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A Case Report of Obsessive Compulsive Disorder: The Efficacy of Exposure Response Prevention

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ABSTRACT

Obsessive-compulsive disorder (OCD) is a chronic psychiatric illness characterised by unwanted, repeated thoughts (obsessions) and/or the repetition of rituals or activities(compulsions). It has a global lifetime prevalence rate of 1.5 percent for women and 1.0 percent for men. Aim: To assess the biological and psychosocial factors of a person with OCD and to provide appropriate psychotherapy to the client. A single case study design was carried out with the case of obsessive-compulsive disorder. Post intervention showed a significant reduction of OCD and depressive symptoms. Exposure response prevention (ERP) has been shown to be effective in treating OCD in this case, as evidenced by the post-intervention reduction in OCD symptoms. Implication: ERP is effective guideline for the practitioners to manage OCD symptoms, which is evident from the current case study.

1. Introduction

Obsessive compulsive disorder (OCD) is a chronic psychiatric illness characterised by unwanted, repeated thoughts (obsessions) and/or the repetition of rituals or activities (compulsions). Compulsions are commonly used to relieve discomfort and/or worry caused by obsessional thoughts or a general feeling of incompleteness [12]. Obsessive compulsive disorder is one of the top ten major causes of disability in the world (Murray & Lopez, 1996, as quoted in [12], and has been linked to a lower quality of life, severe functional impairment, and other negative consequences [4].

OCD has a lifetime prevalence rate of 1.5 percent for women and 1.0 percent for males worldwide [6]. Since the COVID 19 epidemic, the prevalence of has risen dramatically. After three months of being free of the quarantine, a study in Wuhan, China, found that 17.93 percent of people had OCD and approximately 90% of individuals with OCD have other psychiatric comorbidities [5]. Anxiety disorders are the most prevalent comorbid disorder in OCD, accounting for 75.8% of cases, followed by mood disorders (63.3%), notably major depression disorder (MDD) at 40.7 percent, impulse control disorders at 55.9%, and substance use disorders (SUDs) at 38.6% [7].

There were four main reasons that determined the choice of this case. The OCD diagnosis, the severity of the OCD symptoms, the lack of prior psychological treatment, and the cognitive-behavioral treatment carried out This case illustrates the incapacitation caused by OCD symptoms with the themes of "dirt and contamination" and "doubting" and the influence of biological and psychosocial factors on the development and permanence of the disorder. An analysis of the records kept during the psychological therapy session also allowed us to ascertain the progress made with the cognitive-behavioral treatment (CBT).

2. Case Presentation

Sya is a 37-year-old female Malay divorcee with two children. She started to experience OCD symptoms as a teenager but not severe, and she never sought any treatment. Her symptoms have gotten worse since January 2021, when she took care of her sick parents. She presented with intrusive thoughts about contamination and excessive doubt about whether she had taken certain steps or actions that caused her to perform repetitive behaviour. Sya's compulsive behaviour includes washing hands, checking the door lock, washing her backside, bath, ablution, washing clothes and dishes, prayer, checking the door lock, and the need to have symmetry when folding her clothes. The action of washing or checking will temporarily relieve her anxiety. However, when her obsession returns, she will repeat the same behavior.

Sya's OCD symptoms are impacting her ability to function because she has been spending long hours performing the rituals and it is causing her to feel constantly tired. For example, it took her one hour to take bath and forty-five minutes to pray due to repetitive rituals. Her stress from caring for her sick mother, as she reveals her mother as fussy, irritable, and demanding mother, triggered her problems. In addition, her fifth sister have been constantly nagging her about minor issues, interrogating her and calling her if she went out on the town. She felt stressed, burdened, lacked independence and lacked coping skills to handle her stress.

2.1 Family and Personal history

Sya grew up in a low-income family with eleven siblings, including herself, and she is the tenth of her siblings. She has an identical twin sister. Her father died in 2019 due to old age. Her mother, aged 80, has heart problems with OCD symptoms, and she has an overprotective and critical attitude towards her. Her childhood was uneventful, and she was taken care of by her fifth sister, who was overprotective during her childhood as her parents were too busy. Sya has a fair relationship with her other siblings and a poor relationship with the fifth sister and her mother. Sya married when she was twenty-one years old. However, she divorced after seven years of marriage because her husband did not give financial support and he was unemployed. They were blessed with two children (a boy, age 14 and a girl, age 15), who currently live with their husband and occasionally stay with her.

