



# Initial data on a 5-item measure of OCD symptom severity and change: The obsessive compulsive session change index (OCSCI)<sup>☆</sup>



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## ABSTRACT

Repeated measurement of symptoms throughout treatment allows providers to assess individual patterns of symptom change. However, outside of a clinical trial, administration of lengthy measures at each session is unlikely. Therefore, in order to bridge the gap between clinical research and actual clinical practice we developed a brief self-report measure of obsessive compulsive symptoms that can be used at each session, the Obsessive Compulsive Session Change Index (OCSCI). The OCSCI assesses time spent on obsessions, time spent on compulsions, interference and distress related to obsessions and compulsions, and relative change in symptoms from the beginning of treatment. This paper reports initial psychometric properties of the OCSCI. Twenty-seven adults receiving exposure and ritual prevention for obsessive compulsive disorder (OCD) completed the OCSCI at each session. Results showed that the OCSCI had good internal consistency, and convergent and divergent validity. Specifically, the OCSCI had moderate to strong correlations with both self-reported and clinician rated OCD. Finally, the OCSCI was not as strongly correlated with depressive symptoms as it was with OCD symptoms. The findings presented herein suggest that the OCSCI can be useful as a measure of client progress throughout treatment.

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## 1. Introduction

Effective treatments exist for obsessive-compulsive disorder (OCD; Lewin, Wu, McGuire, & Storch, 2014; Van Balkom et al., 1998). Numerous randomized controlled trials have demonstrated that exposure and response prevention (ERP) leads to significant reductions in OC symptoms (60% symptom reduction) from pre to post-treatment (Franklin, Abramowitz, Kozak, Levitt, & Foa, 2000). Further, Clomipromine and several selective serotonin reuptake inhibitors (SSRIs) have been found to lead to clinically significant reductions in OCD symptoms, and a combination of pharmacological and behavioral interventions has been shown highly effective (Eddy, Dutra, Bradley, & Westen, 2004; Van Balkom, Oppen, Vermeulen, & van Dyck, 1994). Although existing treatments provide relief for many, approximately one third of clients do not see significant symptom reduction (Abramowitz, 1998; Belloch,

Cabedo, & Carrio, 2008; Neziroglu & Mancusi, 2014). Given the variability in treatment response, it may be clinically useful to measure OCD symptoms repeatedly in order to assess patterns of OCD symptom reduction. Furthermore, repeated measurement of OCD symptoms can help researchers assess the relationship between symptoms and mechanisms of treatment response. Measuring OCD symptoms at every session is difficult given the current measures of OCD symptom severity available. A brief measure of OCD symptoms, designed for repeated assessment of OCD symptoms, would be beneficial.

Brief measures of symptom severity that can be used quickly and easily at each session benefit clinicians in several ways. First, repeated assessment of symptom severity can help clinicians make decisions about appropriate techniques to be used given client treatment goals and current symptom levels (Hawkins, Lambert, Vermeersch, Slade, & Tuttle, 2004; Lambert, Hansen, & Finch, 2001; Lambert, 2012). Second, weekly assessments allow clients to see their progress throughout treatment, which might motivate them to either continue or increase their compliance (Hawkins, et. al., 2004). Third, consistent with the goals of Cognitive Behavioral Therapy (CBT), repeated assessment may help clients externalize their symptoms and feel more empowered to change their behavior. Finally, having clients and therapists collaboratively review a

<sup>☆</sup> Exposure and ritual prevention (ERP), obsessive-compulsive disorder (OCD), cognitive behavioral therapy (CBT), Yale-Brown Obsessive Compulsive scale (Y-BOCS), Obsessive Compulsive Inventory (OCI), Obsessive Compulsive Inventory-Revised (OCI-R), Social Anxiety Session Change Index (SASCI), Diagnostic and Statistical Manual of Mental Disorders (DSM), Anxiety Disorders Interview Schedule (ADIS), Beck Depression Inventory (BDI).

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quantitative index of client symptom levels at each session may enhance collaborative empiricism, a hallmark of CBT.

In addition to being clinically useful, repeated measurement can enhance the study of processes of change in therapy. In treatment outcome research, repeated measurement of symptom severity can provide information about the pattern and degree of symptom change, which can then be examined in relation to possible mediators in treatment (Lambert & Ogles, 2009; Lambert et al., 2003). Relatedly, current brief measures of symptom severity have proven useful in determining the number of sessions needed for “clinically significant change” and the development of dose-response curves (Anderson & Lambert, 2001; Kadera, Lambert, & Andrews, 1996). While these analyses are beyond the scope of this paper, a brief measure of OCD symptoms might help improve future research on processes of change in ERP and other OCD treatments.

Currently, brief measures of symptom severity exist for a number of psychological disorders. Moderately brief symptom measures ( $\leq 21$  items) have been developed for depression and anxiety (Beck & Steer, 1993; Beck, Steer, & Brown, 1996; Hayes, Miller, Hope, Heimberg, & Juster, 2008; Leary, 1983; Meyer, Miller, Metzger, & Borkovec, 1990; Stoeber & Bittencourt, 1998). Additionally, the Outcome Questionnaire (Lambert et al., 1996) is used in many mental health clinics to assess overall psychological health at every session. Weekly measurement has allowed researchers and clinicians to track individual patterns of symptom improvement over time, but not all disorders have a brief measure of symptom severity that can be used in this way.

