Expanding on Exposure and Response Prevention

Throughout the history of psychotherapy, exposure and response (ritual) prevention (ERP) has widely been considered the most effective treatment for patients who suffer from obsessive-compulsive disorder (OCD) (Clark, 2005). Through the utilization of fear hierarchies that aim to desensitize feelings of anxiety and dread, ERP’s empirically supported ability to relieve individuals of compulsive thoughts and actions has made the behaviorally-based therapy the favored treatment strategy when combating OCD. Despite such a convincing success rate, a considerable shift in treatment has been made that attempts to integrate other therapeutic options with already established ERP treatment strategies. As such, therapy options such as Cognitive-Behavioral therapy (CBT), ERP combined with Motivational Interviewing (MI), and ERP therapy overlapped with pharmacotherapy have emerged as possible alternatives to treating OCD, with pilot studies and trials testing the efficacy of each new idea. While fusing the valuable elements of two therapeutic strategies may seem beneficial to the overall treatment of the disorder at first, the end result has not proven to be as advantageous as envisioned. Through the examination of three specific studies, it is apparent that abandoning a monotherapeutic approach to treating OCD would be a mistake, as empirical evidence suggests that exclusive implementation of ERP is a more efficient method of treatment than integrating different therapeutic practices.

One of the most common alternative approaches to the treatment of OCD, CBT, was formulated following the development of the hypothesis that some of the intricacies of the
disorder were more rooted in cognition than previously believed. Based on this assertion, psychologists developed a modified version of the original ERP treatment that featured far more cognitive therapy strategies, such as educating patients about the cognitive model and where their problems fit into it. Rufer, Fricke, Mortiz, Kloss, and Hand (2006) aimed to determine just how effectual this new form of treatment actually was in their study that examined the affects of CBT on various OCD symptoms. During the study, the quality of the responses elicited by CBT methods was measured in patients who experienced numerous symptoms of OCD. Following the trials that the researchers carried out, it was determined that the patient response results for CBT was below the average response rate that ERP produces in most OCD symptoms, especially hoarding and sexual obsessions (Rufer et al., 2006).

Using this outcome as an indicator of the effectiveness of CBT when compared to ERP, it is apparent that the standard practice of ERP is still superior. While increasing cognitive awareness during treatment for OCD may be educational, the end product of such a strategy does not meet the success rate of ERP. These findings are congruent with the results that Abramowitz, Franklin, and Foa (2002) came up with during their meta-analysis of numerous studies that compared ERP and CBT, as their review of the studies indicated that CBT efficiency level was no greater than that of ERP. As such, it can be deduced that integrating cognitive therapy practices to ERP treatments is unwarranted, as it is unnecessary to make adjustments to a therapeutic process if the end result will yield less than or equal to the same efficacy as the original method of treatment.

Another way in which psychologists have attempted to manipulate ERP in order to obtain better results is through the integration of MI. While researchers who favor CBT as a way to treat OCD point to the amount of cognitive influence the disorder had on its patients as evidence that
a more cognitive approach is necessary, those who believe that MI should be paired with ERP do so out of the contention that it would help increase the retention rate for patients who take part in the treatment. While the methods that shape ERP are largely effective, one area of concern that psychologists share is the high drop out rate among its participating patients. As such, it has been hypothesized that adding MI strategies to ERP will help alleviate some of the aversive components that comprise ERP, thus providing patients with enough encouragement and support to complete the treatment. One study examined the feasibility of combining MI and ERP by creating an integrated ERP+MI therapy and employing the model on patients with moderate to severe OCD (Simpson, Zuckoff, Page, Franklin, & Foa, 2008). During the study, therapists who treated the OCD patients utilized MI techniques in the beginning sessions of the treatment in attempts to evoke change talk, a task that MI supporters believed would induce a heightened sense of commitment. Following these opening session, the therapists then transitioned to a strictly ERP structure, only switching back to MI to provide support and reassurance to their patients if it was sensed that any negative effects of ERP were beginning to emerge.

