

Exposure and Response Prevention

Marie Chellingsworth



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Image above: Clinical Training (CEDAR) at the University of Exeter's Streatham Campus. **Image right:** The Sir Henry Wellcome Building for Mood Disorders Research at the University of Exeter.

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About the author



Marie Chellingsworth is Programme Director of the PG Certificate in Evidence Based Psychological Practice (PWP) and BSc Applied Psychology (Clinical PWP) programmes. Her main clinical and research interests are in the area of Low Intensity Cognitive Behavioural Therapy (CBT), CBT for older people, dementia caregivers and educational research into improving the transfer of training into practice. She has developed a wide range of written self-help treatments for depression and anxiety and authored a number of books within this area. She has worked nationally with the Department of Health, the British Association of Behavioural and Cognitive Psychotherapies (BABCP) and British Psychological Society (BPS) in the Improving Access to Psychological Therapies (IAPT) programme. Marie is Chair of the National Network forum for PWPs. Outside of work Marie enjoys a wide range of live music, spending time with friends, shopping and walking with her Irish setter Alfie in the Devonshire countryside.

Part 1

What is Exposure and Response Prevention (ERP)

Exposure and response prevention (ERP) is an evidence-based, treatment for people experiencing OCD and it is recommended by the National Institute of Health and Care Excellence (NICE). It aims to put you in charge of controlling your OCD, rather than your OCD controlling you.

How Exposure and Response Prevention (ERP) Works

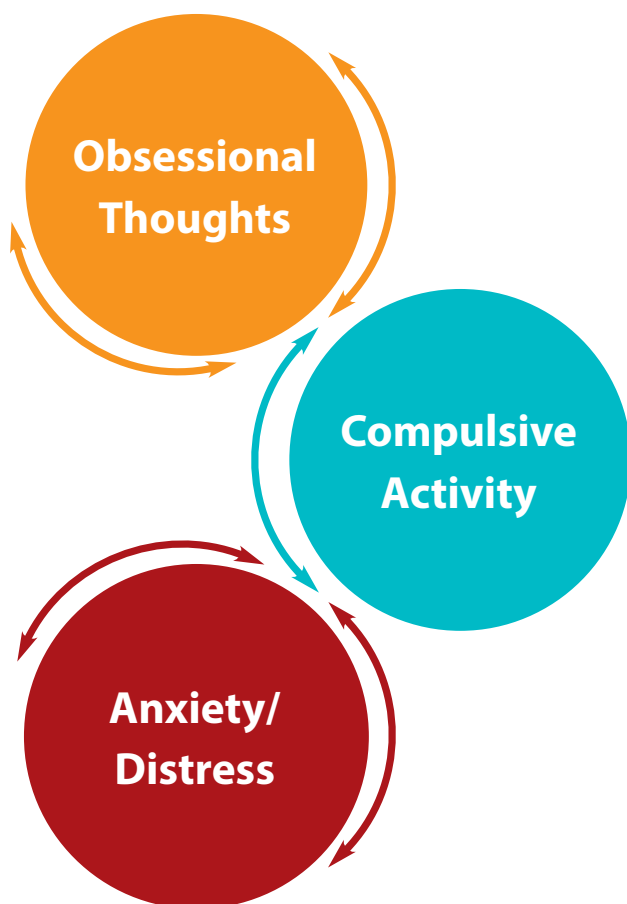
It works by breaking the link between your obsessional thoughts, images, urges or impulses and the compulsive things that you do to reduce the distress or anxiety that they cause. During ERP exercises you gradually expose yourself to situations that bring on or cue your obsessions, whilst not carrying out your compulsions. It is done in a graded

way that feels manageable for you. ERP can be challenging; but for many people it has helped them to learn to manage their symptoms more effectively so that they do not interfere with their daily life.

