

BETTER STUDENT HEALTH

Body Oriented Cognitive Short-Term-Group-Therapy for OCD patients

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Kimmo Häärä, psychologist

Aija-Mari Maunula, psychologist

Turku, Finland

Finnish Student Health Service



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The Background for the Group Therapy

- Student Health Services in Finland, Turku
- The first **group therapy** for OCD patients among Turku university students
- OCD patients often feel shame for their symptoms and so their treatment is often delayed.
Peer group support is effective in overcoming shame.
- **Cognitive therapy** is evidence based treatment for OCD.
- **Psychophysical orientation** and mindfulness help patients to get better contact to their bodies and having more distance to their disturbing thoughts.



WHAT IS OCD?

OCD = Obsessive-Compulsive Disorder

- **Obsessions** = Unwanted ideas, images, or impulses that repeatedly enter a person's mind.
- **Compulsions** = Reptitive stereotyped behaviours or mental acts driven by rules that must be applied rigidly.

COGNITIVE THERAPY / OCD

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- Evidence based effective treatment for OCD
- Modification of restrictive beliefs
- Tools for developing alternative and more useful beliefs

Literature: - Clark, David A.: Cognitive-Behavioural Therapy for OCD, 2004
 - Salkovskis, P.M.

BODY ORIENTED THERAPY

The ground for body organizing is in early interaction.

- Mindfulness.
- Grounding.
- Awareness of the meaning of breathing in regulating emotions.
- Awareness and remodeling of body organizing.
- Relaxation techniques.



STRUCTURE OF "TURKU – OCD - GROUP – THERAPY"

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- Autumn 2014
- 10 sessions / 1,5 h / once in a week
- 7 participants / 4 women and 3 men
- 2 Therapists: psychologists + psychotherapists

STRUCTURE OF ONE THERAPY SESSION

1. Discussion in the group, peer group support
2. Psychoeducation, normalization
3. Psychophysical exercises
4. Homework tasks

Examples of psychophysical exercises

- Bodyscanning
- "Pushing OCD symptoms away"
- Free movement and rhythm
- Theraplay
- Getting better contact to body by concentrating on breathing
- "The camel exercise"
- Exercise to control own physical distance to others

Examples of cognitive work

- Changing beliefs concerning for example responsibility
(Byrne: "List of own rights", 1999)
- Exposure and response prevention (ERP)
- Creating changes in OCD rituals, for example delaying compulsions
(E. Foa: Stop Obsessing, 1991)
- Learning to realize the difference between feelings – thoughts – sensations
- Compassionate mind training (P. Gilbert, 2009)
- Narrative work with life history (drawing own life-line)

THERAPIST'S EXPERIENCES

PEER SUPPORT

- Participants were more **ready to share** issues concerning OCD than the therapists expected.
- Because **shame** is involved in OCD, the participants felt **relief** having opportunity to share their experiences.
- The atmosphere was **supportive** and the participants were eager to give advices to each other.

THE THERAPIST'S EXPERIENCES

PSYCHOPHYSICAL EXERCISES

- Helped to create more positive and confidential **atmosphere.**
- Helped to create contact to patients own **physical strength, aggression and borders.** (The denial of aggression is typical for OCD patients).
- Helped to create experience of **relaxation and self acceptance.**

THE THERAPIST'S EXPERIENCES

THE COGNITIVE WORK WITH THOUGHTS AND BELIEVES

- The peer support helped the patients **keep the home work in their mind** between the sessions. They enjoyed **sharing the succee** they made.
- The participants got advantage of sharing their own **rights to have limits** concerning for example their responsibility.

