

## **EFFECTIVENESS OF SCHEMA THERAPY OF DYSFUNCTION ATTITUDES IN PATIENTS WITH TREATMENT-RESISTANT OBSESSIVE-COMPULSIVE DISORDER**

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### **ABSTRACT**

The present study aims to evaluate the effectiveness of schema therapy of dysfunction attitudes in people with obsessive-compulsive disorder resistant to treatment. In a quasi-experimental design, 24 patients with resistant OCD available were randomly divided as samples into experimental and control groups, respectively. Twenty sessions of Schema Therapy was administered to experimental groups. To assess attitudes Dysfunction Attitudes Scale (DAS) was used. The results showed that the amount of dysfunction attitude, as compared to the control group was significantly ( $p = 0.001$ ) decreased.

**Keywords:** *Dysfunction Attitudes, Schema Therapy, Treatment-resistant, Obsessive-compulsive Disorder*

### **INTRODUCTION**

Obsessive-compulsive disorder (OCD) is a chronic and disabling disorder that has a negative impact on quality of life, job performance, family and women's education (Kumar *et al.*, 2012).

Quality of life in OCD patients has been reported same even lower than with schizophrenia and major depression (Hauschildt *et al.*, 2010).

Epidemiological studies of OCD prevalence of OCD in the general population is between 2/3 to 3/8 of the estimated (Subramanian *et al.*, 2014).

Studies on the prevalence have estimates (1/8%) of adults in the general population (Mohammadi *et al.*, 2005). In behavioral therapy, cognitive factors involved in OCD are not directly targeted in therapy; because the annoying and escape thoughts, beliefs and assumptions associated with these thoughts have a prominent role in the manifestation of OCD.

Expensive treatment is spent to the conclusion that it would be inefficient targeting and identification of a more comprehensive approach to therapy (Rector, 2001). According to cognitive theory, the fundamental difference between normal annoying thoughts in the sense that people are obsessed with the meaning that their obsessive thoughts are annoying. OCD patients thought to be a sign of possible injury to themselves or others to see who might be affected and also think that they may be responsible for the damage (or prevent) liable (directory 2001).

According to cognitive theory of Salkovskis, unwanted thoughts or compulsive behaviors known vulnerabilities are not annoying, but how the individual assessment of the thoughts (of personal responsibility), is responsible for the chaos and obsessive behavior (Clark, 2004).

The main issue in pattern recognition Salkovskis, which makes an incorrect assessment of personal responsibility, exaggerated the events that harm to oneself or others (Doron and Kyrios, 2005). However, many studies have shown the effectiveness of CBT for OCD, however, approximately 40 to 60% of patients, these patients still do not an appropriate response CBT, SRI (Lee *et al.*, 2014) and half of them are abandoned during the treatment; many of them will relapse after treatment (Abramowitz, 2006). Finally, other OCD patients who have problems with exposure and response prevention do not seek treatment (Sookman and Steeketee, 2007) in clinical history of OCD, these patients are termed as resistant. The treatment for patients who do not respond to these efforts, other options should be explored. Thought to be due to inconsistent estimates of incorrect assumptions that have arisen during life (Rector, 2001; Clark, 2004) and early life experiences and the experiences of living with parents in the formation

## **Research Article**

of the inefficiency of a world-leading, that person is prone to OCD (Doron and Kovios, 2005) should be considered in investigating the underlying schema of this disorder.

Sookman also believes that the presence and activation scheme of vulnerability is one of the characteristics of people who are afraid of risk exposure and accept response prevention (Sookman and Steeketee, 2007).

Young (2003) assumed that some of the schema to the schema that during the initial period of the life experiences of children are unpleasant and undesirable, may be the core of personality disorders, problems of a milder character, and many chronic disorders based on a form. He is named a subset of the schema, early maladaptive schemas. In the model, schema therapy, early maladaptive schemas and maladaptive coping mechanisms as the fundamental core cognitive and emotional disorders are considered (Young *et al.*, 2003).

This schema act as the view of the cognitive processes such as attention, memory interpretation of events and information (Calvete *et al.*, 2013).

Schema therapy, therapeutic concepts and techniques are combined from cognitive therapy, behavioral, psychological analysis, etc. The main form of cognitive therapy, but the theory of objects relations and attachment approach was affected (Young *et al.*, 2003). In fact, Schema Therapy expanding CBT is based on the discovery of the origins of mental health problems in childhood and their relation to the current problems by working on the mind of the schema and the parents that the boundaries are emphasized (Heilemann *et al.*, 2011).

Atalay *et al.*, (2008) argue that the scheme can play a crucial role in the outcome of treatment for OCD. Know early maladaptive schemas OCD sufferers include social isolation, vulnerability to loss, sickness, negativity or pessimism. Havak and Provencher (2011) argue that schema therapies can successfully be helpful beyond in treating people with anxiety disorders and personality disorders. Some researchers have even suggested that schema therapy may be useful in patients with schizophrenia (Bortolon *et al.*, 2013). A total of schema therapy in the treatment of chronic depression (Malogiannis *et al.*, 2014) Bipolar Disorder (Havak *et al.*, 2013) Borderline Personality Disorder (Dickhaut and Arntz, 2014) is useful.

Also on criminals law and prevent its rise among drug abusers is useful (Rizzo *et al.*, 2007). Considering the foregoing, the researcher seeks to answer the question whether the schema therapy on reducing dysfunction attitude is effective in patients with treatment-resistant obsessive-compulsive disorder?