2.2 Mental state examination

Sya is a middle-aged woman who appears underweight, has a limited affect, and speaks in a low tone. She has been experiencing low moods with the feeling of anxiousness. Her thoughts were preoccupied with the obsession of dirt and contamination, mixed with some failure feelings and hopelessness. She has good insight and judgement.

2.3 Psychological testing

Sya was assessed using the Beck Depression Inventory (BDI), Beck Anxiety Inventory (BAI), and Yale-Brown Obsessive-Compulsive Scale (Y-BOCS). The results of the BDI indicate severe depression, BAI minimal anxiety, and Y-BOCS moderate OCD symptoms.

ISSN: 0005-2523
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2.4 Diagnosis

Based on the information obtained from the current evaluation, the following is her diagnosis:
Provisional Diagnosis: Obsessive Compulsive Disorder with major depressive disorder
Differential Diagnosis: Generalized anxiety disorder, phobic disorder.

2.5 Case formulation

Biologically, Sya has a strong history of OCD; her mother, her elder brother, and her twin sister all had OCD. Her mother and elder sister were overprotective, controlling, anxious, rigid, and critical, which contributed to Sya's stress and anxiety. During her childhood, she was unable to go out or enjoy the company of other children, which made her isolated and low self-esteem.

The mental and physical stress of taking care of her sick parents has exacerbated her OCD symptoms. In addition, her mother's control, demanding, and critical attitude towards her has made her OCD worsen as she rarely has the opportunity to engage in pleasurable activities and she has limited coping skills to deal with her stresses. Her condition was also maintained by her compulsive behaviour in response to her obsession and the failure in her marriage because it made her feel lonely, hopeless, and a failure.

Sya, on the other hand, has a few protective characteristics. She has good insight through which she demonstrates understanding of her OCD and the need for treatment. Sya also has high motivation to help herself, so she is committed to the therapy and consistent in carrying out the homework given to her. Apart from that, Sya also has supportive siblings who will assist her whenever she has a problem. Her children and religious beliefs allow her to stay strong. Doing her online business, meeting new people, and travelling are distractions from her focus on her OCD.

2.6 Management

Sya underwent individual psychotherapy and also pharmacotherapy. For pharmacotherapy, she was prescribed with fluoxetine 40 mg daily. Over a period of three months, she had completed twelve individual weekly per sessions 60 minutes with the therapist, conducted based on the cognitive behavioural model. The main technique used was exposure response prevention along with psychoeducation, relaxation exercise, cognitive restructuring, and "postpone worries", assertiveness skills, and behaviour activation.

Table 1. Summary of intervention

Session & Date	**Agenda**
Session 1	1.Rapport building & Inform consent 2. Intake interview-history taking 3. Pre assessment to aadminister of BDI, BAI & Y-BOC Results: Y-BOC = 32 (moderate OCD symptom) BDI=33(severe depression)

<table>
<tr><td></td><td>BAI = 7 (minimal anxiety)</td></tr>
<tr><td>Session 2</td><td>Mood/physical functioning check
Present the case formulation to client
Set Treatment goal
Teach Client Deep Breathing exercise
Assign homework for breathing exercise</td></tr>
<tr><td>Session 3</td><td>Mood/physical functioning check
Review Relaxation exercise homework.
Psycho-educate the client on the vicious cycle of OCD
Psycho-educate the client on the cognitive model of CBT.
Introduce the OCD thought record and homework.</td></tr>
<tr><td>Session 4</td><td>Mood/physical functioning check
Review OCD thought record homework.
Built a Fear hierarchy
Introduce exposure response prevention (ERP) worksheet and assign level 1 & 2 exposure homework
<table>
<tr><td>Situation</td><td>Distress (0-100%)</td></tr>
<tr><td>6.Ablution (Wudhu) & prayer</td><td>50%</td></tr>
<tr><td>5.Washing Buttock</td><td>40%</td></tr>
<tr><td>4.Washing clothes</td><td>30%</td></tr>
<tr><td>3.Washing hands</td><td>20%</td></tr>
</table></td></tr>
</table>

