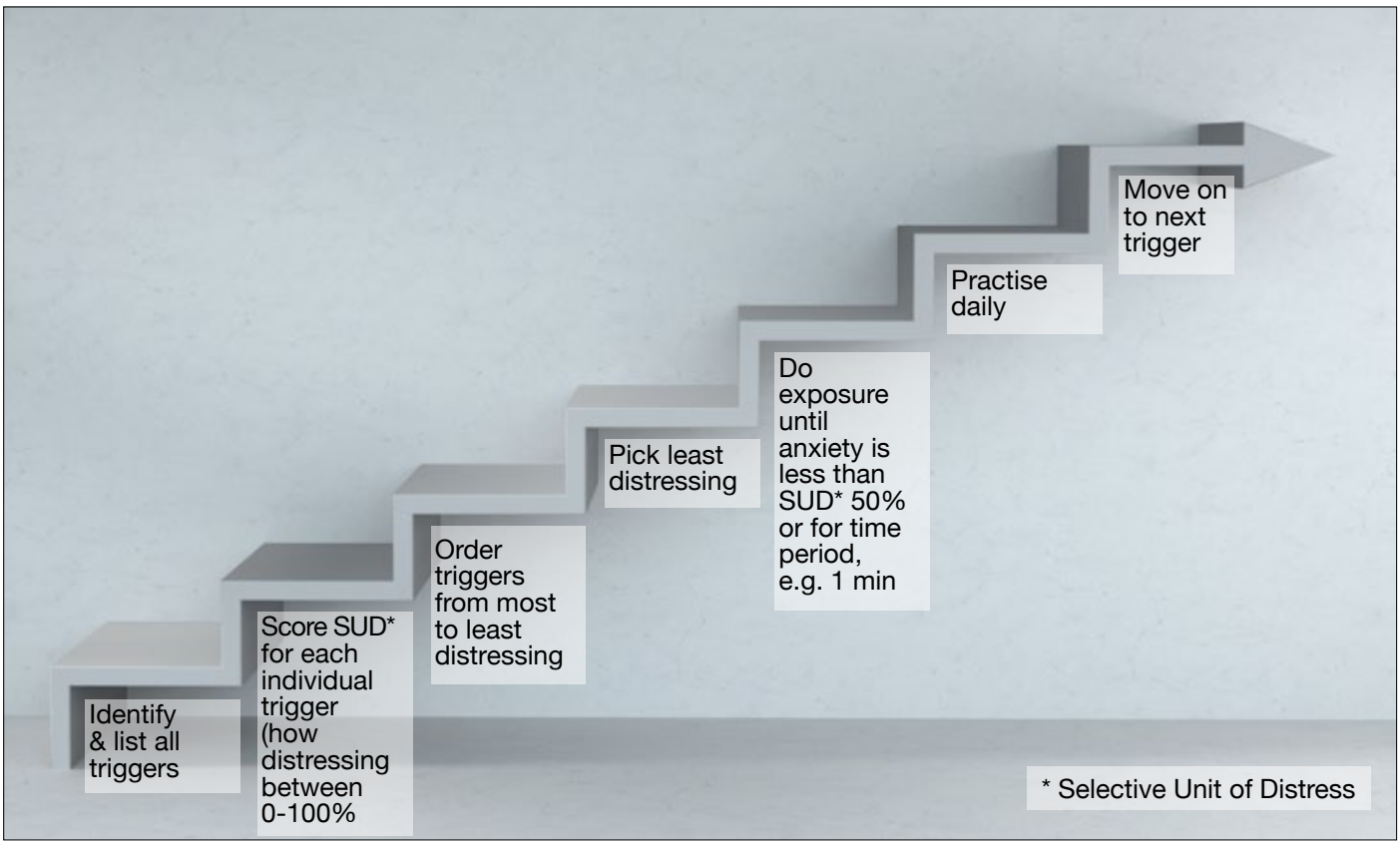
OCD hijacks the body's alarm system: using anxiety to communicate that you ARE in danger, rather than you MAY be in danger, even if you 'know' you are not. A system that protects you and only warns you of real danger begins to warn you and respond to any trigger (regardless of size) as a catastrophe. However, when we engage in compulsive behaviours, we tell our brain that the idea 'we're in danger!' was correct. The false alarm becomes validated and only leads to prolonging and intensifying the grip of OCD. Compulsions prevent people from realising that their situation was safe and did not require action.

Aim to stop the compulsions, not reduce the anxiety

Compulsions attempt to switch the alarm off while also fuelling the regions of your brain that give out unwarranted alarm signals (as mentioned previously, self-maintaining disorder). Thereby reinforcing the behaviour and teaching our brain, 'this is how you react to anxiety!'.

