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Chapter 7
Obsessive-Compulsive-Related Disorders and Trauma-Related Disorders

Abnormal Psychology, Thirteenth Edition

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Chapter Outline

- **Chapter 7: Obsessive-Compulsive-Related Disorders and Trauma-Related Disorders**

1. Obsessive-Compulsive and Related Disorders
2. Treatment of the Obsessive-Compulsive and Related Disorders
3. Posttraumatic Stress Disorder and Acute Stress Disorder
4. Treatment of Posttraumatic Stress Disorder and Acute Stress Disorder

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DSM-IV-TR vs. DSM-5

- In DSM-IV-TR, Obsessive-Compulsive and Related Disorders and Trauma-Related Disorders were included with Anxiety Disorders
  - Some common symptoms, risk factors, and treatments with anxiety disorders
- DSM-5 creates new chapters for Obsessive-Compulsive and Related Disorders and Trauma-Related Disorders

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Obsessive-Compulsive and Related Disorders

- **Obsessive-Compulsive and Related Disorders**
  1. **Obsessive -Compulsive Disorder (OCD)**
     - **Repetitive thoughts and urges (obsessions)**
     - **Repetitive behaviors and mental acts (compulsions)**
  2. **Body Dysmorphic Disorder**
     - **Repetitive thoughts and urges about personal appearance**
  3. **Hoarding Disorder**
     - **Repetitive thoughts about possessions**

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Table 7.1: Diagnoses of Obsessive-Compulsive and Related Disorders

Table 7.1 Diagnoses of Obsessive-Compulsive and Related Disorders

DSM-5 Diagnoses	Key Features
Obsessive-compulsive disorder	• Repetitive, intrusive, uncontrollable thoughts or urges (obsessions) • Repetitive behaviors or mental acts that the person feels compelled to perform (compulsions)
Body dysmorphic disorder	• Preoccupation with imagined flaw in one's appearance • Excessive repetitive behaviors or acts regarding appearance (e.g., checking appearance, seeking reassurance)
Hoarding disorder	• Acquisition of an excessive number of objects • Inability to part with those objects

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Obsessive-Compulsive Disorders

- Obsessions
  - Intrusive, persistent, and uncontrollable thoughts or urges
    - Interfere with normal activities
  - Often experienced as irrational
  - Most common:
    - Contamination, sexual and aggressive impulses, body problems, religious, symmetry and/or order

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Obsessive-Compulsive Disorders

- **Compulsions**
  - **Impulse to repeat certain *behaviors or mental acts* to avoid distress**
    - **e.g., cleaning, counting, touching, checking**
  - **Extremely difficult to resist the impulse**
  - **May involve elaborate behavioral rituals**
  - **Compulsive gambling, eating, etc. NOT considered compulsions, because they are pleasurable**
    - **Compulsions only server reduce anxiety, not give pleasure**

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DSM-5 Diagnostic Criteria: Obsessive-Compulsive Disorder

- **Obsessions and/or compulsions**
  - **Obsessions are defined by**
    - **recurrent, persistent, intrusive, unwanted thoughts, urges, or images.**
    - **The person attempts to ignore, suppress or neutralize the thoughts, words, or images.**
  - **Compulsions are defined by**
    - **Repetitive behaviors or thoughts that the person feels compelled to perform to prevent distress or a dreaded event.**
    - **The person feels driven to perform the repetitive behaviors or thoughts in response to obsessions or according to rigid rules.**
    - **The acts are excessive or unlikely to prevent the dreaded situation**
- **The obsessions or compulsions are time consuming (e.g. at least one hour per day) or cause clinically significant distress or impairment**

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Obsessive-Compulsive Disorder (OCD)

- Develops either before age 10 or during late adolescence/early adulthood
- More common in women
  - 1.5 times more common than in men
- OCD often chronic
- Pattern of symptoms is similar across cultures

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Body Dysmorphic Disorder

- Preoccupied with an imagined or exaggerated defect in appearance
  - Perceive themselves to be ugly or “monstrous”
  - Women focus on: skin, hips, breasts, legs
  - Men focus on: height, penis size, body hair, muscularity
  - Body part of focus can differ by culture