ISSN: 0005-2523
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	2.Washing dishes — 10% 1.Checking door lock — 10%
Session 5	Mood/physical functioning check Review OCD thought record and ERP homework. Discussion of her family issues and teaching the client assertive communication skills
Session 6 -11	Session 6-11 focused on the ERP: the client was exposed to situations that triggered her obsessions and caused her distress, while the therapist assisted her in preventing the compulsive responses that continued from level 2 onwards. Every session, the therapist will assess the client's distress level during ERP, any challenges related to ERP homework and how to overcome them, how to identify triggers and cope with them. Other techniques used are: 1. Reminder/indicator that she already performs certain actions. 2. Postpone worry technique 3. Shorten the steps or rituals 4. Behaviour activation
Session 12	Post Assessment measure Review OCD thought record and ERP exercise (level 6) Post intervention measurement (BDI, BAI, Y-BOCs). Results: Y-BOC = 16 (mild OCD symptom)

	BDI=27(moderate depression) BAI = 2 (minimal anxiety) Relapse prevention

3. Discussion

Obsessive-compulsive disorder (OCD), one of the most severe psychiatric conditions [3], is characterised by thoughts, distressing thoughts, and repetitive behaviours that are interfering, time-consuming, and difficult to control [2]. Previously, traditional psychodynamic psychotherapy, medication, or available behavioural therapies such as systematic desensitisation or aversion therapy did not respond effectively to OCD [9].

The exposure and response prevention (ERP) strategy was found to be the most efficacious and successful treatment for OCD [8], [10], [12]. ERP is a type of cognitive behavioural therapy (CBT) that assists the patient in confronting anxieties associated with their obsessional thoughts (exposure) and having the patient resist compulsions (response prevention). Patients can be exposed to real-life experiences (in vivo exposure), imagined situations (imaginal exposure), or bodily sensations linked with anxiety or pain (interoceptive exposure). One of the primary goals of CBT is to teach the patient the skills needed to directly confront fear-evoking stimuli without engaging in fear-neutralizing rituals [11].

In this present case, the therapist used in vivo exposure in the ERP. The first task of the technique of exposure requires the identification of as many situations as possible which lead to obsessional worries that in turn lead to the checking, cleaning, or other rituals and make a list of all of these. Once the list of things leading to compulsive behaviours has been established, the next task is to put these items into an order based on which causes the most and least anxiety. The least anxiety provoking item then becomes the first target for the process of exposure and response prevention. The chosen first target is repeated several times each day if possible, until the anxiety associated with the task lies below 20/100 then move to the next level and so on. The client was given a homework assignment and a chart to record her progress. The process was challenging because the client tends to have excessive doubt about whether she has performed a certain action or not which cause her to have compulsive behaviour. For example, she tends to doubt whether she has applied soap and whether it is clean enough whenever she washes her hands, dishes, or clothes. In order to convince her, we used certain indicators for these, such as: looking at whether there are any soap bubbles, the sink/washing machine is wet, her hands, and the clothes have a nice smell.

Although the ERP is proven effective, but most of the time the client has difficulty to resist her compulsion. To deal with it, the therapist modified certain technique such as set aside a worry time and set a time limit for the rituals [1]. For example, in this case, Sya normally took one hour to shower, she was instructed to shorten each step by a set amount each week, i.e., the first week was 60 minutes, the following week reduce another 10 minutes, and so on until she reached the acceptable duration, which for her is 20 minutes. She needs to set an alarm clock each time she goes to the bathroom. In addition, she was taught to postpone the worry time to an allocated slot later in a day. For example, Sya set 5.00-5.30pm each day for her worry time. Whenever she has the obsessive thought, she will tell herself “I’ll think about all this later’. During that allocate time, she was taught to dwell on the bad, not to try to stop or change her thinking let it all out.

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People often find that they can stop themselves from worrying if they know that they can postpone the worry to a specified time. However, by delaying this process, when the allotted time comes the worry has often become irrelevant or hard to remember [1].

4. Conclusion

Despite its effectiveness, it is undeniable that ERP can be an emotionally and logistically difficult treatment to administer because eliciting anxiety on purpose can be unsettling for both the therapist recommending it and the patient experiencing it. The therapist needs to keep reassuring the client that by confronting her fear, it will help to reduce it. Overall, the cognitive restructuring and the ERP technique have been shown to be effective in treating the OCD symptoms in this case as evidenced by the post-intervention measure.

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