

# Cognitive Behavioural Therapy with Exposure & Response Prevention

The only proven and recommended therapy for OCD and related conditions is Cognitive Behavioural Therapy which includes Exposure and Response Prevention. This is often referred to as 'CBT with ERP'. It is considered the golden standard of OCD treatment, and is available at all levels of the NHS mental health system.

Cognitive Behavioural Therapy (CBT) is an umbrella term for a type of talking therapy that aims to understand an individual's patterns and change them through new practices. At the base of it, you and your therapist would learn how your feelings, thoughts, and behaviours affect each other and keep you stuck in unnecessary, upsetting, or harmful cycles. As the name implies, this involves a cognitive element, which looks at assumptions and how you think, and a behavioural element, which involves intentionally practicing new reactions. When treating OCD, the behavioural side of the therapy should include **Exposure and Response Prevention**, which is a particular strategy that works very directly on the OCD cycle.

Historically, the two elements have been developed separately, so there are also such things as Cognitive Therapy and Behavioural Therapy. The combination of the two is considered the best practice, as research has shown it to be more successful, and because it gives you more 'angles' to tackle the problem from. Even in their separate forms there tends to be an overlap between the two therapies, so the combination

usually allows someone to get the most out of their sessions.

CBT does not focus on why you are obsessing over a particular topic or where the intrusive thoughts come from, but rather on making a change to the here and now that you are experiencing. OCD is a constant loop, so the goal is to get you out of it, and what pushed you into it in the first place isn't part of that. Like any learning process it takes time, motivation, and practice to work. CBT is a very active and hands-on therapy, with the therapist as a guide. You will be doing the majority of the work and should be given homework to do between sessions, which will integrate the learning into day to day life.

## Cognitive element

The goal of cognitive therapy is to make a change to the beliefs or assumptions that keep the OCD cycle going, helping you understand that you are reacting to uncertainty rather than real risk. These will be different from person to person, so at the beginning you and your therapist will work on identifying your individual experience. The therapist can offer 'psychoeducation', which means teaching you about how the brain works and what might be

Here are a few examples of beliefs or assumptions that might maintain someone's OCD:

- I am responsible for keeping people safe
- If I don't find a solution I will worry about something forever
- I don't deserve to stop my suffering if that might harm others
- If I feel something it must be true
- There is a high risk of the worst case scenario
- If I am not perfect I am a failure, there is no in between
- The thoughts I am having mean that I am a bad person
- I should be able to control this better

going on, which can help to better understand and explain what's happening.

Depending on what the thought process is, a therapist will work through different cognitive strategies with you, which will take up part of the therapy sessions and homework. The right way to challenge current ways of thinking will change from person to person. For example, an exercise called 'Theory A/Theory B' can teach you to look at the evidence for and against a worry, without getting stuck in using it as reassurance. Another practice might be around changing the focus around the thoughts, so that instead of getting stuck on whether they're true or not, you would learn to value whether they're useful. If you have BDD or your obsessions revolve around self-worth, there might also be a focus on identifying other things that can impact positively on self-esteem. Just like there are infinite manifestations of OCD, what someone needs in therapy will vary. At the heart of it, though, cognitive work aims to reframe the context that is giving OCD so much power.

The cognitive element of CBT for OCD can also be an important part of helping you take part in the behavioural element. ERP can be very challenging, as is explained below, and takes a lot of commitment. Cognitive work can also help you work up to ERP and better prepare for it, so that you can stick to it when the time comes and make the strongest changes. Some people might find that ERP is too difficult for them to really commit to, or that the idea of it makes them too anxious. In these cases, cognitive therapy on its own can be offered, and the hope is that this helps the person both manage their OCD better and feel better able to try ERP in the future.

## Behavioural element

The behavioural part of CBT focuses on the reactions, rather than beliefs, that keep the cycle going. One key aspect of this is learning about how anxiety works, how it is felt in the body, and why it causes the responses or behaviours that it does. Through this understanding and guidance from the therapist, you can then learn to respond in a new way to anxiety. This has to be a gradual process set at the right pace for you. The goal is not simply to choose a new reaction, but to build one.

