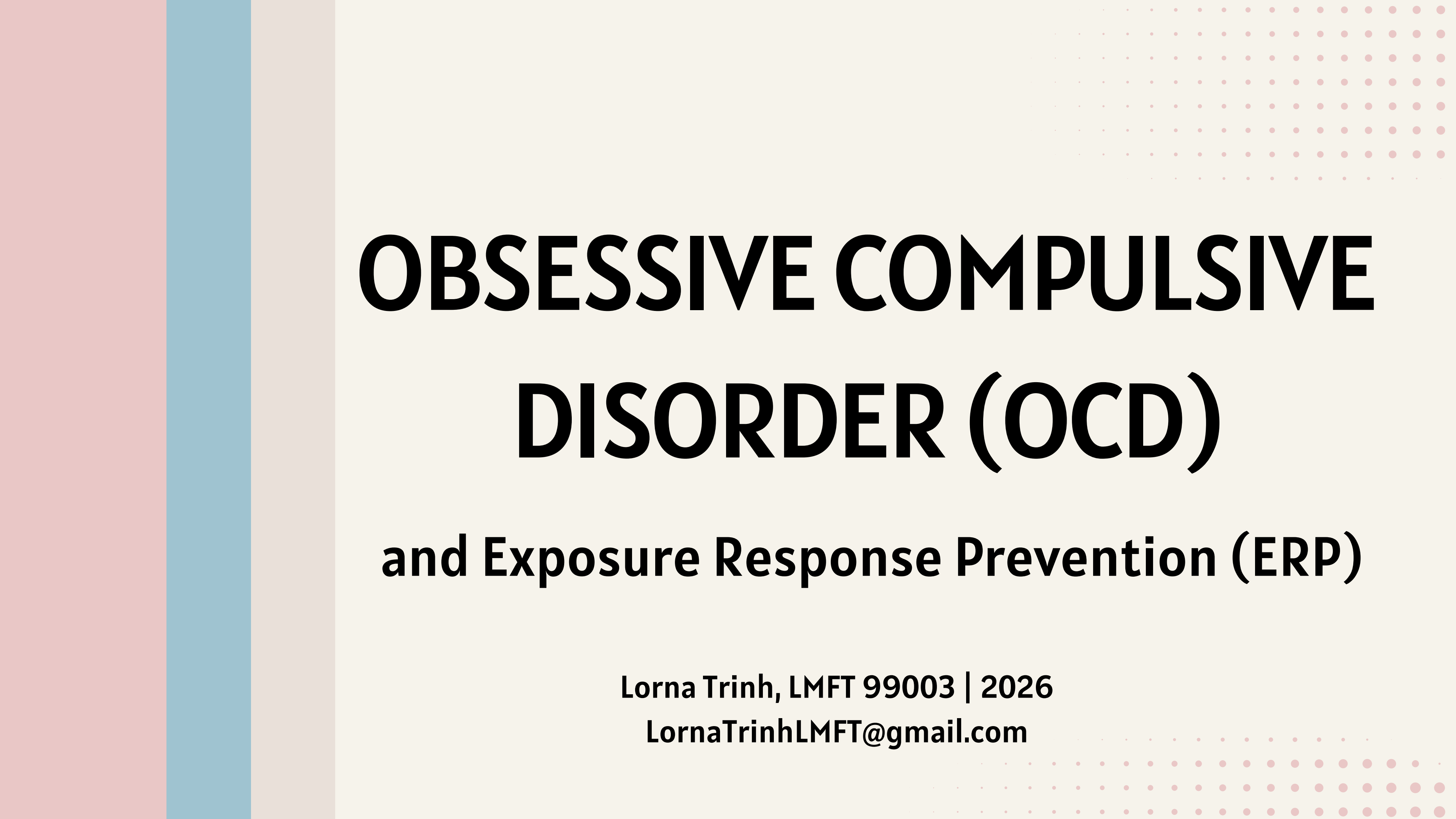




OBSESSIVE COMPULSIVE DISORDER (OCD)

and Exposure Response Prevention (ERP)

Lorna Trinh, LMFT 99003 | 2026

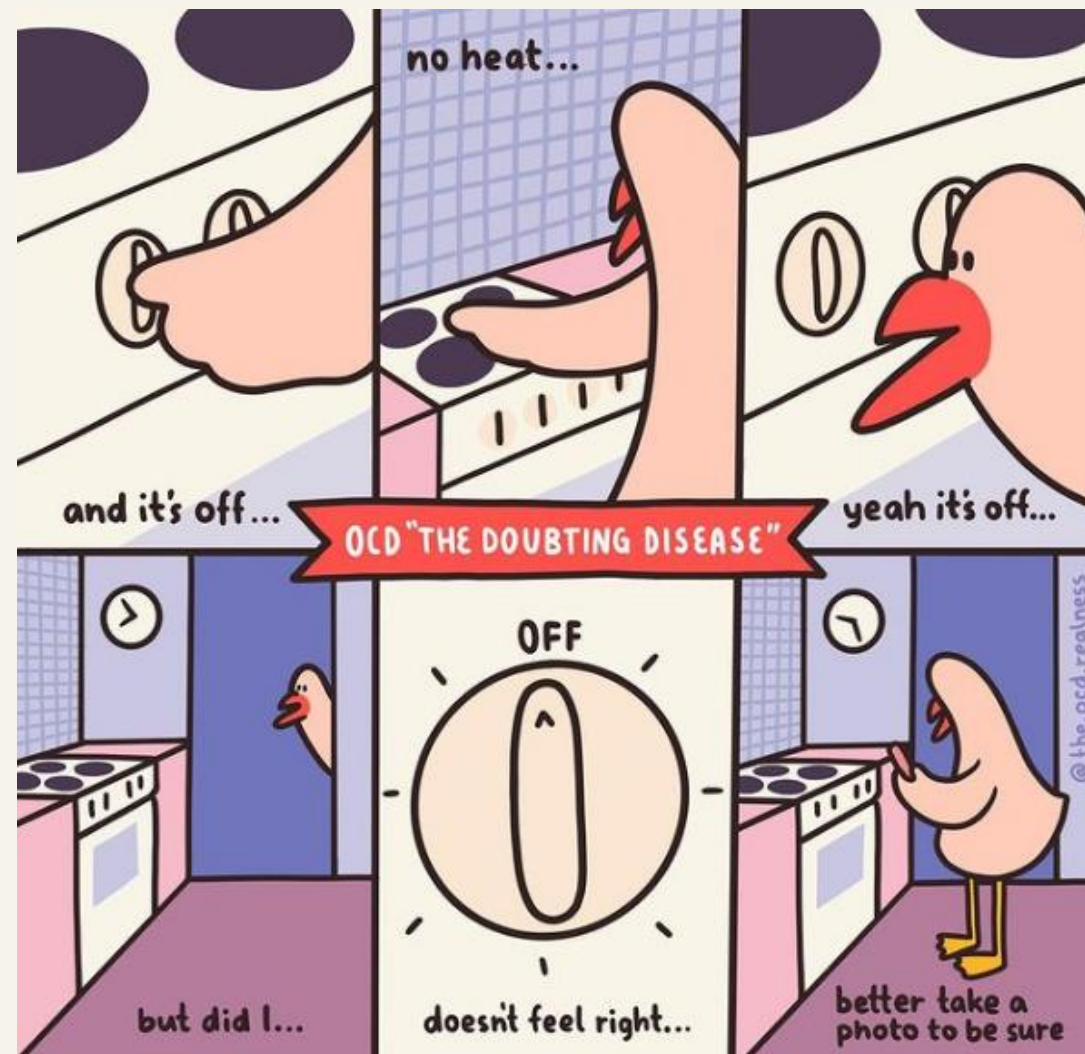
LornaTrinhLMFT@gmail.com

LEARNING OBJECTIVES

- 1** Identify core features of OCD and the OCD cycle
- 2** Better recognize more common behavioral and mental compulsions
- 3** Explain the rationale behind ERP, and begin conceptualizing ERP cases
- 4** Identify common ERP pitfalls

