Changing the Outcomes of ERP Treatment Through Language

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Abstract: Exposure and response prevention therapy (ERP) remains the gold standard for OCD treatment. However, its efficacy is potentially impacted by dropout, treatment refusal and treatment failure rates. This is a retrospective study of one psychotherapist's results using less threatening language to frame ERP treatment, encouraging patients to only perform exposures they were comfortable with at each session. This resulted in a high rate of treatment response with no dropouts.

Introduction/Background

Exposure and response prevention (ERP) treatment has been long shown to be an effective form of therapy for obsessive-compulsive disorder. However, it has a reputation as being uncomfortable for clients, with one *Psychology Today* article describing ERP as being "among the cruelest and most agonizing procedures in all of psychotherapy."[i] Dropout and treatment refusal rates have been described as being as high as 30%[ii], although one recent meta-analysis has placed this figure closer to 19%[iii], and multiple sources place the overall effectiveness of ERP including these factors, treatment failure and relapse as being in the 50% range[ii,iv].

ERP is often described in terms of learning to make oneself uncomfortable and learning to habituate to this discomfort. The author, a marriage and family therapist in private practice who was trained in ERP treatment at IOCDF's Behavior Therapy Training Institute (BTTI), sought to test the effectiveness of approaching ERP using different language that focused on patient comfort and self-directed gradual exposure, following basic psychoeducation on the principles of ERP.

Rather than instructing clients to seek discomfort and habituate to it, each client was encouraged to only perform exposures they were comfortable trying each week and observe their progress over time. The therapist's instructions to each client were to "start in your comfort zone, stay in your comfort zone, and see where you take your comfort zone from week to week," and clients were universally supported and encouraged no matter what they chose to do each week. In cases where in-vivo exposure was too uncomfortable for the client that week, they were encouraged to use imagery desensitization and mindful awareness techniques until they were ready to attempt live exposure. This paper presents the results obtained using this approach in the author's private practice.

Methods

Criteria for inclusion was a primary diagnosis of OCD, regular assessment of symptoms using the Yale-Brown Obsessive Compulsive Scale (Y-BOCS) offered or completed, and at least 4 sessions of treatment. Out of a total of 210 distinct clients (individual, couple or family) treated by the author during a six-year period from 2011 to 2017, 16 (7.2%) met the inclusion criteria.

Of these 16 clients, six were further excluded due to unavoidable premature termination, due to either relocation (n=2) or being referred out to mental health agencies as a result of serious co-morbidities (n=4). One relocating client experienced a YBOCS reduction of 24.3% at the time of termination.

Results

Of the remaining 10 clients in the sample, all clients experienced improvement in their symptoms with treatment. Seven of these clients (70%) were full treatment responders as defined by a 35% or greater reduction in Y-BOCS scores, and two (20%) were partial treatment responders with Y-BOCS reductions in the 28-29% range, as shown in Figure 1. Individual reductions in Y-BOCS scores ranged from 19% to 48%.

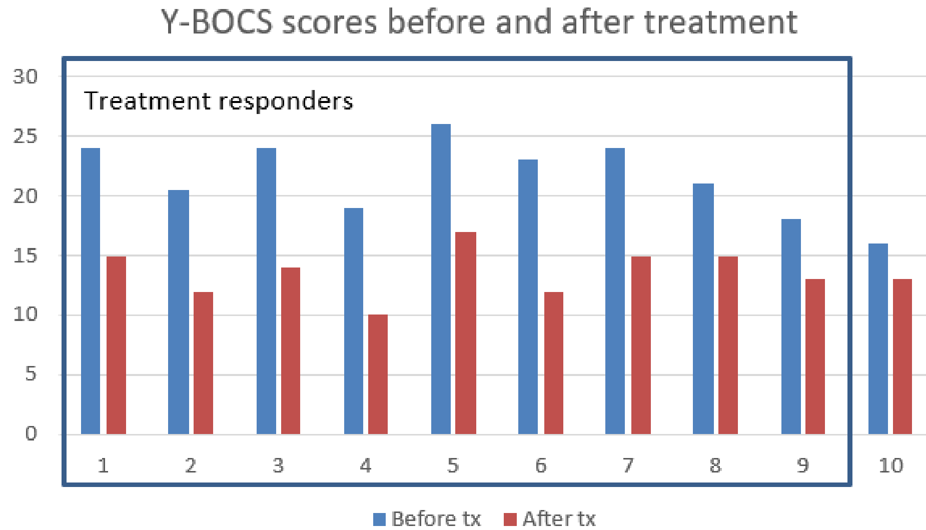

Figure 1. Individual Y-BOCS treatment outcomes among study sample.

