SREE ABIRAMI COLLEGE OF OCCUPATIONAL THERAPY

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Enhancing Functional Outcomes in OCD

A Structured Occupational Therapy Intervention Study

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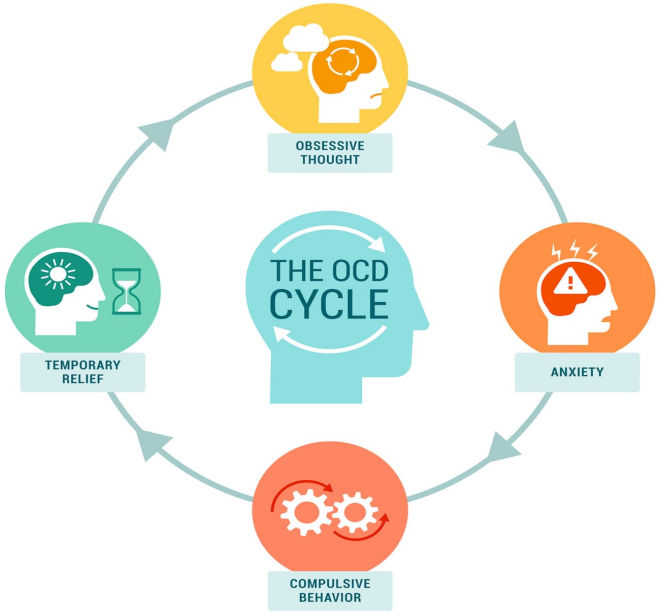
WFOT

What is Obsessive-Compulsive Disorder?

- Chronic condition: obsessions and compulsions
- Obsessions: intrusive, unwanted thoughts
- Compulsions: repetitive behaviors
- Significant functional impairment
- Often underdiagnosed globally



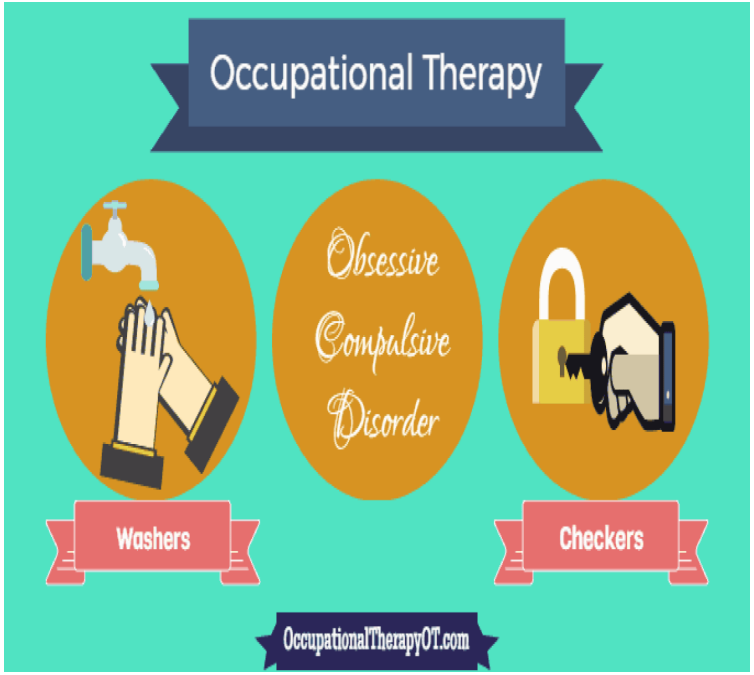
Global Impact

Affects 1-3% of general population worldwide, causing significant disability

India Prevalence

0.6-3.3% based on recent data; men earlier onset than women

INTRODUCTION



The obsessive-compulsive disorder (OCD) is a chronic, prevalent condition affecting 1% to 3% of general population causing significant disability worldwide and its often underdiagnosed and undertreated. Men have an earlier age of onset than women, often in childhood. Onset in girls is more typically in adolescence; among adults, OCD is slightly more common in women than in men.

