

Mindful Continuing Education

Therapeutic Interventions for Obsessive-Compulsive Disorder

Brain Serotonin Synthesis Capacity in Obsessive-Compulsive Disorder- Introduction

1. Obsessive-compulsive disorder (OCD) is a chronic mental illness involving intrusive, unwanted thoughts (obsessions) and persistent mental or behavioral rituals (compulsions) that cause:

- A. Difficulties with education and career
 - B. Problems with day-to-day functioning
 - C. Significant deficits in social functioning
 - D. An inability to feel pleasure or joy
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2. Each of the following is an accurate statement about OCD neurobiology EXCEPT:

- A. Neuroimaging and neurosurgical studies have implicated the cortico-striato-thalamo-cortical (CSTC) circuit in OCD neurobiology
 - B. Effective OCD treatments with either SSNIs, MAOIs, or exposure therapy, alone or in combination, have been reported to decrease abnormally elevated CSTC circuit activity
 - C. Conflicting findings have been reported, including increased activity within CSTC circuitry following successful OCD treatment
 - D. Pretreatment, baseline abnormalities in receptor availabilities within CSTC circuitry have been reported in OCD patients, although there has been considerable variability
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Clinical Response

3. In a study that compared the results of OCD patients who were treated with either cognitive behavioral therapy (CBT) or the SSRI sertraline for a period of 12 weeks, patients from both groups showed progressive improvement in mean Yale-Brown Obsessive Compulsive Scale (Y-BOCS) scores, with no significant difference between CBT and SSRI treatment groups in these scores.

- A. True
 - B. False
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Discussion

4. Which of the following is NOT one of the distinct observations that were made in this study?

- A. The SSRI sertraline and specific cognitive behavior therapy markedly reduce obsessive compulsive symptoms
 - B. This effect, though robust and significant, seldom achieves full remission
 - C. In the whole patient sample, increases in global 5-HT synthesis capacity correlated with reductions in OCD symptom severity
 - D. These findings support a localized enhancement of central 5-HT synthesis capacity during effective cognitive-behavioral or sertraline treatment in OCD
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5. A greater understanding of the mechanisms that support symptom reduction is critical to treatment optimization, the ultimate goal being to leverage these mechanisms to achieve less symptomology in OCD patients.

- A. True
 - B. False
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6. Other mechanisms and neurotransmitters have been implicated in OCD, including:

- A. Dopamine and glutamate
 - B. Norepinephrine and aspartate
 - C. D-serine and histamine
 - D. Epinephrine and glycine
-

7. Although study findings were promising, patients with OCD may require longer-term treatment with specialty CBT in order to optimize treatment response.

- A. True
 - B. False
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Brief Strategic Therapy for Obsessive-Compulsive Disorder

8. OCD symptoms usually begin gradually, tend to vary in severity throughout the individual's life, and generally worsen when:

- A. The individual ruminates about his/her symptoms
 - B. Intense stress is experienced by the person
 - C. Social isolation increases
 - D. Sleep patterns are disrupted
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9. Sufferers of OCD generally display many non-OCD symptoms, such as signs of depression, excessive worry, extreme tension, in addition to severe occupational, social and family dysfunction.

- A. True
 - B. False
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10. One OCD pattern is the pathological misgiving that if everything is not perfect or done just right, something terrible will happen, or one will be punished, and such individuals fall under the pattern of:

- A. Questioners and defeatists
 - B. Skeptics and miscreants
 - C. Doubters and sinners
 - D. Pessimists and fretters
-

The Advanced Model of Brief Strategic Therapy (BST)

11. The fundamental concept of BST incorporates each of the following notions EXCEPT:

- A. When a problem or difficulty arises, patients try to solve it, either relying on past experiences by reapplying solutions that have been successful in solving a similar situation in the past, or by attempting new strategies
 - B. If these expedients do not work, rather than making use of alternative solutions, the natural tendency is to reiterate them, giving rise to a complex process of retroactions which maintain or exacerbate, instead of modify, the problematic situation
 - C. The attempted solutions themselves become a problem, and thus, psychological problems are the result of a detrimental or unsound response-adaptation system
 - D. The strategic psychotherapist is not interested in discovering why a problem exists, but how it is maintained in the present, promoting therapeutic change by applying specific intervention strategies
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12. Compulsive thoughts and answers may be triggered by the turning up of a doubt generating the need for reassuring answers, an excess of ideological rigidity, an extreme health prevention that becomes a phobia, the attempt of reducing anxiety and distress generated by a trauma, and the excess of:

- A. Rational reasoning processes
 - B. Feared consequences
 - C. Irrational reactions to reoccurring thoughts
 - D. Distress from emotional volatility
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Conceptual and Pragmatic Comparison Between CBT and BST

13. Similarly to CBT, BST is based on modern essentialism, which focuses on new skills to change faulty thoughts and behaviors.

- A. True
 - B. False
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Differences

14. Which of the following accurately describes the differences between brief strategic therapy and cognitive behavioral therapy?

- A. BST derives from a theory of learning, while CBT derives from a theory of change
 - B. With BST, change happens gradually by helping the patients acquire the abilities needed for controlling their thoughts and actions and with CBT, change occurs quickly by unlocking the symptomology in a magical way
 - C. Communication in BST is performative and injunctive, and in CBT it is logical-rational
 - D. The BST therapist assumes a direct, one-up position toward the client, while the CBT therapist takes a position that is non-confrontational and that is complementary to the client's problem
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Conclusions

15. Clinical evidence that has been gathered over time supports the hypothesis that BST is highly effective in treating OCD by transforming the way in which the person perceives and reacts to:

- A. Ambivalence and displeasure
 - B. Feelings and actions of self and others
 - C. Conflict and pain
 - D. His own reality
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