In addition to these results, the sole client who was not a treatment responder provided a self-assessment of being substantially improved subsequent to termination of therapy, while one partial treatment responder with an aggregate Y-BOCS reduction of 28% also experienced a 46% reduction in the obsessive scale of the Y-BOCS for presenting issues of obsessive thinking.

None of these 10 clients were considered to have terminated prematurely. Aggregate results were as follows:

- Average Y-BOCS score at intake: 21.55
- Average Y-BOCS score at or prior to termination: 13.6 (37% reduction)
- Median length of treatment (defined as active weekly or regular sessions): 22.5

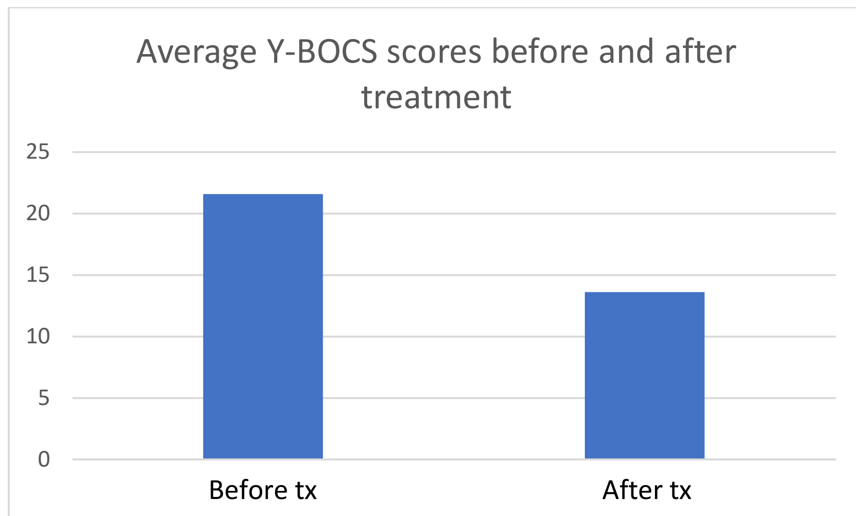

Figure 2. Average Y-BOCS scores before and after treatment across sample.

Discussion

This approach appeared to be both effective and well-received by clients. In particular, concerns that clients would remain "stuck" or not make progress without pressure to engage in exposure therapy appeared to be unfounded – in this sample, giving clients control over their own exposure levels and encouraging gradual exposure led to consistent treatment gains without clients dropping out or refusing treatment.

Possible costs of this approach include a longer course of therapy, comparing the author's median treatment length figures with studies in the literature, and it may be less appropriate for time-critical or high-acuity settings such as inpatient treatment.

Conclusions

Using less threatening language that supports rather than challenges clients regarding exposure therapy appears to hold promise for improving both compliance and outcomes from ERP therapy for outpatient clients. Areas for future study include:

- Testing this hypothesis with a larger sample size
- A comparative study of different ERP client language strategies for efficacy
- Analysis of this strategy across different levels of acuity

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[i] Wortmann, Fletcher, "Full Exposure: The Sickening Treatment for OCD," *Psychology Today*, May 12, 2012, https://www.psychologytoday.com/us/blog/triggered/201205/full-exposure-the-sickening-treatment-ocd

[ii] Abramowitz, Jonathan, "The Psychological Treatment of Obsessive-Compulsive Disorder," *Can J Psychiatry*, 51(7), June 2006.

[iii] Ong CW, Clyde JW, Bluett EJ, Levin ME and Twohig MP, "Dropout rates in exposure with response prevention for obsessive-compulsive disorder: What do the data really say?", *J Anxiety Disord*. 2016 May;40:8-17. doi: 10.1016/j.janxdis.2016.03.006.

[iv] Wilhelm, S and Stetekee, G, *Cognitive Therapy for Obsessive-Compulsive Disorder: A Guide for Professionals*, New Harbinger Press, 2006.