Journal of Psychiatric Nursing 2018; 7(2): 61-62
DOI: http://dx.doi.org/10.21088/jpn.2277.9035.7218.5

Peer learning Experience about Mindfulness and Exposure Response Prevention in OCD: How Relevant is it?

Sujita Kumar Kar[1], Suyash Dwivedi[2], Bandna Gupta[3]

[1]Assistant Profesor [2]Junior Resident [3]Associate Professor, Department of Psychiatry, King George's Medical University, Lucknow, Uttar Pradesh 226003, India.

Obsessive compulsive disorder (OCD) has a prevalence of 0.76% [1], which produces significant impairment for the individual. Cognitive behaviour therapy (CBT) is an effective modality of psychological intervention recommended worldwide for the treatment of OCD [2]. Incorporating mindfulness components in CBT is beneficial in many patients suffering from OCD [3]. We describe here, about the feasibility and relevance of peer learning in group CBT in patients suffering from OCD.

A peer learning session was organized for two patients of long standing OCD and who had undergone Exposure and Response Prevention (ERP) and Mindfulness based Cognitive Behaviour Therapy (MCBT). The goal of the session was sharing of experiences, motivation and feedback regarding the therapy. A total of 4 joint sessions were held with the therapist. The therapist had facilitated the information sharing (understanding the model of ERP & Mindfulness, difficulties encountered in carrying out the activities, techniques to overcome the difficulties and the usefulness of these therapeutic techniques) after setting the agenda for each session.

Patient A had undergone ERP for last 2 months during his hospitalization and his YBOCS score had decreased from 35 to 25. Patient B had been undergoing ERP for last 9 months and his score had decreased from 37 to 13. The patient B was not hospitalized and was receiving treatment from the outpatient clinic only. Both the patients had obsessions of contamination, pathological doubts and magical thinking along with compulsive washing, checking and avoidance behaviour. Considering the homogeneity of their symptoms and their willingness to participate in joint sessions, subsequent sessions of therapy were planned jointly. The patients were attending the joint sessions at an interval of 10 days to two weeks. The agenda of the joint sessions were – to discuss about effectiveness of ERP and mindfulness, challenges encountered by individual clients and their solutions. It was also planned to facilitate the discovery of methods to overcome the difficulties during ERP sessions by the clients, themselves.

In the initial session, Patient A told about improvement in his condition from ERP and initial hesitation and difficulty in exposure. But he reported worsening in symptoms after discharge as he was unable to practice ERP at home. He also told about the mindfulness technique he had been practicing at home to cope with obsessions.

Patient B then told about his initial fears of exposure but his will to continue and internal motivation urged him to continue the therapy. This coupled with improvement in condition has been a major factor in his continuation of the therapy. Patient B, also gave his inputs about the mindfulness technique and that he had been practicing it in a different way which he considered more practical and useful.

The therapist also gave his feedback that patient A should try having an impartial spectator view and continue ERP at home after revision of task hierarchy. He also gave example of patient B and made him-self realize the improvement with ERP during hospitalization.

Patient A agreed to continue ERP at home and accepted that his approach to mindfulness was not a practical one and was willing to try the one practiced by the other patient.

The subsequent sessions were based on effectiveness of the different approach to mindfulness by patient A and his efforts to practice

Corresponding Author: Sujita Kumar Kar, Assistant Professor, Department of Psychiatry, King George's Medical University, Lucknow, Uttar Pradesh 226003, India

E-mail: drsujita@gmail.com

Received on 26.02.2018, **Accepted on** 15.6.2018

ERP at home. Patient B also kept reporting about the continuous improvement in symptoms and his quality of life. The encouragement from patient B and therapist enhanced the motivational level of patient A and his efforts to practice mindfulness. Each group session ended after getting feedback from both the patients and the next sessions were based mostly about the progress of patients and their queries regarding therapy and tasks.

At the end of 4 sessions, a cumulative feedback regarding peer learning was obtained from both the patients Patient. A told that the group sessions were very informative, motivating and he felt benefitted from the session. Patient A believed that the tasks assigned during CBT sessions (ERP tasks, Mindfulness techniques) were helpful. He also started to realize that these techniques need regular practice to bring a noticeable change in maladaptive behaviour. Through peer learning, his beliefs on therapeutic suggestions got strengthened. Patient B felt that the sessions were helpful for sharing of experiences but on a personal level, he could not gain much as his condition was better than that of the other patient. However, the sessions made him realize that there were other people also who had the same problem and in a severe form. It also encouraged him to help other patients and increased his self confidence that he could fight and overcome a condition which at one time felt invincible. At the end of four joint sessions, the YBOCS score of patient A and B were 11 and 23 respectively. Though the reduction of YBOCS score for the patient B was not significant, but the patient reported that his attitude towards the therapy had changed significantly.

Peer learning is a process of exchange of information, where individuals of certain characteristics learn from each other by sharing of information, experience and by doing certain activities together. Peer learning is a social process of cognitive activation [4].

Evidences suggest that CBT intervention in groups help in improvement in the knowledge about the illness, increase in self-efficacy and self-esteem [5]. Sharing of information among peers also may help in building of trust on the therapy process, which may be beneficial in adherence to treatment. In the developing countries like India, where there is scarcity of trained manpower in mental health care, group psychotherapy may be beneficial and cost-effective than individual psychotherapy. However, the therapist also needs to choose the clients carefully for therapy considering the homogeneity of their symptom profile and their willingness to participate in joint therapy sessions.

References

1. Gururaj G, Varghese M, Benegal V, Rao G, Pathak K, Singh L, et al. National mental health survey of India, 2015–16: Prevalence, patterns and outcomes. National mental health survey of India, 2015–16. Bengaluru, National Institute of Mental Health and Neuro Sciences, NIMHANS Publication 2016.
2. Veale D. Cognitive–behavioural therapy for obsessive–compulsive disorder. Advances in Psychiatric Treatment 2007;13:438-46.
3. Key BL, Rowa K, Bieling P, McCabe R, Pawluk EJ. Mindfulness-based cognitive therapy as an augmentation treatment for obsessive-compulsive disorder. Clin Psychol Psychother 2017;24:1109-20.
4. Topping KJ. Trends in peer learning. Educational psychology 2005;25:631-45.
5. Bramham J, Young S, Bickerdike A, Spain D, McCartan D, Xenitidis K. Evaluation of group cognitive behavioral therapy for adults with ADHD. Journal of attention disorders 2009;12:434-41.