

Beyond ERP: Using Mindfulness-based Approaches for OCD

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Disclosures

*Dr. Jody Levenbach has no financial conflicts of interest
in relation to the content of this presentation*

Learning Objectives

1. Explain how mindfulness-based therapies can reduce barriers to participation in ERP and improve outcomes in OCD.
2. Describe OCD-specific strategies in therapy that are based on ACT principles.
3. Identify ways to adapt mindfulness-based strategies to therapy for children and youth.

Why mess with perfection?

- Exposure and Response Prevention (ERP) is first-line psychotherapy for OCD.
 - Involves systematic exposure to feared stimuli and prevention of compulsive responses
 - Average improvement rates: 50–76%
 - Dropout/refusal rates: ~18.7% due to challenging nature of exposures
 - Not all patients achieve full remission; many experience residual symptoms or relapse
 - Can be lack of generalizability to "real world"
 - Frequent comorbid conditions that need to be addressed simultaneously



What is Mindfulness

Two-minute crash course

Mindfulness means paying attention in a particular way: on purpose, in the present moment, and nonjudgmentally.

John Kabat-Zinn

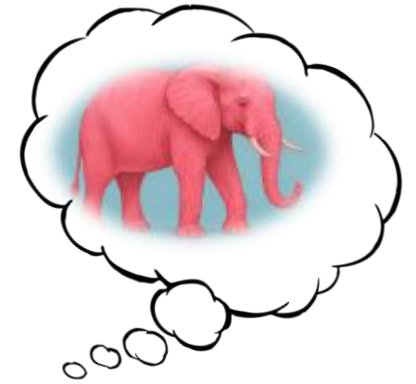
Acceptance and Commitment Therapy (ACT)

Application in OCD

Cognitive Defusion

- Recognizing thoughts as thoughts rather than truths that require action
- Opposite of "Cognitive Fusion" = treating thoughts as reality
- Attempts to control inner experiences lead to suffering
- *Content* of thoughts is not important – *relationship* to them is
- In OCD, importance of thoughts are elevated: dangerous and meaningful
- Therapy activities are designed to reduce the power of intrusive thoughts by "unhooking" oneself

Defusion in Therapy



- Activities to encourage separation from word and meaning
 - Imagining watching thoughts across a tv, sushi conveyer belt or a TikTok video
 - Using different voices
 - Word repetitions
- Labeling the thought process while ignoring the content:
 - "I'm having a thought that..."
- Demonstrating the automaticity of our inner experiences
 - Don't think of pink elephants
 - Twinkle twinkle little _____
 - Falling in love metaphor

Acceptance

- Non-judgmental awareness and observation
- Openly acknowledge and allow private events without trying to change them
- Opposite = experiential avoidance (avoiding unwanted thoughts, feelings, bodily sensations, memories)
- OCD symptoms are understood as attempts to control and avoid discomfort (e.g., compulsions)
- The idea of acceptance can be integrated into traditional exposure – experiencing *pain* (e.g., fear, disgust) cannot be prevented, but control strategies create *suffering*



Acceptance in Therapy

- Metaphors to illustrate how trying to fix distressing obsessions with compulsions does not work
 - Stuck in a hole
 - Quicksand
 - Beach ball under water
 - Monsters in tug of war
- Physical props:
 - finger trap
 - rope with knot
 - corn starch and water



Contact with the Present Moment

- Purposeful attention to what is happening here and now
- Voluntarily shifting attention to what is happening in the moment, including thoughts, feelings, bodily sensations, external world
- Decreases tendency for thoughts to remain fixated on past and future
- Increases ability to process and enjoy what is in front of us

Contact with Present Moment in Therapy

- Meditation, yoga, mindful breathing – daily practice
- **NAP** strategy
 - 1) Notice - uncomfortable thoughts, emotions, urges, sensations
 - I'm noticing a thought that school germs are on my backpack
 - I'm noticing an urge to check that the stove is off again
 - 2) Anchor in the present moment ("What's happening right now?")
 - 3) Proceed with present activity

Self-as-context

- Recognizing the observing self
- Opposite is "self-as-content" - getting caught up in our own story
 - My lucky number is 5 so I have to do this 5 times
 - I need to scrape the yucky thoughts off at the end of the day
- Recognizing that there is part of us that changes over time, that watches over the story

Self-as-Context in Therapy

- Chessboard metaphor – you are the board, not the pieces
- "Follow me" game
- Passenger on the bus exercise



I want pizza for dinner

Do fish ever get bored?

This bag has school germs!

All shoes face right! Left is bad!

Repeat your prayer five times!

Contact with Values

- Meaningful anchors to guide behaviour
- Values are freely chosen, deeply held principles related to how you want to be in the world
 - compassion, connection, creativity, adventure
 - friendships, having fun, good at sports
- Decisions are made based on what's important rather than
 - avoiding discomfort (compulsions)
 - rigidly held ideas (intrusive thoughts, OCD "rules")
- Can become an important "reason why" to do therapy work

Connecting with Values in Therapy

- Focus on living meaningfully rather than symptom elimination
- Link specific exposure tasks to values-based behaviours
 - *Instead of repeatedly checking that the stove is off before leaving the house, choose to leave after one check so you can walk to school with Claire.*
 - *Upload your homework onto the school computer despite fears of getting a virus because academic achievement is more important than computer health.*
- Compass check: What matters most right now? Being a good parent or being 100% sure about cleanliness?

