Using a Cognitive Behavior Therapy or Acceptance and Commitment Therapy Lens to Examine Outcome and Satisfaction with Life in Severe OCD
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BACKGROUND
• Literature supports the efficacy of both Cognitive Behavioral Therapy (CBT) and Acceptance and Commitment Therapy (ACT) for Obsessive Compulsive Disorder (OCD)
• CBT and ACT offer different explanatory accounts for the precise mechanisms of change that result in improved outcomes for OCD
• CBT highlights the relationship between behaviors, thoughts, and emotions and asserts that symptom reduction occurs through active cognitive and behavioral change
• ACT focuses on attempts to redirect one’s behavioral responses, as thoughts and feelings occur outside of one’s control
• A major differentiation between CBT and ACT is the focus on symptom reduction in CBT, where ACT highlights the importance of increasing psychological flexibility
• The current study investigates two factors:
  1. The extent to which differences in theoretical rationale predict clinical outcomes
  2. Whether changes in symptom severity or changes in psychological flexibility better predict treatment outcome and whether or not these changes affect an individual’s satisfaction with life

METHODS
• Symptom severity was assessed at both admission and discharge via self-report. Measures used in this study include:
  • Yale-Brown Obsessive-Compulsive Scale (Y-BOCS) Severity Scale, a measure of OCD symptom severity
  • Revised Acceptance and Action Questionnaire (AAQ-II-R) to measure psychological inflexibility via extent of experiential avoidance
  • Schwartz Outcome Scale (SOS-10), a measure of general clinical outcome
  • Satisfaction With Life Scale (SWLS), a measure of general satisfaction with life
• Standardized residual change scores were calculated to control for differences in pretreatment scores.

PARTICIPANTS
• N = 29 Residential (RT) and Intensive Outpatients (IOP) from the Houston OCD Program with a diagnosis of OCD
• Gender: 62% Male
• Level of Care: 79% Residential
• Age: M = 31; SD = 13.4
• Treatment in the intensive and residential programs is heavily based on CBT with emphasis on Exposure and Response Prevention and supplemental therapies (mindfulness, ACT, etc.)

RESULTS
• Initial investigation of the relationship between YBOCS-S, AAQ-II scores revealed a significant correlation in YBOCS-S and AAQ-II residual change scores (r = .49, p < .01).
• A series of linear regressions were performed with AAQ-II and YBOCS scores as independent variables and the SWLS, SOS as the dependent variables
• Results indicated that together YBOCS-S and AAQ-II scores significantly predicted SOS (see Figures below & Table 1)

**Figure 1. Predictors of Satisfaction with Life**

**Figure 2. Predictors of General Clinical Outcome**

**Table 1. Summary of Regression Analyses**

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<thead>
<tr>
<th>Predictors</th>
<th>SWLS</th>
<th>SOS-10</th>
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<tr>
<td>YBOCS-S</td>
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<td>AAQ-II-R</td>
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<td>SOS-10</td>
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* p< .001

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DISCUSSION
• Although preliminary, these data suggest symptom reduction may be more indicative of change than psychological flexibility in treatment outcome for OCD patients
• Limitations include: a small sample size, a sample obtained from a primarily CBT/ERP-focused treatment program, and reliance on self-report measures
• Furthermore, the AAQ may not be the most precise measure of psychological flexibility, as it focuses on only one component of the ACT model, experiential avoidance
• The MEAQ & MAAS have been added to supplement the existing battery for further data collection on psychological flexibility
• Data collection is ongoing and will continue assessing the relationship between symptom reduction, psychological flexibility, and treatment outcomes for OCD patients, as well as patients suffering from other severe anxiety diagnoses.
• Future research could also investigate the integration of CBT and ACT, such as ACT with ERP to further assess the affect on satisfaction with life in addition to symptom reduction.