REPUGNANT OBSESSIONS: USING AN INFERENCE BASED APPROACH TO TREAT OCD

Advanced Interventions Service
Ninewells Hospital & Medical School
Dundee | Scotland, UK
www.advancedinterventions.org.uk

University of Dundee

ANNE MATHER,† DAVID CHRISTMAS ,† KEITH MATTHEWS,† KIERON O'CONNOR ‡
†Advanced Interventions Service, Dundee; ‡ University Institute of Mental Health, Montreal

NHS National Services Scotland
NHS Tayside

Background

The clinical challenge of repugnant obsessions

Treatment of repugnant obsessions (such as paedophilic intrusions) using traditional approaches (*e.g.* CBT/ERP) can pose several challenges for both patient and therapist:

1. Patients are less likely to report symptoms;
2. Patients can experience high levels of distress during treatment;
3. Longer treatment is usually required;
4. Adherence to treatment is poor and longer-term outcomes are less favourable.

Inference-Based Treatment (IBT)

IBT takes a different approach to treating symptoms. The similarities and differences between the two models are shown below.

Characteristic	CBT/ERP	IBT
Underlying theory	Learning Theory	Reasoning Theory
Nature of intrusions	Extension of normal beliefs	Intrusions are abnormal
Underlying error	Appraisal (and meaning) is faulty	Reasoning is faulty
Generation of symptoms	Trigger > Intrusion > Appraisal > Anxiety	Prompt > Doubt > Imagined consequence > Anxiety
Target of treatment	Appraisal	Doubt
Intervention	*In vivo* exposure and response prevention	*Imaginal* 'exposure' and no response prevention

Evidence for the different models

A summary of published RCT evidence is shown below. Where compared directly to CBT/ERP, IBT has been shown to be equally effective.

	CBT/ERP	IBT
Total no of RCTs	42	3
Total patients (N)	2,226	189
Type of control group (active: inactive)	36:6	2:1
Baseline YBOCS (Mean ± SD)	24.5 ± 4.5	22.3 ± 5.2

Case description

The case described is of a single, unemployed man in his early 20s who had a 13 year history of severe OCD. Obsessions took the form of aggressive and sexual thoughts of being attracted to and causing harm to children. Compulsions focused on repeated requests for reassurance not just from family members but also from anyone with whom he had social contact.

His high level of distress meant that it was not possible for him to engage with exposure and response prevention and he was treated with Inference Based Therapy.

The therapist delivering the therapy was trained and supervised by the Montreal-based team who developed the therapy.

Symptom severity was measured via the clinician-rated and dimensional Y-BOCS. IBT-specific measures included the Inferential Confusion Questionnaire (ICQ) and the Fear of Self Questionnaire (FSQ).

Treatment was delivered over a period of 8 weeks. The patient attended all sessions (90 minutes duration) and completed all homework tasks. He reported minimal distress during sessions.

Case formulation

The case formulation is shown below. For each of the key stages, the typical thought or action is described.

Prompt
- A thought or situation that draws attention:
- *E.g. Walking through a park and seeing children play*

Doubt
- Start to doubt everything is okay:
- *E.g. What if I were attracted sexually to a child? Maybe I am a paedophile? How do I know?*

Imagined conse-quences
- If everything is not okay, there will be consequences:
- *E.g. People will disown me and I will be arrested. I will end up isolated and shunned*

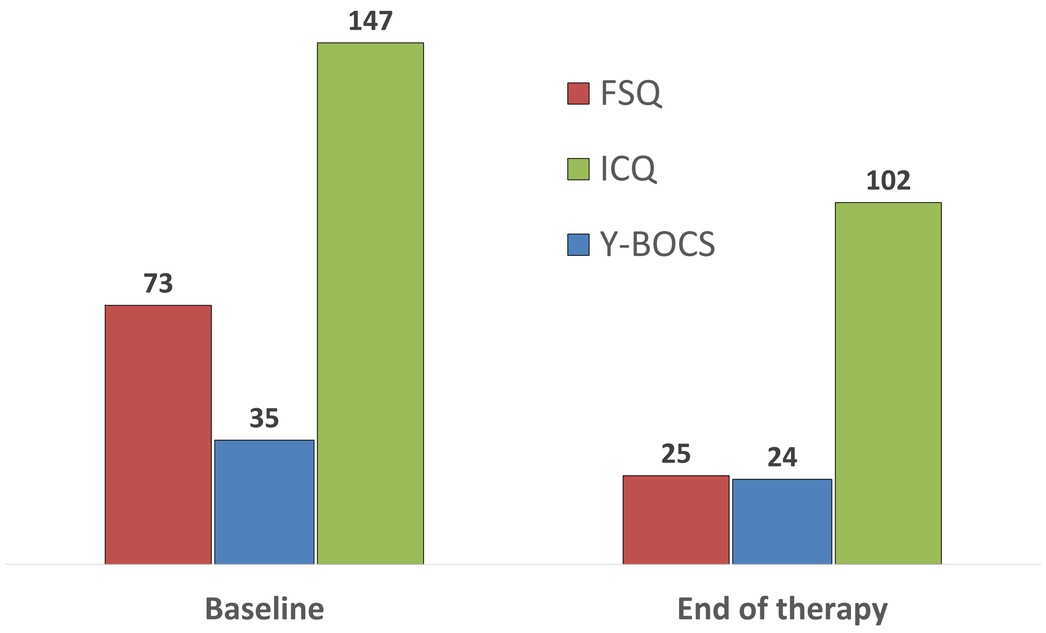
Anxiety
- Level of anxiety goes up, even if you try to resist:
- *E.g. I am constantly worried by my thoughts that I'm a paedophile*

Compulsion
- You feel that you have to do something to make sure it's okay:
- *E.g. I'll seek reassurance, and check that I'm not*

Clinical outcomes

The Fear of Self Questionnaire (FSQ) and Inferential Confusion Questionnaire (ICQ) demonstrated clinically-significant reductions in total scores (66% and 31% respectively).

Clinician-rated YBOCS reduced from 35 to 24 at completion of therapy, a reduction of 31%.



Discussion

IBT offers an alternative treatment option for difficult-to-treat sexual intrusions which are less likely to respond to standard exposure and response prevention (ERP) approaches. Additionally, providing appropriate exposures for people with paedophilic intrusions may prove to be difficult, and cause anxieties for clinicians and teams.

IBT may also be a treatment that some patients find easier to adhere to; particularly those experiencing repugnant obsessions since the levels of anxiety and distress are less, and treatment does not depend on generating increased anxiety that the patient has to habituate to.

S. Moritz, *et al.* 2015. *J Cogn Psychother*, 29: 315-330; K. P. O'Connor, *et al.* 2005. *Cognitive Behaviour Therapy*, 34: 148-163; H. A. Visser, *et al.* 2015. *Psychother Psychosom*, 84: 284-293.