Many clinician-administered and self-report measures of OCD symptoms have been developed, but none of these are optimal for repeated use at every session. Clinician administered measures of OCD symptoms, like the Yale-Brown Obsessive Compulsive Scale (Goodman, Price, Rasmussen, Mazure, Fleischmann et al., 1989) are not efficient because they require the clinician to interview the client and consider appropriate ratings. Self-report measures of OCD, including the Maudsley Obsessional Compulsive Inventory (MOCI; Hodgson & Rachman, 1977), the Vancouver Obsessional Compulsive Inventory (VOCI; Thordarson et al., 2004), the Clark-Beck Obsessive-Compulsive Inventory (CBOCI; Clark, Antony, Beck, Swinson, & Steer, 2005), the Y-BOCS- self report (Baer, Brown-Beasley, Sorce, & Henriques, 1993), the Padua Inventory (Sanavio, 1988), the Florida Obsessive Compulsive Inventory (FOCI; Storch, Bagner, & Merlo, 2007), the Dimensional Obsessive Compulsive Scale (DOCS; Abramowitz et al., 2010), and the Obsessive Compulsive Inventory (OCI; Foa, Kozak, Salkovskis, Coles, & Amir, 1998), while highly reliable and valid, are typically too long (20 or more items) and labor intensive to administer every session. The OCI-revised (OCI-R) is a shorter measure, but at 18 items, it is still somewhat lengthy to administer at every session (Foa et al., 2002). The severity sub-scale of the FOCI evaluates OCD symptom severity in only 5 items. The FOCI severity sub-scale, when administered in conjunction with the first 20 items, has demonstrated good reliability and concurrent validity with longer scales, however it has never been psychometrically examined when administered independently of the symptom-specific items. Further, the FOCI was not designed to be administered repeatedly, and has not been evaluated throughout treatment. In addition, to our knowledge, no measures have included an item assessing relative symptom severity from the beginning of treatment. Since brief measures of OCD designed to be administered at every session are limited, repeated measurement of symptoms in treatment outcome research is more lengthy and difficult to achieve (Anholt et al., 2008; Williams et al., 2002).

To address the need for a very brief measure of OCD symptom severity, we developed the Obsessive Compulsive Session Change Index (OCSCI; see *Measures* for additional information). This self-report measure was designed to facilitate assessment of symptom severity and change at each session and was modeled after

existing scales that allow for weekly assessment (Hayes et al., 2008; Lambert et al., 1996; Stoeber & Bittencourt, 1998). Specifically, the OCSCI is similar to the Social Anxiety Session Change Index (SASCI), in that both measures are brief (4 and 5 items) and ask for ratings from 0 to 4 on a Likert-type scale (Hayes et al., 2008). The OCSCI was designed to assess severity of obsessions and compulsions in individuals who recognize and understand their personal OCD symptoms. The first four items assess frequency, distress, and impairment of obsessions and compulsions (OCSCI-severity). The fifth item assesses relative change in symptoms from the beginning of therapy (OCSCI-change).

In the present study, we provide psychometric information on the OCSCI as it is used in a research and treatment setting. First, to support calculation of a severity score based on the first 4 items, we tested the internal reliability of these items (OCSCI-severity). Next, we predicted that the OCSCI-severity would relate significantly more strongly with other measures of OCD than with a measure of depression at pre-treatment. To demonstrate the validity of the OCSCI during treatment, we predicted that the OCSCI-severity would correlate highly with another self-report measure of OCD symptoms (OCI) at multiple time points throughout treatment. Additionally, we predicted that the OCSCI-change item at post-treatment would correlate highly with change in OCSCI-severity total scores from pre to post-treatment. Finally, we predicted that the OCSCI would be sensitive to treatment in that scores at session 16 would be significantly lower than scores at session 1.

## 2. Method

### 2.1. Participants

Participants were 27 adult Caucasian clients (52% female) between the ages of 18 and 66 ( $M = 32.3$ ,  $SD = 13.8$ ) who completed at least 14 sessions of treatment at an outpatient research and training clinic specializing in CBT for OCD. Participants were diagnosed with primary OCD according to Diagnostic and Statistical Manual (DSM-IV or DSM-V) criteria assessed through the Anxiety Disorders Interview Schedule (ADIS; Brown & Barlow, 2014; DiNardo, Brown, & Barlow, 1994). In order to meet criteria for primary OCD, participants had to receive a 4 or higher on the clinician severity rating of the ADIS that ranged from 0 (no illness) to 8 (very severe). All interviews were conducted by advanced level graduate students who were trained to reliability using established training procedures (Brown, Di Nardo, Lehman, & Campbell, 2001). Four patients did not complete post treatment assessments. Sample sizes and degrees of freedom for each analysis are reported in the results.

### 2.2. Measures

#### 2.2.1. Obsessive compulsive session change index (OCSCI; see Appendix)

As mentioned above, the OCSCI is a 5-item self-report measure of OCD symptoms. OCSCI items 1–4 measure the severity of obsessions and compulsions (OCSCI-severity). These domains are similar to the Y-BOCS in that they are not content specific, and instead assess the overall frequency and distress of all OCD symptoms the client is experiencing (Goodman, Price, Rasmussen, Mazure, Fleischmann et al., 1989). This eliminates confounding breadth with severity. Items 1 and 2 assess time taken by obsessions and compulsions, items 3 and 4 assess associated distress and impairment, respectively, and finally item 5 (OCSCI-change) assesses change since before treatment (0 = notably better and 4 = notably worse).

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