GAP BETWEEN EVIDENCE & PRACTICE

ERP is the "gold standard" of care

26% of *advanced level* (Ph.D!) clinicians said they *seldom or never use exposure* for OCD.

- ~80% of patients never receive exposure when indicated (Sars et. al, 2015).
- Children *rarely* receive exposure therapy (Whiteside et. al, 2016).

YOU CAN MAKE A DIFFERENCE

- Make referrals to effective, evidence-based clinicians (for **ERP** and **Medication). MOST** will find benefit.
- Get trained. Contact us to find out more.
- Offer resources to those who need help:
  - justinkhughes.com/ocd
  - iocdf.org (Int'l OCD Foundation)

References (brief)- Full version @ justinkhughes.com/professionals

Abramowitz, et al. (2015). OCD in adults.

Boileau B. (2011). A review of OCD.

Clark, D. A., et al. (2014). Intro: A global perspective.

Gillihan, S. J., et al. (2012). Common Pitfalls in EX/RP.

Grados, M. A., et al. (2008). New onset O-C symptoms.

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Ruscio, A. M., et al. (2008). The epidemiology of OCD.

Sars, D., et al. (2015). On the use of E.T.

Steketee, G. (2012). The Oxford handbook of O C & Spectrum D/O's.

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WHY CHOOSE US?

- ***Extensive experience & training*** *in* ***Exposure Therapy.***
- ***Short-term*** *therapy for most.*
- *Many* ***comorbid conditions*** *treated.*
  - *CBT for Addiction, Anxiety, Depression, & More*
- ***Coordinating care*** *as needed.*
- *Truly* ***individualized*** *treatment plans.*
- ***Passion*** *for people and their well-being.*
- ***Talks and trainings*** *for your organization.*
- ***Expert referral*** *network utilized.*
- ***Free Videos, Tutorials,*** *and other resources.*

Justin K. Hughes, MA, LPC
Dallas Counseling, PLLC
www.justinkhughes.com
(469) 490-2002
justin@dallascounseling.com

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EXPOSURE & RESPONSE PREVENTION (ERP) FOR OCD

EFFECTIVE TREATMENT

Justin K. Hughes, MA, LPC
Dallas Counseling, PLLC
www.justinkhughes.com

OCD

Obsessive Compulsive Disorder (OCD) is a mental health disorder characterized in three parts. *First,* **Obsessions** are intrusive and unwanted thoughts, urges, or impulses which cause marked distress or anxiety. They are recurrent & persistent. *Secondly,* **Compulsions**, or rituals, are attempts to avoid, suppress, ignore, or neutralize such distress (whether experienced as disgust, fear, doubt, a desire for completeness, etc.). This can be either through overt behavior or thought ("mental acts"). They are aimed at minimizing or avoiding distress or anxiety. The *final* part is the level of impact and life **disruption** that is caused (Abramowitz, 2015).

Examples

There is remarkable diversity and heterogeneity in the manifestations of OCD. Though any fear or concern can be a part of the disorder, here are common examples:

Obsessions:

- Contamination
- Doubt
- Perfectionism
- Harm (others/self)
- Somatic concerns
- Sexual/violent thoughts
- Religious/existential

Compulsions:

- Washing/cleaning
- Checking
- Repeating
- Mental rituals (e.g., pray/count/repeat)
- Reassurance-seeking
- Ordering
- Avoidance
- Asking/Confessing

Who Has OCD?

About **1-2% of the population** has OCD (Ruscio, 2008). A conservative estimate, this would mean 125,000 people in 2019 DFW.

What Causes OCD?

The exact cause is unknown. There is a genetic component (it "runs in families"), being moderately inherited, with estimates ranging widely from 27% to 65% (Nestadt, 2010).

Neurobiological abnormalities appear to abound- brain scans appear differently (Boileau, 2011). Strep infection, particularly in childhood, is still being researched, though not confirmed. Stress may trigger OCD, though this is typically true with the onset of any condition. Traumatic brain injuries (TBI), especially in childhood, increase the association (Grados, 2008).

How Impactful is OCD?

OCD can be *very debilitating*. In its global research, the World Health Organization lists OCD with anxiety disorders as the "**sixth largest contributor to non-fatal health loss**" (disability). This is considering **ALL** illness- 'physical' and 'mental' (WHO, 2017) Two out of three individuals with OCD report experiencing *severe impairment* in life domains- i.e., work, relationships, school, etc. (Gillihan, 2012).

EFFECTIVE TREATMENT

Two treatments of choice.

1) CBT (Cognitive Behavioral Therapy), *specifically utilizing* **ERP.**

- The **efficacy of ERP is high**. **80%** of participating patients respond well to a trial of ERP, with an *average* symptom reduction of ***60 - 70 %*** (Abramowitz, 2015; Foa, 2010)! ERP helps clients to:
  - ***Systematically confront fearful stimuli & change fearful responses.***
  - Relearn, which increases confidence & decreases disruption in life.
  - Over time, typically decrease discomfort & fear through active engagement vs. compulsions.

  [Note: CBT or Cognitive Therapy alone *without* exposure, or "behavioral experiments," is *NOT a first line treatment*, but rather serves as an adjunct to help with symptom related challenges (Ponniah et. al, 2013).]

2) SRI's (Pharmacological). All SSRI's except clomipramine.

- Benefit 40-60% of patients, and on average reduce symptoms 20 - 40% (Steketee, 2012).

For **treatment refractory patients**, the augmentative use of antipsychotics, Transcranial Magnetic Stimulation (TMS), or Deep Brain Stimulation (DBS) may help.