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Body Dysmorphic Disorder

- Engage in compulsive behaviors specific to their appearance
  - Check their appearance in mirrors often
  - Camouflage their appearance (tanning, makeup, plastic surgery)
- High levels of shame, anxiety, and depression
- Occurs slightly more often in women
- 2% prevalence rate; 5-7% for women seeking plastic surgery
- Nearly all have another comorbid disorder

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DSM-5 Criteria for Body Dysmorphic Disorder

- Preoccupation with a perceived defect or markedly excessive concern over a slight defect in appearance
- Others find the perceived defect(s) as slight or unobservable
- The person has performed repetitive behaviors or mental acts (e.g., mirror checking, seeking reassurance, or excessive grooming) in response to the appearance concerns
- Preoccupation is not restricted to concerns about weight or fat

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DSM-5 criteria
Hoarding Disorder

- Persistent difficulty discarding or parting with possessions, regardless of their actual value
- Perceived need to save items
- Distress associated with discarding
- The symptoms result in the accumulation of a large number of possessions that clutter active living spaces of the home or workplace to the extent that their intended use is compromised unless others intervene

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Hoarding Disorder

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Hoarding Disorder

- Cannot part with acquired objects
  - Most objects are worthless
  - Extremely attached to objects
  - Resistant to relinquishing objects
- 66% are unaware of severity of problem
- 33% engage in animal hoarding
  - Animals often receive inadequate care
- Severe consequences
- Usually begins in childhood or early adolescence

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Prevalence and Comorbidity

- Lifetime prevalence
  - 2% OCD (more common in women)
  - 2% BDD (more common in women)
  - 1.5% Hoarding disorder (no gender differences)
- Comorbidity
  - High rates of comorbidity among all three syndromes
  - Also comorbid with depression and anxiety
  - OCD and BDD often comorbid with substance use disorders

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Treatment of the Obsessive-Compulsive and Related Disorders

- **Medications**
  - **SSRIs (serotonin reuptake inhibitors)**
  - **Tricyclic antidepressants: Anafranil (clomipramine)**
- **Exposure plus response prevention (ERP)**
  - **Not performing the ritual exposes the person to the full force of the anxiety provoked by the stimulus**
  - **The exposure results in the extinction of the conditioned response (the anxiety)**
- **Cognitive therapy**
  - **Challenge beliefs about anticipated consequences of *not* engaging in compulsions**
    - **Usually also involves exposure**

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Posttraumatic Stress Disorder

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Posttraumatic Stress Disorder (PTSD)

- Extreme response to severe stressor
  - Anxiety, avoidance of stimuli associated with trauma, emotional numbing
- Exposure to a traumatic event that involves actual or threatened death or injury
  - e.g., war, rape, natural disaster
- Trauma leads to intense fear or helplessness
- Symptoms present for more than a month
- Women and PTSD
  - Rape most common type of trauma (Creamer et al., 2001)

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Posttraumatic Stress Disorder (PTSD)

- Four categories of symptoms:
  - Intrusively re-experiencing the traumatic event
    - Nightmares, intrusive thoughts, or images
  - Avoidance of stimuli
    - e.g., refuse to walk on street where rape occurred
  - Other signs of mood and cognitive changes
    - Memory loss, negative thoughts and emotions, self-blame, blaming others, withdrawal
  - Increased arousal and reactivity
    - Irritability, aggressiveness, recklessness or self-destructiveness, insomnia, difficulty concentrating, hypervigilance, exaggerated startle response
- Tends to be chronic
- Higher risk of suicide and self-injuries, illness

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DSM-5 Criteria for Posttraumatic Stress Disorder

A. The person was exposed to death or threatened death, actual or threatened serious injury, or actual or threatened sexual violation, in one or more of the following ways: experiencing the event personally, witnessing the event, learning that a violent or accidental death or threat of death occurred to a close other, or experiencing repeated or extreme exposure to aversive details of the event(s) other than through the media (e.g., first responders collecting body parts; police officers repeatedly exposed to details of child abuse)
B. At least 1 of the following intrusion symptoms:
• Recurrent, involuntary, and intrusive distressing memories of the trauma, or in children, repetitive play regarding the trauma themes
• Recurrent distressing dreams related to the event(s)
• Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the trauma(s) were recurring (in children reenactment during play)
• Intense or prolonged distress or physiological reactivity in response to reminders of the trauma(s)
C. At least 1 of the following avoidance symptoms:
• Avoids internal reminders (thoughts, feelings, or physical sensations) that arouse recollections of the trauma(s)
• Avoids external reminders (people, places, conversations, activities, objects, situations) that arouse recollections of the trauma(s).