OCD CRITERIA

OCD | 2026



- Obsessions and compulsions
- Time-consuming (1+ hour/day), and cause functional impairment
- Symptoms are not attributed to substance use, medication, or another medical/mental condition

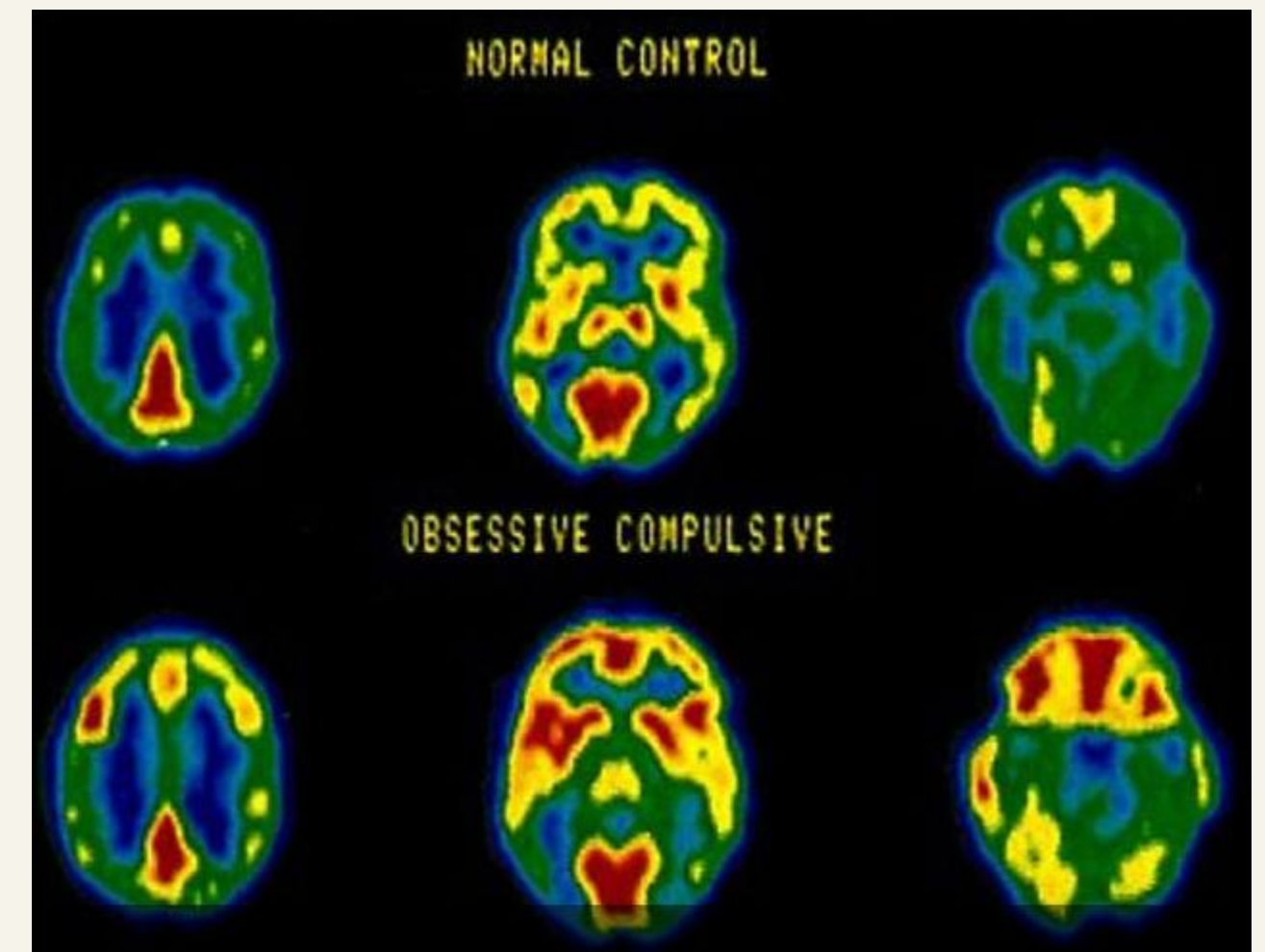
Rituals (physical or mental), avoidance, and reassurances make OCD worse

The golden standard for OCD treatment is ERP

OCD BRAIN

OCD is a brain disorder, that causes a glitch in the shifting of thoughts and behavior. As a result of this malfunction, parts of the brain becomes overactive.

Since these brain areas are hyperactive, this means the "something is wrong" feeling and the anxiety that comes with it are abnormally strong.



OCD | 2026

* Source(s) * : <https://josepheverettwil.com/2020/12/11/science-of-how-ocd-works-dealing-with-brain-lock>

<https://medicine.yale.edu/news-article/what-does-an-ocd-brain-look-like/>

BRAIN LOCK

EVERYONE'S BRAIN—BUT OCD BRAIN LOCKED AND AMPLIFIED

1

Orbital Cortex

"Something is wrong"

"If I don't vacuum this spot 5 times, someone in my family is going to get hurt today."

2

Cingulate Gyrus

Anxious, uneasy feeling

3

Caudate Nucleus

"Automatic Gear Shift" - Switching of gears, forget it, move on

* Source(s) * : <https://josepheverettwil.com/2020/12/11/science-of-how-ocd-works-dealing-with-brain-lock>

<https://medicine.yale.edu/news-article/what-does-an-ocd-brain-look-like/>

COMMON THEMES

Contamination

washing • cleaning • avoiding
“dirty” places

Checking / Doubt

locks • stove • driving routes •
mistakes

Harm Obsessions

avoidance • reassurance •
mental review

Symmetry / “Just Right”