Simpson and his colleagues (2008) shared initial optimism when interpreting their results, stating that the ERP+MI treatments were just as effective as the ERP treatments during side-by-side comparisons. Similar to the CBT trail, however, producing results that do not exceed those of ERP studies suggests that implementing the integration of ERP and MI is unneeded, as such an action does not improve the overall success of the treatment of OCD. In addition, the limitations of the ERP+MI study bring the results produced into question as well. As Simpson and his colleagues (2008) pointed out, it would be difficult to determine how much of the involved treatments’ successes had to do with the addition of MI to the ERP practices. The amount of MI employed varied between patients, suggesting that it may not have played as
integral a part in the treatment of the disorder as the results may have indicated. In addition, the study based its results off of the observation of six ERP+MI treatments, a considerably small sample size that undoubtedly had an affect on the apparent success rate of the integrated treatment. Lastly, the authors themselves expressed the difficulty involved in shifting between ERP and MI methodologies during the therapy sessions. This concession highlights the unnecessary amount of extra effort it takes to implement the therapy as well as the possibility that an accidental added emphasis on either ERP or MI may have influenced the study’s results. As such, ERP+MI should not be considered a viable alternative to ERP until further empirical evidence that supports such an idea is produced.

While examining the effectiveness of CBT and ERP+M during the treatment of OCD are becoming increasingly popular studies of choice, no treatment integration strategy is more culturally relevant than the combination of ERP and pharmacotherapy. As the implementation of pharmacotherapy has become a prevalent practice when combating various disorders in today’s world, it is no wonder why researchers believed the logical next step in OCD treatment would be to fuse the most effective OCD treatment strategy, ERP, with medication cycles. As such, psychologists are now experimenting with idea of combining the psychotherapy ERP with serotonin reuptake inhibitors (SRIs) in order to achieve maximum results when treating OCD. One study tested and compared the effectiveness of ERP, the SRI clomipramine (the most thoroughly studied SRI in relation to OCD), and the combination of the two in a double-blind, randomized trial (Foa et al., 2005). During the study, participants with OCD were randomly assigned to each of the different treatment options, where they received their respective treatments for twelve weeks. Following the trails, Foa et al. discovered that ERP and ERP
integrated with clomipramine were vastly superior to strictly clomipramine intake. In addition, no differences were found between ERP and ERP with the addition of clomipramine.

Similar to the previous two studies discussed, it seems that integrating pharmacotherapy with standard ERP treatments is an unnecessary tactic, as ERP alone is just as effective as the combination of ERP and clomipramine. This concept is much more noticeable in this particular study, however, as it focuses on medication treatment. Unlike adding cognitive concepts or MI to ERP methods, the addition of medication to a psychotherapy method is considerably costly and presents potential side-effects. As such, the fact that ERP treatment yields results identical to treatment involving both ERP and clomipramine should put an end to speculation that adding a pharmacotherapy approach to ERP is necessary, as empirical evidence demonstrates that OCD can be treated without the consumption of expensive, possibly health-threatening medications. In addition, the limitations that the study’s authors indicated also demonstrated ERP’s superiority over pharmacotherapy as well, as the authors expressed worry that the potency of the ERP methods utilized may have left little for clomipramine to contribute to the treatment. This acknowledgement further validates ERP’s efficacy and reveals another reason why adding to the treatment would be superfluous.

Based on a review of these three studies, there appears to be no significant benefit of combining ERP with another therapy when treating OCD. In addition to the results that indicate fusing therapies would not be advantageous to the treatment of OCD, attempting to integrate a therapy with ERP also brings about the risk of diluting the effectiveness of ERP altogether. If a psychotherapist is expected to balance two treatment methods at the same time, it may be the case that more effort would be concentrated toward the integration process than the actual practice of the effective ERP strategies. Thus, attempting to combine theories could prove
counterproductive, as it could have a negative affect on an already effective treatment. Pharmacotherapy isn’t the answer either, as there is no point in having a patient take medication that isn’t entirely imperative to the success of the overall treatment. Unless a considerable amount of empirical evidence arises that suggests an integrative strategy that is more effective than ERP, psychologists should continue to trust ERP as their most efficient form of treatment.
Study References


Other Reference