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DSM-5 Criteria for Posttraumatic Stress Disorder

D. At least 3 (or 2 in children) negative <u>alterations in cognitions and mood</u> that began after the trauma(s): • Inability to remember an important aspect of the trauma(s)
• Persistent and exaggerated negative beliefs or expectations about one's self, others, or the world
• Persistently excessive blame of self or others about the trauma(s)
• Pervasive negative emotional
• Markedly diminished interest or participation in significant activities.
• Feeling of detachment or estrangement from others
• Persistent inability to experience positive emotions (e.g., unable to have loving feelings, psychic numbing)
E. At least 3 (or 2 in children) of the following alterations <u>in arousal and reactivity</u> that began or worsened after the trauma(s):
• Irritable or aggressive behavior
• Reckless or self-destructive behavior
• Hypervigilance
• Exaggerated startle response
• Problems with concentration
• Sleep disturbance -- for example, difficulty falling or staying asleep, or restless sleep
F. The symptoms began or worsened after the trauma(s) and continued for at least one month

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Acute Stress Disorder (ASD)

- Symptoms similar to PTSD
- Duration shorter
  - Symptoms occur between 3 days and 1 month after trauma
- As many as 90% of rape victims experience ASD
- ASD predicts higher risk of PTSD within 2 years

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DSM-5 Criteria for Acute Stress Disorder

A. The person was exposed to death or threatened death, actual or threatened serious injury, or actual or threatened sexual violation, in one or more of the following ways: *experiencing the event personally, witnessing the event, learning that a violent or accidental death or threat of death occurred to a close other, or experiencing repeated or extreme exposure to aversive details of the event(s) (e.g., first responders collecting body parts; police officers repeatedly exposed to details of child abuse)* B. At least 8 of the following symptoms began or worsened since the trauma and lasted 3 to 31 days:
• Recurrent, involuntary, and intrusive distressing memories of the traumatic event
• Recurrent distressing dreams related to the traumatic event
• Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event were recurring
• Intense or prolonged psychological distress or physiological reactivity at exposure to reminders of the traumatic event
• A subjective sense of numbing, detachment from others, or reduced responsiveness to events
• An altered sense of the reality of one's surroundings or oneself (e.g., seeing oneself from another's perspective, being in a daze, time slowing)
• Inability to remember at least one important aspect of the traumatic event
• Avoids internal reminders that arouse recollections of the trauma(s)
• Avoids external reminders that arouse recollections of the trauma(s).
• Sleep disturbance
• Hypervigilance
• Irritable or aggressive behavior
• Exaggerated startle response
• Agitation or restlessness

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Etiology of PTSD

- Common risk factors with other anxiety disorders
  - Genetic, overactive amygdala, childhood exposure to trauma, selective attention, neuroticism, and negative affectivity
  - Two-factor model of conditioning also applicable
- Unique factors
  - Severity and type of trauma
  - Neurobiological
    - Smaller hippocampal volume linked to PTSD
  - Avoidance coping, dissociation, memory suppression
  - Intelligence, social support, and ability to grow from the experience enhance coping

