

Beyond ERP: Using Mindfulness-based Approaches for OCD

Jody Levenbach, Ph.D., C. Psych

The Hospital for Sick Children



SickKids | Garry Hurvitz Centre for
Brain & Mental Health

Tourette
OCD 
Alberta
Network

Disclosures

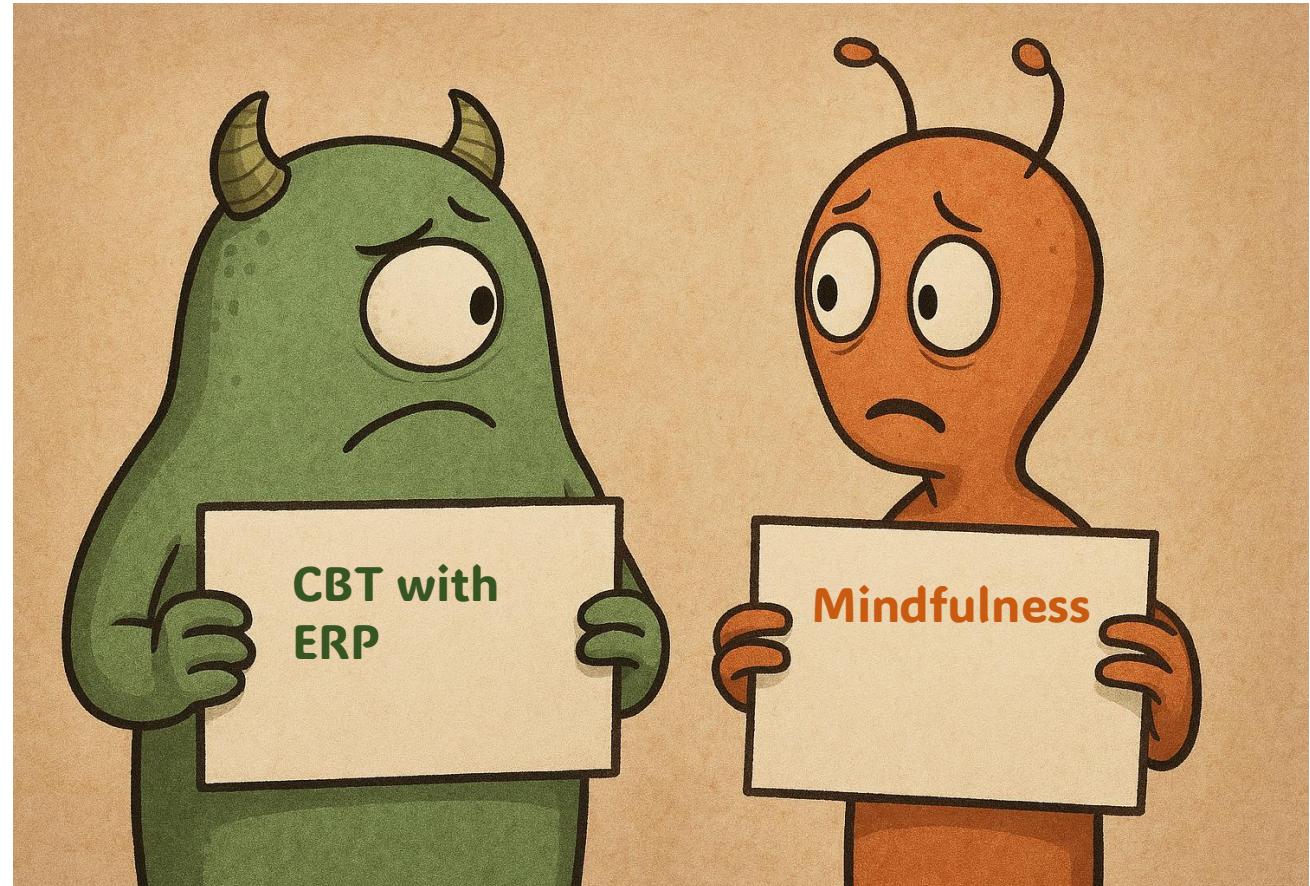
*Dr. Jody Levenbach has no financial conflicts of interest
in relation to the content of this presentation*

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

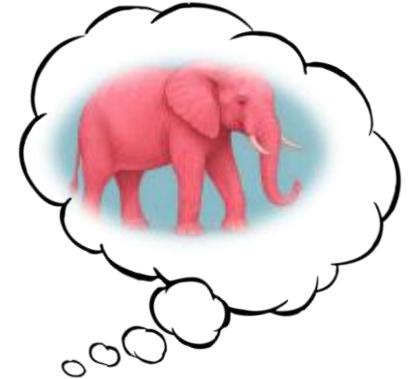
Acceptance and Commitment Therapy (ACT)

