

Predictors of OCD Symptom Dimensions: Obsessional Beliefs and Experiential Avoidance

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Cognitive-Behavioral Models of OCD

- Negative intrusive thoughts are normal occurrences
- When they are misinterpreted as significant, it leads to obsessional anxiety/fear/preoccupation
- Rituals, avoidance, and other anxiety-reduction strategies (e.g., thought suppression) are reinforced by the immediate reduction in distress they produce
- Anxiety reduction strategies prevent the correction of misinterpretations of intrusive thoughts and thus complete a vicious cycle



Obsessive Beliefs

- A set of maladaptive beliefs that give rise to misinterpretations of intrusive thoughts
 - Obsessive Beliefs Questionnaire: 3 subscales (OCCWG)
 - Exaggerated sense of threat and responsibility
 - Importance of and need to control thoughts
 - Perfectionism and the need for certainty
- Empirical support from correlational, experimental, and prospective studies
- Obsessive beliefs don't explain all variability in OC symptoms
 - What other factors might explain these symptoms?



Experiential Avoidance

- Unwillingness to endure upsetting private experiences (e.g., intrusive thoughts, anxiety)
 - Acceptance and Action Questionnaire
- Core concept in ACT
 - It is inversely related to psychological flexibility
- Thought to underlie OC symptoms (and other psychopathology)
 - Specifically, the tendency to resist or suppress obsessional thoughts (e.g., neutralization, rituals)
- How well does it explain OC symptoms?

Obsessive Beliefs, EA, and OC Symptoms: Previous Research

- Abramowitz et al. (2009)
 - Students with high scores on OCI-R ($N = 91$)

	OCI-R subscale (zero order correlations)				
	Washing	Checking	Ordering	Obsessing	Neutralizing
OBQ-RT	-.09	.37**	.19	.34**	-.05
OBQ-ICT	.07	.24*	.04	.45**	-.01
OBQ-PC	.20	.44**	.26*	.22*	-.15
AAQ-II	.21*	.04	-.05	.08	.10

- Regression analyses:
 - AAQ did not add significantly to the prediction of OC symptoms over and above the OBQ
 - After accounting for AAQ and general distress, the OBQ significantly explained checking and obsessing OC symptoms

Obsessive Beliefs, EA, and OC Symptoms: Previous Research

- Manos et al. (2010)
 - Treatment-seeking OCD patients ($N = 108$)

	OCI-R subscale (zero order correlations)				
	Washing	Checking	Ordering	Obsessing	Neutralizing
OBQ-RT	.32**	.39**	.15	.38**	.08
OBQ-ICT	.27**	.41**	.30**	.30**	.19
OBQ-PC	.21*	.40**	.12	.42**	.18
AAQ-II	-.05	.11	.04	.03	-.04

- Regression analyses:
 - AAQ did not add significantly to the prediction of OC symptoms over and above the OBQ
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The Present Study

- Examines similar issue but with an updated measure of OC symptom dimensions
 - Dimensional OC Scale
- Theoretical implications
 - Intuitive overlaps between EA, obsessive beliefs, and OC symptoms
 - Can inform psychological models of OC symptoms
- Treatment implications
 - Could inform about the relative importance of targeting obsessive beliefs vs. EA



Hypotheses

- Obsessive beliefs will be associated with OC symptoms
- Obsessive beliefs will predict OC symptoms over and above EA
 - Particularly obsessional thoughts and checking rituals (DOCS-R; DOCS-UT)

Participants

- 34 Adults with a DSM-IV diagnosis of OCD
 - Recruited at UNC and USU
 - 25 females
 - Mean age = 28.72 (SD = 9.64) (Range = 18-55)
 - Race/Ethnicity
 - 21 Caucasian, 2 Afr. American, 1 Asian American, 2 Hispanic, 1 Native American
 - Religion
 - 10 LDS, 4 Catholic, 2 Protestant, 2 Jewish, 1 Islam

Study Criteria

- OCD diagnosis (MINI)
- YBOCS \geq 16
- Excluded comorbidities
 - Active mania
 - Active psychotic symptoms
 - Current substance abuse
 - Current suicidal ideation
- No history of CBT for OCD
- Stable on medication (1 month)



