

Obsessive Compulsive Disorder

Description of Obsessive Compulsive Disorder

Definition

Diagnostic criteria for Obsessive Compulsive Disorder (OCD) include the following: the presence of obsessions and/or compulsions, recognition of the irrationality of the obsessions and compulsions, and marked distress and interference in normal functioning (Hill & Beamish, 2007 <http://onlinelibrary.wiley.com/doi/10.1002/j.1556-6678.2007.tb00618.x/abstract>). Obsessions may be described as repetitive and intrusive thoughts that produce anxiety. Compulsions, then, are rituals, behaviors, or activities that are engaged in to reduce this anxiety emergent from the obsessions.

Resource: <http://www.nmha.org/index.cfm?objectid=C7DF91A4-1372-4D20-C860E262C7C0517B>

Prevalence

The National Institute of Mental Health estimates the prevalence of OCD among adults in the United States to be 1% of the total population (Kessler, Chiu & Walters, 2005). Fifty percent of these cases are classified as severe. http://www.nimh.nih.gov/statistics/1OCD_ADULT.shtml. In the pediatric population, prevalence of OCD is estimated to be between 1 and 4% <http://www.ncbi.nlm.nih.gov/pubmed/17613156>. However, Snider and Swedo (2000) caution that the high incidence of co-morbidity and misdiagnoses among children with OCD may lead to underestimates of the prevalence of pediatric OCD. <http://intramural.nimh.nih.gov/pdn/pubs/pub-4.pdf>

IDENTIFICATION/ASSESSMENT STRATEGIES

Resources: Overviews of assessments: Benito, K., & Storch, E. A. (2011). Assessment of obsessive-compulsive disorder: Review and future directions. *Journal of Child Psychology and Psychiatry*, 52(2), 287–298. doi: 10.1111/j.1469-7610.2010.02411.x
American Academy of Child and Adolescent Psychiatry. (1998). Practice parameters for the assessment and treatment of children and adolescents with obsessive-compulsive disorder. *Journal of the American Academy of Child and Adolescent Psychiatry*, 37, 27S–45S

Clinician Rated Assessments

Yale–Brown Obsessive–Compulsive Scale (Y-BOCS; Goodman et al., 1989). This is a clinician administered instrument that is widely used for the assessment of OCD. It consists of two parts: The Y-BOC-SC which is a 54-item symptom checklist and the Y-BOC-SS which is a ten item Likert-scale measure of symptom severity, ranging from 0 (no symptoms) to 4 (severe symptoms). The Y-BOCS has been shown to have good test-retest and inter-rater reliability and acceptable criterion-related validity (Sulkowski et al., 2008). The Y-BOCS is considered the

tion for OCD, but cautioned that the literature frequently conflates CBT with the behaviorally-based Exposure and Response Prevention (ERP, Meyer, 1996) in that both can be understood to alter maladaptive cognitive patterns. More recently, Ougrin's (2011) meta-analysis concluded that Cognitive and Behavioral therapies are equally effective in the treatment of OCD. In their review and meta-analysis of research comparing individual and group CBT treatment of Obsessive Compulsive Disorder, Jonsson and Hougaard (2008) found group and individual CBT treatment of OCD to be equally effective. Similarly, Warren and Thomas (2001) found CBT could effectively treat OCD in private practice settings at the same level of effectiveness achieved in randomized controlled trials.

Resource: Farrell, L. J., Schlup, B., & Boschen, M. J. (2010). Cognitive-behavioral treatment of childhood obsessive-compulsive disorder in community-based clinical practice: Clinical significance and benchmarking against efficacy. *Journal of Child Psychology and Psychiatry*, 48, 409-417. doi: 10.1016/j.jbrat.2010.01.004

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Acceptance and Commitment Therapy. With its focus on mindfulness and behavior change techniques, Acceptance and Commitment Therapy (ACT) has been implemented with clients diagnosed with OCD. Twohig, Hayes, and Masuda (2006) conducted a study of the effectiveness of 8 sessions of ACT in reducing compulsions. Clients experienced an immediate and prolonged (at a 3 month follow-up) reduction in anxiety, depression, experiential avoidance, and adherence to obsessional rigidity.

Mindfulness-Based Cognitive Therapy. Similar to ACT, Mindfulness-Based Cognitive Therapy was first applied to preventing relapse for clients experiencing depression and has been recently adapted for treatment with clients diagnosed with Obsessive Compulsive Disorder. Hertenstein et al. (2012) created an 8 week group therapy experi-

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