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

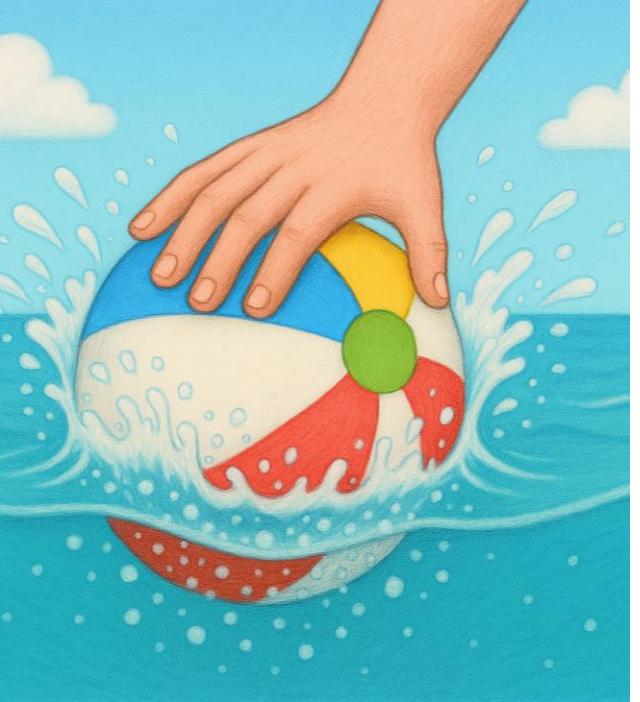
Defusion in Therapy



- 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

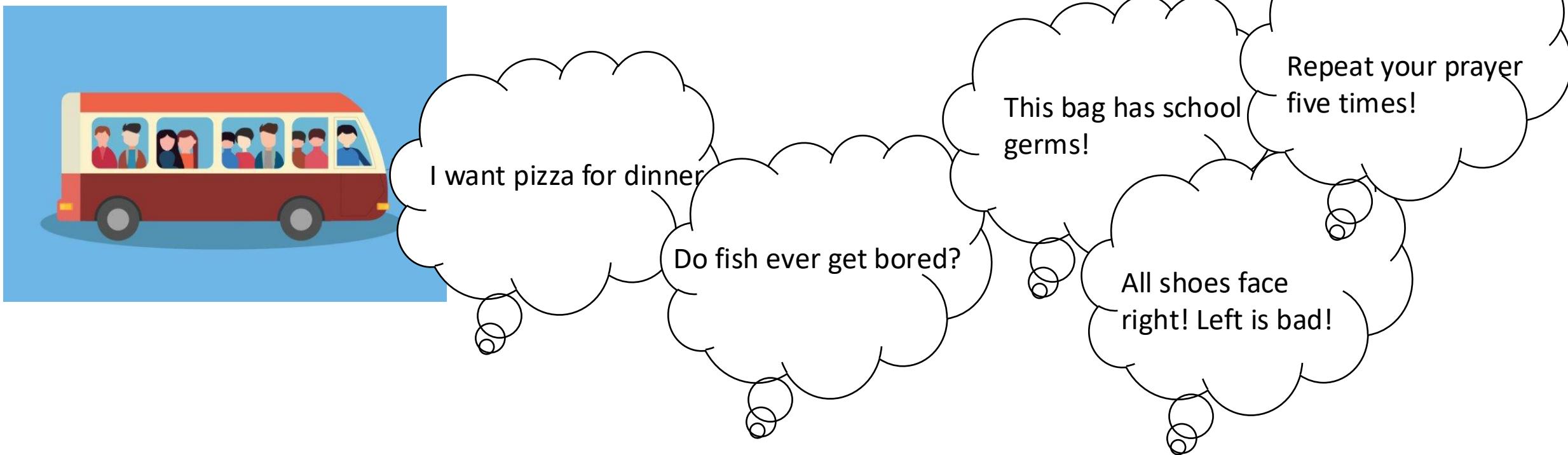
- Meditation, yoga, mindful breathing – daily practice
- **NAP** strategy
 - 1) Notice - uncomfortable thoughts, emotions, urges, sensations
 - I'm noticing a thought that school germs are on my backpack
 - I'm noticing an urge to check that the stove is off again
 - 2) Anchor in the present moment ("What's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