Assessment Procedure

- Phone screen
- Diagnostic interview & YBOCS
- Completion of self-report forms
 - BDI
 - DOCS
 - OBQ
 - AAQ-2

Scores on Study Measures

Measure	<i>M</i>	<i>SD</i>
Y-BOCS	24.68	4.89
BDI	16.32	10.94
DOCS		
Contamination	7.96	6.20
Responsibility	7.68	4.84
Unacceptable thoughts	8.20	5.40
Symmetry	5.88	4.66
AAQ-2	35.64	10.71
OBQ		
Threat/Responsibility	70.88	23.35
Importance/control thoughts	50.38	17.75
Perfectionism/certainty	75.67	20.51

Zero-Order Correlations

	DOCS subscale			
	Contamination	Responsibility	Unacceptable Thoughts	Symmetry
OBQ-RT	.34	.59**	-.03	-.13
OBQ-ICT	-.04	-.14	.64**	-.18
OBQ-PC	.02	.35	.16	.37*
AAQ-II	-.06	-.15	-.50*	-.22
BDI	.16	-.12	.61**	.14

* $p < .05$, ** $p < .01$

- AAQ was not significantly associated with OBQ subscales (r s ranged from -.35 to -.12)



Regression Analyses

- DVs: DOCS-R and DOCS-UT
- Predictors
 - Step 1: BDI
 - Step 2: AAQ
 - Step 3: OBQ subscales
- Second set of regressions in which Steps 2 and 3 were reversed

Predicting DOCS-R

	R^2	Beta	t	p
Step 1	.02			.52
BDI		-.13	-0.64	.52
Step 2	.11 (R^2 change = .09)			.15
AAQ-2		-.39	1.47	.16
Step 3	.58 (R^2 change = .47)			.003
OBQ-RT		.59	3.00	.008
OBQ-ICT		-.42	-2.32	.03
OBQ-PC		.28	1.51	.15

Predicting DOCS-R

	R^2	Beta	t	p
Step 1	.02			.52
BDI		-.13	-0.64	.52
Step 2	.54 (R ² change = .52)			.002
OBQ-RT		.68	3.69	.002
OBQ-ICT		-.42	-2.27	.04
OBQ-PC		.21	1.16	.26
Step 3	.58 (R ² change = .04)			.22
AAQ-2		-.28	1.28	.22

Predicting DOCS-UT

	R^2	Beta	t	p
Step 1	.33			.003
BDI		.57	3.27	.003
Step 2	.35 (R ² change = .03)			.36
AAQ-2		-.21	-0.94	.35
Step 3	.65 (R ² change = .30)			.01
OBQ-RT		-.38	-2.15	.05
OBQ-ICT		.63	3.86	.001
OBQ-PC		.10	0.61	.55

Predicting DOCS-R

	R^2	Beta	t	p
Step 1	.33			.003
BDI		.57	3.27	.003
Step 2	.62 (R^2 change = .29)			.01
OBQ-RT		-.30	-1.78	.09
OBQ-ICT		.63	3.81	.001
OBQ-PC		.04	0.24	.81
Step 3	.65 (R^2 change = .03)			.22
AAQ-2		-.26	1.28	.22



Conclusions

- Obsessive beliefs most strongly associated with certain OC symptom dimensions
 - Responsibility for harm/checking rituals
 - Unacceptable thoughts
- Beliefs about threat/responsibility and about the importance of, and need to control, intrusive thoughts explain these symptoms better than does EA



Implications

- Theoretical

- Understanding these OC symptoms in terms of maladaptive beliefs rather than the tendency to resist internal experiences
- Is the latter too broad a concept?

- Measurement

- Develop a version of the AAQ with items more specific to OCD-related experiences (intrusive thoughts, anxiety)



Implications (cont'd)

- Treatment
 - Target maladaptive beliefs rather than EA



Limitations & Future Directions

- Limitations

- Small sample size
- Over-representation of unacceptable thoughts?
- Correlational study
- Exclusive reliance on self-report

- Future directions

- Use of behavioral measures of EA and obsessive beliefs
- Longitudinal studies