Acceptance and commitment therapy for OCD, and depression: A Case Study


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ABSTRACTED/ INDEXED IN:
Acceptance and commitment therapy for OCD, and depression: A Case Study

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Abstract

Objective: ACT focuses on specific processes that are not directly targeted by other treatments. ACT targets the function of thoughts, feelings, and bodily sensations in mental disorders and so obsessive compulsive disorder (OCD) and depressive disorder.

Method: In this study an adult woman with chronic obsessive compulsive disorder (OCD) and depressive disorder who was nonresponsive to cognitive behavior therapy (CBT) is presented in this case study. She was treated with 5 sessions of Acceptance and Commitment Therapy (ACT). A pretreatment position was also checked using MMPI and after the five sessions of treatment the post-treatment profile was compared to pre-treatment profile. Results: Measurements of Pt (OCD) and D (depression) were taken at pre-treatment, after Sessions 5, and at post-treatment. Results showed significant reduction on Pt and D measures throughout treatment. Conclusion: ACT helped the client to introduce the notion that struggle and control may actually interfere with the client's everyday functioning and life-goal attainment, and then explore that notion briefly in terms of clients' life experiences.

Keywords: ACT, OCD, Depression, Case study

Introduction

Effective treatments for OCD are necessary because approximately 8% of the population will meet diagnostic criteria for this disorder at some point in their lives (1). There are multiple factors that play into undesirable treatment outcomes: poor administration, therapy interfering behaviors or external events, limited dosage, timing of the treatment, or the treatment might not have been the right match for the presentation. In cases where the treatment is not the appropriate match, alternative interventions such as pharmacotherapy or other psychotherapies are logical options. One alternative psychological approach to the treatment of OCD that has been receiving increased attention is Acceptance and Commitment Therapy (2).

ACT is a form of CBT, where “CBT” is defined as an overarching umbrella that encompasses treatments from a similar theoretical and empirical tradition but each treatment is
considered distinct. Even though there is overlap between ACT and other types of CBT. ACT focuses on specific processes that are not directly targeted by other treatments. ACT does not focus on the form or frequency of inner experiences but instead targets their functional effects on behavior. This approach is shared with other therapies such as Mindfulness-Based Cognitive Therapy (3).

ACT also uses behavioral procedures to promote values consistent actions that promote increases in quality of life. ACT targets the function of thoughts, feelings, and bodily sensations using acceptance and mindfulness procedures on the one hand, and targets behavior change using traditional behavioral procedures on the other. ACT also targets particular constructs that are partially but not wholly shared with other therapies, including: cognitive fusion (treating cognitions as literal events that need to be responded to), experiential avoidance (attempting to avoid or control certain inner experiences even though these attempts result in negative effects on one's quality of life), and unclear values (a lack of awareness of areas of life that are important to the client). These constructs are targeted in the hopes of increasing psychological flexibility (the ability to act in accordance with one's values regardless of inner experiences). Empirical support exists for ACT as a treatment for psychosis, social phobia, smoking cessation, polysubstance abuse, depression, chronic pain, worksite stress and poor innovation, dealing with end stage cancer, managing diabetes, stigma and burnout, agoraphobia, epilepsy, and trichotillomania, as well as other disorders (4, 5).

Acceptance and Commitment Therapy is part of this newer line of exploration, and studies have shown that ACT can be effective for the treatment of generalized anxiety disorder, obsessive-compulsive disorder (OCD) and posttraumatic stress disorder (2, 6, 7). ACT approach to anxiety disorders is predicated on the notion that anxiety disorders are characterized by experiential and emotional avoidance, defined as a tendency to engage in behaviors to alter the frequency, duration, or form of unwanted private events (i.e., thoughts, feelings, physiological events, and memories) and the situations that occasion them when such avoidance leads to problems in functioning (2). As described in more detail elsewhere (8, 9) rigid and inflexible down-regulation of emotions and patterns of emotional and experiential avoidance is thought to function as a core psychological diathesis underlying the development and maintenance of several forms of psychopathology(10, 11, 12, 13, 20,21,22) including all anxiety disorders and depression. Thus, ACT is different from what many clients and therapists typically expect must be done to solve anxiety problems. It is an essential first step in treatment that therapists help clients experience the costs of remaining trapped in the idea that effective anxiety and depression control is a prerequisite for leading a better life, and how anxiety and depression control strategies have positively impacted their life functioning and decreased distress (14, 15, 19).

Method

Identifying information

Maryam a single, 30-year-old Iranian female and an employ in a company, presented with a lifelong history and principal diagnosis of OCD and a secondary diagnosis of depression. Her obsessions involved severe fear of contamination and having to urinate. Her compulsions involved excessive washing behaviors and avoiding places without an easy escape or readily accessible bathroom. For several hours each day, Maryam obsessed about her contamination and
urination fears, and engaged in compulsive behaviors. She felt embarrassed and shameful about these behaviors, which led her to limit meaningful social contact and relationships. She calls herself a night person. She is experiencing Depression, she cannot think clearly till noon; she is always sad and has lack of energy, she rarely expresses affection to anyone.

Assessment

Prior to treatment the complete Structured Clinical Interview was taken from Maryam for the Diagnostic and Statistical Manual and was diagnosed with OCD, and depression. A pre treatment position was also checked using MMPI and after the five sessions of treatment the post-treatment profile was compared to pre-treatment profile.

Treatment

ACT may be applied to all disorders, in part, because it targets a set of central processes that feed OCD and Depression - related problems (4,18). The focus is on changing the function (rather than form or specific content) of unwanted thoughts and emotions so that they no longer get in the way of effective action. In fact, a considerable amount of treatment time is spent on increasing client actions in everyday life that are consistent with what client’s value and wish their lives to stand for.

Procedure

Session 1: Treatment Orientation—Learning New Skills
Session 2: Examining the Effects of Anxiety and Depression Control Efforts—Creative Hopelessness (4).
Session 3: Identifying Values and Goals (16).
Session 4: Acceptance: Developing Willingness to Stay With Discomfort (8).
Session 5: Applying Acceptance, Willingness, and Defusion to Stay With Anxiety and Depression (17).

Result

Graph 1. Shows the pre-treatment profile
First group of indices (VRIN to S) are for assessing the validity of responses, and according to them profile is valid. The second groups (from Hs to Si) are clinical indices used for clinical problems. D stands for depression and Pt is used for OCD, and as seen in graph (1 and 2) both are significant decreased after treatment.

**Conclusion**

The focus was on teaching client acceptance and mindfulness skills as ways of learning to observe unwanted anxiety – depression related responses fully and for what they are (thoughts as thoughts, physical sensations as physical sensations, images as images, feelings as feelings). The goal was learning to stay with OCD and depression. ACT helped the client to introduce the notion that struggle and control may actually interfere with the client's everyday functioning and life-goal attainment, and then explore that notion briefly in terms of clients' life experiences (2, 7). In conclusions results showed that indices D stands for depression and Pt is used for OCD, and as seen in graph (1 and 2) both are significant decreased after treatment. This result is corresponded with Empirical support exists for ACT as a treatment for social phobia, depression, agoraphobia, as well as other disorders (4,5).
References