ordering • repeating •
evening-up

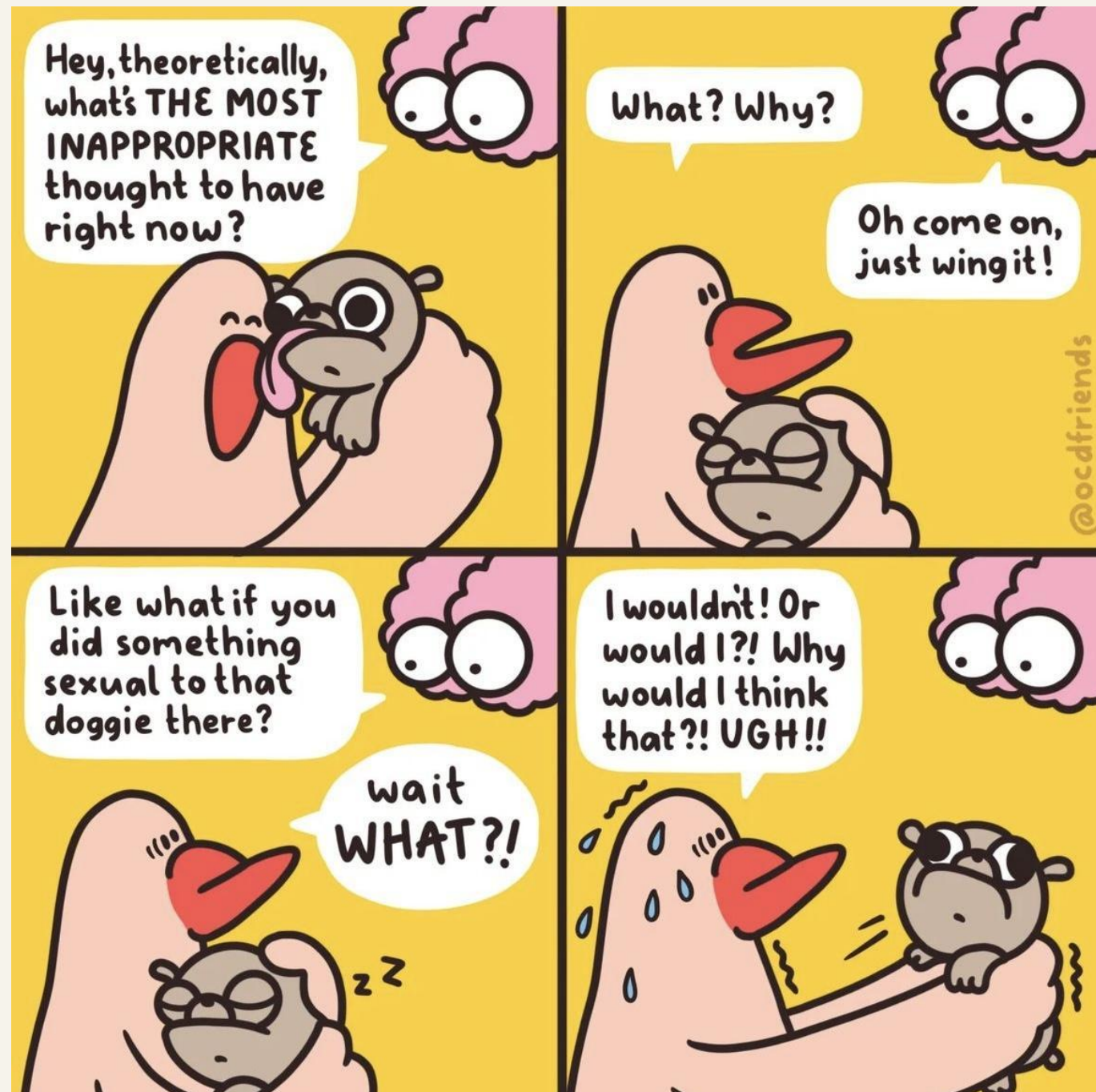
Sexual / Taboo

testing arousal • confession •
rumination

Y-BOCS

Yale Brown Obsessive
Compulsive Scale

GROINAL RESPONSE



A sensation in the groinal area that accompanies an unwanted intrusive thought, image, or urge. This is often met with anxiety and discomfort, as if it proves that they enjoy their unwanted obsessions.

GROINAL RESPONSE

WHAT DOES IT MEAN?

A person's body has generated a response to a stimulus (often a sexual thought or image but not always). Our bodies respond to sexual stimuli whether we like the stimuli or not.

WE ACTUALLY DON'T WANT TO TRY TO FIGURE OUT WHAT IT MEANS!

While experiencing sensations in the groinal area is common, people with other obsessions might experience it or compulsively check for it too. For example, someone with violent intrusive thoughts may fear that they are aroused by violence and compulsively check their groinal area.

MAGICAL THINKING

If I think a bad thought, it will come true.

If I don't wear my lucky shirt, something bad will happen.

I have to say 'goodnight' exactly three times or something bad could happen.

If I wear or use the color red, it means I want something bad to happen to my family.

MAGICAL THINKING

Magical Thinking is defined as the belief that one's thoughts, actions, words, or wishes can alter the course of events in the physical world.

Sayings: "Queer as a three-dollar bill." "Bad luck comes in threes." "Third time's the charm."

Bad luck: Broken mirrors, going under ladders, crossing a black cat's path

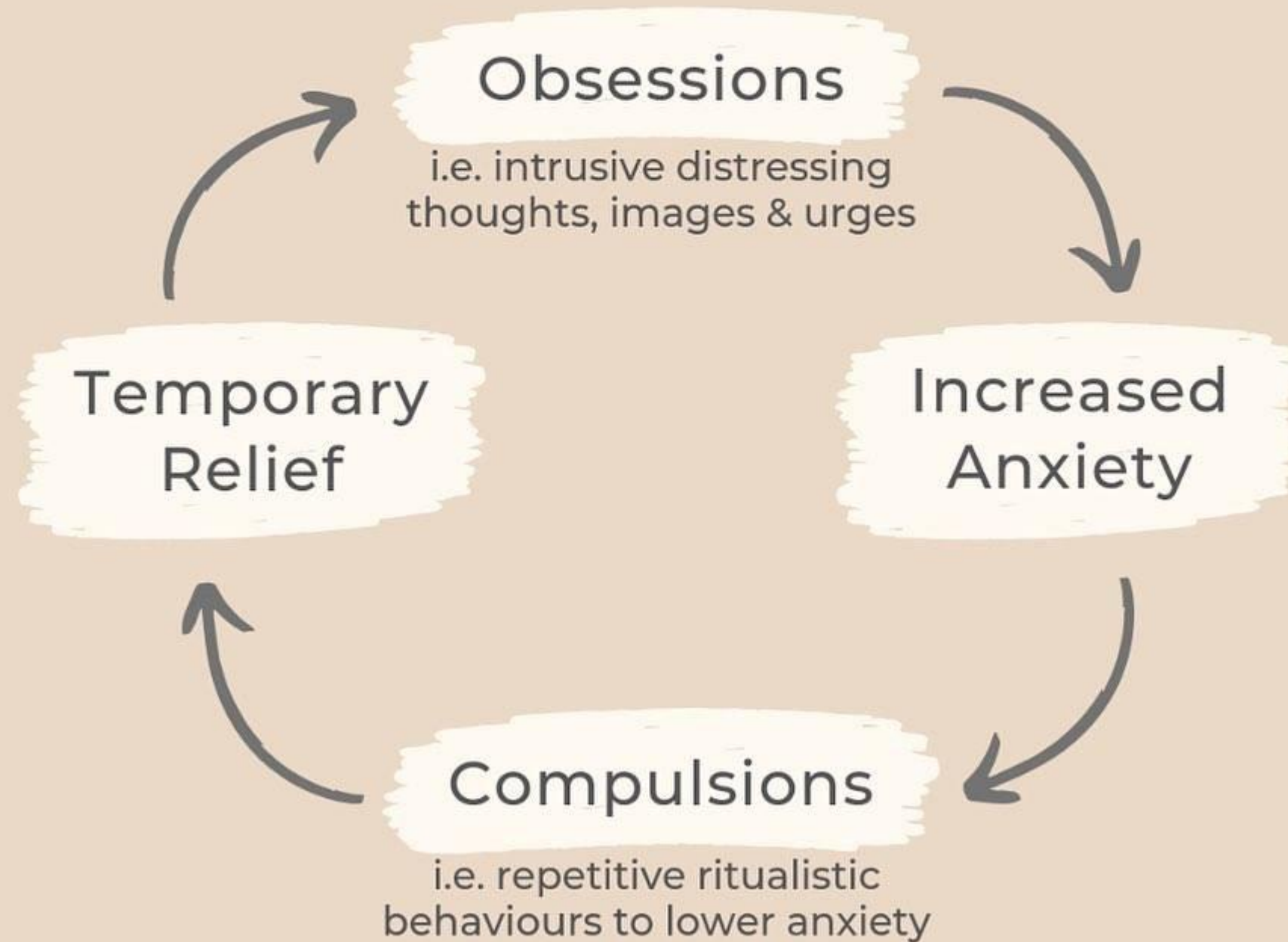
Neutralization: Knocking on wood, throwing salt over your shoulder, never saying good things out loud