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

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

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

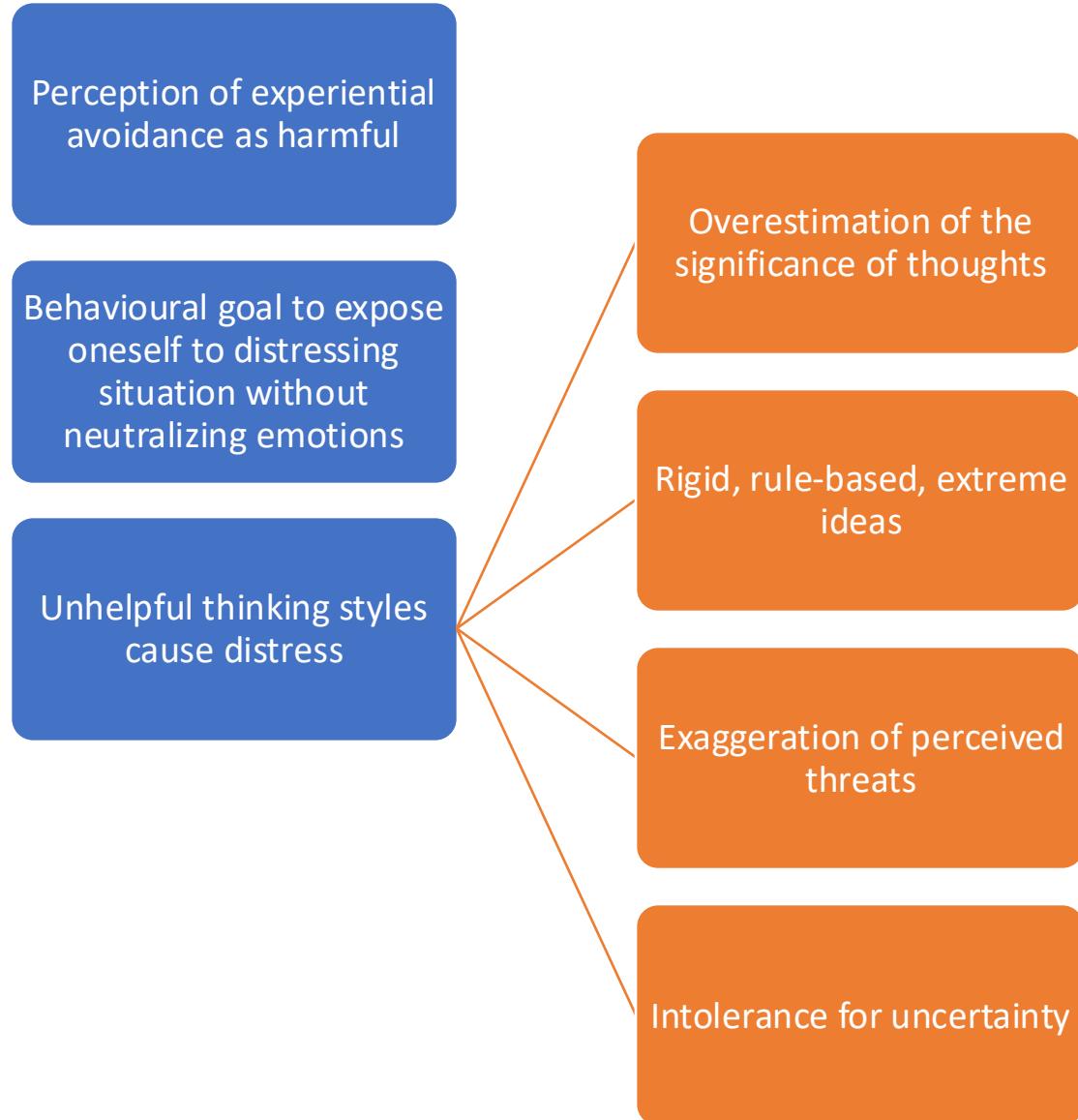
- First RCT for ACT (Twohig et al., 2010)
 - ACT w/out exposure vs Progressive Relaxation Training
 - 8 sessions focused on psychological flexibility
 - Responders: 46-56% ACT vs 13-18% Progressive Relaxation Training
- ACT + ERP vs ERP alone (Twohig et al., 2018)
 - Similar Y-BOCS reduction (approx 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



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



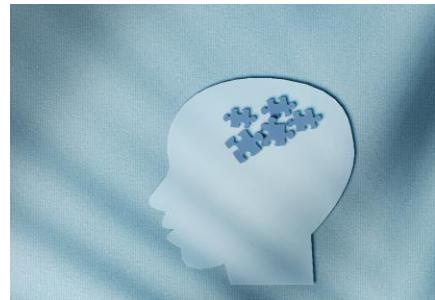
Integrate thoughtfully,
keeping distinct goals in
mind



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?