The Vicious Circle of Obsessions and Compulsions

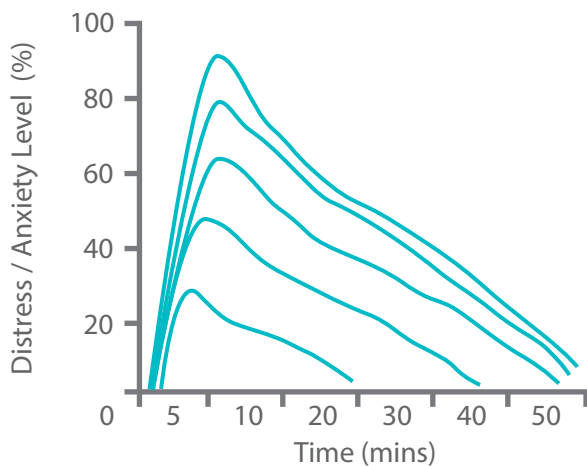
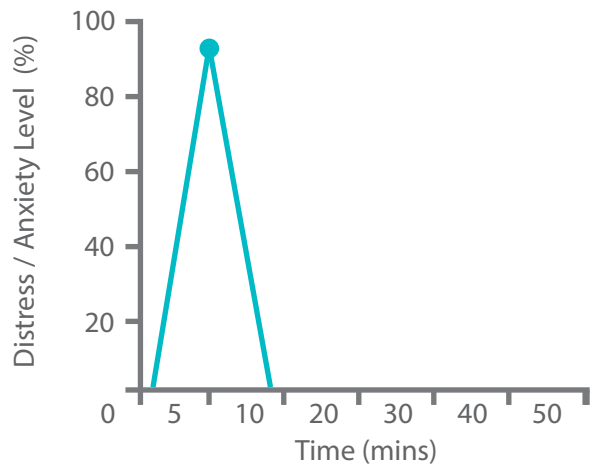
Obsessions are the thoughts, images, impulses or urges that someone with OCD experiences. They are unwanted, frequent and unpleasant and they cause the person high distress or anxiety. The obsessions are often about the last thing the person would want to think about or to happen in their own life.

As a result of the distress the obsession causes the person carries out a compulsion to reduce this distress. This is sometimes also called 'neutralising'. Compulsions may be something that the person does that could be seen by someone else like washing or checking, or something that they do internally that someone else would not see, such as counting or repeating words or phrases for example. People with OCD often avoid situations, places, objects or other things that may trigger their obsessions or distress; and seek reassurance from people around them, which can mean life becomes more and more restricted. The good news is that ERP can really help people to learn ways to manage their OCD more effectively, with many reducing their symptoms altogether.



The Vicious Circle of OCD

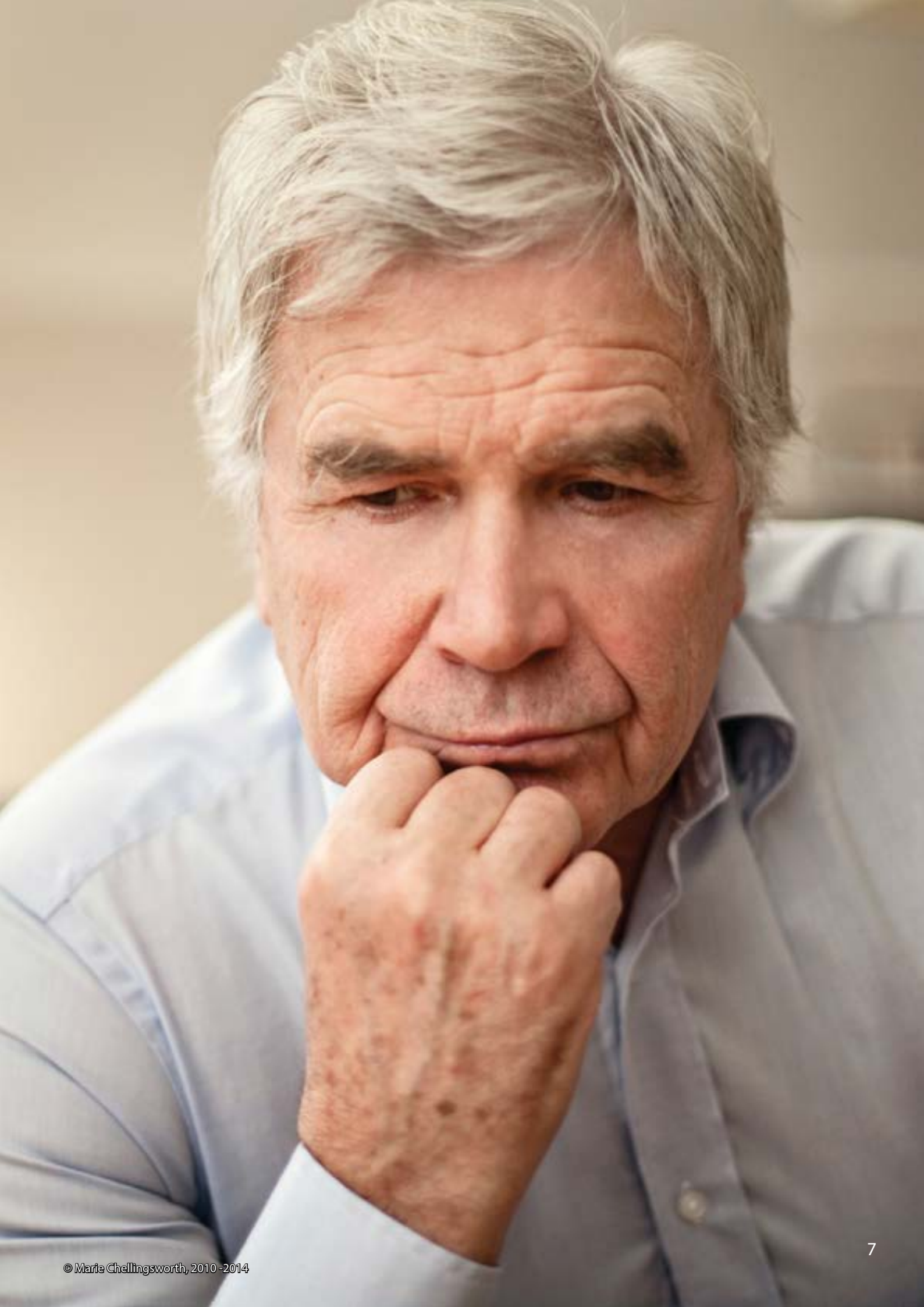
In the short term the compulsion reduces the initial distress or perceived threat caused by the obsession. Understandably as a result of this, understandably the person continues to carry out the compulsion as a way of managing their distress from the obsessional thoughts. Unfortunately, in the longer term they find it very difficult to resist the urge to carry out their compulsion and the obsessions still keep happening. The compulsions can take up a significant amount of time in the person's life. Although the person does not want to carry out the compulsive activities they do and gets no pleasure from them, the distress and perceived threat from their obsession keeps them in a cycle of doing it. In turn, this impacts upon their life even more. This forms a 'vicious cycle' as the person becomes caught in a cycle of obsessions and compulsions.