Numbers (unlucky OR lucky): 666, Friday the 13th, lucky number 7, 4 (death)

**Me thinking I just saved the world
by engaging in a compulsion:**

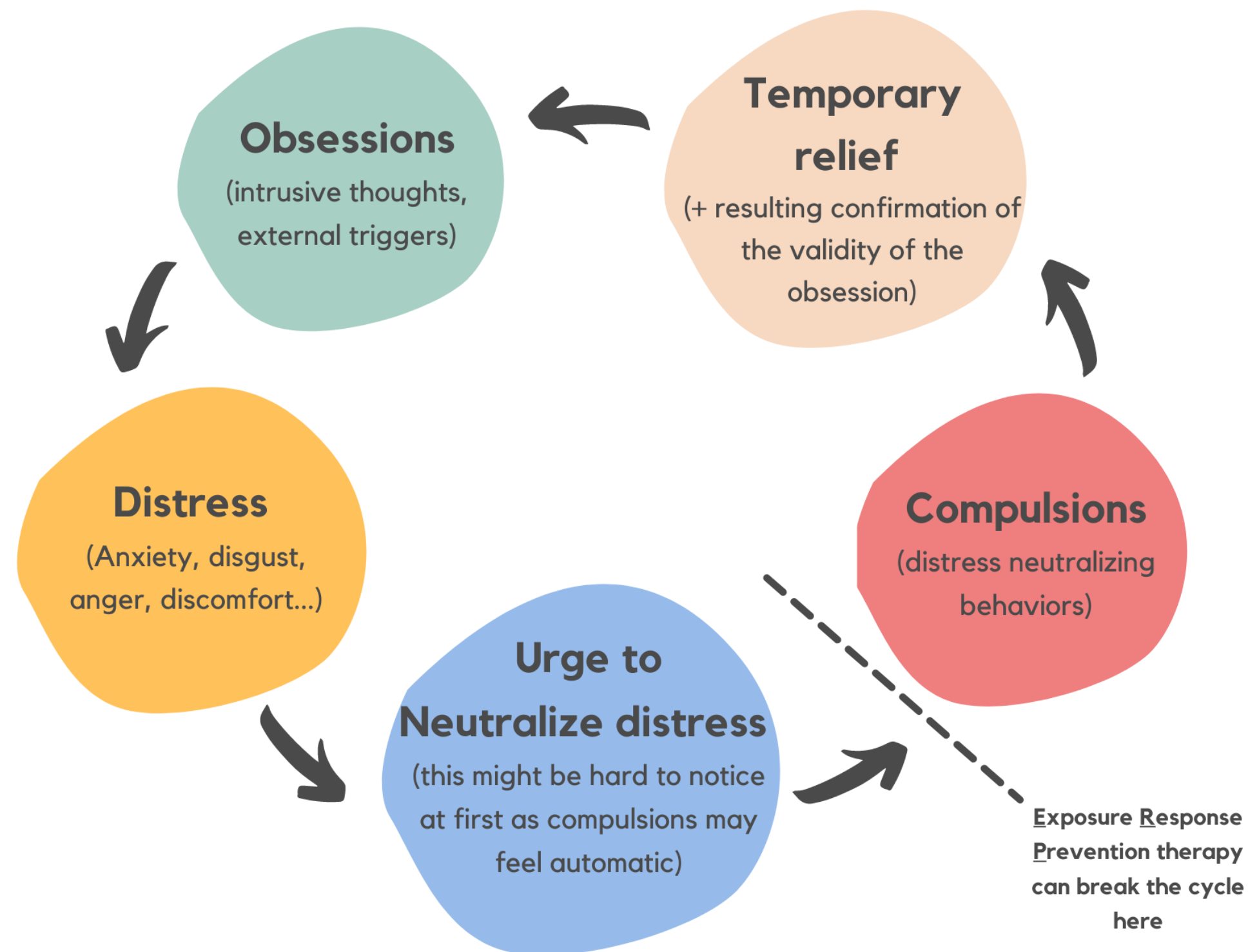


THE OCD CYCLE



- **Fear triggers fight or flight**
- **Immediate compulsion to reduce discomfort**
- **Brain interprets ritual as solution to fear**
- **Vicious cycle**

OCD'S CYCLE



Tia Wilson
@tortillawilson

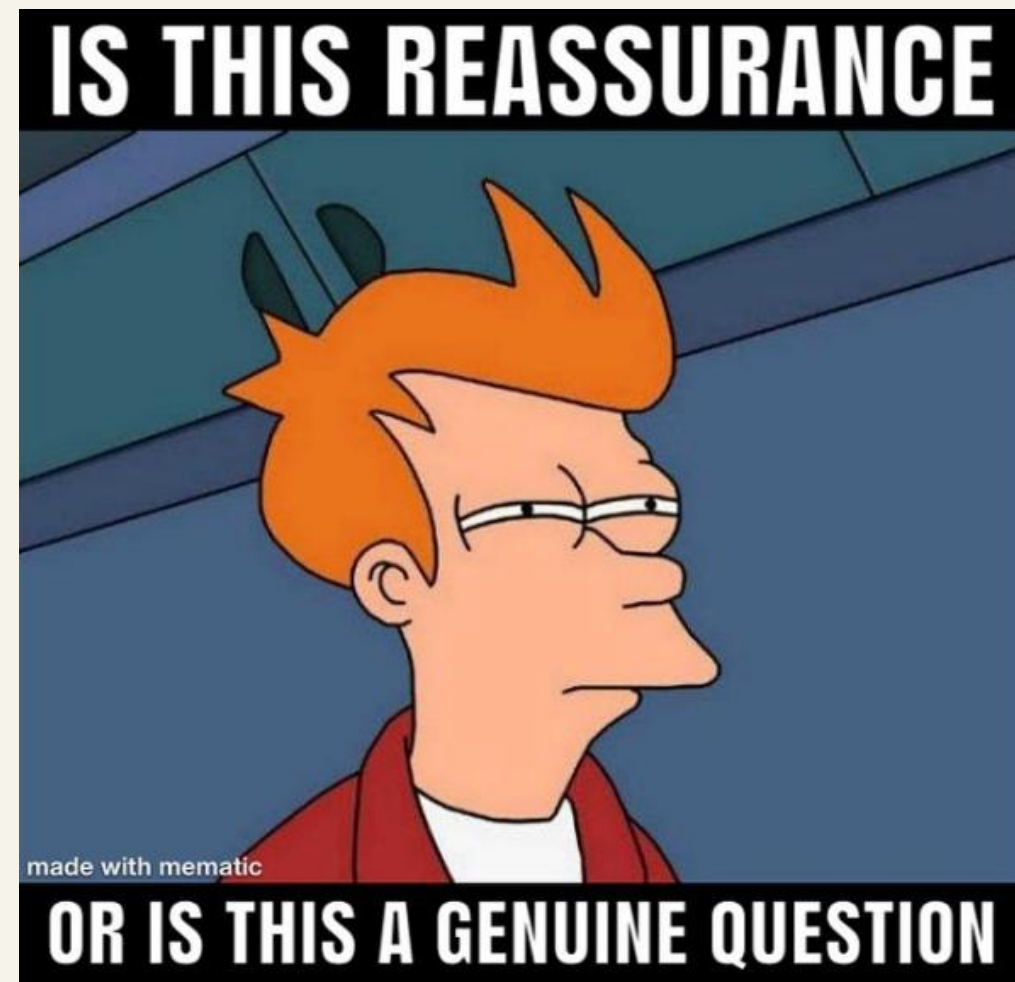
KEY: Don't stop the obsessions, stop the compulsions.

