

“A QUASI EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF EXPOSURE AND RESPONSE PREVENTION THERAPY AMONG OBSESSIVE COMPULSIVE DISORDER PATIENTS IN SELECTED HOSPITALS OF INDORE.”

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Abstract

Background of Study:-

This study was conducted to find out the efficacy of exposure and response prevention therapy in the treatment of obsessive compulsive disorder. The "exposure" part of this treatment involved direct or imagined controlled exposure to the objects or situations that triggered obsessions which arouse anxiety. Over time, exposure to obsessional cues led to less and less anxiety. Eventually, exposure to the obsessional cue aroused little anxiety at all. This process of getting "used to" obsessional cues is called "habituation."

Objective:-

1. To assess the level of obsession and compulsion among patients with OCD.
2. To find out the association between level of obsession and compulsion with selected demographic variables.
3. To assess the effectiveness of the exposure and response prevention therapy among patients with obsessive compulsive disorder.

METHOD: An evaluative research approach was adopted to test the main objective of evaluating the effectiveness exposure and response prevention in reduction of obsessive compulsive symptoms in obsessive compulsive disorder. A quasi experimental research approach using a single case design with pre, mid and post treatment assessment was used in this study. Sample size of 60 patients was selected using non probability purposive sampling technique. The independent variable was exposure and response prevention therapy whereas level of obsession and compulsion was dependent variable in the study. The investigator used the standardized Yale- Brown Obsessive Compulsive scale to assess the level of obsession and compulsion. This scale consists of 10 items covering areas of obsession and compulsion.

Results:- The obtained data were analyzed in terms of percentage to assess clinically significant improvement from pre-mid, mid-post and pre-post assessment in individual cases. The differences in pre and post therapy measures on the Yale Brown Obsessive Compulsive Scale were statistically significant. The group outcome trend was analyzed using Mann Whitney 'U' test to assess statistically significant difference from pre-mid, mid-post and pre-post therapy assessment. For data analysis, descriptive and inferential statistical approach was used. A group outcome analysis using a statistical test revealed no association between level of obsession and compulsion and selected demographic variables. A significant difference among pre, mid, and post test YBOCs scores at the $p < 0.05$ confidence level, indicating the efficacy of the therapy employed. The computed Mann Whitney 'U' value for pre test and mid test ('U' = 0), mid test and post test ('U' = 0.5) and pre test and post test ('U' = 0) was significant at $P < 0.05$ confidence level which revealed the effectiveness of ERP in reducing the signs and symptoms of obsessive compulsive disorder. The total reduction of 74.49% in OCD symptoms from pre test to post test showed good effectiveness of the exposure and response prevention therapy in OCD.

CONCLUSION:- The present study attempted to find out the efficacy of exposure and response prevention in the treatment of persons with obsessive compulsive disorder. The sample consisted of six adult patients diagnosed as having obsessive compulsive disorder, referred from the Choithram Hospital and Research Centre out patient department. The therapy consisted of 24 sessions that had to be spread over a month. Therapy was in the form of either live or audio exposure followed by response prevention. In the therapeutic setting, sessions lasted for approximately one to two hours. Homework consisted of the same procedures, supervised by a

family member who was counseled regarding the illness. The results were analyzed in terms of the difference seen in the severity of obsessions and compulsions assessed prior to, in the middle, and after the completion of therapy. The results have been discussed individually for each patient and a group outcome analysis was also done using a statistical test for the YBOCs score.

IMPLEMENTATION:

As shown by the study, live exposure and audio exposure lead to significant reduction in obsessions, however the implications are different. Live exposure should be used for tangible triggers and audio exposure for those obsessions that are triggered by intangible cues. Sometimes cognitive restructuring becomes mandatory along with the ERP which is a big challenge for the therapist. Another important factor is the role played by the significant other, which adds to the therapeutic gains. Hence an implication is that a significant family member should assist in the therapy. The findings of this study have implications for nursing practice, nursing education, nursing administration and nursing research.