Stopping the compulsions is facing your fears. Suggesting something different is understandably frightening. But people with OCD often have used compulsions as walls to protect themselves for so long that the walls have turned into a prison.

"OCD hijacks the body's alarm system: using anxiety to communicate that you are in danger, even if you know you are not."



Exposure and Response Prevention (ERP)

‘Exposure and Response Prevention’ (ERP) is recommended by the National Institute of Health and Care Excellence (NICE) as the most effective treatment for all forms of OCD due to the focus on obsessions and compulsions.

ERP works by breaking the cycle and link between obsessional thoughts, images, urges, or impulses and the compulsive behaviours used to reduce anxiety. The steps are shown in the diagram above.

ERP is simple in theory but not easy due to the psychological effort required to experience change. In the beginning, ERP is frightening and takes a lot of courage, and it’s hard work to re-train your brain. It can be common for symptoms to appear worse before they get better.

This is why it can be helpful to do exercises with a therapist initially. However, many people quickly learn the method and ability to do their ERP exercises to help them self-manage.

“ERP is difficult, but it is not as difficult as living with untreated OCD”

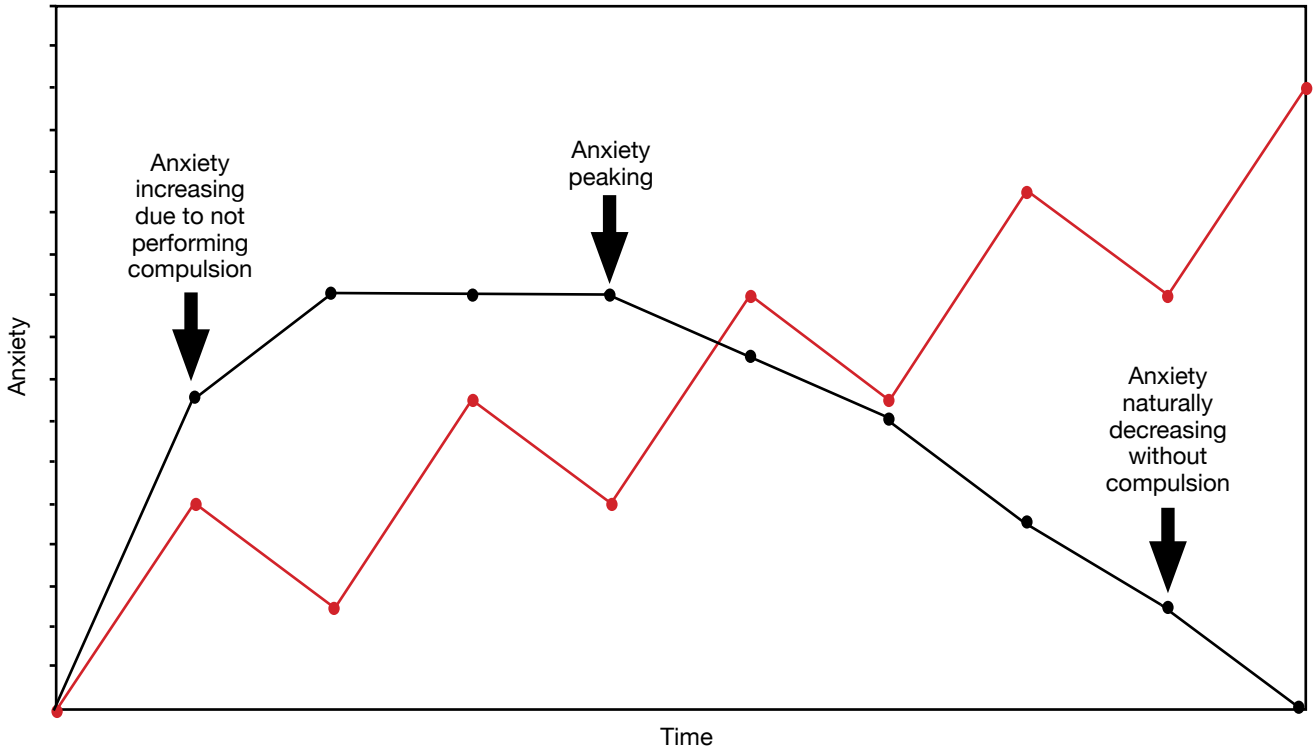


Figure 2: Not using compulsions to cope

Figure 2 details the aim of ERP. The process involves facing the fears which trigger obsessions (exposure) without performing a compulsion or neutralising (response prevention). Also doing what OCD does not want you to do (face uncertainty) to learn that your anxiety will naturally resolve in time (habituation). As anxiety decreases naturally, this weakens the association between obsession and compulsion. Thereby 'changing' the brain's alarm system.