There has been limited research on the prevalence of OCD in India. However, the data from the National Mental Health Survey (NMHS) conducted in 2016 suggests that almost 0.6% of Indians suffer from some form of OCD. However, newer data suggests that the prevalence of OCD in India can be as high as 2 to 3.3%, but additional research may be required to validate these claims.

Research Methodology

- Design: Quasi-experimental with control and experimental groups
- Sample: 70 participants (35 Control, 35 Experimental) (36 Males and 34 Females)
- Age range: 18-50 years; mild to moderate OCD severity
- Duration: 12 weeks, 7 sessions (45 minutes / session)
- Setting: Arisjuvady Mental Health Centre, Puducherry, India

METHOD OF DATA COLLECTION

INCLUSION CRITERIA

- Both males and females were included.
- Participants were the ages of 18 to 50 years.
- Participant with OCD who had mild to moderate symptoms (based on Y-BOCS Scoring) were included.

EXCLUSION CRITERIA

- The participants were excluded if they had severe symptoms of OCD and other psychiatric conditions

SOURCE OF DATA: ETHICAL LETTER: IEC/SACOOT/OTR05/447

Permission was granted by the Institutes Board of Ethical Committee, Sree Abirami Institutions after reviewing the research proposal. Then this study was conducted at Arisjuvady Mental Health Centre, Pondicherry. Informed Consent from caregivers and clients were obtained.

Outcome Measurement Tools

- Y-BOCS: Symptom severity and distress measurement
- COPM: Occupational performance and satisfaction
- COTE: Behavioral responses in occupational domains
- Pre and post-test comparisons conducted

The Yale–Brown Obsessive–Compulsive Scale (**Y–BOCS**) is a standardized rating scale with both clinician-administered and self-report versions available that measures obsessions and compulsions, and is considered the "gold standard" in the measurement of obsessive–compulsive disorder (**OCD**) symptom severity and treatment response.[1][2]

Basic information

Questions: **58-item checklist + 10 questions**

Duration: **5–10 minutes**

Type: **Screening tool**

Author: **Wayne Goodman**

Publishing year: **1989**

Seminal papers: **The Yale–Brown Obsessive–Compulsive Scale Part I – Development, Use, and Reliability (Goodman et al., 1989)**

The Yale–Brown Obsessive–Compulsive Scale Part II – Validity (Goodman et al., 1989)

COPM
Canadian Occupational Performance Measure
www.thecopm.ca

CANADIAN OCCUPATIONAL PERFORMANCE MEASURE

Authors:
Mary Law, Sue Baptiste, Anne Carswell,
Mary Ann McColl, Helene Polatajko, Nancy Pollock

The Canadian Occupational Performance Measure (COPM) is an individualized measure designed for use by occupational therapists to detect self-perceived change in occupational performance problems over time.

Published by CAOT Publications ACE

Comprehensive Occupational Therapy Evaluation Scale (COTE)

Patient Name:

DATE

I. GENERAL BEHAVIOR	1	2	3	4	5	6	7
A. APPEARANCE							
B. NON-PRODUCTIVE BEHAVIOR							
C. ACTIVITY LEVEL (a or b)							
D. EXPRESSION							
E. RESPONSIBILITY							
F. PUNCTUALITY							
G. REALITY ORIENTATION							
SUB-TOTAL							
II. INTERPERSONAL BEHAVIOR	1	2	3	4	5	6	7
A. INDEPENDENCE							
B. COOPERATION							
C. SELF-ASSERTION (a or b)							
D. SOCIABILITY							
E. ATTENTION-GETTING BEHAVIOR							
F. NEGATIVE RESPONSE FROM OTHERS							
SUB-TOTAL							
III. TASK BEHAVIOR	1	2	3	4	5	6	7
A. ENGAGEMENT							
B. CONCENTRATION							
C. COORDINATION							
D. FOLLOW DIRECTIONS							
E. ACTIVITY NEATNESS OR ATTENTION TO DETAIL							
F. PROBLEM SOLVING							
G. COMPLEXITY AND ORGANIZATION OF TASK							
H. INITIAL LEARNING							
I. INTEREST IN ACTIVITY							
J. INTEREST IN ACCOMPLISHMENT							
K. DECISION MAKING							
L. FRUSTRATION TOLERANCE							
SUB-TOTAL							
TOTAL							

SCALE 0-NORMAL 1-MINIMAL 2-MILD 3-MODERATE 4-SEVERE

Therapist's Signature

PATIENT NAME _____ DOCTOR'S NAME _____
DATE _____ ADDRESS _____

YALE-BROWN OBSESSIVE COMPULSIVE SCALE (Y-BOCS)*

Questions 1 to 5 are about your obsessive thoughts.