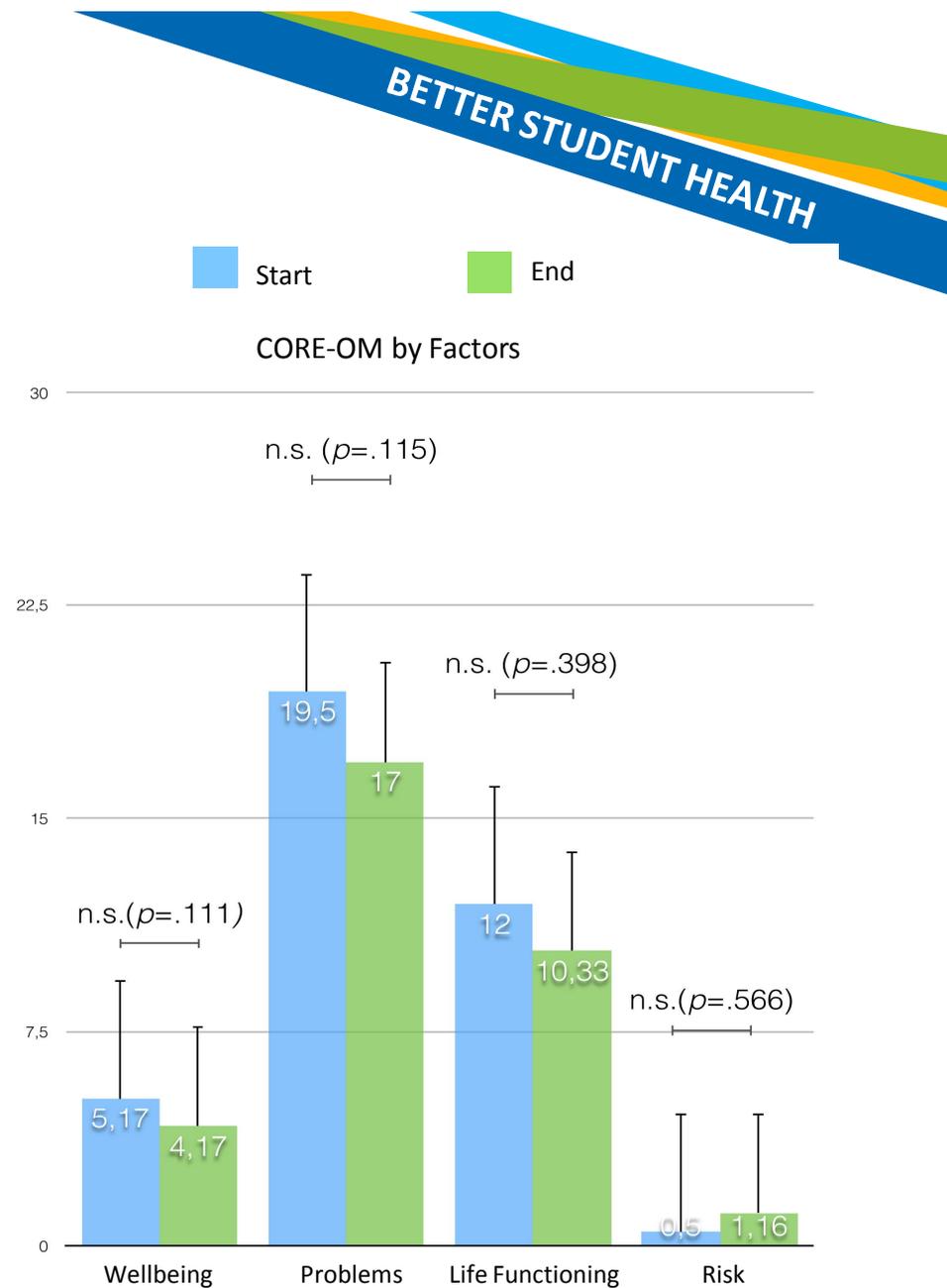
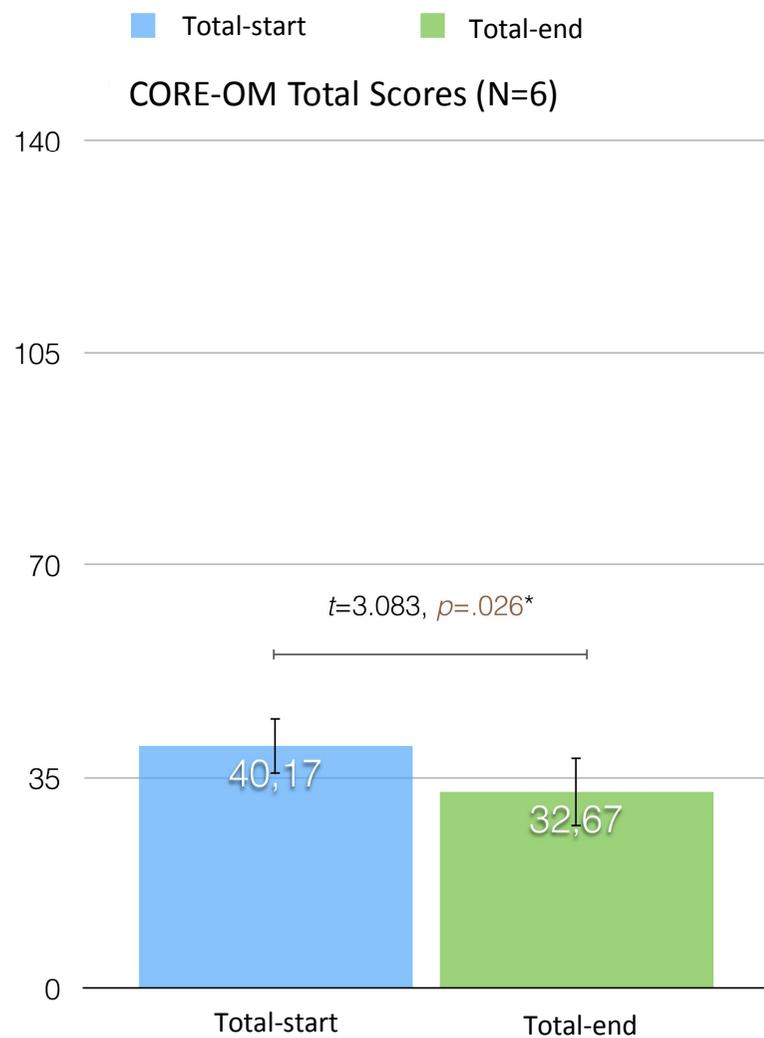
RESEARCH METHODS

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Self Report Questionnaires:

- **CORE** = (Clinical Outcome of Routine Evaluation)
Faktors: Wellbeing, Problems, Life Functioning, Risks
- **FIN-SPIN** (Social Phobia Inventory)
- **FEEDBACK QUESTIONNAIRE**
(Questions concerning for example what was helpful in the therapy group)

RESULTS in CORE



Yippee!! Group Therapy for OCD patients!

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