Graded exposure guide

Using compulsions to reduce anxiety strengthens the relationship between compulsions and anxiety while weakening our confidence. To rebuild confidence, we're looking to find OCD before it finds you: using **exposures** (examples are given later in this booklet).

Exposures allow someone to engage their fears voluntarily (a process that triggers anxiety) and allow anxiety to resolve naturally, without compulsion. You learn that you're stronger than you think – and strong enough to take on OCD.

Using the table below, write down all your compulsions: think of situations, objects, or scenarios that trigger anxiety – and pay attention to all the behaviour(s) you want to do to reduce anxiety. Rate them between 0-100% regarding how distressful they are and why. Next, rank them from least to most distressful.

Compulsion hierarchy	**Anxiety/distress rating** (0-100%)

Your job is to stop the compulsion (behaviour), not anxiety (emotion).

(Exposures come in a '2 for 1' deal where stopping the compulsion will significantly reduce anxiety long term.)

Stopping compulsions, taking responsibility, and developing the ability to allow anxiety to resolve naturally is how to overcome OCD. When using exposures to end compulsions, a 'graded approach' focuses on the least distressing compulsion before building up to the most distressing to build momentum. When exposed, we want to stay in the exercise without distractions while noticing any thoughts, feelings, and what you want to do until the anxiety reduces by 50% of where you started.

For example, if touching an object causes 90% anxiety, wait until your anxiety lowers to at least 45%. The aim is to notice threats and leave them uncertain, without seeking reassurance, distraction or trying to 'problem solve' to teach your brain that you're not in danger. By not 'doing' anything while exposed to reduce anxiety – the gradual reduction of anxiety (from feeling safe) will have an opportunity to take place naturally.

Focus your attention on simply noticing what happens as you are exposed, while not performing a compulsion to cope. Not seeking reassurance, not neutralising, checking or telling ourselves that 'everything will be okay!' or 'it'll be over soon'. Attempting to minimise the threat of the obsession, acts as a coping strategy trying to reduce distress rather than learning that your coping strategies are unnecessary.

Instead, notice what happens.

With OCD, it's the 'perceived threat' that's generating most of the anxiety. People cannot maintain an anxious state for a long period in the absence of a threat.

While doing an exposure, use ambiguous responses to respond to intrusive thoughts and help stay uncertain when urges and thoughts appear in your head. This is not to say, 'So I just accept my thoughts? But what if these terrible things happen and I do nothing? It'll be my fault? And even if it doesn't happen, I'll feel this way forever, and if I do, something bad might happen…'.

No - accepting uncertainty doesn't mean not having a plan. But it does mean accepting that you cannot prepare for every scenario. You're choosing not to figure it all out. This is to say, 'they may or may not happen, but I'm accepting my brain will be my brain'. And if something terrible does happen, then problem solve it. We only fix a problem when it's a problem, but OCD is attempting to fix problems that aren't problems. It's a courageous mindset, practising being okay with whatever happens while teaching your brain that

"With OCD, it's the 'perceived threat' that's generating most of the anxiety. People cannot maintain an anxious state for a long period in the absence of a threat."

you don't care what OCD tells you. Sometimes people may feel inclined to perform a compulsion after an exposure. However, the purpose of exposure is to teach our brains that compulsions are unnecessary.

It is important not to give in to the urge to perform a compulsion and to remain uncertain even after an exposure. While the compulsion is likely to give some brief relief, it will make resisting the urge in the future more difficult and keep the cycle going (reinforcing compulsion).

If you do give in to the urge and perform a compulsion, remember to be kind to yourself. Facing OCD is not easy. But you're braver and more capable than you know!

But do try to restart your exposure exercise as soon as possible. When you can tolerate the uncertainty long enough that the anxiety reduces naturally, so too will the urge to use a compulsion to cope. Expect to feel distressed! And know this is natural: you have not 'failed' if you experience anxiety.

Obsessions can be incredibly anxiety provoking, but you are more than your thoughts and can develop an ability to respond and tolerate uncertainty. Sometimes people give up on exposures after a few tries due to the level of distress. But know that the more often you practise, the lower your starting level of distress will be and the faster your anxiety will decrease.