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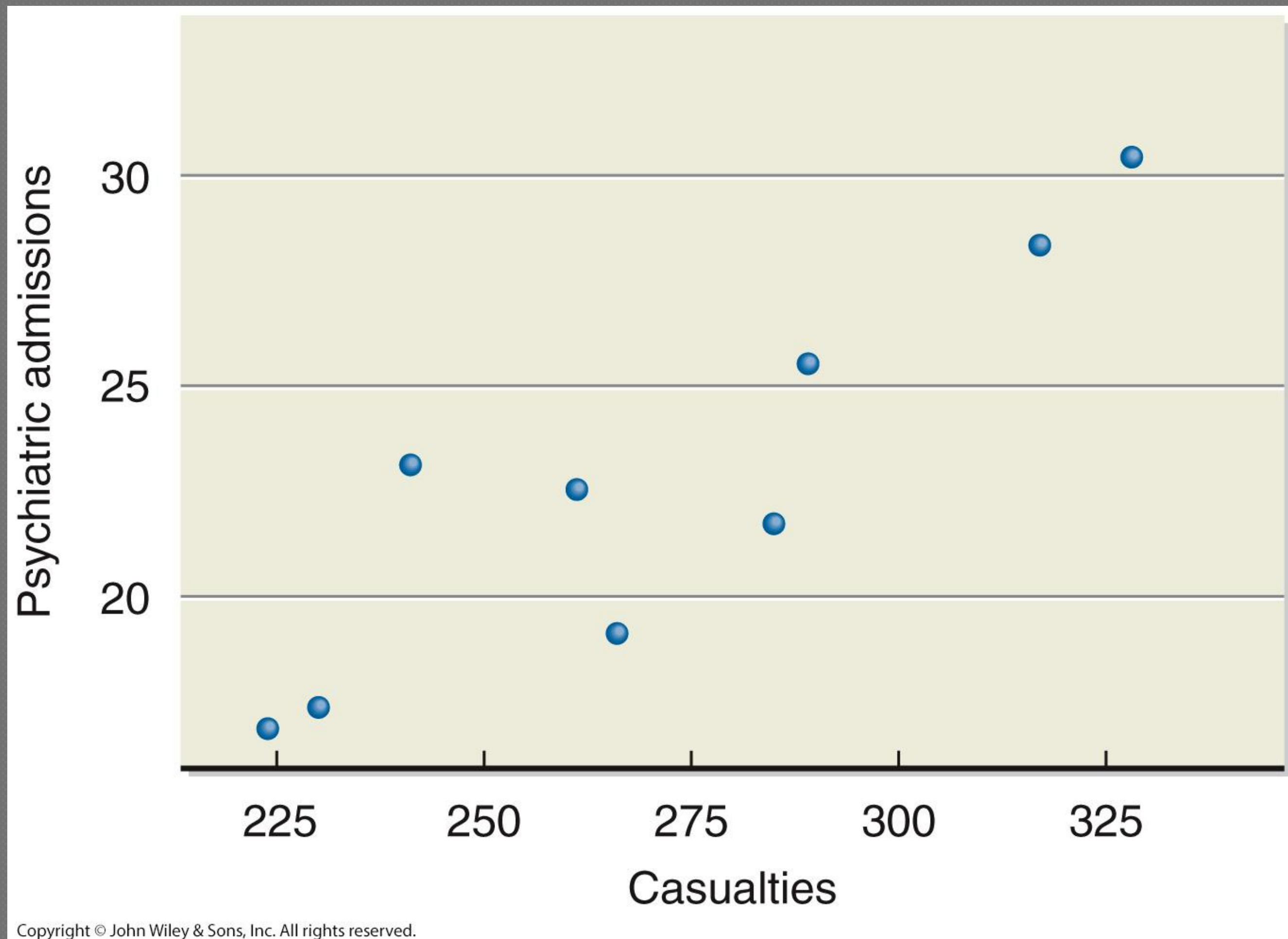
Figure 7.3: Percent of Soldiers Admitted for Psychological Disorders



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Treatment of PTSD

- Medications (SSRIs)
  - Relapse common if medication is stopped
- Exposure to memories and reminders of the original trauma
  - Either direct (in vivo) or imaginal
    - Virtual reality (VR) effective
  - More effective than medication or supportive therapy
  - Treatment can be difficult at first
    - Possible increase in symptomatology
- Cognitive therapy
  - Enhance beliefs about coping abilities
  - Adding CT to exposure does not improve treatment response
- Treatment of ASD may prevent PTSD
  - Shows benefits even 5 years after the traumatic event

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