KEY WORDS: E.R.P -Exposure and response prevention therapy, O.C.D.- Obsessive compulsive disorder, Y-BOCs,-Yale-Brown obsessive compulsive scale, SUDs- Subjective unit of distress scale, CBT- Cognitive behavior therapy, MCT- Meta-cognitive therapy.

Introduction

An obsession is an intrusive or recurrent thought, image or impulse that is senseless and repugnant, and that the patient attempts to suppress or ignore. A person may have obsessions or compulsions or both. People with obsessive-compulsive disorder have either obsessions, or compulsions, or both. The obsessions and/or compulsions are great enough to cause significant distress in their employment, schoolwork, or personal and social relationships. OCD is a common disorder among children and adolescents. The cross national collaborative study demonstrated higher lifetime prevalence for OCD in women. Male predominance

for OCD (67%) has been observed specially in childhood and adolescent age group. Life time prevalence of OCD among children was found to be 2 % to 4% and 6 months prevalence was found to be 0.5% to 1%. Reported a prevalence of 19% in a school based sample of adolescents.

Review Of Literature :-

Psychol Res Behav Manag. (2019), Obsessive-Compulsive Disorder (OCD) is a debilitating mental health condition that affects a significant portion of the population. Exposure and Response Prevention Therapy (ERP) has been established as an effective treatment for OCD; however, there is a need for research to determine its effectiveness in real-world hospital settings. This quasi-experimental study aims to assess the effectiveness of ERP therapy among OCD patients in selected hospitals, providing valuable insights into its real-world applicability and outcomes. The findings of this study are expected to contribute valuable insights into the practicality and effectiveness of Exposure and Response Prevention Therapy in real-world hospital settings.

Dianne M. Hezel (2019), Obsessive-compulsive disorder (OCD) is characterized by distressing thoughts and repetitive behaviors that are interfering, time-consuming, and difficult to control. Although OCD was once thought to be untreatable, the last few decades have seen great success in reducing symptoms with exposure and response prevention (ERP), which is now considered to be the first-line psychotherapy for the disorder. Despite these significant therapeutic advances, there remain a number of challenges in treating OCD. In this review, we will describe the theoretical underpinnings and elements of ERP,

examine the evidence for its effectiveness, and discuss new directions for enhancing it as a therapy for OCD.

Jamie D Feusner & Nicholas R Farrell (2022), Exposure and response prevention, a type of cognitive-behavioral therapy, is an effective first-line treatment for obsessive-compulsive disorder (OCD). Despite extensive evidence of the efficacy of exposure and response prevention (ERP) from clinical studies and in real-world samples, it is still underused as a treatment. Treatment resulted in clinically and statistically significant improvements, with a 43.4% mean reduction in obsessive-compulsive symptoms ($g=1.0$; 95% CI 0.93 to 1.03) and a 62.9% response rate. Treatment also resulted in a 44.2% mean reduction in depression, a 47.8% mean reduction in anxiety, and a 37.3% mean reduction in stress symptoms. Quality of life improved by a mean of 22.7%. Reduction in OCD symptoms and response rates were similar for those with mild, moderate, or severe symptoms.

Emmelkamp, Van Linden, and Sanderman,(2007), studied the home based treatment of obsessive disorder patients. In a 2 x 2 factorial design, massed versus spaced and therapist versus self controlled exposure were compared among 30 patients with obsessive compulsive disorder. Intersession interval was varied keeping constant length of exposure time and number of exposure sessions. Treatment in all condition was home based. Treatment led to highly statistical and significant improvements on all measures. Massed exposure was as effective as spaced exposure, self-controlled exposure proved to be as effective as therapist controlled exposure.

H. Blair Simpson, (2006).⁷ conducted a comparative study to compare the

effectiveness of two proven treatment strategies for OCD patients who were currently on a serotonin reuptake inhibitor (SRI, i.e., clomipramine, fluoxetine, fluvoxamine, paroxetine, sertraline, citalopram, or escitalopram) but still had residual symptoms. Participants remained on their current medications and received either cognitive-behavioral therapy (CBT) consisting of exposure and ritual prevention or an additional medication (risperidone). For this study he selected 80 OCD patients and they were observed for 6 months. The goal was to compare these two augmentation strategies, each of which has been found effective in prior studies. Findings revealed that CBT was up to 40% and additional medication (risperidone) was up to 35% effective in reducing obsessive compulsive rituals.