When you notice that a trigger no longer causes at least 50% of the anxiety it used to, go on to the next trigger on the list. This takes practice, patience, and more practice. Learn to stay (un)prepared, using uncertainty as a tool, you won't have to 'get prepared' when experiencing intrusive thoughts/urges.

Exposure tips

- Remember why recovery is important to you to maintain motivation
- Don't just aim for reducing the time of compulsions. Aim to stop.
- Make exposures challenging, don't just, e.g. touch the bottle, but rub your hands together, touch your clothes.
- Make precise predictions of what 'might' or 'might not' happen to review after exposure.
- Repeat the task frequently, preferably several times a day.
- If not feeling anxious when attempting a new exposure, you need to change the strategy. Feeling anxious is necessary.
- Keep records as forms of encouragement.

"You're braver and more capable than you know!"

Exposure examples

Exposures generally take two forms: direct and imaginal.
How often you should do exposures is relative; rather than a time limit/ schedule, aim to repeat exercises as often as possible (but aim to be consistent, at least multiple times daily) until the trigger no longer makes you anxious.

Direct exposure
Direct exposure is related to confronting fear in reality. The goal is to voluntarily feel anxious and allow the anxiety to resolve itself without compulsion naturally. And perform the action OCD does not want you to do.

Steps generally involve:

1. Performing an action that triggers anxiety and allowing yourself to stay anxious, e.g. touching a contaminated object, not performing an action perfectly, and not making sure something is 'just right'. Saying statements out loud that means you're a bad person.

2. Do not perform compulsion that would normally be used to reduce anxiety, instead, notice what is happening as you experience anxiety/uncertainty and what your brain is telling you will happen. Vocalise (as a response) ambiguous responses about what you're noticing. For example, "I'm noticing my hands are contaminated…I'm going to make all my family sick…that may or may not happen…" "I'm noticing OCD is telling me I'm going to be arrested…yeah! Can't wait" "I'm noticing I haven't checked the fridge…there could be a fire… everyone could get hurt, and it would be my fault…totally".

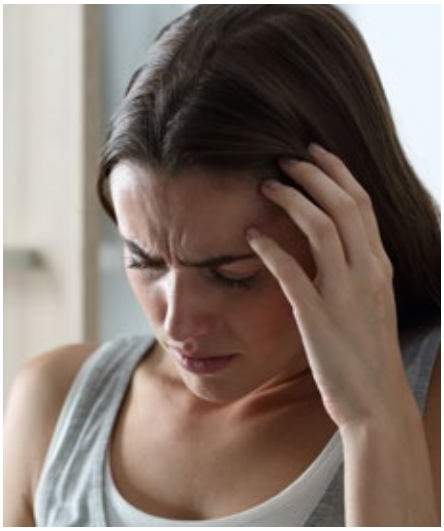
3. If possible, perform the fear, e.g. Spread the contamination by touching other objects. Touch your hair, arms, body. Poke different parts of your body you may have previously checked for risk. Mess up the objects that would usually be organised.

4. Don't try to 'fix' anything, work thoughts out or engage thoughts. Stay uncertain using ambiguous responses over and over. Noticing your thoughts and feelings without acting on them, until anxiety drops below 50% from the number you started with.

5. After you've completed your direct exposure, it is important not to perform the compulsion as this would defeat the purpose. Choose to remain uncertain of what may or may not happen that you haven't completed the compulsion, and reflect on the question:

'Have I learned anything new about myself after noticing my anxiety reducing without compulsion?'

Imaginal exposure
Sometimes, it is impossible to face fears directly because the fear is imagined or is something you are hoping not to encounter, e.g. recurrent mental images of seeing a loved one hurt; unwanted aggressive or sexual thoughts; thoughts about sin, religion, and mortality.



This is where using the imagination to face fears can be helpful by going through the image in a structured way to create a 'script' of the worst-case scenario. Then engaging with your script repeatedly as a form of exposure.

Steps generally involve:

1 Describe the imagined scenario as fully as possible, including what OCD tells you about the obsessional picture: before, during, and after the worst-case scenario. e.g. To start your script ask yourself: What am I scared of? And why is this important to me?

2 Imagine the worst-case scenario with all aspects of colour, sound, smell, sight and feeling.

3 Visualise the guilty feelings and responses that the obsessional image/ thought predicts you will have.

4 Imagine the scene reconstructed frame by frame, into a short film

5 Write down details about the obsession image to create a short story about the fear, until each part is accurately captured to represent the worst part of the worst part (scripting).

Ensure you write your script based on real, actual obsessions. Try writing in first person and in the present tense to keep it as realistic as possible.

