



Obsessive Compulsive Disorder: psychological treatment

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Aims and objectives

1. Experience why thoughts might be perceived as persistent and dangerous
2. Evaluate effectiveness of different treatment strategies for OCD
3. Review rules: Exposure Therapy with the addition of Response Prevention
4. Understand rationale and process of Exposure and Response Prevention (ERP)

THE SONG
"THE FINAL
COUNTDOWN"
IS NOW
PLAYING IN
YOUR HEAD

DANGEROUS THOUGHTS?

“I hope dies horribly in
a car crash!”

Examples

Issue	Obsession	Compulsion
Contamination	<p>I picked up a germ from that crisp packet, food wrapper</p> <p>Thoughts of death round and round</p>	<p>Check body for symptoms, wash hands and brush teeth</p> <p>Hoard packaging</p> <p>Don't touch face with fingers – if you do</p>
Accidental harm	<p>I didn't lock the door, put the TV off, turn off the taps</p> <p>People will hear what we are saying</p>	<p>Seek reassurance from partner -- Check</p> <p>Go around house switching things off until it feels right. Check the taps</p> <p>Return to house and go thru' routine again until it feels right</p> <p>Check phone make sure its on hook Return and verify Pick it up, put it back +++++</p> <p>Repeat actions, go back and check,</p>
Physical violence	<p>Worry about making mistakes I'm going to stab someone</p> <p>Repeat denial over and over again</p>	<p>phone up staff at all times day and night</p> <p>Hide knives and sharp objects</p>

RCT

- **Randomized, Placebo-Controlled Trial of Exposure and Ritual Prevention, Clomipramine, and Their Combination in the Treatment of Obsessive-Compulsive Disorder**

*Foa EB, Liebowitz, MR, Kozak MJ, Davies S, Campeas R, et al. (2005)
American Journal of Psychiatry 162 (1); 151-161*

Method

- In a twelve week, three-site, randomised controlled study, 122 patients with OCD were assigned to one of 4 treatment groups:
 - ERP alone,
 - clomipramine alone,
 - ERP plus clomipramine,
 - and placebo.

Results

Treatment	Completer
placebo	10%
Clomipramine alone (max dose 250 mg/day)	48%
ERP plus Clomipramine	79%
ERP alone	86%

Results

- active treatments scored significantly better than placebo
- exposure and ritual prevention alone was superior to clomipramine alone
- exposure and ritual prevention plus clomipramine was superior to clomipramine alone
- no differences were found between exposure and ritual prevention alone and exposure and ritual prevention plus clomipramine