## **MATERIALS AND METHODS**

### **Method**

In the present quasi-experimental project pretest - posttest control group was used. The study population included all patients with treatment-resistant obsessive-compulsive disorder is that in 1392 the practice of psychiatry and psychotherapy and counseling centers visited in Arak city. Taking advantage of the convenience sampling method, people with OCD - practically intractable, according to the psychiatrist were selected based on the diagnosis. Dysfunctional Attitude Scale was used to collect data as well as from the DAS and the Young Schema Questionnaire (YSQ) short form.

### **Methods**

Following the adoption of patient-centered psychotherapy, the psychiatrist has been referred to specialists (MSc Clinical) a clinical interview, semi-structured (SCID for screening and assessing mental disorders comorbid done and the sample of interest, OCD sufferers, who Inclusion criteria for the study have been selected. After the initial isolation and implementation of clinical interview if you wish to participate in the treatment plan (schema therapy approach), informed consent was obtained. According to the principle of quasi-experimental design of pretest - posttest through random assignment, 12 patients in the experimental group were replaced similarly; another 12 were in the control group. Intervention (20 sessions of Schema Therapy) trial was conducted on a group. This approach for separation the sessions were carried out as follows:

Sessions 1-2 create a rich interaction and collaboration, education, schema therapy approach, informed consent, providing research test sessions

### Research Article

Sessions 3-6 to assess the patient's problems, assess coping styles, problem formulations based on schema-based sources and forms of conceptualization  
 7-10 using the techniques of cognitive and void for uncertainty prevailing schema references  
 Sessions 11-15 of experimental techniques in order to introduce references to the origins of evolutionary schemas and maladaptive ways of understanding the satisfaction of emotional needs  
 Sessions 16-20 encouraged the authorities to abandon their coping styles and practices incompatible adaptive coping strategies to meet the emotional needs

**Table 1: Descriptive Index scores in the Pre-test and post-test and Follow-up in changing dysfunction attitudes**

	Group	Pre-test Average	Post-test Average	Follow-up Average	Pre-test deviation	Post-test deviation	Follow-up deviation
<b>Dysfunction approaches</b>	Experiment	17/66	11/28	9/22	5/87	7/64	5/68
	Control	18/6	17/48	-	6/91	7/64	-

In Table 1 it can be seen that the mean dysfunction attitudes in the post-test and follow-up group is Less than the Pre-test and post-test control group.

**Table 2: Covariance summary for therapy effects' by Pre-test variable control**

Source change	Sum squares	of Degrees freedom	of Mean square	F	Sig	partial Eta Squared
<b>Pre-test</b>	164/36	1	164/36			
<b>Main Effect of therapy</b>	877/8	1	877/8	92/59	0.000	0/83
<b>Remained Error</b>	170/72	18	9/48			

As Table 2 shows the calculated F is significant at the 0.01 level. In other words, the elimination of the Pre-test scores as variables Pre-test in dysfunction attitudes, the main effect of treatment on changing dysfunction attitude test scores is significant. Standard indicates that the power factor of 83% is dysfunction attitudes. ( $\eta = 0.83$ ,  $p = 0.01$ ,  $F = 92.59$ ).

**Table 3: Related T calculated among post-test scores and follow-up level**

Groups	T	Degrees of freedom	Sig
<b>Post-test and follow-up scores</b>	1.83	10	0.097

## **Research Article**

The results show there is no significant difference between groups in varying grades and stages of dysfunction attitude (Sig = 0.097, T = 1.83).

## **Discussion**

In assessing the effectiveness of schema therapy dysfunction attitudes disorder OCD resistant results of analysis of covariance showed that ( $F = 92.59$ ) calculated is significant. Therefore, it can be argued that the scheme therapeutic intervention in reducing dysfunction attitude OCD patients resistant to treatment has been effective. In support of these findings, it can be noted that therapists were first to the patient's dysfunctional attitudes. Car (1974), McFaul and Valreshim (1979), Rockkman and Hudson (1980), Salkovskis (1985), van open and Arntz (1992) confirmed on the identification of patients with OCD worked and the disorder of cognitive.

They stated that the cognitive process of pathological evaluation should be considered in two aspects. Risk perception and sense of personal responsibility when intervening thought occurs, The patient's risk perception and the sense of personal responsibility, to prevent or reduce the likelihood of harm and risk, do Compulsion. This is to emphasize that the pathological assessment of Arntz thoughts interfering with the content of personal responsibility alone (as emphasized Salkovskis) does not force you to neutralization. On the other hand, based on cognitive theory Salkovskis (1994) evaluation of the unwanted and annoying thoughts (in terms of personal responsibility) will cause confusion and rituals. Wilhelm *et al.*, (2014) were investigated the relationship between the structure and responsibilities associated with OCD. The results showed that beliefs associated with OCD experience of effective accountability. Shevez and Frost (1993) know the uncertainty of the dominant symptoms of OCD, and the other hamburger and Roman (2004) as quoted by Wilhelm *et al.*, (2014) concluded that OCD patients tend to have certain things are perfect. Forenham (2000) also found that intolerance of uncertainty is high in OCD. It's supposed to be incorrect assessments of incompatibility arises from the assumption that the lessons learned during life and early life experiences and the experiences of living with his parents in the formation of dysfunctional beliefs and a world-leading, that person is prone to OCD (Doron and Kyrios, 2005). In this approach, which expanded the classical cognitive behavioral therapy, cognitive strategies using these features is reduced. Because of this wrong thinking and radical beliefs through cognitive restructuring and reform of the assumptions underlying disease such as accountability, to help patients that they do not cause any threat to their obsessive thoughts, does not lead to nothing. And to collect evidence to discredit the infrastructure associated with obsessive beliefs, myths patient was pale, and by enabling the use of ERP and its effectiveness has been improved in these patients. In addition, since the dysfunctional beliefs can be the underlying cause of the disorder, OCD treatment and modify them according to these beliefs seem reasonable.

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### Research Article

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