Breaking the Vicious Circle using Exposure and Response Prevention

ERP breaks this vicious cycle by gradually exposing you to the things that you are avoiding and that trigger your obsessions, whilst you resist the urge to carry out your compulsive activity. Remaining in the exercise without carrying out the compulsion means that your distress/anxiety reduces naturally. As your anxiety or distress naturally reduces, the strength between your obsession and compulsion also reduces. You start by confronting easier situations and then more difficult ones. Each time you carry out an ERP exercise it becomes easier and easier and the anxiety or distress gradually subsides.

ERP is best undertaken with the support of a practitioner who has been trained to work with OCD. They can help you to devise a plan and support you to carry it out in a graded way.



Laura's Thoughts:

"What if there are germs on his bottle"

"I haven't sterilised enough"

"Archie will get ill and it will be my fault"

"I am meant to look after him and keep him safe"

Laura's Physical Symptoms:

Tension

Shaking

Heart racing

Uneasy feeling in pit of stomach

Laura's Behaviours:

Washing and sterilising his bottles, dummies and toys frequently until it 'feels right'

Buying ready-made baby foods to avoid being responsible for him getting unwell

Avoiding feeding Archie and asking her partner Mark to feed him



This example shows Laura who experienced Obsessive Compulsive Disorder (OCD)

After her son Archie was born, she experienced thoughts of him becoming seriously unwell if things were not hygienic and clean and felt responsible for any harm coming to him as a result. She would clean and sterilise things repeatedly until it felt right before she would allow him to eat from them or play with his toys. Laura would also try and avoid feeding him and ask her partner to do it so that she would not feel as responsible. She used exposure and response prevention to address her difficulties with the support of a Psychological Wellbeing Practitioner (PWP).

Part 2

Doing Exposure and Response Prevention: The Five Conditions

Although exposure and response prevention is personally challenging, the good thing is that following five simple conditions makes it effective. Follow these steps to plan your own exposure and response prevention plan, ensuring it meets these conditions.