Obsessions are unwanted ideas, images or impulses that intrude on thinking against your wishes and efforts to resist them. They usually involve themes of harm, risk and danger. Common obsessions are excessive fears of contamination; recurring doubts about danger; extreme concern with order, symmetry, or exactness; fear of losing important things.

Please answer each question by writing the appropriate number in the box next to it.

1. TIME OCCUPIED BY OBSESSIVE THOUGHTS

Q. How much of your time is occupied by obsessive thoughts?

0 = None.
1 = Less than 1 hr/day or occasional occurrence.
2 = 1 to 3 hrs/day or frequent.
3 = Greater than 3 and up to 8 hrs/day or very frequent occurrence.
4 = Greater than 8 hrs/day or nearly constant occurrence.

2. INTERFERENCE DUE TO OBSESSIVE THOUGHTS

Q. How much do your obsessive thoughts interfere with your work, school, social, or other important role functioning? Is there anything that you don't do because of them?

0 = None.
1 = Slight interference with social or other activities, but overall performance not impaired.
2 = Definite interference with social or occupational performance, but still manageable.
3 = Causes substantial impairment in social or occupational performance.
4 = Incapacitating.

3. DISTRESS ASSOCIATED WITH OBSESSIVE THOUGHTS

Q. How much distress do your obsessive thoughts cause you?

0 = None.
1 = Not too disturbing.
2 = Disturbing, but still manageable.
3 = Very disturbing.
4 = Near constant and disabling distress.

4. RESISTANCE AGAINST OBSESSIONS

Q. How much of an effort do you make to resist the obsessive thoughts? How often do you try to disregard or turn your attention away from these thoughts as they enter your mind?

0 = Try to resist all the time.
1 = Try to resist most of the time.
2 = Make some effort to resist.
3 = Yield to all obsessions without attempting to control them, but with some reluctance.
4 = Completely and willingly yield to all obsessions.

5. DEGREE OF CONTROL OVER OBSESSIVE THOUGHTS

Q. How much control do you have over your obsessive thoughts? How successful are you in stopping or diverting your obsessive thinking? Can you dismiss them?

0 = Complete control.
1 = Usually able to stop or divert obsessions with some effort and concentration.
2 = Sometimes able to stop or divert obsessions.
3 = Rarely successful in stopping or dismissing obsessions, can only divert attention with difficulty.
4 = Obsessions are completely involuntary, rarely able to even momentarily alter obsessive thinking.

*This adaptation of the Y-BOCS is abridged from the original version with permission from Wayne Goodman. For additional information on the Y-BOCS, please contact Dr. Wayne Goodman at the University of Florida College of Medicine, Gainesville, Florida 32610. The original version was published by: Goodman WK, Price LH, Rasmussen SA, et al: The Yale-Brown Obsessive Compulsive Scale I. Development, use, and reliability. Arch Gen Psychiatry. 1989;46:1006-1011.

Structured OT Intervention Program

- Client Centered Occupational Therapy Intervention
- Exposure and response prevention
- Activity-based occupational interventions
- Environmental modifications
- Mindfulness and cognitive strategies
- 45 mins/session: 25 mins conventional + 20 mins tailored

Intervention Structure (Sessions 1-3)

- **Session 1:** Pre-test assessment and study introduction
- **Session 2:** Breathing exercises, relaxation, group activities
- **Session 3:** Social participation through food preparation activities

Intervention Structure (Sessions 4-7)

- **Session 4:** Environmental adaptation through gardening tasks
- **Session 5:** Occupational performance via party organizing
- **Session 6:** Hope building through positive reflection and rewards
- **Session 7:** Post-test evaluation