Compulsions reinforce the cycle. Stopping obsessions is avoidance.

We need to activate obsessions and triggers to reduce anxiety.

IS THIS AN OCD THOUGHT?

IT DOESN'T MATTER.



It can be helpful to label intrusive thoughts as OCD, but it's also important not to use that as reassurance. Continue leaning into the uncertainty that you may never know, and that is okay!

Otherwise, you risk triggering: Checking compulsions, reassurance seeking, excessive researching, increased doubting. Compulsions in OCD cause self-doubt.

**- EVERY TIME A COMPULSION IS REMOVED,
YOU GAIN A LITTLE MORE TRUST BACK IN YOURSELF -**

LOGIC + TALK THERAPY

OCD is a bully that lives inside your brain. Bullies don't care if they're telling the truth, or making sense or not—They only care they are getting a specific reaction out of you.

It is very hard to disprove a baseless accusation or threat, because the more you defend yourself, the less you and everyone else believes it.

WHAT NOT TO DO

- LOGIC
- TALK THERAPY
- Avoidance
- Reassurance
- Rationalizing
- "Just don't do that"
- Replacement rituals
- Reframing thoughts

WHAT DOES NOT WORK FOR OCD TREATMENT

@ObsessivelyEverAfter



Thought stopping



Snapping a rubber band when you have an unwanted thought



Replacing a "bad" thought with a "good" thought



Talk therapy with no behavioral change



Offering a client reassurance about their fears

WHAT WORKS FOR OCD TREATMENT



Facing fears head on (exposure)



Eliminating compulsions: mental and physical (response prevention)



Learning how to cope with uncertainty



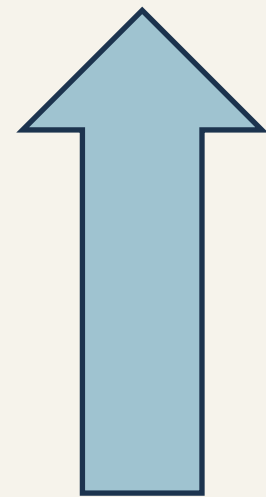
Values-based living



Accepting the presence of thoughts, images, sensations, and urges

WHAT IS EXPOSURE THERAPY?

INCREASE triggers + DECREASE rituals

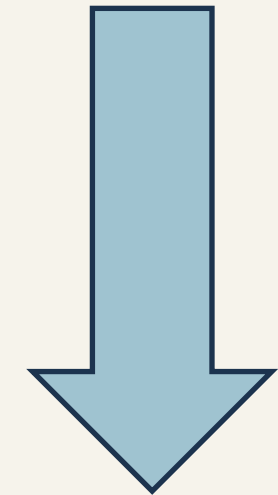


EXPOSURE (to triggers)

Exposure affects
reduction of anxiety

RESPONSE PREVENTION (RP)

RP affects reduction of
ritualistic behaviors



Repeated, prolonged confrontation with feared stimuli, in the absence of avoidance of compulsions, until the anxiety goes up on its own, peaks, and naturally comes down.

EXPOSURES VERSUS RP

TRIGGERS / OBSESSIONS

● EXPOSURES

Deliberate and systematic confrontation of triggers, in the absence of rituals, to overcome fears and anxiety through gradual desensitization.

REDUCES ANXIETY

ACTS / COMPULSIONS

● RESPONSE PREVENTION

Intentional refraining from engaging in compulsive behaviors to reduce anxiety triggered by obsessive thoughts.

REDUCES BEHAVIORS

EXPOSURES

EXAMPLES

Symptom	Exposure
Fear of touching things in public spaces	Touching commonly used surfaces (e.g., countertops, pens at banks, doorknobs in communal places)
Fear of hurting others with sharp objects	Holding a pair of open scissors on the therapist's wrist
Fear of offending God	Writing and reading aloud passages praising the devil
Fear of being homosexual	Looking at provocative pictures of the same sex; identifying attractive components about them
Excessive checking of stovetops	Leaving the house without checking the stovetop; reciting that the house will burn down when leaving

EXPOSURES

WHAT IS NEEDED FOR EXPOSURES TO BE EFFECTIVE?

WILLINGNESS: Skepticism is fine, but there has to be willingness to follow through with exposure instructions on their own.

INDEPENDENCE: Patients have to be mature enough to understand concepts and catch their compulsions and rituals themselves.

DURATION/FREQUENCY: To be an effective exposure, it has to be done both long enough, and frequently enough, to maximize the desensitization experience.

Surprise exposures DO NOT work!



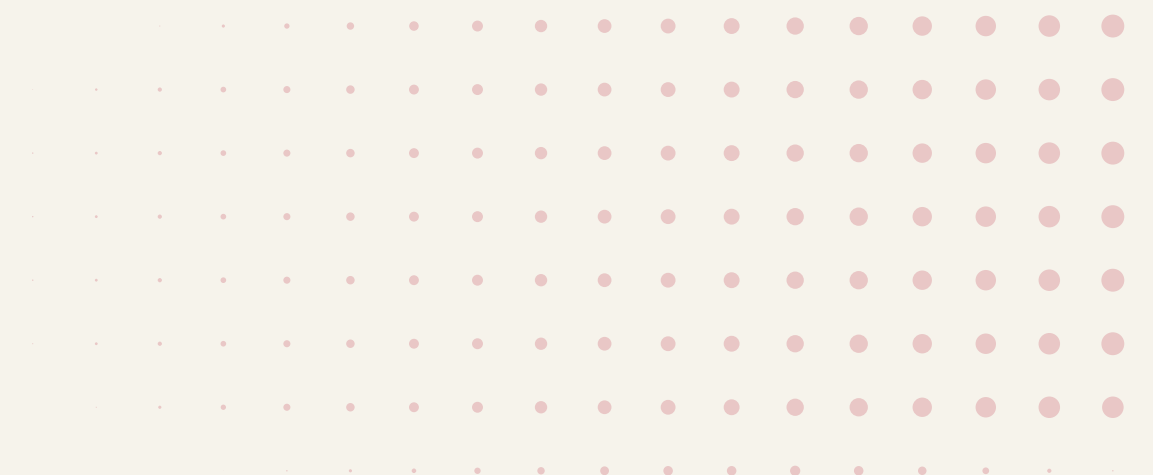
ANALOGIES



TO BETTER VISUALIZE OCD AND ERP

OCD has all the stamina in the world, while it's only lightly powerwalking in circles around you. Force it into a sprint for a concentrated period of time, and don't give it enough recovery.

