

## ***Using ERP in Our Space***

### **Two types of Exposures**

- In-vivo: Real time, directly facing
- Imaginal: creating an imaginal scenario to illicit distress response

### **In Vivo Bathroom Exposure**

- Contamination may be the fear stimulus.
- Client may be prompted to directly engage with the items in the bathroom that are deemed contaminated. For example, “gross,” “dirty” or “with bodily fluid.” Client may be asked to touch, the faucet, toilet (sit), trashcan followed by cross contaminating to self or other objects/person(s).
- Simultaneously client is directed and encouraged to resist compulsions. Compulsions may include: cleaning (wiping/washing), checking (scanning body for traces of contaminant), and resisting mental reassurance such as: “it will be okay this is for therapy,” “I can wash/clean later,” etc.

### **Shower Exposure**

- Clients may struggle with ADLs including grooming routines of toothbrushing, toilet routines, showering, etc.

- The use of the full shower may be utilized to help a client work through time intensive bathing routines which often may include repetitive behaviors of soaping, shampooing, shaving, etc.
  - Clinician is providing directives of moving through each grooming activity with time checks. For example, in 30 seconds remove your hands from lathering the shampoo and begin rinsing. Are you rinsing? Okay, now we are turning off the water in 30 seconds.
  - During such exposures there is a privacy shield used and other privacy guidelines established between clinician and client prior to engagement.

### **In Vivo Mirror Exposure for Body Dysmorphic Disorder (BDD)**

- Client to view self in mirror focusing on objectivity of person and body vs. descriptive labeling statements. For example, “I notice a face with features including eyes, nose and a mouth.” Absent of descriptive, labeling statements of “Eww, look at how long and pointy my nose is!”
- Behavioral modification is utilized to assist with decreasing “fidgeting” and “minimizing” body movements. For example, clients may desire to turn their body in a position that is more appealing, scrunching their skin, or tugging, touching or tapping an area of their body that is the area of dissatisfaction. Clinician guides client with tools/techniques to resist with verbal identification and prompts to RESIST.

## **In Vivo Kitchen Exposure**

- Contamination is often the fear stimulus addressed with kitchen activities.
- This may include cooking items (raw meats YAY!), loading and unloading the dishwasher, intentionally making the kitchen counters, fridge, microwave “dirty,” etc.
- Resisting compulsions of checking, repeating sequences, smelling, washing, reassurance statements, etc.

## **In Vivo / Imaginal Exposure – The Balcony**

- Harm/Suicidal OCD may be the fear stimulus.
- In vivo may involve client standing on the balcony.
- Simultaneously client may be asked to read an imaginal script of the possible fear centered outcome that may occur as a result.