A Comparison of Different Treatments for OCD

Name of OCD treatment approach	Brief synopsis of the treatment	Main goal of the treatment	Does the treatment include exposure, and if so, what is its goal?	Does the treatment include imaginal exposure?	Does the treatment include extreme exposures?	Does the treatment emphasize tolerating uncertainty?	Does the treatment emphasize acting on values?	Stance on compulsions and safety behaviors, and rationale for that stance
Traditional Exposure & Response Prevention (ERP):https://iocdf.org/about-ocd/ocd-treatment/erp/	Face situations that trigger obsessions and don't engage in compulsions	Reduced anxious distress via habituation	Yes, with a goal of achieving anxiety habituation. Fear hierarchies are used to systematically face increasingly scary triggers.	Yes, it can	This is not intrinsically part of the model, but many ERP therapists do embrace extreme exposures, with the goal of overlearning.	Not inherently, but an emphasis on uncertainty tolerance can be layered onto it & is now in vogue	This is not a formal focus of the treatment but could be added to it	Compulsions and safety behaviors are banned, because they interfere with anxiety habituation
Inhibitory Learning Model-Based ERP, as laid out by Dr. Michelle Craske: https://iocdf.org/expert-opinions/the-inhibitory-learning-approach-to-exposure-and-response-prevention/	Face situations that trigger obsessional fears and don't engage in compulsions	Reduced fear via new learning	Yes, with a goal of achieving new learning by disconfirming feared outcomes in triggering situations. Triggering situations can be faced in any order.	Yes, it can	Extreme exposures may be included, not for the sake of overlearning, but in order to increase the gap between expected outcomes and actual outcomes, for enhanced inhibitory learning	Not inherently, but an emphasis on uncertainty tolerance can be layered onto it & and is now in vogue	This is not a formal focus of the treatment but could be added to it	Compulsions and safety behaviors are banned, because they interfere with new learning
Acceptance and Commitment Therapy (ACT), as developed by Dr. Steven Hayes: https://iocdf.org/expert-opinions/expert-opinion-what-is-act/	Defuse from obsessions and practice mindful acceptance of anxiety/ disgust in order to increase psychological flexibility	Living a full, values-based life, without OCD getting in the way; achieving psychological flexibility	Yes, as a way to practice acceptance of anxiety/disgust for the sake of psychological flexibility and living a full, values-based life	Yes, it can—as a way of practicing acceptance vs. experiential avoidance	Extreme exposures are not an inherent part of the treatment but might be introduced by some therapists as a way of practicing acceptance vs. experiential avoidance	The treatment does involve practicing acceptance of life's uncertainty—again, for the sake of being freed up to live a values-based life.	Yes—this is a main focus of the treatment	Compulsions and safety behaviors are discouraged insofar as they represent experiential avoidance and get in the way of psychological flexibility and living a full, values-based life
Dr. Sally Winston and Dr. Martin Seif's approach: https://www.youtube.com/watch?v=k5FcpiRxLCg	Learn to distinguish between danger and OCD; when OCD shows up, accept uncertainty without trying to fix it	Turning anxiety into a non-problem by accepting it, rather than struggling against it	Yes, intentional exposure is part of the treatment, with a goal of practicing acceptance of (rather than struggle against) uncertainty.	Yes, but focus is on exposure to individual thoughts that trigger uncertainty, as opposed to longer scripts.	No	Acceptance of uncertainty is a big focus	This is not a formal focus of the treatment	Compulsions and safety behaviors are systematically eliminated, as they maintain the struggle against uncertainty that keeps OCD alive
Dr. Reid Wilson's approach: https://anxieties.com	Seek out opportunities to face doubt and distress with an "I want this" sort of attitude	Teach the amygdala that obsessions are white noise, not danger signals, and take back your life	Yes, with a goal of demonstrating to the amygdala, through an "I want this" sort of attitude, that obsessions are white noise, not danger signals	Yes, it can, with the goal of practicing an "I want this" sort of attitude	No	Seeking out uncertainty in the form of doubt and distress is a big focus	There's an emphasis on getting one's life back and reminding oneself of one's larger goals, but no formal focus on values	Compulsions and safety behaviors are discouraged, because they maintain the message that obsessions are danger signals, but there is flexibility to eliminate them gradually