OCD is like a finger trap—The harder you pull away, the tighter the hold. Leaning into it a little bit makes it SO much easier to get out.



BREAKOUT

Build a Starter ERP Plan

TASK (15 minutes): trigger → obsession → compulsion

→ 2 exposure ideas → 1 response-prevention target



CASE A: CONTAMINATION

SCENARIO

Client avoids touching shared surfaces at work and washes until hands sting. Feared outcome: contaminating their partner and being responsible for harm.

INSTRUCTIONS

- 1. Choose roles: therapist, client, observer/timekeeper, switch halfway**
- 2. Identify the obsession (trigger), and compulsion (response)**
- 3. Suggest 2 starter exposures + response prevention**
- 4. Switch halfway**

CASE B: CHECKING/HARM DOUBT

SCENARIO

Client circles back while driving to make sure they did not hit anyone. They also replay the route mentally and ask their partner for reassurance.

INSTRUCTIONS

1. Choose roles: therapist, client, observer/timekeeper, switch halfway
2. Identify the obsession (trigger), and compulsion (response)
3. Suggest 2 starter exposures + response prevention
4. Switch halfway



REASSURANCE



Reassurance is an attempt to try to make them abolish all their doubts and create certainty.

Yet, absolute certainty is unattainable and unnecessary to make decisions, evaluate choices, and take actions. There are no guarantees possible for the future. Instead of offering needless reassurance, we need to feel the uncertainty and to accept the doubts and its discomfort.

REASSURANCE

Telling family, "You'll be just fine!" before they do something or go somewhere can make them more anxious and they can have thoughts such as, "Why wouldn't I be fine? There must be something to worry about?"

Telling family, "Don't worry, that will never happen!" doesn't take away their worry, it leaves them alone with their worry which increases their discomfort in feeling worried.



REASSURANCE

WHAT TO DO INSTEAD

VALIDATE what they are worried about. Talk about it, let them express it all out of their body. Listen without trying to convince them to think otherwise.

Offer **EMPATHY** and understanding for how challenging their worry is.

Talk about what are **FACTS** and what is **UNCERTAIN**. Accept their uncertainty so that they can too. It's okay to feel uncertain.



REASSURANCE VS SUPPORT

EXAMPLES OF LOOPHOLES



Reassurance sounds like...

—

- "That will never happen!"
- "You'll be fine."
- "There is no way that's true about you!"
- "That is extremely unlikely."
- "You would never do that."
- "I'm sure."
- "You're safe, don't worry."



Support sounds like...

—

- "I am here for you, but I don't think answering this question is helpful to you right now."
- "Maybe, maybe not. I believe in your ability to sit with the uncertainty."
- "Are you seeking reassurance? Let's ride the wave instead."
- "I can't tell you whether or not that will happen."

WHAT ELSE CAN YOU DO?

- Detective work: How many times a day are you ritualizing? Can you reduce that number?
- Choose one thing to start with
- Set a goal that is objective and measurable: I will only answer 3 reassurance seeking questions after school. I will wash my hands one time after coming home.
- Build on successes
- Start with the easiest first: AGREEMENT!

Work to get
your family
member into
treatment

Get help for
yourself

Goal: Reduce your
involvement in
rituals/compulsive
behavior



CONSIDER
MEDICATION



HIGHER LEVEL
OF CARE



TALK TO THE
SCHOOL

Make explicit
agreements and
contracts with your
family member through
calm discussion and
negotiations.

Discuss reducing
accommodations during
calm moments, not in
the heat of the moment.

REDUCING ACCOMMODATIONS

RELAPSE IS A PART OF RECOVERY!

Make supportive and encouraging statements without accommodating

"I know you can do this!"
"I know this is hard, but I'm standing with you."

Direct your anger and frustration at OCD

"I'm not mad at you, I'm mad at OCD for stopping us from going to the mall"

Tolerate your own feelings in the moment

Don't give accommodations to reduce your own anxiety.

More involvement with your family member isn't always better

How is your own anxiety?

Give praise for small gains, recognize improvements.

Use humor and fun (when appropriate)

Hall pass: Not every OCD behavior needs to be recognized, talked about, analyzed, etc.

Choose your battles. You cannot solve this all in a day.

DON'T TRY HARDER

Do rituals wrong

TRY DIFFERENT

Agree with the OCD: You're irresponsible and unsanitary

One up the OCD--Sass is back with something more outlandish

Radical acceptance

Change language: CAN'T vs WON'T

Delay, delay, delay!

Radical acceptance rests on letting go of the illusion of control and a willingness to notice and accept things as they are right now, without judgement.
- Marsha M. Linehan

FAMILY ACCOMMODATIONS

THESE ARE BAD!

Participate

- Participate in ritualistic behavior
- Wash hands with family member

Assist

- Assist in avoidance behavior
- Won't say certain words

Facilitate

- Facilitate symptomatic behavior
- Buy excessive amounts of cleaning products for them

MODIFYING FAMILY ROUTINE

- Can only eat outside the house

TAKE ON EXTRA RESPONSIBILITIES

- Individual with OCD has no chores around house

OFFER EXCESSIVE AND REPETITIVE REASSURANCE

MODIFY LEISURE ACTIVITIES

INTERFERENCE IN WORK FUNCTIONING

FAMILY ACCOMMODATIONS

EXAMPLES OF LOOPHOLES

Symptom	Exposure	Loophole
Fear of harming others	Writing detailed scripts about the ways in which harm will come to others and reciting them aloud	"Don't worry, I know you would never intentionally hurt me/others."
Excessively checking doors, windows, and locks before bed	Going to sleep without checking	Family members will check instead, so patient isn't one doing ritual
Fear of harming self	Writing a detailed suicide script and letter; reading script to others	Concerned checking in; "Are you sure you're okay?"; hiding knives
Reassurance seeking of needing information confirmed	Do not ask, and family members do not repeat after answering once	Family members continuing to repeat, "Ask something else!" each instance
Hearing other people talk about divorce	Listen to parents talking during a discussion about a potential divorce, act out telling they are getting divorced	Reassuring that they won't before and after the exposure; Keeping real arguments hushed

EXPOSURE EXAMPLES

Symptom	Exposure
Fear of getting a detention	Run down the hallways in school, even after being warned
Worried about bad grades	Purposefully answer three questions incorrectly on a test
Not knowing if something will go wrong in future	Allowed to ask Mom only three reassurance seeking questions a week
Perfectionism OCD	Coloring outside the lines
Hearing from my doctor that I need follow-up tests	Have my doctor tell me that I may be sick and will need to get some follow-up tests done

EX/RP FOR OCD TRAINING

UPenn - Center for Treatment and Study of Anxiety

Dates: 2026 Mon, Nov 9 – Thu, Nov 12

Times: 9A to 5P EST Mon – Wed, 9A to 4P EST Thu

Cost: \$1500

Workshop Location: Zoom

https://www.med.upenn.edu/ctsa/workshops_oed.html

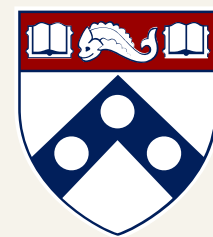
Dates: 2026 Fri, Nov 20

Times: 9A to 5P EST Fri

Cost: \$450

Workshop Location: Zoom

https://www.med.upenn.edu/ctsa/workshops_pediatric_oed.html



Perelman
SCHOOL OF MEDICINE
UNIVERSITY of PENNSYLVANIA

RESOURCES | 2026

https://www.med.upenn.edu/ctsa/training_opportunities.html



NOCD delivers virtual face to face therapy with specialized therapists who are trained in ERP.