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Key Findings: Behavioral Responses (COTE)

Experimental Group

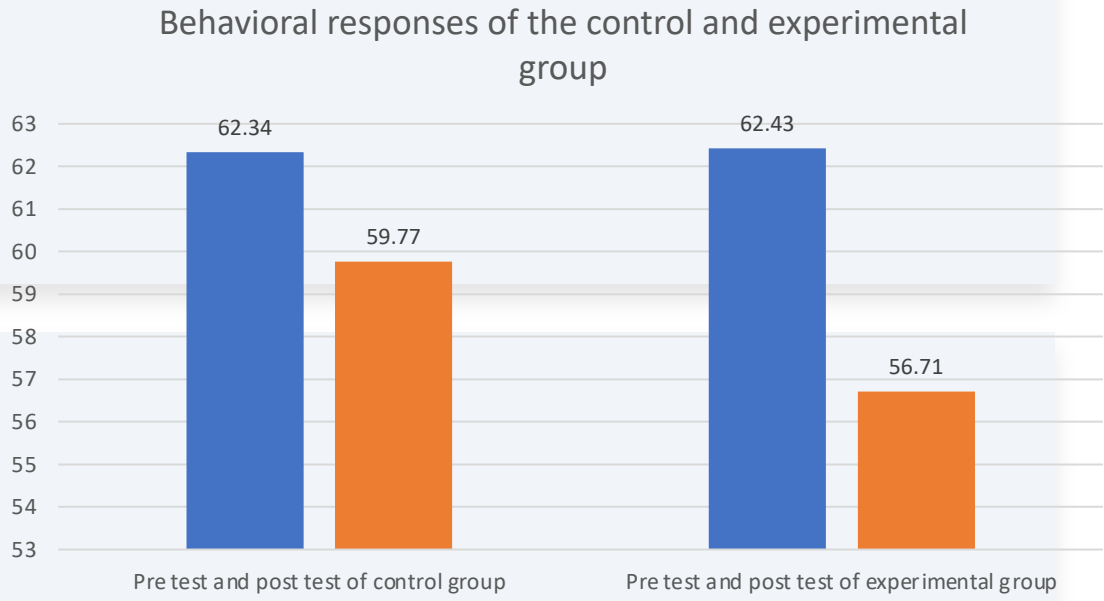
55.40 → 71.43

29% improvement ($p < 0.001$)

Control Group

Minimal change

No significant difference ($p = 0.300$)



Key Findings: Occupational Performance (COPM)