Name of OCD treatment approach	Brief synopsis of the treatment	Main goal of the treatment	Does the treatment include exposure, and if so, what is its goal?	Does the treatment include imaginal exposure?	Does the treatment include extreme exposures (goal is to overlearn?)	Does the treatment emphasize tolerating uncertainty?	Does the treatment emphasize acting on values?	Stance on compulsions and safety behaviors, and rationale for that stance
Rumination-Focused ERP (RF-ERP), as developed by Dr. Michael Greenberg: https://drmichaeljgreenberg.com/articles/	Learn how to stop ruminating; then practice not ruminating or compulsing by facing avoided situations and triggers	To gain agency by learning how to stop ruminating and thereby find relief from anxiety, making it easier to let go of avoidance and compulsions and get on with life	Yes, for the purpose of practicing not ruminating or compulsing when triggered, and also to overcome avoidance. The ultimate goal is gaining agency and living one's life without OCD getting in the way.	No. The goal of RF-ERP is to *stop* directing attention toward obsessional concerns, so imaginal exposure is contra-indicated.	No	No	No, but there *is* an emphasis on agency.	Rumination and other compulsions are systematically eliminated. Safety behaviors (like distraction) aren't considered problematic unless accompanied by an agenda to prevent obsessional concerns from entering into awareness.
Inference-based CBT (I-CBT), as developed by Drs. Kieron O'Connor and Frederick Aardema: https://icbt.online/	Obsessions are understood not as random intrusions but as logical conclusions that follow from the stories we tell ourselves. The treatment involves identifying the reasoning devices that trick us into buying into the OCD story and noticing when we cross over the bridge from our 5 senses and the "here and now" into the land of imagined possibilities, where OCD lives.	To re-gain a sense of trust in self and the 5 senses and to see clearly that obsessional doubts are false—a result of who we fear we could be, and not who we really are.	Formal exposure is not part of the treatment. The treatment does include "reality sensing," in which the goal is to practice staying in the here-and-now, the 5 senses, and common sense when facing triggering situations. Exposure for the purpose of habituation may also be introduced into the end of treatment if there is continued emotional or cognitive avoidance, even after the conviction in the obsession has weakened.	No. The goal of I-CBT is to stay in the land of here-and-now and the 5 senses and *not* in imaginal absorption. Imaginal exposure is a type of imaginal absorption and is therefore contra-indicated.	No	No—in fact, the treatment expressly emphasizes *returning to the certainty that existed before the introduction of the doubt.* In other words, the focus is on resolution of the doubt, not living in uncertainty.	The treatment does emphasize recognizing the real self (as opposed to the feared self), and part of that process is naming one's values.	The philosophy is that "doing follows knowing." In other words, there's no prohibition of compulsions or safety behaviors. Instead, there's understanding that once the obsessional doubts are exposed as false, the urge to engage in compulsions or safety behaviors will melt away.
Hidden Emotion Model (developed by Dr. David Burns): https://theocdstories.com/tag/hidden-emotion/	Uncover and express/act on emotion(s) that a person is experiencing in the here and now but has not been acknowledging, usually out of a desire to be a nice person and not rock the boat.	To alleviate anxiety and turn it into a useful signal by identifying that when it shows up, there's another emotion that needs to be addressed.	Treatment doesn't require exposure to ostensible fears; but it does require exposure to the hidden emotion in the form of acknowledging and expressing/ acting on the hidden emotion--and that process can be scary.	No	No	No	Sometimes the hidden emotion model involves following a dream (which might be a valued action) that a person has been sweeping under the rug.	The urge to perform safety behaviors and compulsions will typically melt away (along with the obsessive concerns) once the hidden emotion has been fully addressed.