

# Examining Self-Compassion and Experiential Avoidance in Symptom Dimensions of OCD

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# Disclosures

- None to report

# Outline

- Brief overview of OCD and current treatment
- Discuss how self-compassion and experiential avoidance might be related to OCD
- Discuss the results of a study examining these relationships in a non-referred sample of individuals meeting criteria for OCD

# Obsessive Compulsive Disorder

- Presence of:
  - Compulsions
  - Obsessions
- The compulsions and/or obsessions cause distress, are time consuming, or significantly interfere with normal functioning (American Psychiatric Association [APA], 2000)

# Obsessive Compulsive Disorder

- 12-month prevalence is estimated to be 1%
  - 50.6% of these cases are estimated to be severe  
(Kessler, Chiu, Demler, & Walters, 2005 )
- Fourth most prevalent mental disorder

# Current Treatment for OCD

- Cognitive Behavioral Therapy - Exposure and Response Prevention (ERP)
- ERP
  - Clinically significant impact on a majority of individuals, however suffers from a high dropout rate (Abramowitz, Taylor, & McKay, 2009; Fisher & Wells, 2005)

# New Treatment Directions

- Third-wave behavior therapies, involving mindfulness and acceptance strategies, are being tested for effectiveness with many disorders including OCD
- Growing research suggests the effectiveness of mindfulness and acceptance-based approaches to treating OCD (Twohig, Hayes, & Masuda, 2006; Twohig et al., 2010)

# Self-Compassion

- Self-compassion is a relatively new concept, which has begun to be applied to clinical conditions
- Contains 3 Components (Neff, 2003):
  - Self-kindness and understanding
  - Connected to the human experience
  - Mindfulness



# Six Facets of Self-Compassion

- Self-Kindness
- Self-Judgment
- Mindfulness
- Over-Identification
- Common Humanity
- Isolation

# Self-Compassion and OCD

- Self-compassion was inversely related to OCD severity (Wetterneck et al., 2011)
- Self-compassion-enhanced techniques may be a complimentary addition to treatments for OCD

# Experiential Avoidance

- An unwillingness to remain in contact or experience unpleasant private thoughts or experiences through attempts to avoid or escape from these experiences (Hayes, Wilson, Gifford, Follette, & Strosahl, 1996)
- Experiential Avoidance (EA) has been hypothesized to manifest as compulsions in OCD (Eifert & Forsyth, 2005)

# Experiential Avoidance and OCD

- Two recent studies have evaluated the effectiveness of Acceptance and Commitment Therapy (ACT) with individuals with OCD (Twohig, Hayes, & Masuda, 2006; Twohig et al., 2010).
- Two recent studies found that measures of EA did not contribute significantly to OCD severity (Abramowitz, Lackey, & Wheaton, 2009; Manos et al., 2010 ).

# Self-Compassion and EA

- Both linked to OCD severity
- Relationship between self-compassion and EA has not yet been evaluated in an OCD population
- Differences in self-compassion and EA have not been evaluated in OCD symptom dimensions

# OCD Symptoms - Measuring Severity

- Previous measures of OCD symptom severity do not capture all aspects of severity (Abramowitz et al., 2010).

# OCD Symptoms - Dimensional Approach

- A relatively new measure, the Dimensional Obsessive Compulsive Scale (DOCS) addresses these limitations (Abramowitz et al., 2010)
- Assesses OCD symptoms on four dimensions

# OCD Symptom Dimensions

- Contamination
- Responsibility for harm, injury, or bad luck
- Unacceptable obsessional thoughts
- Symmetry, completeness, and exactness



# The Current Study

- Participants
  - 83 non-referred individuals meeting criteria for OCD
    - 59 Females (71.1%)
    - 24 males (28.9%)
    - Age = 33.60 (12.8)
    - 83% Caucasian/White
- Participants recruited online and via groups catering to individuals with OCD

# Comorbid Conditions

- Depression: 60 (72.3%)
- Generalized Anxiety Disorder: 38 (45.8%)
- Social Phobia: 13 (15.7%)
- Post-traumatic Stress Disorder: 12 (14.5%)
- Others include: Trichotillomania, Eating Disorder, Substance-related Disorder, Personality Disorder, Bipolar Disorder

# Measures

- Acceptance and Action Questionnaire II (AAQ-II)
- Dimensional Obsessive-Compulsive Scale (DOCS)
- Obsessive Compulsive Inventory –Revised (OCI-R)
- Self-compassion Scale (SCS)

# Results - Sample Severity

	Sample Mean Scores
OCI-R Total	33.39 (13.85)
DOCS Total	34.66 (15.50)
DOCS – Contamination	6.24 (5.86)
DOCS – Responsibility for Harm	9.72 (5.32)
DOCS – Unacceptable Thoughts	10.99 (5.24)
DOCS – Symmetry	7.71 (5.88)
AAQ-II	34.93 (8.47)
SCS	2.10 (.58)

# Correlations with AAQ-II

	AAQ-II
OCI-R Total	.198
DOCS Total	.415**
DOCS – Contamination	.161
DOCS – Responsibility for Harm	.338**
DOCS – Unacceptable Thoughts	.435**
DOCS – Symmetry	.240*

# Correlations with SCS Total

	SCS Total
OCI-R Total	-.286**
DOCS Total	-.251*
DOCS – Contamination	-.109
DOCS – Responsibility for Harm	-.153
DOCS – Unacceptable Thoughts	-.294**
DOCS – Symmetry	-.153
AAQ—II	-.652**

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	SCS Total
OCI-R Total	-.286**
DOCS Total	-.251*
DOCS – Contamination	-.109
DOCS – Responsibility for Harm	-.153
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DOCS – Symmetry	-.153
AAQ—II	-.652**

# Correlations with SCS Subscales

	Self-kindness	Self-judgment
OCI-R Total	-.372**	-.285**
DOCS Total	-.325**	-.236**
DOCS – Contamination	-.132	-.125
DOCS – Responsibility for Harm	-.158	-.267*
DOCS – Unacceptable Thoughts	-.370**	-.274*
DOCS – Symmetry	-.252*	-.248*
AAQ–II	-.514**	-.638**



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# Correlations with SCS Subscales

	Common Humanity	Isolation
OCI-R Total	-.119	-.123
DOCS Total	-.037	-.067
DOCS – Contamination	-.071	-.002
DOCS – Responsibility for Harm	.072	-.028
DOCS – Unacceptable Thoughts	-.052	-.204
DOCS – Symmetry	-.048	.031
AAQ—II	-.308**	-.568**

# Correlations with SCS Subscales

	Mindfulness	Overidentification
OCI-R Total	-.142	-.260*
DOCS Total	-.077	-.325**
DOCS – Contamination	-.064	-.102
DOCS – Responsibility for Harm	-.002	-.336**
DOCS – Unacceptable Thoughts	-.151	-.290**
DOCS – Symmetry	-.003	-.192
AAQ–II	-.325**	-.592**

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# Summary of Results

- AAQ-II significantly correlated with DOCS Total and 3 DOCS subscales: Responsibility for Harm, Unacceptable Thoughts, Symmetry
- SCS Total significantly correlated with OCI-R Total, DOCS Total, DOCS Unacceptable Thoughts subscale
- AAQ-II and SCS significantly correlated across all SCS subscales

# Limitations

- Non-referred sample

# Conclusions

- Self-criticism or self-judgment related to OCD severity
- EA related to OC Symptom Dimensions

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