

testimony of thousands of people with OCD, indicate that ERP is a highly effective intervention for reducing OCD symptoms.

ERP consists of two parts: exposure to feared situations with accompanying thoughts, feelings, images and urges; and response prevention, or voluntarily blocking compulsive behaviors. While that may sound simple, it actually involves hard work and a high degree of commitment. It also requires courage, because the images, impulses, and fears associated with OCD seem so real and vivid. The compulsive urges and rituals are so powerful and so persistent that the prospect of change may appear downright terrifying to you. This is to be expected. If you didn't feel this way, you wouldn't have OCD.

WHY ERP WORKS

Exposure and response prevention is based in part on the principle, well-established by scientific research, that we can overcome fear by daring to face the objects or situations that cause anxiety, dread, and avoidance. Exposure relies on two important and related learning processes: habituation and extinction.

Habituation

As mentioned in chapter 3, habituation is the natural tendency of the nervous system to numb out to stimuli through repeated, prolonged contact with a novel stimulus. It has also been referred to as "the remedy of nervous system boredom" (Ciarrocchi 1995, 76). We all experience the process of habituation in our daily lives. In chapter 3 we presented the example of the jolting chill you feel upon diving into a pool of cold water. But after a few minutes, the natural process of habituation enables you to no longer feel the chill of the water.

Exposure and response prevention treatment utilizes this same process of habituation to help you systematically overcome feelings of fear and dread in situations involving people (the homeless, for example), places (such as airplanes), and, in the case of OCD, even fears of your own thoughts. Through frequent and prolonged confrontation with situations you fear and dread, your nervous system will automatically numb out fear responses, bringing them down to more manageable levels.

Here's a simple example of how habituation works to help overcome fear, in this case the irrational fear, or phobia, of water: The fearful individual first approaches the edge of a swimming pool until his or her fear rises to uncomfortable levels, perhaps several feet away, and then waits there. Over the next several minutes, the person's original fear gives way, numbing out as nervous system habituation kicks in. When calm, the person then moves closer to the pool, perhaps a few inches away, until the fear once again rises to uncomfortable levels. Again, the person waits until habituation causes the feelings of dread to diminish to manageable levels. The process is repeated in baby steps. Gradually one toe is placed in the pool, then a foot, then both feet, then the legs up to the ankles, and then the legs up to the knees. Then both legs are entirely immersed, and gradually the whole body is immersed with very little fear. Although this example is simplified, the process of overcoming OCD-related fears takes place in a similar manner. In order for this approach to be effective, it's also necessary to practice response prevention, in other words, to refrain from engaging in compulsive behaviors or responses.

Extinction

Exposure and response prevention is also founded on the basic principle of learning known as extinction. To understand extinction, we need to take a step back and look at how behavior develops. All behavior—that which you can see, such as eating and driving to work, as well as behavior you can't see, such as thinking and feeling—is governed by its consequences. Consequences shape our behavior. They are either positive, such as praise, hugs, paychecks, delicious flavors, enticing aromas, pleasant feelings, or attention from someone important to us, or negative, such as punishment, criticism, embarrassment, parking tickets, fines, or jail. Positive consequences are also known as reinforcers.

Reinforcers work by bringing about feelings of pleasure and satisfaction or by reducing or preventing unpleasant feelings or experiences, such as hunger, pain, or tension. Behaviors such as eating, drinking alcohol, or watching TV as an escape are considered reinforcers when they reduce discomfort or unpleasantness. Reinforcers influence all of our behavior either by increasing feelings of pleasure and comfort or by decreasing discomfort, uncertainty, pain, or tension.

Extinction is what happens when a reinforcer no longer brings about feelings of pleasure or no longer reduces tension or discomfort. Think of the many behaviors you engage in that are reinforced or rewarded: working hard for a paycheck or a bonus, buying flowers for a smile or hug from a loved one, playing your favorite sport for fun or relaxation, and so on. Now, think of what might happen if these same behaviors, for whatever reason, no longer brought the reinforcement you want or seek: your bonus is cut despite your hard work, your loved one no longer smiles or gives you a hug when you bring flowers, or your favorite sport is no longer fun or relaxing. Usually, the result is that these behaviors become *extinguished*—you stop doing them with the same vigor, and eventually you may stop doing them altogether.

Given that behavior is governed by its consequences, it isn't hard to see how compulsive rituals—hand washing, checking, and ordering, for example—strengthen or reinforce obsessive worries and fears. Compulsive rituals reinforce obsessions and worries by reducing, at least temporarily, the tension, worry, and anxiety associated with obsessive thoughts and feelings. In exposure and response prevention, response prevention in the form of refraining from rituals reduces obsessive worries by means of extinction. When you block behaviors that reinforce worries and keep them going, obsessional worries eventually diminish.