In between care, members are supported through communities, self help tools and care management services.



WEBSITES AND AGENCIES



International OCD Foundation (IOCD) - <https://iocdf.org/>

NOCD - <https://www.treatmyocd.com/>



UCLA Child OCD Intensive Treatment Program -



<https://www.semel.ucla.edu/catp/child-ocd-intensive-treatment-program>

UCLA

UCLA Obsessive-Compulsive Disorder Intensive Treatment Program -

<https://www.uclahealth.org/Resnick/obsessive-compulsive-disorder-intensive-treatment-program>

UCLA Resnick Neuropsychiatric Hospital

WEBSITES AND AGENCIES



TLC Foundation for Body Focused Repetitive Behaviors (BFRBs) - <http://www.bfrb.org/>

CBTSCHOOL.COM

The CBT School - <https://www.cbtschool.com/>



OCD Challenge - <https://www.ocdchallenge.com/>

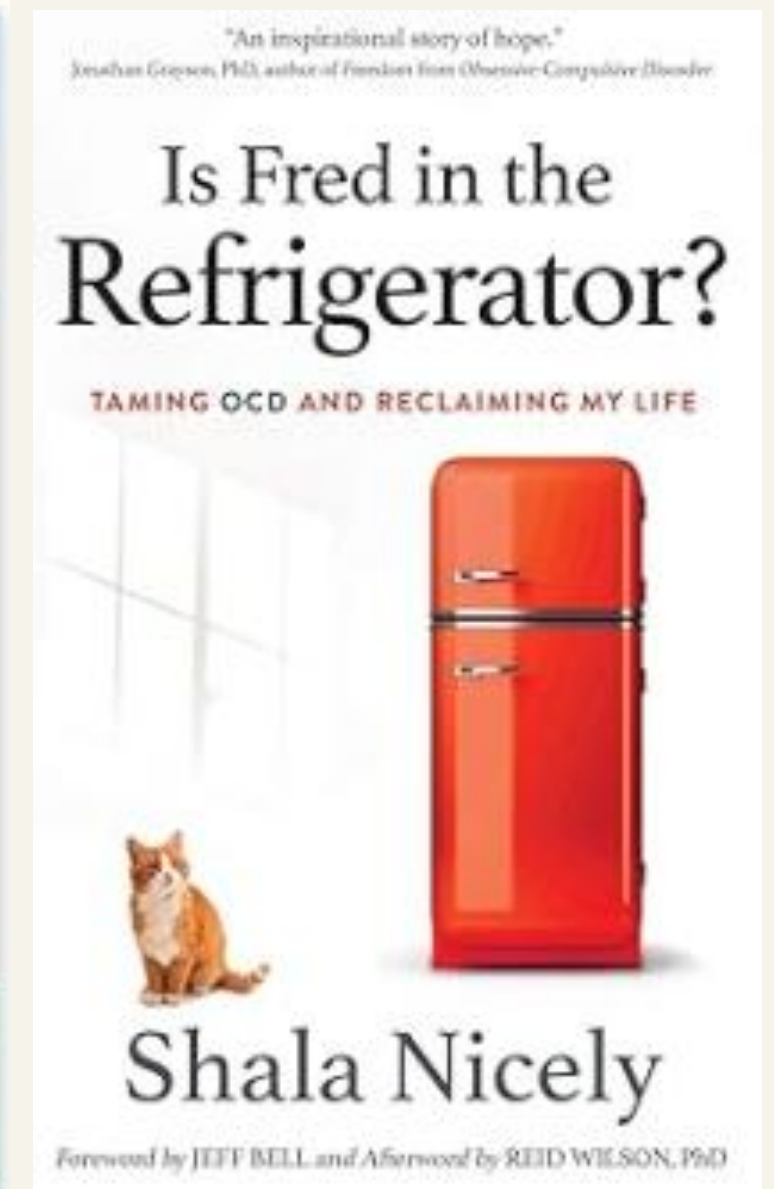
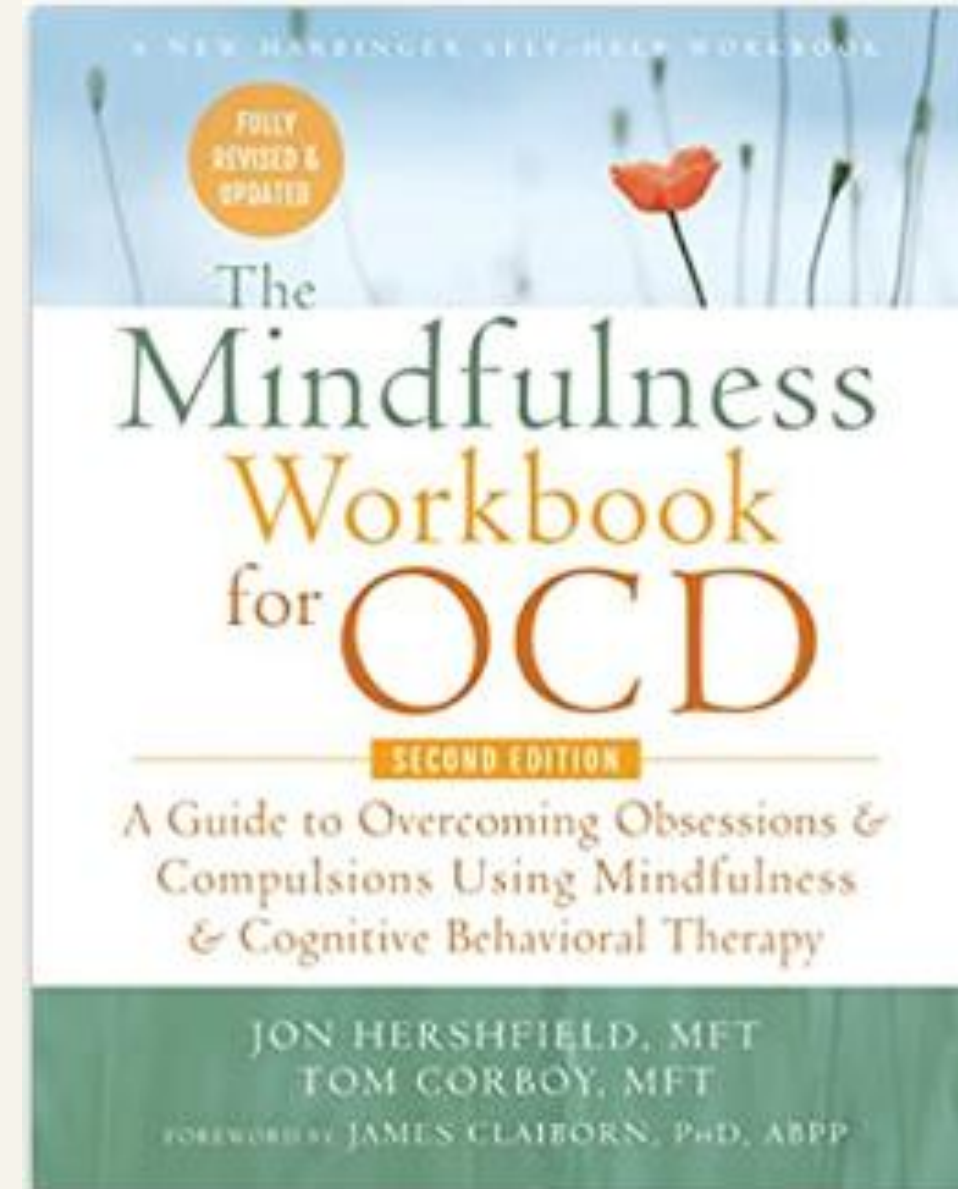
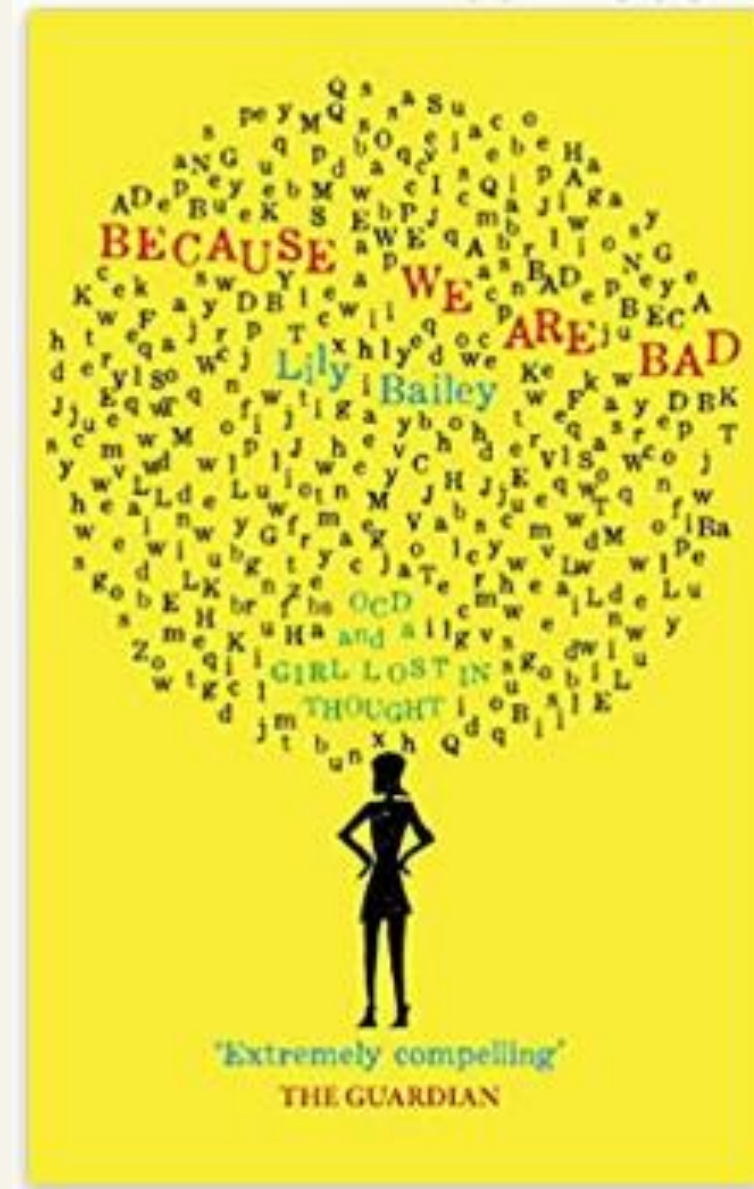
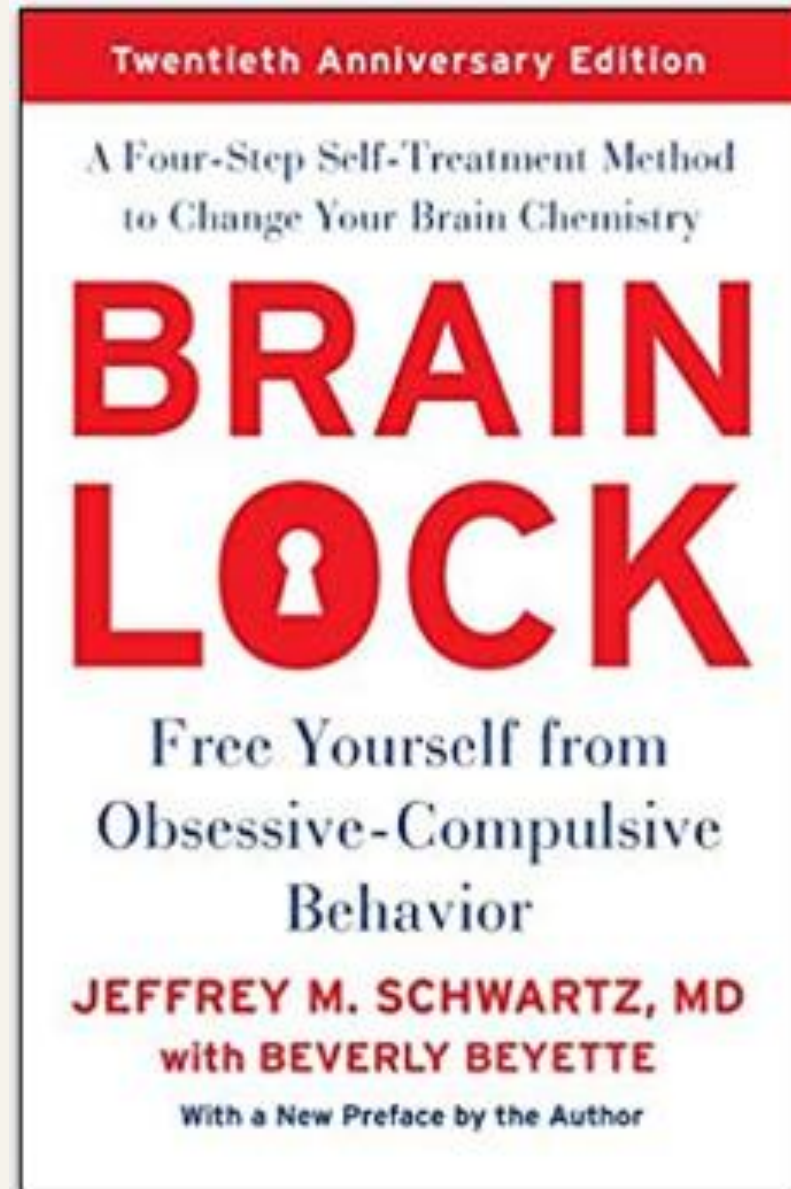
unstuck: an OCD kids movie
<https://www.ocdkidsmovie.com/>



BOOKS

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RESOURCES | 2026



INTRO TO OCD & ERP | 2026

THANK YOU

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