Committed Action

- Taking steps that align with one's values, even in the face of discomfort
- The opposite of reactive behaviours
- **Choice points** are moments where you can choose one of two paths:
 - Toward your values (committed action)
 - Towards avoidance or rituals
- **Willingness** is the fuel that drives committed action
 - *I'm willing to feel the discomfort of not knowing whether life is real, and can experience this while I engage in something that matters to me, like calling a friend or working on my art.*

Committed Action in Therapy

- Encourage autonomy and responsibility in choosing new behaviours e.g., making own "brave challenges"
- Arrange hierarchy based on willingness rather than distress

Exposure Task	Predicted Willingness	Actual Willingness	Refrain from Compulsions?
Leave pens misaligned 5 minutes	6	7	Y
Stop counting at 9 instead of 10	5	6	Y
Leave shoes uneven	4	5	Y
Eat dinner without arranging utensils	3	5	Y
Misalign books and leave 24 hours	2	3	NO

My Values: To be there for my friends
and enjoy life without rituals.

Willingness Levels

Level 1: Leave pens misaligned for 5 min;
stop counting at 9

Level 2: Leave shoes uneven overnight;
write a list without rewriting

Level 3: Eat dinner without arranging
utensils

Level 4: Leave multiple items
asymmetrical for 24 hours

Level 5: Spend an entire day resisting all
symmetry and counting rituals



Other Mindfulness- based Interventions

Dialectical Behaviour Therapy

- Created for borderline personality disorder and adapted for OCD with emotional dysregulation
- Core DBT Skills Modules: Mindfulness, Distress Tolerance, Emotion Regulation, Interpersonal Effectiveness
- Supports managing intense emotions and uncertainty that accompany OCD
- Sample skills:
 - TIPP: Temperature, Intense Exercise, Paced Breathing, Paired Muscle Relaxation
 - Wise Mind: using balance between emotional mind and reasonable mind to make decisions
 - STOP: Stop, Take a step back, Observe, Proceed mindfully
- Empirical evidence still limited

Mindfulness- based Cognitive Therapy (MBCT)

- Developed for depression and relapse prevention (Segal et al, 2018)
- Adapted for OCD symptoms
 - 8 to 12-week group format combining mindfulness + cognitive strategies
 - Focus on observation of intrusive thoughts without compulsions and acceptance of discomfort
 - Found to be as effective but not superior to SSRIs and active controls (ERP, psychoeducation, stress management)
 - High tolerability

Mindfulness in OCD Treatment

What does the research say?

Randomized Controlled Trials for ACT

- First RCT for ACT (Twohig et al., 2010)
 - ACT w/out exposure vs Progressive Relaxation Training
 - 8 sessions focused on psychological flexibility
 - Responders: 46-56% ACT vs 13-18% Progressive Relaxation Training
- ACT + ERP vs ERP alone (Twohig et al., 2018)
 - Similar Y-BOCS reduction (approx 55%)
 - Responders: 70% ACT+ERP, 68% ERP alone
- ACT scoping review (Twohig et al, 2024)
 - 18 RCTs (Iran)
 - ACT (w or w/o exposure) reduced symptoms compared to waitlist or active controls (e.g., medication, CBT)

		Findings	Limitations
Burkle et al (2025)	46 studies; 2221 participants	Reductions in OCD severity comparable to CBT/ERP, superior to medication and waitlist; moderate improvements in QOL; small but significant reductions in depression and anxiety	Heterogeneity in studies and program implementation; reliance on self-report
Faustino et al (2025)	Systematic review: 19 studies w/treatments complementary to ERP	Evaluated several "add-ons"; 4 studies reviewed ACT; concluded ACT + ERP promising synergistic approach	
Perin et al (2025)	6 RTCs; 499 participants	Comparing MBIs to active controls (ERP, CBT, psychoed) - similar efficacy to other interventions; small, temporary improvement in mindfulness skills	Small sample sizes, non-standardized protocols
Pseftogianni et al (2023)	26 RTCs; 1281 participants	Moderate to large reductions in OCD; limited effects on mood and obsessive thinking	Few comparisons to ERP and CBT
Evey & Steinman (2023)	17 studies; 336 participants	ACT reduced OCD symptoms; superior to medication and placebo, but not ERP	Many studies quasi-experimental or single-subject
Riquelme-Marine et al (2022)	11 studies; 550 participants	Moderate reductions in OCD and coping	Heterogeneity of studies

Clinical Implications

- ACT and other MBIs are promising as adjunct or alternative to traditional OCD treatments, especially for those who
 - are in the contemplation stage of treatment
 - have challenges with self-regulation
 - need concurrent support for other mental health challenges
- ACT has been shown to improve psychological flexibility, low mood, rumination and death anxiety
- More large-scale RCTs are needed, especially comparing MBIs to ERP
- Further research needs to look at mechanisms of change

Similarities among therapy approaches

Perception of experiential
avoidance as harmful

Behavioural goal to expose
oneself to distressing
situation without
neutralizing emotions

Unhelpful thinking styles
cause distress

Overestimation of the
significance of thoughts

Rigid, rule-based, extreme
ideas

Exaggeration of perceived
threats

Intolerance for uncertainty

Key Differences

ERP

- focus is on resisting compulsions
- activities involve monitoring obsessive-compulsive behaviours and gradual exposure to distressing situations
- goal is reducing negative emotions and compulsive behaviours

CBT

- focus is the content of thoughts and how they relate to emotions and behavior
- activities challenging thoughts and developing more helpful and accurate ones
- goal is reduction in rigid and intrusive thinking that drive compulsions

Mindfulness-based Interventions

- focus on changing one's relationship to inner experiences
- activities promote awareness and acceptance of thoughts and feelings
- goal is psychological flexibility; idea is that people will make choices based on what matters to them (exposure is by-product)

Therapy Watchpoints



Integrate thoughtfully,
keeping distinct goals in
mind



Ensure that "mindfulness
activities" do not become a
means of avoidance (e.g.,
mental ritual)



Beware of religious
overtones that may not be
acceptable to all groups



Don't intellectualize at the
expense of behaviour
change.



Questions?