Condition 1: Graded

Use the hierarchy on worksheet B to help you to list what you are currently fearful of doing and things that you are avoiding as a result of your obsessional thoughts. Your symptom monitoring on worksheet A may give you some ideas for things that you can put into your hierarchy to face your fears without carrying out the compulsions you do. Put the things that you would find the most difficult to face at top and work downwards adding things that are medium difficulty and easier things too. You should not grade things on your hierarchy by the length of time you will expose yourself to them. This is because in exposure and response prevention, you need to stay with your feelings of distress without carrying out the compulsion until your distress level drops by at least 50% from where it is at the start of the exercise. We do not know how long this will take from person to person. If you graded your exposure and response prevention exercise by time, you could end up ending the exercise too early, which would mean the treatment was not as effective. You don't want to face your fears, feel distressed and not benefit from the treatment!

Once you have created your hierarchy, select the step that causes you some anxiety, but one you feel you could manage. For something to be a useful exposure exercise, it should give you enough symptoms of anxiety or distress for you to feel it drop by at least half during the exercise. A useful suggestion is that it needs to give you at least 50-60% distress. That will help to guide you to know what to choose as your first exercise.

Condition 2: Prolonged

Once you have created your ERP hierarchy, select your first step and write this in the exercise section on worksheet C. Then plan a suitable time to undertake the exercise. Remember to plan to stay exposed to the step on your hierarchy without carrying out a compulsive activity long enough for your distress level to drop by 50% from the rating at start of the exercise. Once you have decided when you will do your exposure exercise, fill in the date and time you plan to do it.

When you are beginning to prepare to do your ERP exercise, fill in the 'Before Exercise' rating on worksheet B to indicate how much anxiety you are experiencing before you do it. Use the rating scale at the bottom where 0% = no distress and 100% = the highest level of distress you could feel.

When you start the exercise then re-rate your distress again using the 'Start of the Exercise' rating column. This is the figure you will use to know when it is ok to stop the exercise when this reduces by 50%. Once you have completed the exercise, put your end of exercise anxiety rating on the form and see how long it took for your anxiety to drop by 50% from the time at the start of the exercise. Fill in the time it took from the start of the exercise to your distress dropping by 50% in the 'Duration' box on the worksheet.

Remember the five conditions:

Condition 1: Graded

List things in your exposure hierarchy that give you at least 50-60% anxiety from the easier things up to more difficult things. Remember not to grade an exercise by time. When you have been repeating an exercise and it no longer gives you at least 40% anxiety at the start of the exercise, you are then ready to move up to the next item on your exposure hierarchy.

Condition 2: Prolonged

Stay in the exposure exercise situation, without using distraction until your anxiety drops by 50% from the start of the exercise. So for example if you were 80% anxious, you would stay in the situation until your anxiety drops to 40%. You would then repeat the exercise until it no longer gets above 40% at the start of the exercise.

Condition 3: Repeated

Expose yourself to each step on the hierarchy at a time. You should repeat each step until the exercise no longer makes you feel anxious, say if it no longer goes above 40% anxiety at the start of the exercise. Then it is time to move up to the next exercise on your hierarchy ladder. On average you should aim to do exposure treatment 4-5 times per week (these may be different exercises depending on your ratings).

Condition 4: Without Distraction

Try to remove things from your hierarchy that reduce your anxiety artificially or distract you from how you are feeling during your exposure exercises. Whilst these may seem like they give temporary relief from feeling anxious, they are keeping you stuck in that vicious circle.

Condition 5: Without Compulsion

Each time you expose yourself to an exercise on your hierarchy, you need to remain in the situation, resisting the urge to carry out a compulsion to reduce your distress (either one that you have done before, or a new one).



Condition 3: Repeated

You should continue repeating each exercise step on your hierarchy until you notice that your distress score at the start of the exercise is no longer going up quickly and the urge to carry out the compulsion is reduced. Try to repeat the exercise at each step as many times as you can within each week to get the full benefit. The more you do it, the more likely you are to feel the benefits, so do the best you can to make time to carry out your ERP exercises on average 4-5 times per week. If the exercise is no longer causing you more than 30-40% distress at the start of the exercise, then it may be time to move to the next step on your hierarchy. Your Psychological Wellbeing Practitioner or other health professional, can also advise you when it is a good time to move to the next step.

