COGNITIVE BEHAVIOUR THERAPY IN INDIVIDUAL AND GROUP SETTINGS AMONG PERSONS SUFFERING FROM OBSESSIVE COMPULSIVE DISORDER.

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The present study was conducted to see the efficacy of CBT in group set-up and to compare it with CBT in individual set-up on patients of OCD. The main objective of the study was to compare the severity of obsessive-compulsive symptoms, depression and distress of the patients at pre and post therapy level in group set up as well as in individual set up. The Pre test and Post test (before and after) design was followed in this study. A group of 100 patients diagnosed as OCD was selected from outpatient department of 'Institute of Human Behaviour and Allied Sciences' (IHBAS), Delhi. First five patients were assigned to group set up and next five to individual set up. Like this way 50 subjects were assigned to group set up and 50 subjects were assigned to individual set-up. Before starting CBT subjects were assessed on Yale-Brown Obsessive Compulsive Scale (Y-BOCS), Beck Depression Inventory (BDI) and Cornell Medical Index Health questionnaire Hindi (CMI) (i.e. pre therapy assessment). All the subjects were given 15 sessions of CBT for 1 hour to 2 hours once in a week. After completion of 15th session all the subjects were reassessed on all the three tools (i.e. post therapy assessment).

The cognitive behaviour therapy program followed in the study is comprised of psychoeducation, exposure and response prevention (ERP), cognitive restructuring, homework assignments, preparing co-therapist and role play/modelling. The program was similar for both groups. The difference in the program was in its application.

The data obtained at pre therapy level and post therapy levels on the different variables were tabulated and were subjected to statistical analysis. The analysis of data included both quantitative and qualitative analysis.

Both groups were compared on socio-demographic, clinical and various outcome variables to ascertain the comparability at baseline. Chi-square (X²) was used in the case of dichotomous variables and t-test was used in the case of continuous variables to compare both the groups. Results on outcome variables are presented according to the objectives of the study. Within groups comparison was done to see the effectiveness of CBT in bringing change in the respective groups. Between groups comparison was carried out to test the hypotheses made in the study. t-test was used for within and between groups comparisons.

The main findings of the study are presented below:

In the present study, OC symptoms were measured by YBOCS. The pre and post assessment scores on YBOCS were compared to see the efficacy of CBT in reducing OC symptoms in individual set-up as well as in group set-up. In individual set up scores of YBOCS reduced significantly at post therapy level, suggestive of efficacy of CBT in individual set-up. In group set-up also a significant reduction was seen on YBOCS, thus indicating the efficacy of CBT in group set up.

In the study, severity of depression was measured by BDI. The pre and post assessment scores on BDI were compared to see the efficacy of CBT in improving depression in individual set-up as well as in group set-up. In individual set-up BDI scores reduced significantly. In group set-up also a significant reduction was seen on BDI. Though, depression was significantly high in group set-up at pre therapy level but reduced to the significant level, thus indicating the efficacy of CBT in group set up.

In this study distress was measured by CMI. It includes physical and psychological distress sub scales. In individual set-up also CMI scores reduced significantly at post therapy level. In group set up CMI scores were significantly reduced at post therapy levels suggestive of efficacy of CBT in reducing distress of patients in group set-up.

Between groups comparison scores of YBOCS at post therapy level significant difference was found in both the groups (i.e. group CBT and Individual CBT). CBT in group set-up was more effective in reducing OC symptoms than CBT in individual set-up.

In both the groups depression improved at post therapy level. No significant difference was found in between groups, suggestive of both types of set-up equally worked for reducing the depression.

In both the groups distress improved at post therapy level. No significant difference was found in between groups, suggestive of both types of set-up equally worked for reducing the distress caused by OC symptoms.

Thus CBT was found to be effective in reducing OC symptoms, depression and distress in group set-up as well as in individual set up. CBT in group set-up was more effective in reducing OC symptoms than in individual set-up.