Methodology

The therapy was completed with a sample of six adult clients. Assessment was done prior to, in the middle and after the completion of therapy ranging for 24 sessions spread over approximate one month. The assessment tool was the Yale Brown Obsessive Compulsive Scale (Y-BOCs). During the therapy sessions, client's distress level was observed by the investigator by the means of Subjective Unit of Distress Scale (SUDs). Results were analyzed by comparing the differences between pre, mid and post therapy findings through the Yale-Brown Obsessive Compulsive Scale rated by the investigator.

Sampling

The sample for this study comprised of 6 clients who had been diagnosed as having obsessive compulsive disorder who visited outpatient department of Choithram Hospital and Research Centre, Indore. A non probability purposive sampling

method was used to select the sample from the population. During selection eligibility, feasibility, convenience and willingness of sample were considered by the researcher.

Inclusion criteria

The person who had a primary diagnosis of obsessive compulsive disorder according to the ICD- 10 (F 42), Patients and guardians who were willing for ERP therapy.

Data Collection

Written permission was obtained from the administrative authority of the hospital prior to the data collection. The study was carried out in the same way as that of the pilot study. A total of 6 samples were selected for the study. The actual data collection period was from one month. The investigator interviewed 10 obsessive compulsive disorder patients and selected 6 of them, those who fulfilled the inclusion criteria of the study. An informed consent was obtained from the respondents and confidentiality was assured to the subjects. All six subjects were explained thoroughly about the home work and punctuality for the sessions. Each client had been assigned particular timing for his/her therapy sessions. The data collection was performed in 24 sessions spreading over almost a month. During data collection client's Yale brown obsessive compulsive score and subjective unit of distress level were assessed. The investigator terminated the data collection process by thanking the respondents for their co-operation & participation.

DATA ANALYSIS AND INTERPRETATION:

Raw data was collected and entered in a master sheet for the statistical analysis. It

was interpreted using descriptive and inferential statistics. The data finding were organized and presented under following sections:

Section-I Socio- demographic characteristics and clinical profile

Section II Presentation and discussion of detail case studies

Section III Level of obsession and compulsion

Section IV Group outcome analysis

Socio-demographic characteristics and clinical profile of patients

In this section, socio-demographic and clinical characteristics of the patients have presented.

Table: 1 (a) Frequency and percentage distribution of selected clinical variables

S. No.	Variable	Frequency (N)	Percentage (%)
1.	Age in years		
	< 15 years	0	0%
	16-30 years	3	50%
	31-45 years	3	50%
	>45 years	0	0%
2.	Gender	4	66.6
	Male	2	6%
	Female		33.3
3.	Educational status	1	3%
	Illiterate	0	
	Primary	3	
	Secondary	2	16.6
	Graduation & above	4	6%
4.	Religion	0	50%
	Hindu	0	33.3
	Muslim	2	3%
	Christian		66.6
	Others		6%
			0%
			0%
			33.3
			3%

N = 6

Table: 1 (b) Frequency and percentage distribution of selected clinical variables

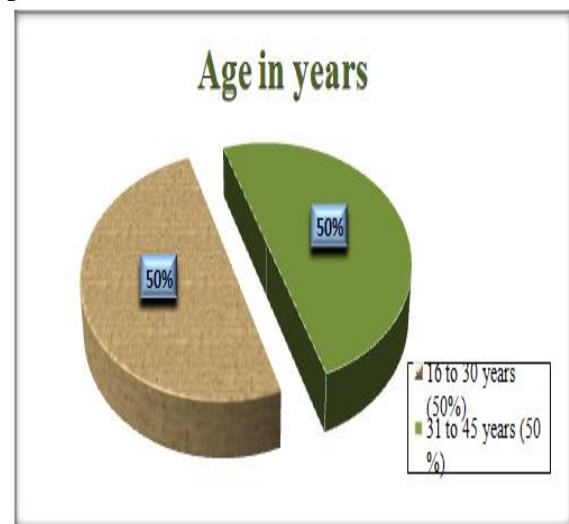
S. No.	Variable	Frequency (N)	Percentage (%)
5.	Area of stay		
	a. Rural	1	16.66

