



# OCD NEWSLETTER

PUBLISHED BY THE OC FOUNDATION, INC. TO EXPAND RESEARCH, UNDERSTANDING AND TREATMENT OF OBSESSIVE COMPULSIVE DISORDER.

Volume 7, Number 2

DISCLAIMER: OCF does not endorse any of the medications, treatments or products reported in this newsletter. This information is intended only to keep you informed. We strongly advise that you check any drugs or treatments mentioned with your physician.

April, 1993

## Group Exposure and Response Prevention for Obsessive Compulsive Disorder

*Editors Note: This pilot group was subsidized by the OC Foundation. The following article is a synopsis of the fourteen session group report. A complete copy of the report is available to individuals who send us a self addressed return envelope with seventy-five cents postage.*

*by Christina J. Taylor, Ph.D. Sacred Heart University and Diane E. Sholomskas, Ph.D. Yale University*

We conducted a pilot study to explore the feasibility and efficacy of group administered Exposure and Response Prevention (ERP) for Obsessive Compulsive Disorder (OCD). Individually administered ERP can be expensive because it is a time intensive therapy that is typically done in 1 1/2 hour sessions several times a week for several weeks. Translating ERP into a group setting can reduce costs and make it available to more individuals. Clinically speaking there are potential advantages because individual progress can be enhanced by observing others tackle therapeutic challenges. It is, of course, also possible that individual progress in a group could be impeded by concerns about disclosing symptoms, carrying out behavioral assignments in public, and even "catching" the symp-

toms of others.

With these issues in mind, we designed and conducted a group treatment program with six participants. The participants were diverse in both background (ages ranged between 18 and 40 years) and symptoms of OCD, (e.g., contamination fears, neatness and symmetry, mental compulsions, checking, etc.). Three participants were receiving concomitant pharmacotherapy. Pre and post-treatment assessments included a clinical interview, the Yale Brown Obsessive Compulsive Scale (Y-BOCS), the Beck Depression Inventory (BDI), and the Symptoms Checklist 90 (SCL-90).

The OCD Exposure and Response Prevention Group was designed to meet for 1 1/2 to 2 hour sessions, twice weekly for seven weeks, with two follow-up sessions held at one week and one month after the seventh week. With two exceptions, both therapists were present for all sessions. The following outlines the procedure and content of each session.

**Session 1** The first meeting was primarily educational in focus. Following introductions by all members and therapists, the guidelines for the operation of

the group were presented and discussed: commitment to attend all 14 sessions and to complete homework and practice; maintaining confidentiality; identifying a person as a helper for assistance with ERP carried out at home; and attempting to maintain a stable treatment regimen (e.g., with regard to medication). ERP or flooding was then defined and explained, special care being taken to clarify any misconceptions concerning behavior therapy, especially with regard to the fact that participants would determine for themselves the pace for their exposure to anxiety producing situations and stimuli. Participants were assigned reading on goal setting in Baer's 1991 book, *Getting Control: Overcoming Your Obsessions and Compulsions*. This book served as the text for the program.

**Session 2** This session was dedicated to a discussion of each participant's goals. Anxiety hierarchies were developed and ERP was discussed in relation to the anxiety producing situations each person identified.

**Sessions 3-10** These sessions focused primarily on in-session ERP done with each participant. Meetings began with reviewing each individual's exposure assignments carried out at home. Group members would discuss techniques for facilitating progress and assist each other with developing solutions for carrying out successful exposures.

**Sessions 9-14** In the final sessions, cognitive restructuring techniques were introduced as an adjunctive method to the practice of ERP. The longer time period between the concluding sessions was presented as an opportunity to consolidate gains.

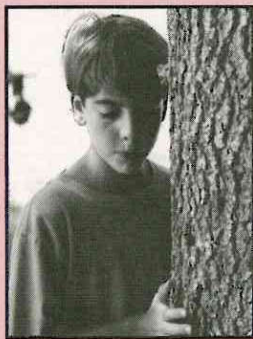
The post-treatment assessment showed improvement for 4 of 6 participants in their OCD symptoms. Two showed little or no change. At minimum these outcomes demonstrate that ERP can be efficaciously carried out in a group format. Some of the comments of the group participants on the best and worst parts of the group are instructive:

The best part is having small victories and knowing I can improve.

The best part is that as it goes on it

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## The Touching Tree Is A Reality



**T**he Touching Tree, our dramatic video about a young child with OCD, is complete and available for purchase. The thirty-nine minute video was enthusiastically received in its east and west coast premieres. Patricia Perkins, President of the Obsessive Compulsive Foundation, remarked, "Since our beginning, one of the Foundation's top priorities has been to raise the awareness of and advocate that professionals check for the existence of childhood OCD. It is a hidden epidemic—one in every two hundred children has OCD and it is being under-diagnosed and mis-diagnosed. This video is an invaluable aid in educating children, parents, educators, and mental health professionals about OCD, its behavioral manifestations, and that it can be effectively treated."

The Touching Tree is available for \$49.95, which includes shipping and handling.