Condition 4: Without Distraction

When we feel anxious or distressed, we sometimes do things to make us feel better or safer more quickly; or we may ask others for support. Whilst this may reduce your distress in the short term, relying on these things is unhelpful in the longer term and will not enable you to get the benefit from your ERP treatment. To make exposure and response prevention work effectively, you need to ensure that you do not use things that may distract you from feeling your distress or make you feel better during the exercise. You need to do the exercise and resist carrying out a compulsive activity until your distress naturally reduces by 50%. Your Psychological Wellbeing Practitioner will be keeping an eye out for anything like this you have and will be able to advise you how to drop them. You should also ensure that during the exercise you do not do anything new to distract yourself from your feelings of distress or carry out a new compulsion. This includes saying things to yourself to feel better and things like distracting yourself from how you are feeling by having a conversation with someone, or seeking reassurance.

Condition 5: Without Compulsion

The final condition that makes your ERP effective is to carry out the exposure exercise without carrying out any compulsion to bring down or 'neutralise' your distress. It is important that you resist the urge to carry out your compulsive activity and do not replace it with another new compulsion. Try and resist the urge until your distress drops by at least 50% from the start of the exercise. If you cannot resist and do your compulsion, you should 'undo' this by re-exposing yourself to the exercise from the start again, take new ratings and remaining in the situation without carrying out the compulsion until your distress drops by 50% again. This can be challenging, but your PWP is there to support you to do this. Remember the compulsion only serves to make you feel better in the short term and in the longer term is keeping that vicious circle going round. Resisting the urge and remaining with the distress will break that cycle and help you to feel better longer term.

What if I cannot resist the urge to carry out my compulsive activity?

If you find that you cannot resist the urge and carried out your compulsive activity during an exercise, you would 'undo' the compulsion by restarting the exercise again by exposing yourself to fear and resisting the urge to carry out the compulsion until your distress drops by 50%. For example, if you were practicing an ERP exercise to touch the kitchen bin without washing your hands, and during the exercise couldn't resist the urge to wash them, then you should touch the bin again to 'recontaminate' and then remain without washing until your distress drops by 50% from the start of touching the bin again. If you had a checking type of OCD and were doing an exercise to leave the house without checking the door was locked, but could not resist the urge to go back and check once you had locked it, you would then unlock the door and go into the house, leave again and lock the door behind you and resist the urge to check, remaining with your distress until it dropped by 50%.

Remember:

Stopping carrying out your compulsive activity is difficult initially and there may be times that you are unable to resist the urge to carry out your compulsion when doing your ERP. If you do carry out your compulsive activity during an exercise, you should 'undo' this by exposing yourself again and re-rating the start of the new exercise and then resisting the urge to carry out the compulsion until your distress reduces to 50% from that rating.



Part 3

ERP Symptom Monitoring Worksheet A

Date and Time	Situation (Where I am, what I am doing, what is going on around me)	Obsessional Thought/ Image/ Impulse (That gives distress and urge to carry out compulsion)	Distress Level (0 not at all distressed, 10 the most distressed you have been)	Compulsive Activity (Describe what you did to feel better/ less distressed)	Time Spent (Undertaking Compulsive Activity)	What made you stop doing the Compulsive Activity (eg. when reached a certain number or when it felt right)

Part 4

ERP Hierarchy Worksheet B

Below Write Each Step in Your Hierarchy	Distress/ Anxiety Rating (0-100%)
Most difficult...	
More difficult...	
Easiest...	

Part 5

ERP Exercise Recording

Worksheet C

Date and Time	Duration	Exercise	Rating of Distress/Anxiety Level			Comments
			Before Exercise	Start of Exercise	End of Exercise	



Part 6

Recovery Story of Eliana

Eliana's story is about her experience of using exposure and response prevention to treat her Obsessive Compulsive Disorder.

Eliana was 42 and had moved to a new build house in a large city two years ago with her family for her husband Tony's job. She had been married to Tony for 19 years and they had a son called Jonathan who was 14. Eliana had obsessional thoughts of being burgled and being responsible for the family losing all their possessions. This caused her high levels of distress and anxiety. She would engage in checking behaviours as a result. She would repeatedly check that windows and doors were locked and that the burglar alarm was working and set properly. When trying to leave the house she would check that everything was safe and secure multiple times until it felt right and she could then get into her car. She found it impossible to try and resist the urge to carry out her compulsive rituals and it was having more and more impact on her life. When she was at work or went out of the house she would be fearful that she hadn't done things properly and she