6.	b. Urban	5	%
	Type of family		83.33
	a. Nuclear	2	%
	b. Joint	4	
7.	Occupation		33.33
	a.	0	%
	Service	3	66.66
		0	%
	b.		
	Business	3	0%
8.	c.		50%
	Farmer	5	0%
	d.	1	50%
9.	Other (specify)	0	
	Marital status		83.33
	a.		%
			16.33
		3	%
		1	0%
		0	0%
		2	
	b.		50%
			16.33
			%
			0%
			33.33
			%
	c.		

d.			
Monthly income of the family (In rupees)			
a. < 5000			
b. 5001 to 10,000			
c. 10,001 to 15000			
d. > 15000			

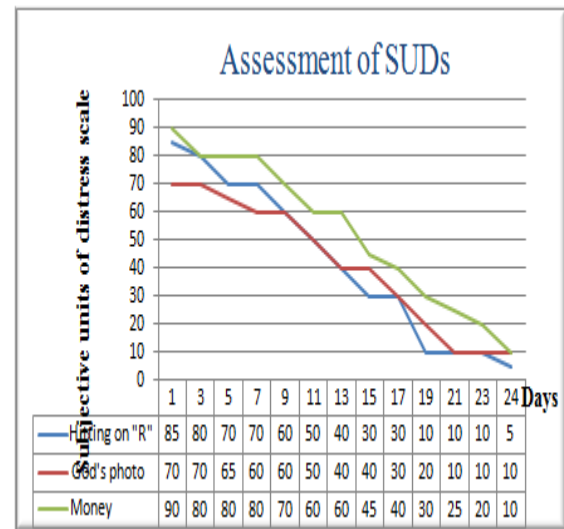
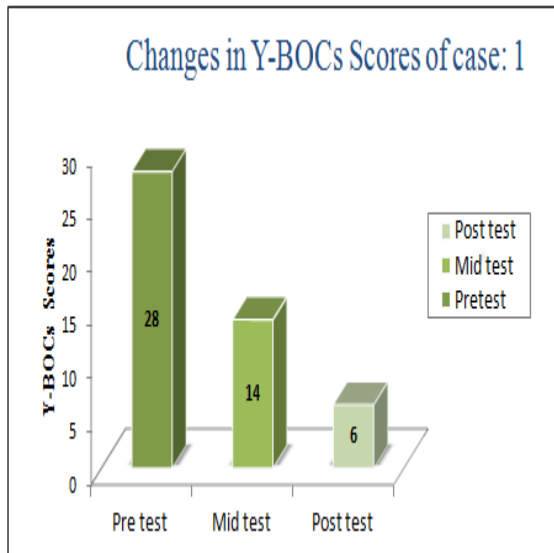
Data presented in table: 1 depicts the sample characteristics and clinical profile of the patients who were taken up for the study. The findings of demographic profile were as follows- Regarding age group, the table depicts that 3 patients (50%) were from the age group of 16 to 30 years whereas remaining of 3 patients (50%) were from the age group of 31 to 45 years. Majority of 4 patients (66.66%) were male whereas remaining 2 patients (33.33%) were females. Among all six patients 3 patients (50%) were educated up to

secondary level, 2 patients (33.33%) were graduates and remaining 1 patient (16.66%) was illiterate. Regarding religion, 4 patients (66.66%) were Hindu whereas remaining 2 patients (33.33%) were Jain and Sikh. Majority of the 5 patients (83.33%) were from urban areas whereas only 1 patient (16.33%) was from rural area. Majority of 4 patients (66.66%) were from joint family whereas remaining 2 patients (33.33%) were from in a nuclear family. Among all six patients, half of the patients (50%) were from business class group whereas remaining half of the patients (50%) were others.

