

Q. What is exposure and response prevention?

A. Exposure and response prevention (ERP), also known as exposure and ritual prevention (EX/RP), was the first cognitive behavioral therapy (CBT) developed for the treatment of obsessive-compulsive disorder (OCD) (Meyer, 1966). The initial phases of treatment involve assessment, psychoeducation, and treatment planning. The provider works with the client to identify and characterize triggers for obsessive thoughts, as well as compulsions and avoidance patterns (Foa, Yadin, & Lichner, 2012). ERP involves guiding the client through a hierarchy of exposure exercises (may include both in vivo and imaginal exposure), beginning with items that produce the least fear and gradually working up to items that produce the most fear (McKay et al., 2015). At the same time, ERP includes response prevention, where the client is instructed not to engage in the compulsions that they would typically use to manage the distress associated with the exposure. If the client cannot refrain from the compulsion, exposure to the fear stimulus is immediately reapplied.

Q. What is the theoretical model underlying ERP for OCD?

A. OCD is characterized by three components: obsessions, compulsions, and avoidance. OCD was conceptualized by Dollard and Miller (1950), according to Mowrer's two-factor theory of fear and avoidance, as a disorder acquired through classically conditioned fear responses and maintained via negatively reinforced avoidance responses (Mowrer, 1939; Mowrer, 1960). In 1966, Meyer reported on cases in which his patients' OCD symptoms improved after they were exposed to fear stimuli and refrained from engaging in compulsions (Meyer, 1966). Meyer considered two aspects of this treatment to be important: 1) the patients' realization that refraining from compulsions did not result in immediate, overwhelming anxiety; and 2) the patients' expectations of "disastrous consequences" not being fulfilled. By teaching clients to tolerate distress and targeting the fear response, ERP aims to eliminate rituals and avoidance (Foa et al., 2012).

Q. Is ERP recommended as a treatment for OCD in the Military Health System (MHS)?

A. There is no Department of Veterans Affairs (VA)/Department of Defense (DoD) clinical practice guideline (CPG) on the treatment of OCD.

The MHS relies on the VA/DoD CPGs to inform best clinical practices. However, in the absence of an official VA/DoD recommendation, clinicians should look to CPGs published by other recognized organizations, and may rely on knowledge of the literature and clinical judgement.

Q. Do other organizations with CPGs for the treatment of OCD recommend ERP?

A. **Yes.** CPGs published by other organizations recommend the use of ERP as a treatment for OCD.

- The American Psychiatric Association's Practice Guideline for the Treatment of Patients with Obsessive Compulsive Disorder states that CBT that relies primarily on behavioral techniques such as ERP is recommended, with a Level I ("recommended with substantial clinical confidence") rating (American Psychiatric Association, 2007).
- The Canadian Psychiatric Association states that CBT should be considered as a first-line treatment option (Canadian Psychiatric Association, 2006).
- The United Kingdom's National Institute for Health and Care Excellence (NICE) recommends ERP for both initial treatment as a low intensity CBT, and for adults who require more intensive CBT (NICE, 2005).

Q. Do other authoritative reviews recommend ERP as a treatment for OCD?

A. **No.** Other authoritative reviews have yet to substantiate the use of ERP for OCD.

Several other recognized organizations conduct systematic reviews and evidence syntheses on psychological health topics using similar grading systems as the VA/DoD CPGs. These include the Agency for Healthcare Research and Quality (AHRQ) and Cochrane.

- AHRQ: No reports on OCD were identified.
- Cochrane: A 2009 systematic review of psychological treatments versus treatment as usual for OCD compared CBT to treatment as usual, but did not report separately on ERP (Gava et al., 2009).

Q. **Is there any research on ERP as a treatment for OCD?**

A. Randomized controlled trials supporting the efficacy of ERP as a treatment for OCD span several decades. A number of meta-analyses support the use of ERP for OCD (e.g., Abramowitz, 1996; Abramowitz, 1998; Abramowitz, Franklin, & Foa, 2002, Kobak, Greist, Jefferson, Katzelnick, & Henk, 1998). There is a wealth of research looking at additional factors related to ERP, including research examining the treatment components of ERP (e.g., Foa, Steketee, Turner, & Fischer, 1980; Foa, Steketee, & Grayson, 1985; Foa, Steketee, Grayson, Turner, & Latimer, 1984), the comparative effectiveness of ERP and other CBTs, pharmacological therapies, or combination treatment (e.g., Foa et al., 2005; Rosa-Alcazar, Sanchez-Meca, Gomez-Conesa, & Marin-Martinez, 2008, Simpson et al., 2008; Skapinakis et al., 2016), and the effectiveness of ERP across different patient populations and treatment settings (e.g., Franklin, Abramowitz, Kozak, Levitt, & Foa, 2000; Hansen, Vogel, Stiles, & Gotestam, 2007).

Q. **What conclusions can be drawn about the use of ERP as a treatment for OCD in the MHS?**

A. The efficacy of ERP as a front-line treatment for OCD has been well established through research and CPGs outside of the VA/DoD that recommend ERP as a front-line psychotherapy for OCD. Additional research exists on the comparative effectiveness of ERP and a number of pharmacological treatments, other CBTs, and combination treatments for OCD, as well as research on treatment components, patient population, and treatment setting. Treatment decisions should take this research into account as well as practical considerations such as availability and patient preference that might influence treatment engagement and retention.

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