Exposure and Response Prevention (ERP) works to reverse the OCD vicious cycle. The meaning that OCD attaches to intrusive thoughts causes you to feel anxious and responsible, so you use compulsions to get relief from the anxiety. This relief then reinforces the brain's assumption that the thoughts are bad, so the anxiety about them keeps getting worse. Through ERP, you practice the opposite the opposite – by choosing anxiety instead of running from it, it becomes less intense with time, and the brain re-learns how to respond to it without compulsions.

**Exposure** involves taking part in an action that will bring on the anxiety. **Response Prevention** means making the active choice to stay anxious instead of doing a compulsion. ERP must be done in a gradual way, because you are learning and practicing a different way of going about life and this takes time. This is called graded exposure and can be done in lots of different ways. You might start off with small things that only bring on a bearable amount of anxiety and then build up from there, or you might only hold back compulsions for a few minutes at the beginning and wait longer and longer each time. Eventually, ERP exercises will involve doing quite scary things and then waiting for the anxiety to go away by itself, without doing any compulsions.

Some people find it helpful to think of ERP as like physical exercise. Imagine your goal was to lift a 100kg weight, but you hadn't done any exercise in a long time.

It's understandable that you would need to start with small weights and then work your way up, and if you tried to lift the big weight from the start you'd probably hurt yourself. Some people feel a pressure to stop all their compulsions at once, but actually that is most likely to result in them getting overwhelmed. With graded exposure, you would start with something already manageable and work your way up.

The exercise in itself can be satisfying to complete, but if you are pushing yourself it doesn't tend to feel good in the moment. Often, you'll feel quite sore and tired the next day. Similarly, ERP is not designed to help the person feel better in the moment, but like with exercise we know it definitely does make things easier in the long run.

If you're going back to the gym for the first time in a while, the first few months are not going to feel worth it – you'll be tired, sore, bored, and you won't even feel any stronger yet! Change takes time and happens so slowly it's hard to notice. When doing ERP, a person might feel worse for a while, because they're pushing themselves to do the things they've been actively avoiding for a long time, which can be exhausting and very scary. Eventually, though, they'll be able to think back to when they started and see that they've made huge improvements.

## Additional therapies

Like all mental health conditions, what someone's OCD looks like and what gets in the way of recovery will change from person to person. Some people have some extra barriers that make the therapy harder to commit to or slower to work. This might be because of the severity of your symptoms, some internal beliefs that are particularly strong because of your life experiences, or because you have other mental health conditions that make your needs more complex.

Sometimes, a CBT therapist might suggest trying a different therapy or technique based on your individual experience or barriers. If your therapist is suggesting something that isn't the recommended treatment, it should be to help you engage with CBT and ERP, not to replace them. Your therapist should

### Acceptance and Commitment Therapy (ACT)

ACT is a form of CBT that focuses on helping the person accept that their intrusive thoughts happen and are not their choice, which can soften some of the impact. The goal is to help you find and build what most helps you to commit to doing the difficult things that you know will help in the long term, like ERP or stepping back from compulsions.

always be able to explain why they are doing something and how it will help with OCD.

These are a few examples of therapies that might be offered alongside CBT with ERP.

### Eye Movement Desensitisation and Reprocessing (EMDR)

EMDR is a trauma therapy that uses patterns and eye movements to turn traumatic memories, which feel like they are happening right now, to normal memories. It doesn't make what happened less painful, but takes away the overwhelming 'flashback' element.

EMDR is not a treatment for the OCD symptoms, but might be used before ERP in certain cases. For example, if your intrusive thoughts are tied to a traumatic event, or are so traumatic in themselves that exposure feels impossible, EMDR can take the edge off them enough to do ERP.

### Compassion Focused Therapy (CFT)

CFT is a combination of CBT and other psychological treatments, which aims to support the person to develop compassion, patience, and understanding towards themselves. Shame, perfectionism, and a heightened sense of responsibility can be very big parts of the OCD cycle. You might have trouble getting into CBT with ERP because you don't feel you deserve to get better, or remain stuck on the fear that you will hurt others if you start reducing your safety-seeking behaviours. CFT explores this and aims to give you tools toward self-valuing.