Cognitive-Behavioural Therapy (CBT) for Obsessive-Compulsive Disorder (OCD)
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Introduction
- Obsessive Compulsive Disorder (OCD) is an anxiety disorder that causes one to have unwanted obsessions (thoughts) and compulsions (rituals).

- Cognitive Behavioural Therapy (CBT) is a common treatment for OCD.

- This project evaluates the strengths and weaknesses of two specific CBT techniques for OCD: (1) Exposure plus Response Prevention (ERP) (2) Thought Stopping

- Additionally, this project will focus on broad strengths and weaknesses of CBT for OCD.

(1) Exposure Plus RP

ERP = Expose client to thoughts or situations that arouse anxiety, then prevent the client from responding to anxiety with compulsive rituals.

STRENGTHS:
- Helps with various obsessions and compulsions – Best with “washers” and “checkers”.
- Physiological Benefits – Heart rate stopped rising when exposed to anxiety-provoking situations.
- Long-Lasting Effects – Follow up at 1-2 years.
- Comorbidity – Reduced obsessions and compulsions in people with both OCD and depression.

WEAKNESSES:
- Resistance – “Washers” initially resistant to therapy.
- Length of time – ERP can take a long time.
- Different results for different sub-groups – People with sexual/aggressive thoughts are harder to treat.

(2) Thought Stopping

Thought Stopping = Reducing the impact of maladaptive thoughts by interrupting them and substituting them for more adaptive thoughts (e.g. not everything needs to be perfect while highlighting).

STRENGTHS:
- a) Long-Lasting Effects – Follow-up at 1-2 years.
- b) Imaginal Thought Stopping – Also effective.

WEAKNESSES:
- a) Unsuccessful for many patients.
- b) Generates unpredictable results.

A Broader Perspective

STRENGTHS – CBT FOR OCD:
1) CBT is best therapy for OCD (e.g. compared to relaxation or psychodynamic).
2) CBT is as effective as medication (for patients in CBT, results do not improve when medication is added).
3) Biological Benefits – Neural changes in chemicals and structures related to OCD.

WEAKNESSES – CBT FOR OCD:
1) Time consuming.
2) Better suited for some obsessions and compulsions over others (e.g. “hoarding” is most resistant).
3) Large chance of relapse for clients not involved in relapse prevention plans.

Conclusion/Discussion
- ERP and thought stopping have both proven to be effective techniques, but not in all situations.
- CBT is a first-line treatment for OCD, alongside meds.
- There are still gaps in the literature:
  1) Treatment guidelines and procedures are ambiguous. Easier to implement individual techniques.
  2) Treatment focuses on obsessions OR compulsions.
  3) Need research on some populations (e.g. children).