EXPOSURE IN VIVO

In vivo means “in life.” In terms of exposure, it's used to mean prolonged face-to-face confrontation with anxiety-evoking situations, objects, thoughts, or images in real-life contexts. Here are some examples of *in vivo* exposures for different types of OCD problems:

- **Washing:** Touching a “contaminated” object, person, or place and not washing afterward.
- **Checking:** Turning off lights, stoves, and appliances only once, or slowly driving a car through an area where small children play and not turning around to check, despite powerful feelings that the car hit a child.

- **Ordering:** Leaving household objects "imperfect" (slightly messy, off-center, or not at right angles), without straightening, balancing, or correcting anything.
- **Primarily obsessional OCD:** Purposely thinking distressing thoughts by writing them down over and over or listening to them on a tape, without avoiding or counteracting these thoughts; simply allowing them to be there.

In order to be effective, in vivo exposure must follow two important rules: It must purposefully and vividly reenact situations that provoke fear, dread, doubt, and avoidance. And it must be prolonged, lasting as long as it takes for the anxious feeling to diminish through habituation. It could take anywhere from a few minutes to several hours before the anxiety reaches tolerable levels.

Exposure changes the way you appraise or interpret danger and harm in specific situations. Recall the analogy presented earlier: diving into a pool of cold water. Your brain and central nervous system naturally adapt (or habituate) to the unpleasant sensations within a few minutes, without you having to do anything about it. The water in the swimming pool doesn't change, your brain's interpretation of the temperature of the water changes. When you do effective exposure, you give your brain the chance to *reinterpret* or *reappraise* OCD's messages. Here are a few examples.

OCD thought		Reinterpreted thought
"It is extremely dangerous to do (touch, think) this."	<i>Becomes</i>	"Nothing terrible will happen if I do this. I can take a chance."
"I must do this many times."	<i>Becomes</i>	"I can do it just once, and that's okay."
"I must be evil to think such a bad thought."	<i>Becomes</i>	"It's just one of those silly OCD thoughts."
"I must turn around to make sure no one was hurt."	<i>Becomes</i>	"If I turn around, I'm just going to make my OCD worse."

Keep in mind that some fears involve catastrophes that are impractical to simulate in vivo. Feared situations that may occur in the distant future, such as getting seriously ill or dying can't be easily simulated. Other fears are either too complex to confront in vivo or simply too impractical to reenact in vivo alone. These can include fears of causing someone's illness or death or going to jail for doing something illegal or immoral. In these situations, imaginal exposure is useful. In this technique, you imagine or vividly bring to mind the feared situation for a prolonged period of time. Chapter 7 is devoted to the topic of imaginal exposure.

RESPONSE PREVENTION

For exposure to be effective, it is necessary to eliminate, block, or sharply limit all behaviors that neutralize or lessen the feelings of anxiety and discomfort brought about by obsessions. Response prevention refers to the supervised or self-controlled blocking of the compulsive rituals that lessen or prevent anxiety and discomfort. Simply put, response prevention means preventing yourself from performing your usual rituals. Once the ritual is blocked, your brain has the opportunity to provide the natural habituation to the fear-provoking situation. This allows for more realistic and adaptive interpretations of the situations to replace your old, fearful appraisals.

When you block rituals, you are purposefully allowing the anxiety to be present. This allows new adaptations to occur. As with exposure, effective response prevention must be prolonged enough to begin to break down previously acquired associations between anxiety-provoking stimuli and rituals. For example, consider the association between a "contaminated" doorknob and the urge to immediately wash your hands in order to feel safe. Doing response prevention involves the willingness to tolerate initially high levels of discomfort in the face of powerful urges to relieve your tension and fear by engaging in a compulsive ritual, in this case hand washing. Here are some more examples of response prevention:

- Not washing for an entire day (or longer) after touching something "contaminated."
- Not receiving reassurance. For example, you could have your spouse or partner kindly but firmly decline your requests for reassurance about obsessions. Reassurance is often sought for obsessions concerning contamination, safety of others, or having done something immoral or illegal. You will be encouraged to live with your uncertainty and doubt until that gnawing concern subsides on its own.
- Not turning around to check whether you hit someone while driving, despite the sensation of having run over somebody. Instead, you'd allow the fear to rise to uncomfortable levels, then not act upon your urge to check.
- Delaying rechecking that doors are locked or that the stove is turned off (after checking it once) for an agreed upon length of time, say thirty minutes.

Response prevention is one of the key tools you'll learn in the self-directed program. In this approach, you'll make the powerful decision to alter your patterns of rituals in significant ways—by delaying them, shortening them, slowing them down, or eliminating them entirely. This allows you to choose to feel the anxiety, doubt, fear, and dread that you've been avoiding. If doing response prevention doesn't feel at least somewhat uncomfortable, you probably aren't blocking your habitual response enough to make a difference in your OCD. The decision to "feel the discomfort," to just "be with it," or "allow it to be" without acting on it and controlling it will pay off in your progress toward breaking free from the grip of OCD.