would ring her husband to ask him to go and check for her. She would also often drive back home and have to recheck several times before reaching her destination. Eliana would sometimes make excuses with her colleagues to need to go back home and was often late as a result of checking. Her boss had told her he was concerned about her timekeeping and was going to start monitoring this. She hadn't confided in anyone about her problems other than her husband. Due to her difficulties she had stopped seeing her friends unless they came round to see her. Eliana was embarrassed that her new neighbours may have noticed her checking and so kept her distance from them and hadn't really got to know any of them. Her parents lived in Spain and had invited all the family over that coming Christmas and New Year and she had made excuses so that she would not have to go and leave the house. Tony was worried that things seemed to be getting



worse and spoke to Eliana about considering getting help. Eliana wasn't sure about telling her GP about her problems and was worried that she would be seen as silly. Tony had found a really good information on the NHS Choices website for people with OCD, and he thought it may help to take it with them to get the discussion going. The GP was very supportive and told them that many people experience the problem Eliana described and that a treatment using Cognitive Behavioural Therapy (CBT) called exposure and response prevention may help. He explained about the local Wellbeing Service who saw people at the surgery in one of the rooms there and he made an appointment for Eliana to be seen by Ruth who was a qualified Psychological Wellbeing Practitioner (PWP).

At the appointment Eliana was able to explain the difficulties that she was experiencing in her own words. Ruth asked what Eliana knew about OCD and its treatment and she then suggested that exposure and response prevention would be what she would recommend and explained what this would

involve. Initially the thought of facing her avoidance and distress head on sounded really challenging. Ruth explained that her role would be to guide Eliana to do this in a graded way, at a pace that felt manageable. Ruth would support her to do this either face to face or over the telephone in regular appointments. Ruth showed Eliana graphs of how carrying out her compulsive checking activities and getting Tony to check for her was reducing her distress in the short term and giving her some initial relief, but in the longer term it was keeping her difficulties going. By using ERP, she would face her distress and fear, but resist the urge to carry out the compulsion. In doing this she would notice that her distress would begin to come down naturally. By repeating this, Ruth explained that it would break the link between her obsessional thoughts and the compulsion and hopefully make her feel more in control again. Eliana felt relieved that there was something that may be able to help her, even if it was a daunting prospect. With Ruth, she then set her goals for moving forwards with the treatment.

With the aid of Ruth her Psychological Wellbeing Practitioner (PWP) Eliana decided on the following goals for treatment:

Eliana's Goals

Goal number 1 *To be able to go without repeatedly checking doors, windows and the alarm*

Today's date:

6th March

I can do this now (circle a number):

0

1

2

3

4

5

6

Not at all

Occasionally

Often

Anytime

Goal number 2 *To spend next Christmas in a rented holiday cottage with Jonathan, Tony and my parents*

Today's date:

6th March

I can do this now (circle a number):

0

1

2

3

4

5

6

Not at all

Occasionally

Often

Anytime

Part 6

Eliana's ERP Symptom Monitoring Worksheet A

Date and Time	Situation (Where I am, what I am doing, what is going on around me)	Obsessional Thought/ Image/ Impulse (That gives distress and urge to carry out compulsion)	Distress Level (0 not at all distressed, 10 the most distressed you have been)	Compulsive Activity (Describe what you did to feel better/less distressed)	Time Spent (Undertaking Compulsive Activity)	What made you stop doing the Compulsive Activity (eg. when reached a certain number or when it felt right)
6th March	Going to bed, 11pm everyone else upstairs	The windows are not locked and we will get burgled overnight	70%	Checked all the windows, locking each one again and checking handle	35 mins	When it felt right to go upstairs
7th March	Having to leave to go to work	If I am last out and we get burgled it is down to me	70%	Checked windows, alarm and doors. Went back and checked twice	50 mins	When had to go to work or would be late again
8th March	At home alone run out of milk	Getting broken into while I am at the shop	60%	Did not go to get milk, checked all the windows, rang Tony to get milk	30mins	Once rang Tony
8th March	Locking up to go to bed	Getting robbed overnight then breaking in through the patio doors	75%	Checked the doors, went back down and checked doors several times	55mins	When it felt ok to leave
9th March	Going out to work, Jonathan had left his skylight open when I checked.	It is a good job I checked, had it been open all night. It is my responsibility to check	65%	Checked all the windows and doors before going out	50mins	When it felt ok to leave
10th March	A friend popped round and sat in the conservatory - had to open windows as so hot	I will forget to close them and we will lose everything	55%	Checked all windows and got Tony to check them too	45mins	Once Tony checked I could stop
11th March	Leaving to go to the supermarket	Coming back and a burglar being in the house	75%	Checked all doors and windows, rang Tony to see when he is home	30mins	When Tony said he was home first
11th March	Leaving to go to work, one of the PIR did not seem to work	They will break in and it is my fault	70%	Checked it lots of times	40mins	Late for work and it triggered the alarm so must be working
12th March	Jonathan went home at lunchtime when I was at work	Him forgetting to check everything and us getting robbed	80%	Went home side from work so I could check everything was ok	50mins	When I got home and checked
13th March	Locking up to go to bed	Someone getting in the back door	60%	Checked lots of times before going up	35mins	When it felt right to stop and go to bed