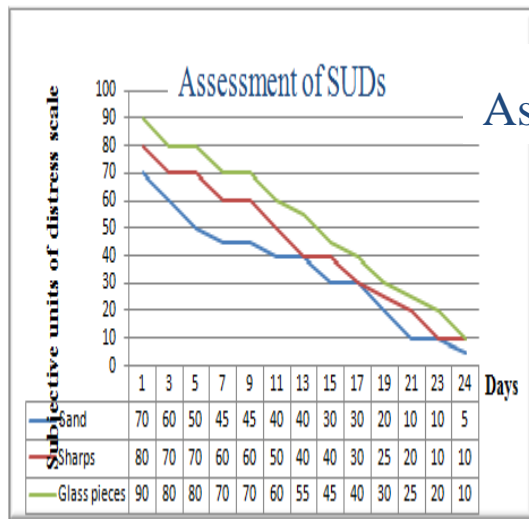


Pie diagram showing the distribution of subjects according to age

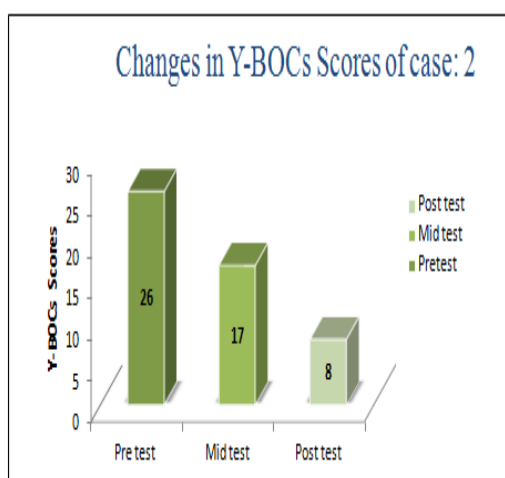
As the table data depicts that majority of 5 patients (83.33%) were married whereas only 1 patient (16.66%) was unmarried. Among all patients, 3 patients (50%) were from Rs. < 5000 group, 2 patients (33.33%) were from the income group of Rs.> 15000 and remaining 1 patient (16.33%) was from Rs.5001 to 10000 per month.



showing the changes in subjective units of distress scale of case 2 during the 24



showing the changes in subjective units of distress scale of case 1 during the 24 therapy sessions assessment



showing the changes in the Y-BOCs scores of case 2 over pre-mid-post

The present study attempted to find out the efficacy of exposure and response prevention in the treatment of persons with obsessive compulsive disorder. The tool used for pre-mid-post therapy assessments was the Yale Brown Obsessive Compulsive Scale. This scale was used to study the type and severity of obsessions and compulsions that were present. The therapy consisted of 24 sessions that had to be spread over a month. Therapy was in the form of either live or audio exposure followed by response prevention. In the therapeutic setting, sessions lasted for approximately one to two hours. Homework consisted of the same procedures, supervised by a family member who was counseled regarding the illness. In the present study, all the patients showed improvement, and in the case of three patients, compulsions were almost absent at post therapy assessment. A group outcome analysis for the YBOCs scores shows results are statistically significant at $p < 0.05$ significance level, indicating

significant difference in pre and post treatment measures.

RECOMMENDATIONS FOR FURTHER RESEARCH: On the basis of the findings of the study it is recommended that: Comparison of the efficacy of the therapy by having a treatment and a control group., Follow up could be done for a longer period would give information regarding the preventive gains of the therapy. A larger sample size would make the results more generalisable. Comparison of the treatment used in this study with other forms of behavioral interventions available for obsessive compulsive disorder. Comparison of a group exposed to the therapy, and also a significant family member who monitors the patient at home, with a group exposed to only the therapeutic strategy.

IMPLICATIONS OF THE STUDY:

As shown by the study, live exposure and audio exposure lead to significant reduction in obsessions, however the implications are different. Live exposure should be used for tangible triggers and audio exposure for those obsessions that are triggered by intangible cues. Sometimes cognitive restructuring becomes mandatory along with the ERP which is a big challenge for the therapist. Another important factor is the role played by the significant other, which adds to the therapeutic gains. Hence an implication is that a significant family member should assist in the therapy. The findings of this study have implications for nursing practice, nursing education, nursing administration and nursing research

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