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**RITUAL (RESPONSE) PREVENTION**

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Definition: A method to help patients learn to stop carrying out obsessive-compulsive rituals which switch off the anxiety triggered by obsessive thoughts. Ritual prevention is typically preceded by exposure to feared/avoided stimuli that trigger the rituals, hence the term exposure with ritual prevention (ERP).

Elements: The therapist encourages patients to confront feared/avoided situations while refraining from carrying out rituals (compulsions) that they've been using to reduce distress. The patient eventually discovers that distress dies down anyway without the use of rituals and that not carrying out rituals incurs no harmful consequences.

Ritual prevention may be guided by a therapist, family members, or by patients themselves. It involves real and/or imagined stimuli. Ritual prevention is accomplished by simple abstinence, encouraging replacement behavior incompatible with the ritual (e.g. playing the piano instead of washing hands repeatedly, or watching an enjoyable television show instead of doing ordering rituals like re-arranging items on a shelf), self-reward of successfully-prevented rituals by good food, money or other incentives, or other ways of breaking the cycle of obsessions and rituals. With repeated exposure to the initially anxiety-evoking stimuli plus prevention of the formerly-ensuing rituals the patient learns that not ritualizing is unlikely to bring on feared outcomes. The goal is to completely master urges to engage in rituals.

Related procedures: Exposure, flooding, modification of expectations, modeling, behavioral experiments.

Application: ERP can be guided individually or in a group, as an in- or out-patient and/or at home, with involvement of partners and/or other relatives, and with cognitive restructuring or medication.

1<sup>st</sup> Use? Meyer V (1966)

References:

1. Meyer V (1966) Modification of expectations in cases with obsessional rituals. *Behaviour Research and Therapy*, 4, 273-280.
2. Abramowitz JS (1996) Variants of exposure and response prevention in the treatment of obsessive-compulsive disorder: a meta-analysis. *Behavior Therapy*, 27, 583-600.
3. Meyer V, Levy R (1973) Modification of behavior in obsessive-compulsive disorders. In Adams HE & Unikel IP (Eds) *Issues and trends in behavior therapy* (p77-137). Springfield, IL: Thomas.
4. McKay D (1997) A maintenance program for obsessive-compulsive disorder using exposure with response prevention: 2 year follow-up. *Behaviour Research and Therapy*, 35, 267-269.

Case Illustration (McKay 1997)

Karen was referred for psychotherapy after asking her dermatologist for a prescription hand lotion for severely chapped hands and wrists. He saw she had no chapping on any other body area, and on inquiry found she had washed her hands and

wrists excessively over the past 15 years. Her washing had worsened just prior to initiating treatment, recently for up to 100 times per day. On seeing a psychologist she was surprised to hear that she had obsessive-compulsive disorder, and reported further symptoms such as ordering objects at home, maintaining symmetry of items on her bedroom dresser, and checking doors and locks for as long as she could remember. She was extremely hesitant about starting therapy by exposure with ritual prevention (ERP). It began with her therapist modeling ERP for her - washing his hands in her presence, then touching a clean napkin to the floor, and asking her to rub her hands with that napkin. She did this and felt mild anxiety that diminished within 5 minutes. By the end of her first 90-minute ERP session she was touching the floor with her hand directly, and was asked to continue practicing ERP between sessions. Her between-session work included keeping a homework diary to track her improvement. After six 90-minute sessions she could touch feared contaminants, such as public garbage pails and doors to enter public places, without washing afterwards. Further, she only washed after using the bathroom, which was about 3-5 times a day. The therapist visited her home to develop ERP tasks in which she deliberately disordered things around her home and re-arranged items on her dresser asymmetrically. Her marked anxiety evoked by disordering tasks dissipated after about 30 minutes. In order to promote greater habituation, the therapist reminded her of the disorderly nature of her environment every 3-5 minutes. For her checking rituals, she had home sessions where she deliberately left her front door unlocked and walked around her block. She was asked to do this daily between sessions. After 23 90-minute sessions - 5 at home, the rest as an outpatient - her rituals decreased markedly, her hands stopped being chapped, and she spent little time in ordering/arranging items. Checking rituals persisted but were fewer than at the start of treatment. She then had a year-long maintenance program consisting only of twice-monthly phone calls to the therapist for guidance of daily self-directed ERP. By 2-year follow-up her checking and other rituals had improved further.