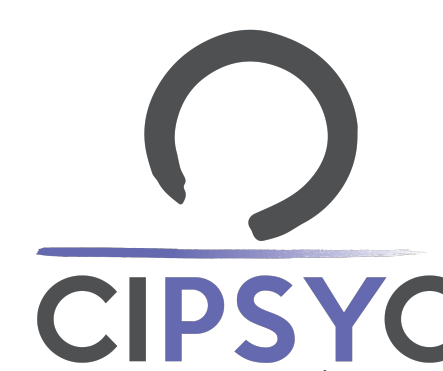


ACCEPTANCE AND COMMITMENT THERAPY FOR OBSESSIVE COMPULSIVE DISORDER (OCD): A CHILEAN EXPERIENCE.

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OBJECTIVE:

To evaluate the effectiveness of Acceptance and Commitment Therapy (ACT) in a case of Obsessive Compulsive Disorder (OCD) which was given treatment in a primary care setting.

ANAMNESIS:

50 year old Colombian woman, divorced with one son. Newly married in Chile. Works at a gasoline station.

Primary Mental Health Care services begin in 2015, when she seeks for help because of a great fear of being infected with HIV. This fear has a 20 year old evolution at the moment of consultation. In the year 2018, she suffers a workplace accident which causes great effect in her social, family and couple life.

Patient has endured a severe traumatic experience, since she witnessed the murder of his Colombian partner from a shot in the head, in the Colombian internal armed conflict. Soon after this happened, patient started watching a T.V. show which dedicated several episodes to HIV and its infection. This marks the beginning of compulsive behaviours and extreme fear of infection.

Among the most important consequences for the patient from this symptomatology, there is compulsive genital cleaning rituals using bleach after sexual intercourse, bathroom cleaning rituals and compulsive hand-washing which led to injuries and pain in her hands.

FUNCTIONAL ANALYSIS:

Patient identifies compulsive hand, food and tool washing with bleach as the main problematic behavior. She also describes problems with her sex life due to HIV infection fear, problems at her workplace, among others. Constant thoughts of infection (“I’ve gotten HIV from this injury”-“If I don’t clean myself up I will have HIV drops on my skin”) were accompanied by physical experiences such as accelerated heart rate, bodily tension, hand sweat.

Blood and blood-like elements are an important trigger for the patient, since the traumatic experience suffered with his Colombian partner.

In terms of consequences, it can be pointed that hand washing lowers anxiety levels significantly, and the same occurs when she takes an HIV test. Symptoms rise when washing or testing are unavailable.

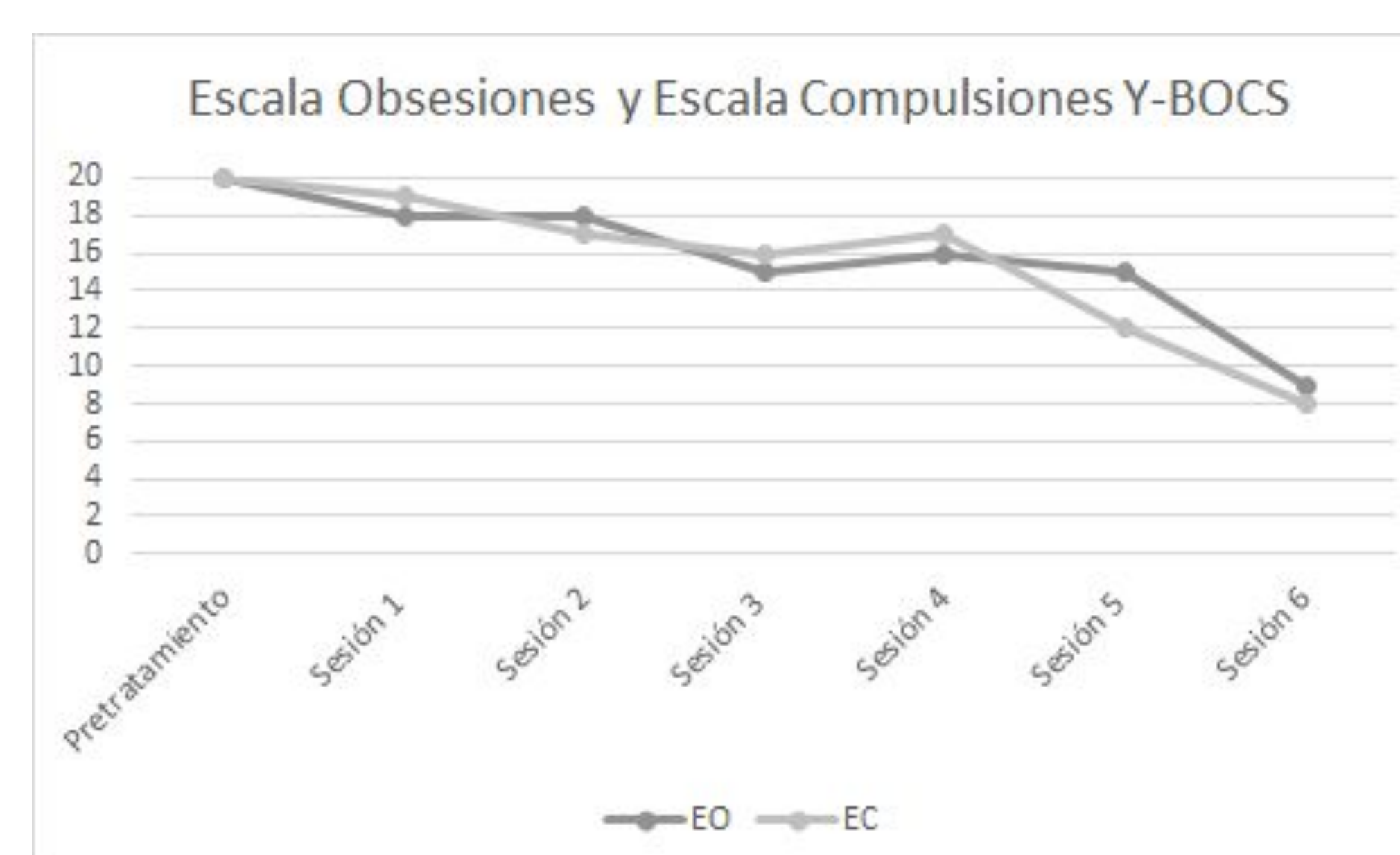
INTERVENTION:

Six ACT sessions were conducted with the patient, along with pharmacotherapy in charge of a Psychiatrist, and community interventions as established in the Day Hospital protocols.

METHOD:

The Acceptance and Action Questionnaire, second version (AAQ-II) was used before the beginning and after 6 treatment sessions, as well as the Yale Brown Inventory to assess OCD symptomatology.

RESULTS:



DISCUSSION:

ACT can be efficient and cost-effective in the context of OCD treatment. Patient showed significant and stable changes throughout treatment.

Follow-up measures were not taken due to public service context constraints, which poses an important limitation for this study. Also, the intervention took place in an intensive care setting, which can be different from other treatment contexts nationwide.

Further studies could establish conditions for more controlled settings and a generalizable design to provide statistical significance. Also, a Chilean validation of the AAQ-II questionnaire is needed for further validity of data.