A Preliminary Investigation of OCD Symptom Dimensions and Psychological Inflexibility

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INTRODUCTION

- Symptoms of obsessive-compulsive disorder (OCD) can vary widely in their theme and content (e.g. contamination, unacceptable thoughts, washing, checking, neutralization).
- Etiological and treatment outcome differences highlight the importance of elucidating the nature of these differences in order to develop more targeted treatment methods (Abramowitz et al. 2010).
- Lack of psychological flexibility is associated with OCD symptom levels in adults and children (e.g., Abramowitz, Lackey, & Wheaton, 2009). The current study sought to explore psychological flexibility within dimensions of OCD.
- If psychological inflexibility is more prevalent in certain symptom presentations, it may be important to incorporate techniques to develop psychological flexibility in individuals with these presentations.
- The current study assessed the extent to which psychological inflexibility, a construct that is often linked to psychopathology in the Acceptance and Commitment Therapy (ACT) literature, varies among different OCD symptom dimensions.

PARTICIPANTS

- Participants were (n = 160) Residential (RT) and Intensive Outpatients (IOP) with a primary diagnosis of OCD from the Houston OCD Program. Participants were predominantly Male (57.9%) and Caucasian (81.4%) with a mean age of 29.65 years (SD = 11.07).
- Treatment in the intensive programs is heavily based on Cognitive-Behavior Therapy with emphasis on Exposure and Response Prevention.
- Daily attendance includes:
  - 2 hours of psychoeducational group therapy (e.g. depression, treatment motivation, mindfulness, ACT, etc.)
  - 4 hours of Exposure and Response Prevention with one-to-one support
- Additionally, patients attend 3 hours of weekly individual CBT sessions.

METHODS

Procedure:
- Patients completed a battery of questionnaires upon admission to the Houston OCD Program. The current study used:
  - Subscales of the Dimensional Obsessive Compulsive Scale (DOCS; Abramowitz et al., 2010) to differentiate symptom dimensions of OCD
  - Acceptance and Action Questionnaire-II (AAQ-II-R; Bond et al., 2011) to measure psychological inflexibility.

Analyses:
- A linear regression was performed with DOCS subscales as the independent variables and AAQ-II scores as the dependent variable.

TABLES AND FIGURES

Table 1. Study Variable Means and Correlations

<table>
<thead>
<tr>
<th>Predictor</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Mean (SD)</th>
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<tbody>
<tr>
<td>AAQ-II</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>30.22 (6.40)</td>
</tr>
<tr>
<td>DOCS-Contamination</td>
<td>-</td>
<td>.04</td>
<td></td>
<td></td>
<td></td>
<td>6.40 (6.56)</td>
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<tr>
<td>DOCS-Responsibility of Harm</td>
<td>.25***</td>
<td>.40***</td>
<td></td>
<td></td>
<td></td>
<td>7.33 (6.50)</td>
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<tr>
<td>DOCS-Unacceptability of Thoughts</td>
<td>.34***</td>
<td>-.06</td>
<td>.43***</td>
<td></td>
<td></td>
<td>9.46 (6.40)</td>
</tr>
<tr>
<td>DOCS-Symmetry</td>
<td>.20***</td>
<td>-.01</td>
<td>.41***</td>
<td>-.27***</td>
<td></td>
<td>5.06 (4.92)</td>
</tr>
</tbody>
</table>

Note. For interpretation purposes all variables are presented. *p < .05; ** p < .01, *** p < .001.

Figure 1. Dimensions of OCD Predict Psychological Inflexibility

Table 2. Summary of Regression Analysis for Variables Predicting Psychological Inflexibility

<table>
<thead>
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<th>Predictor</th>
<th>β</th>
<th>t</th>
<th>p</th>
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<tbody>
<tr>
<td>DOCS-Contamination</td>
<td>.03</td>
<td>.01</td>
<td>.74</td>
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<td>DOCS-Responsibility of Harm</td>
<td>.06</td>
<td>.06</td>
<td>.56</td>
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<tr>
<td>DOCS-Unacceptability of Thoughts</td>
<td>.28</td>
<td>3.28***</td>
<td>.001</td>
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<tr>
<td>DOCS-Symmetry</td>
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<td>1.89</td>
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Response

<table>
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<th>Predictor</th>
<th>R²</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAQ-II</td>
<td>.13</td>
<td>6.92***</td>
<td>.000</td>
</tr>
</tbody>
</table>

Note. For interpretation purposes all variables are presented. *p < .05; ** p < .01, *** p < .001.

RESULTS

- Preliminary results suggested that AAQ scores were modestly correlated with the DOCS subscales. Of the subscales, only the responsibility of harm subscale was correlated with the contamination subscale. The responsibility of harm, unacceptable thoughts, and symmetry subscales were mild to moderately correlated (Table 1).
- Regression results indicated that the DOCS subscales significantly predicted levels of psychological inflexibility (Table 2).
- Of the individual predictors, unacceptable thoughts positively predicted levels of psychological inflexibility.
- The contamination, responsibility of harm, and symmetry dimensions of OCD did not significantly predict psychological inflexibility.

DISCUSSION

- Overall, results indicate that OCD patients who suffer from unacceptable intrusive thoughts may have higher levels of psychological inflexibility.
- These findings are consistent with the ACT construct of cognitive fusion. Patients who experience unacceptable intrusive thoughts may allow cognition to regulate their behavior in an unhelpful way.
- Studies have supported the use of ACT for OCD (e.g. Tchogig, 2010). Further, interventions targeting psychological inflexibility and defusion may show increased efficacy in patients presenting with the unacceptability of thoughts symptom dimension of OCD.
- Data collection is ongoing and the study aims to continue assessing the relationship between psychological flexibility and symptom dimensions in OCD patients.
- Specifically, we hope to supplement the AAQ-II with the Multidimensional Experiential Avoidance Questionnaire and the Mindful Attention Awareness Scale in subsequent data collection.
- Limitations include comorbidity across dimensions of OCD, lack of diversity in measures looking at specific constructs of psychological flexibility, and reliance on cross-sectional self report measures.

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