Conclusion

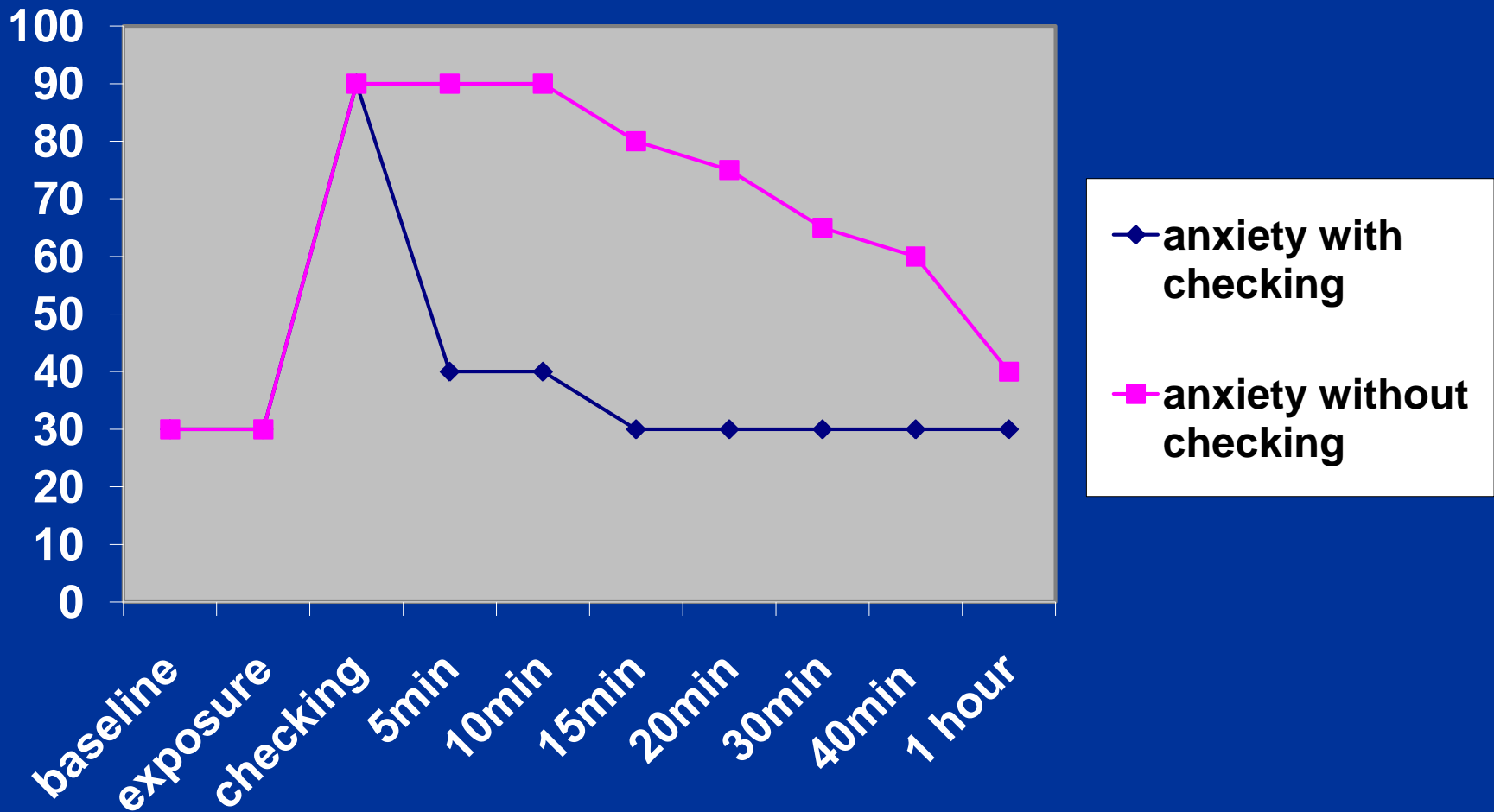
Both ERP and clomipramine are effective, *with the efficacy of ERP possibly superior to that of clomipramine.*

Theoretical perspectives

The phenomena observed in *OCD* can be accounted for by learning theory alone:

- Classical conditioning \longrightarrow exposure
- Operant conditioning \longrightarrow response prevention
- Cognitive theory
- Metacognitive theory (Wells *et al*)

Checking vs. Response Prevention



Preparation for Therapy

- Education
- Explanation of rationale
- Bibliotherapy
- Functional Analysis

Preparation for Therapy

- Personally relevant goals
- Construction of hierarchy
- Develop trust and rapport

Running an Exposure Session

- Rate anxiety prior to exposure (SUDS)
- Agree SUDS level at which session can end
- Re-rate anxiety at regular intervals
- Encourage coping
- Discourage avoidance and covert neutralisation

Building a Hierarchy

- Ask patient to list situations avoided
- Score each item on list (SUDS)
- The situations avoided are then tackled in reverse order of SUD scores

Building a Hierarchy

- An effective hierarchy contains between 10 and 20 items
- There may be different themes; use different hierarchies
- Use behavioural descriptions for items
- Give the patient copy of hierarchy

Therapist guided ERP

- This is ERP session; involves obsessions and compulsions about contamination with *toxocara canis*.
- The patient has always avoided sources of infection and obsesses about the risks of being infected.
- Salient elements of the feared stimuli are being licked by a dog and touching a dogs rear parts. The patient feels compelled to hand wash after contact with dogs.

Exposure

- Touch/ pat the dog around its stomach and rear
- Eat food after touching them and in presence of dogs
- Allow dog to lick face
- Eat food that dog has licked

Response Prevention

- No hand washing after touching dogs
- Touch face/mouth after touching dogs
- Use hands normally after exposure
- No shower that night
- **No** other neutralising strategies, e.g. worrying about odds of infection, or use of alcohol, drugs to reduce anxiety.

Summary

- OCD common and disabling
- Pharmacology important BUT psychological therapy a keystone to effective treatment
- Behavioural Methods (ERP) consistently shown to be most effective
- Accessibility to and delivery of, ERP can be problematic