Ruth suggested that the first step would be for her to read through the ERP guide and to use the **Symptom Monitoring** form on **Worksheet A** to record the details of when she had intrusive thoughts or images and the compulsive activities she carried out and how long she did these for. Ruth explained that doing this would enable them to be clearer about what to put on her hierarchy, how much things were currently affecting her and it would also give them a baseline to measure progress against. Ruth suggested that she may want to share the guide with her husband if she felt this would be helpful.

Eliana took away the ERP guide and read through it with Tony that evening. She was relieved the first step wasn't to start tackling her OCD with the ERP straightaway. She knew ERP wasn't going to be easy and that it would take commitment to practice her ERP exercises. She also spoke to Tony about how hard it would be to try and stay in the situation for long enough to meet the condition of prolonged and without carrying out one of her compulsions. Tony said he would support her to do it and they both agreed that by Tony doing more around the house it would give Eliana more time to spend doing her exercises. They also discussed that for her to face her fears about being burgled and having been responsible for not locking things or setting the alarm properly, that he would have to be out at certain points to enable her to do the treatment. Tony found reading the guide with Eliana really useful and they both agreed that part of his providing support would be that he wouldn't go back and check for her if she asked; or give her reassurance as this would affect the treatment and not meet the necessary condition of without distraction.

Using the **Symptom Monitoring** form helped Eliana to see just how much her OCD was affecting her each day and she knew she would like to tackle it before it got any worse. Eliana noticed that she was spending so much time per day having obsessional thoughts and carrying out her compulsive activities that it meant she was not doing other things she would like to be doing instead. She noticed, not surprisingly that the worst times were when she was leaving the house alone and responsible for locking up and setting

Graded
Repeated
Prolonged
Without Distraction
Without Compulsion

the alarm and at night before they all went to bed. She also noticed that there wasn't really a set amount of times that she would check; in fact she would do it until it felt right each time which varied considerably.

Eliana met with Ruth again the following week at the surgery and together they reviewed her form. Ruth asked Eliana what she had noticed and they spoke about things that triggered her compulsions and the things she avoided as a result. From this they then moved to **Worksheet B** to start planning her hierarchy. She listed the most difficult things that she couldn't imagine being able to do, as well as some easier things like *checking the window in the upstairs en-suite was locked twice before going out (but still being able to check other windows that were more anxiety provoking).*

Eliana's ERP Hierarchy

Worksheet B

Below Write Each Step in Your Hierachy	Distress/ Anxiety Rating (0-100%)
<p>Most difficult...</p>	
<p>Going out setting the burglar alarm downstairs, but leaving the upstairs zone off</p>	<p>100%</p>
<p>Going away from home overnight with things locked up and the alarm set</p>	<p>95%</p>
<p>Leaving a window slightly ajar but locked in the bedroom when going out</p>	<p>90%</p>
<p>Going out of the house more than a miles drive away without checking the windows are locked</p>	<p>85%</p>
<p>More difficult...</p>	
<p>Going out of the house without checking the windows are locked within a miles drive from the house</p>	<p>80%</p>
<p>Leaving the house without checking the door has locked behind me when it closes</p>	<p>80%</p>
<p>Go out of the house without checking the en-suite bathroom window at all</p>	<p>70%</p>
<p>Easiest...</p>	
<p>Leaving the house with the alarm set but without testing the alarm PIRs are detecting movement before I go</p>	<p>65%</p>
<p>Go out of the house without checking the en-suite bathroom window more than twice</p>	<p>50%</p>