OCF is a participant in the Combined Federal Campaign #1298 in the CFC brochure.



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Group Exposure  
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gives me more hope of getting better.

The best part of the group treatment has been knowing that I'm not alone and finally being able to address my OCD.

The best part—how other group members can relate to my symptoms and how I can relate to theirs.

(The worst part is) Watching somebody else flood if it is very stressful to the other person.

Increased anxiety and preoccupation with the disorder. However, this is not unexpected.

As is evident in these comments, the social comparison process the group setting provided enhanced the ERP treatment and the members' understanding of similarities and differences in their experience of OCD.

Group members also reported that the structured sessions helped members stay focused on goals, maintain their motivation, and ensure compliance with practice. The routine of in-session ERP, the setting of individual goals for out-of-session practice, the reporting on success and difficulties with ERP, and obtaining group members' opinions of how to modify or conduct practices, all served as reinforcement for continued practice under highly anxiety provoking circumstances. The group provided a place to share symptoms and to obtain helpful feedback and encouragement.

Next time that we carry out the program there are some things we would do differently. The group treatment needs to be longer than 14 sessions if items high on the anxiety hierarchy are to be adequately treated. Additional therapeutic considerations include more attention to coping with setbacks as well as improvements in symptoms. Modeling ERP in-session and observing group members carry out exposure exercises was such a critical therapeutic tool that its usage should be extended to the helpers selected by the group members. While the issue of whether or not to have a helper remains uncertain (some members actively employed helpers and some did not), their helper's ability to assist would certainly be enhanced by more direct instruction from therapists.

The outcome of this pilot ERP group underscores the need for more research on group administered ERP. Individuals with OCD are clearly resilient enough to work together in a group. The optimal conditions for carrying out the treatment and the parameters of an effective group treatment for OCD need to be identified. Such standardization will advance the opportunity for persons with OCD to receive therapeutic and cost effective help. ❀

## New Developments

Jim Broatch, MSW  
Executive Director, OCF

1993 is a very important and exciting year for the Foundation. The **Touching Tree** is done and has been receiving rave reviews. The second edition of **Learning to Live with OCD** has also been completed. Our worldwide membership has surpassed 8000. The First International OCD Conference was held in Capri, Italy at which the Foundation was an active participant. The White House Healthcare Reform Task Force is considering a reform plan which would cover the cost of mental illness. The OCF Research Fund is growing steadily. Ciba-Geigy Pharmaceutical Corporation has revised their OCD public service announcement for TV and radio and it will be reissued nationwide in April. The Medical University of South Carolina and the South Carolina Public Television have released an hour long documentary on OCD. The Anxiety Disorders Association of Americas' Annual Convention focused on OCD. The Solvay and Upjohn Corporations are preparing for the late 1993 or early 1994 release of fluvoxamine (Luvox).

To capitalize on these developments, we need your help and input!

### The Touching Tree

The OCF underwrote the production of **The Touching Tree** so that children and adolescents with OCD would be identified at an earlier age. Purchase the **Touching Tree** from us, ask that your school system show it during professional inservice days. May is Mental Health Awareness month. Ask your local access cable TV station to air the **Touching Tree**. Let us know of your successes, so that we can share your strategy with our national network of OCD support groups.

### OCF Research Award

In spite of the tremendous strides in OCD research and treatment, some individuals are still not getting well. Increasingly, the OCD Newsletter will feature articles from clinicians and individuals with OCD regarding treatment. In three years, the OCF Research Fund has surpassed fifty thousand dollars. We are working with our scientific advisory board to develop guidelines for an annual OCF Research Fellowship for treatment refractory OCD. Please consider making a gift for this Fund and return it in the envelope included with this newsletter.

### 1st International OCD Conference

The 1st International OCD Conference, sponsored by Duphar/Upjohn, was held in Capri, Italy on March 12-13. One hundred researchers from twenty-one

countries were invited to present their research on OCD and related OCD spectrum disorders. In the next OCD newsletter, we will feature different viewpoints about the conference from four participants.

### Mental Health Benefit Reform

According to a March 16 New York Times article, the President's Task Force on National Healthcare Reform is considering "covering a wide range of mental health services, including the treatment of severe mental illness." It is time to write to your federal legislators and ask them to support the inclusion of equitable, comprehensive mental health benefits in any proposed health care reform package. Health care reform without equitable mental health care benefits is no reform at all. We will send you a draft of a letter to help you advocate for this change. Please help us in this effort. We may not have a better opportunity to change this inequitable system.

### Membership

Eight thousand members worldwide! A committee was appointed recently by the OCF Board of Directors to design a Membership Benefit Package. If you have any ideas regarding how we can improve our service to our members and to entice others to join, please contact me with your suggestions. ❀

## OCD NEWSLETTER

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OC Foundation, Inc. is a community of those who have OCD and other biochemical disorders and is committed to insuring: that all know about OCD, its symptoms, and the vast number of persons who have it, that individuals with OCD identify, seek and have access to appropriate support and affordable treatment, that researchers support and seek a cure for OCD and that individuals with OCD will be recognized as valuable members of the community.