



THE IMPACT OF TRAUMA ON EXPOSURE AND RESPONSE PREVENTION (Ex/RP) TREATMENT FOR OBSESSIVE-COMPULSIVE DISORDER (OCD)



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INTRODUCTION

- Despite being the most-widely used treatment for obsessive-compulsive disorder (OCD), patient nonresponse to exposure and response prevention (Ex/RP) therapy is a continuing challenge.
- To address this challenge, researchers have expressed a need for greater consideration of psychosocial factors in Ex/RP assessment and intervention.
- Trauma is highly prevalent among OCD patients and impacts the onset, maintenance and severity of OCD symptoms; however, more research is needed to identify the impact trauma might have on OCD treatment outcomes.
- When triggered by a traumatic event, individuals with greater intolerance of uncertainty (IU), anxiety sensitivity (AS), and emotion regulation (ER) have been found to be more susceptible to the onset and severity of OCD symptoms.
- Such factors have also been found impact cognitive processing of trauma and mediate OCD treatment outcomes.
- No research to date has sought to synthesize such findings to identify how IU, AS, and ER might mediate the relationship between trauma exposure and Ex/RP treatment outcomes.

OBJECTIVES

- The primary aim of the study is to investigate how trauma might impact Ex/RP treatment outcomes for patients with OCD.
- It is hypothesized that: (1) patients with OCD who have experienced a traumatic event (OCD+) will report more severe OCD symptoms at pretreatment compared to those who have not experienced a traumatic event (OCD only), (2) patients in the OCD+ group will demonstrate a smaller reduction in OCD symptom severity from pretreatment to posttreatment compared to the OCD only group, and (3) the dispositional traits IU, AS, and ER will mediate the relationship between experienced trauma and changes in OCD symptom severity from pretreatment to posttreatment.

METHODS

- **Participants:**
- Adult patients with a primary diagnosis of OCD who have completed Ex/RP treatment at the Center for the Treatment and Study of Anxiety (CTSA) at the University of Pennsylvania
- **Procedure:**
- Archival data will be derived from the clinical records of approximately 500 patients at the CTSA who engaged in Ex/RP manualized treatment protocol (Foa et al., 2012) between 2015 and 2019.
- Data was collected using an online self-report assessment database (REDCap; Harris et al., 2009).
- Patient pretreatment and posttreatment self-report measures of OCD symptom severity, trauma presence, and dispositional factors (IU, AS, ER) will be examined.
- Analyses will be completed using Statistical Package for the Social Sciences (SPSS) 20.0.
- **Measures**
- Anxiety Sensitivity Index (ASI-3; Taylor et al., 2007)
- Difficulties in Emotion Regulation Scale (DERS; Gratz & Roemer, 2004)
- Intolerance of Uncertainty Scale-Short Form (IUS-SF; Carleton et al., 2007)
- Obsessive-Compulsive Inventory (OCI-R; Foa et al., 2002)
- Posttraumatic Diagnostic Scale for DSM-5 (PDS-5; Foa et al., 2016)
- **Statistical Analyses**
- A two-way repeated measures analysis of variance (ANOVA) will be used to evaluate differences in OCD symptom severity between the OCD+ group and the OCD only group at pretreatment and posttreatment.
- Linear regression models recommended by Baron and Kenny (1986) will be used to evaluate whether IU, AS, and ER independently mediate the relationship between experienced trauma and reduction in OCD symptom severity from pretreatment to posttreatment.

DISCUSSION

Summary of Findings

- Potential results may provide new insight into our understanding of how trauma exposure might impact patient response to Ex/RP treatment.
- Consistent with the diathesis-stress model and cognitive vulnerability model, findings might suggest that the experience of trauma can trigger the onset and severity of OCD symptoms in individuals with dispositional vulnerabilities (i.e., greater IU, AS, ER).
- If found to be significant, result of the study can provide clarity as to what factors are important for clinicians to consider when assessing for and treating OCD symptoms using Ex/RP manualized treatment.
- Beyond clinical use, the results of this study have the potential to contribute to current research seeking to understand the resounding impact that trauma can have in the presentation and treatment of mental illness, specifically anxiety and related disorders.

Limitations

- The primary limitations of this study is the use of self-report measures and archival data from which the results will be derived.
- The study lacked consideration for comorbid diagnoses and the impact they might have on OCD symptom presentation and treatment, including comorbid depressive disorders and trauma and other stressor-related disorders.
- The presence of multiple trauma experiences, complex trauma, and trauma type were not considered when assessing for the impact of trauma exposure.
- Although manualized protocol was used, the study was unable to control for differences in clinician intervention strategies, level of education, and licensure status.
- Factors related to patient dropout and early termination of treatment were not considered when assessing for patient response to Ex/RP treatment.

Future Direction

- Replication of this study is recommended to further support the findings that trauma exposure impacts Ex/RP treatment outcomes.
- It is also recommended that future studies target other important predisposing factors that might mediate the relationship between trauma exposure and treatment response for OCD to identify what other variables to consider to providing effective Ex/RP treatment.
- Future research should also control for such factors as trauma type, single versus multiple trauma experiences, and comorbid diagnoses.

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