

Low intensity treatment (including ERP) of mild OCD – a case study

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Aims

To disseminate skills and knowledge gained from low intensity (LI) treatment of mild obsessive compulsive disorder (OCD).

Assessment summary

31 year old male with compulsive hand-washing for nine years:

- ❑ Situation: 'Felt sense' of 'dusty' hands
- ❑ Thoughts: I might spread germs – others will get ill, others might die, I might die and pets might die.
- ❑ Behaviours: Compulsive hand-washing, focus of attention on hands.
- ❑ Physical: Autonomic symptoms of anxiety.

Routine measures	Assessment score	Discharge score
PHQ-9	7	3
GAD-7	10	4
OCI	28	18

Table 1

The challenge

LI can be interpreted differently within services. In this case, LI is considered as six, half hour sessions. With no previous LI treatment of mild OCD within the service, staff attended training and were keen to implement the skills and knowledge gained.

Evidence base and treatment

- NICE Guidelines recommend LI treatment using exposure and response prevention (ERP) for mild OCD. ERP focuses on behaviours with the rationale that thoughts shift independently. This protocol was followed over nine LI sessions.
- SUDs ratings: While the client appeared to grasp this concept, it did not hold much meaning for him. Only after exploring 'Theory A' and 'Theory B' did the client report things 'really making sense'.
- Behavioural experiments: Whilst SUDs ratings decreased, it became apparent that the client was getting through experiments by counting down until he could wash his hands again.

Outcome

While the client reported anxiety about ending sessions, once a relapse prevention plan was completed he agreed to being discharged. Scores on the routine measures (Table 1) reflect significant change in anxiety and a drop in compulsions.

Impact

Discussion in a clinical reflections group aimed to build on LI therapists' knowledge of working with mild OCD and to show HI therapists the efficacy of LI interventions with appropriate use of clinical skills supervision. Following this, LI and HI therapists reported increased confidence about working with and offering LI interventions to treat mild OCD.

Conclusion

Although thoughts were not explicitly focused on in sessions, I feel this was a key aspect of the success in this case made possible through the use of good supervision. While this case required a more intensive level of supervision, I now feel more confident in my skills to work with future cases of mild OCD.

- This case demonstrates to services that, working flexibly, it is possible to successfully treat mild OCD within the definition of LI.
- The implications of this evidence may contribute to reducing waiting lists and enabling services to offer treatment to those with otherwise unmet needs.

References

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