Experimental Group

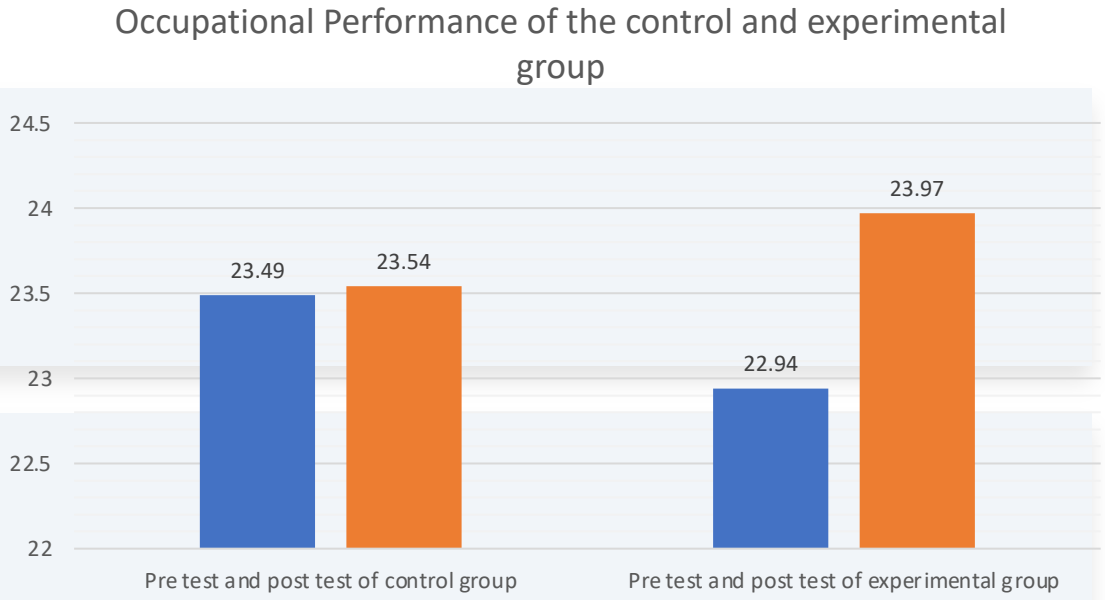
4.62 → 7.50

62% improvement ($p < 0.001$)

Control Group

Negligible change

No significant difference ($p = 0.250$)



Key Findings: Occupational Satisfaction (COPM)

Experimental Group

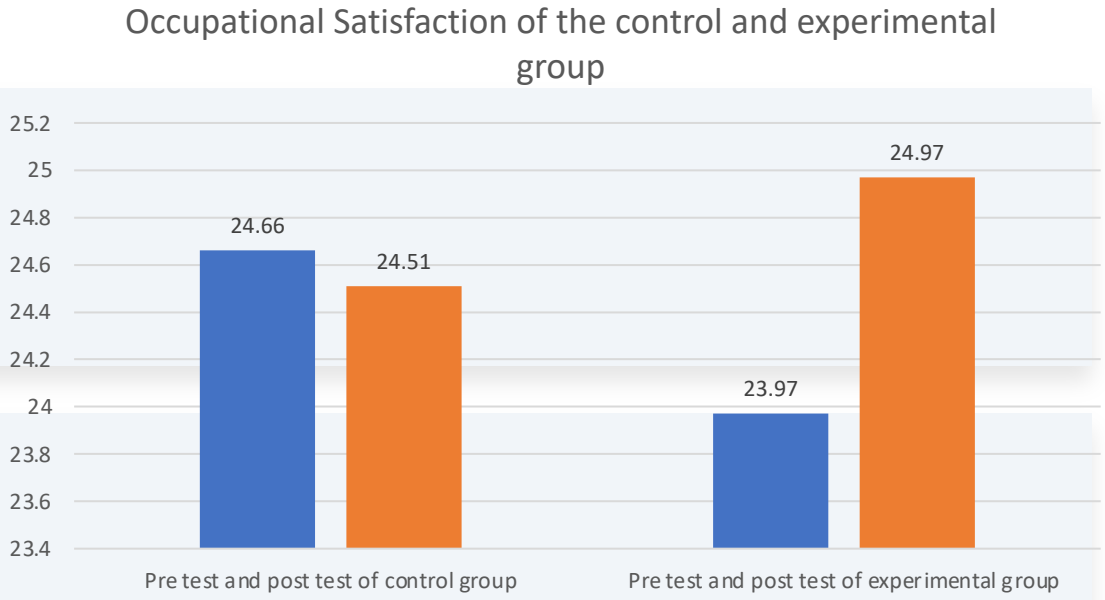
4.62 → 7.50

62% improvement ($p < 0.0001$)

Control Group

Negligible change

No significant difference ($p = 0.5365$)



Clinical Implications

- Structured OT significantly improves outcomes
- Greater effectiveness in younger adults
- Activity-based approaches enhance participation
- Integration with psychiatric care optimizes results

Discussion

Finally, the study results were found significant the effects of Client centered occupational therapy-based outcome strategies of exposure and response prevention, activity-based interventions, environmental modifications, mindfulness training and cognitive interventions in the experimental group participants with OCD and their behavioural responses, Occupational satisfaction and performance**.** This study outcomes were measured by self-reported tools. Further, future studies were recommended to conduct on larger sample size with objective measures of parameters.

Conclusion

Structured Client-Centered Occupational Therapy interventions demonstrate significant effectiveness in improving functional outcomes and symptom severity in individuals with OCD


Thank You
Questions and Discussion
CERTIFICATE
RECOGNITION
ASIA BOOK OF RECORDS
CERTIFICATE OF ACHIEVEMENT
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