Eliana's ERP Exercise Recording

Worksheet C

Date and Time	Duration	Exercise	Rating of Distress/ Anxiety Level			Comments
			Before Exercise	Start of Exercise	End of Exercise	
19th March 8am	65mins	Going out to work without checking the en-suite window more than twice	60%	75%	30%	Hard but glad I did it! 😊
20th March 8am	60mins	To go out to work without checking the en-suite window more than twice	55%	65%	25%	Still hard but did it!
21st March 8.15am	55mins	To go out to work without checking the en-suite window more than twice	50%	55%	25%	So much easier
22nd March	50mins	To go out to work without checking the en-suite window more than twice	45%	40%	25%	So pleased! I can do this
24th March	15mins	To go out without checking the PIR detectors are working	65%	85%	85%	This was much harder - I ended up going back and checking after about 10mins. I will re-do the exercise

No Distress/ Anxiety
0%

Mild Distress/ Anxiety
25%

Moderate Distress/ Anxiety
50%

Severe Distress/ Anxiety
75%

Panic
100%

With Ruth, Eliana then used **Worksheet C** to being to plan to carry out her ERP exercises that she would do over the next week. Eliana chose to carry out *'Leave for work having only checked the en-suite window twice.'* Eliana went through the conditions of ERP to ensure that the plan would meet them. She planned to do it four times that week and she had some time off work that week so she felt this was realistic. She would check all the windows as usual except the en-suite, which she would only check twice, and then leave. She would remain out of the house for long enough for her distress to **drop by 50%** and then write the duration after this had happened.

Eliana shared her plan with Tony and Jonathan that evening over dinner so that they would know what she was going to do. The following day when everyone else was out at work and school, Eliana carried out her plan. She rated her before exercise level, which was 60%, and then she checked the windows and alarm and got her bag to leave the house. She felt the urge rise to check again and her distress level rose at the start of the exercise to 75%. She checked the en-suite window a second time, set the alarm and shut the front door behind her. Initially her level of distress didn't feel like it was coming down, but slowly it did start to reduce. It wasn't easy and she found the urge to go back and check remained strong for quite some time, but then eventually it come down.

She was really pleased with what had happened and so she repeated it again as planned on her homework sheet. She noticed that although still difficult, she felt more able to manage it as she had managed it once before. She carried on for the the week and found that she was able to tolerate the distress that only checking twice gave her more easily as the week went on and towards the end of her week she was ok about doing it and it didn't cause her much anxiety at all. She was really proud of how well it had gone and so fed this back to Ruth in her next appointment. Together they made a plan for the following week and again checked that it met the conditions. This time Eliana would step up the hierarchy to not check each PIR detector on her alarm was sensing movement before she went out. Eliana felt confident from her success the week before and although she knew it

would be difficult again, wanted to be able to do it. When Eliana tried it for the first time, it was really difficult. Her predicted anxiety had been 65%, but when she was preparing to go out she could feel herself getting more and more anxious. Her anxiety went up to 85% at the start of the exercise and she found it really difficult to remain out of the house having not checked the detectors. After about ten minutes she felt she could not tolerate it any longer and went home and checked. She was really disappointed but remembered that if this happened the guide said to go back out again and repeat the exercise and although it was the last thing that she felt like doing, she went round and unlocked and relocked all the windows and then set the alarm without checking all the PIRs. She went out of the house and although her anxiety was still at 85%, she remained with it and did not go back and check. She stayed out until her anxiety had dropped to 40% and then went back home. She felt exhausted, but pleased she had carried on. The next day it got a bit easier and so she kept going with it.

Over the course of the next few weeks and sessions with Ruth, Eliana kept working up her hierarchy. There were times it felt more difficult again and on a couple of occasions she did carry out a compulsion, but went back and redid the exercise. Each time she stepped up the hierarchy things got more difficult again, but she knew that by repeating it and sticking with the plan it did get easier each time. Ruth met regularly with Eliana to check her progress. Eliana had managed to go out leaving the upstairs burglar alarm unset as well as spend nights away from the house. Ruth discussed with Eliana the fact that the techniques she had learned would help her in the future if she needed them and that she should practice them regularly. Tony and Eliana went out for a lovely meal to celebrate when she was discharged. Going it alone was scary at first and Eliana wondered if she would be able to manage but she kept practicing and it wasn't always easy and sometimes she found herself wanting to check, but she recognised what was happening and knew putting the skills she learned into practice would ensure things did not spiral.

That Christmas Eliana, Tony, Jonathan and her parents and in-laws stayed in a holiday cottage by the coast. They were away for two weeks and Eliana had the best Christmas she could remember.



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University of Exeter
Washington Singer Building
Perry Road
Exeter EX4 4QG
United Kingdom

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