A script may look something like:

"_'OCD thought' e.g. My partner doesn't love me__ and therefore _____ might happen. But if that happens then _____ and therefore _____. This would be terrible because _____. If that happened I would feel _____ and this would mean that _____ but if that happened then _____ and when I think about that, this means I'm _____"

6 Read the script for exposure. The more detail you can include in creating your script and the slower you read through it will allow more exposure (reading too quickly will make it tough for your imagination to keep up). Sometimes people record themselves reading their script out loud and listen to their recording.

7 Don't try to 'fix' anything, reason with self, or engage thoughts. Stay uncertain using ambiguous responses (detailed in the 'direct exposure example) and notice what you are experiencing until anxiety drops below 50% from the number you started with.

8 As with the direct exposure, after you've completed your imaginal exposure, it is important not to perform the compulsion as this would defeat the purpose. Choose to remain uncertain of what may or may not happen that you haven't completed the compulsion, and reflect on the question: "Have I learned anything new about myself after noticing my anxiety reducing without compulsion?"

Writing a script can be very anxiety-provoking due to how dark and frightening our imaginations can be (also due to 'thought action fusion'). However, this is why narrative exposure can be so effective. How a script looks is very personal, there is no right way.

Sometimes OCD can interfere with your script by trying to make it perfect. If you're worried about not getting the script right…make it imperfect on purpose! Misspell words, use the wrong words, make the grammar wrong (so not make right sense sentence order). The most important thing is that the content brings a sense of anxiety related to your OCD theme.

Consider your favourite movie/TV show as an example of why scripting is helpful for OCD. Notice how immersed you were in the content while you watched it on the screen! But imagine seeing behind the scenes: with all the cameras, film crew, and equipment, while trying to watch it at the same time. That would break the immersion.

Scripting (and responding to anxiety) without using compulsions allow you to see behind-the-scenes of OCD thoughts: breaking how immersed you are in the content.

You learn that thoughts are not as frightening as you think by directly engaging with unwanted thoughts. Remember, thoughts aren't facts and OCD will be OCD. Not all thoughts deserve your attention.

Any form of exposure (whether in reality or imagination) will cause anxiety to increase. Anxiety is expected and very natural. We're not treating anxiety like a bad thing.

'Doing an exposure' is different from just exposing yourself to something 'Being exposed' would be enduring staring at your fears, desperately trying to resist and not to perform a compulsion. Whereas 'doing an exposure' means you're not only stopping the compulsion, but you're responding differently with a sense of purpose.

Exposures are difficult and is important that you remain safe while completing them. If you believe you are at risk or that exposures are too distressful, please seek professional mental health support from your local healthcare provider. More information and support can be found in the further information and support section at the end of this booklet.

Do exposures and approach OCD with attitude!

Exposure practice form

(Hyman & Pedrick, 2005)

Task

Ritual prevention

Distress/anxiety rating % (before exposure)

Goal: Distress/anxiety rating % (after exposure)

Frequency of exposures_____times per _____(day/week)

Date	Start time	Stop time	Anxiety/ distress start %	Anxiety/ distress end %	Comment

Further information

This is the second of two booklets aimed at helping those living with OCD. See also "*Understanding OCD and Learning To Live/Support Someone With it*".

Useful websites

- https://www.ocduk.org
- https://www.ocdaction.org.uk
- http://www.ocdsymptoms.co.uk
- https://www.ocdforums.org

Further information about psychological therapy can be found at:
https://www.firstpsychology.co.uk/obsessive-compulsive-disorder-ocd

Useful phone numbers

OCD Action	0300 6365478 (Mon-Fri 9.30am-8pm)
Breathing Space	0800 838587 (Mon-Thur 6pm-2am, Fri-Mon 6pm-6am)
Samaritans	116 123 (available 24 hours a day)
NHS 24	111 (available 24 hours a day)
Young Minds	For children and young people, text 'YM' to 85258 (available 24 hours a day) For parents seeking advice and guidance about their child's mental health call 0808 802 5544 (Mon-Fri 9.30am-4pm)

OCD podcasts

https://www.choosingtherapy.com/ocd-podcasts

Books

- *Break free from OCD* by Dr Victoria Bream Oldfield, Dr Challacombe, and Paul M. Salkovskis
- *Stopping the noise in your head: the new way to overcome anxiety and worry* by Reid Wilson
- *Pulling the trigger - OCD, anxiety, panic attacks, and related depression* by Adam Shaw and Lauren Callaghan
- *Brain lock* by Jeffrey M. Schwartz

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With special thanks to Andrew Kidd for his work creating the content of this booklet for First Psychology

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