

BeMind



Mindfulness-Based **Be**haviour Therapy
for Obsessive Compulsive Disorder:
A pilot randomised controlled trial

Some Terms Explained

What is Obsessive Compulsive Disorder (OCD)?

- **An obsession** is an unwanted and unpleasant thought, image or urge that repeatedly enters a person's mind, causing feelings of anxiety, disgust or unease
- **A compulsion** is a repetitive behaviour or mental act that someone feels they need to carry out to try to temporarily relieve the unpleasant feelings brought on by the obsessive thought

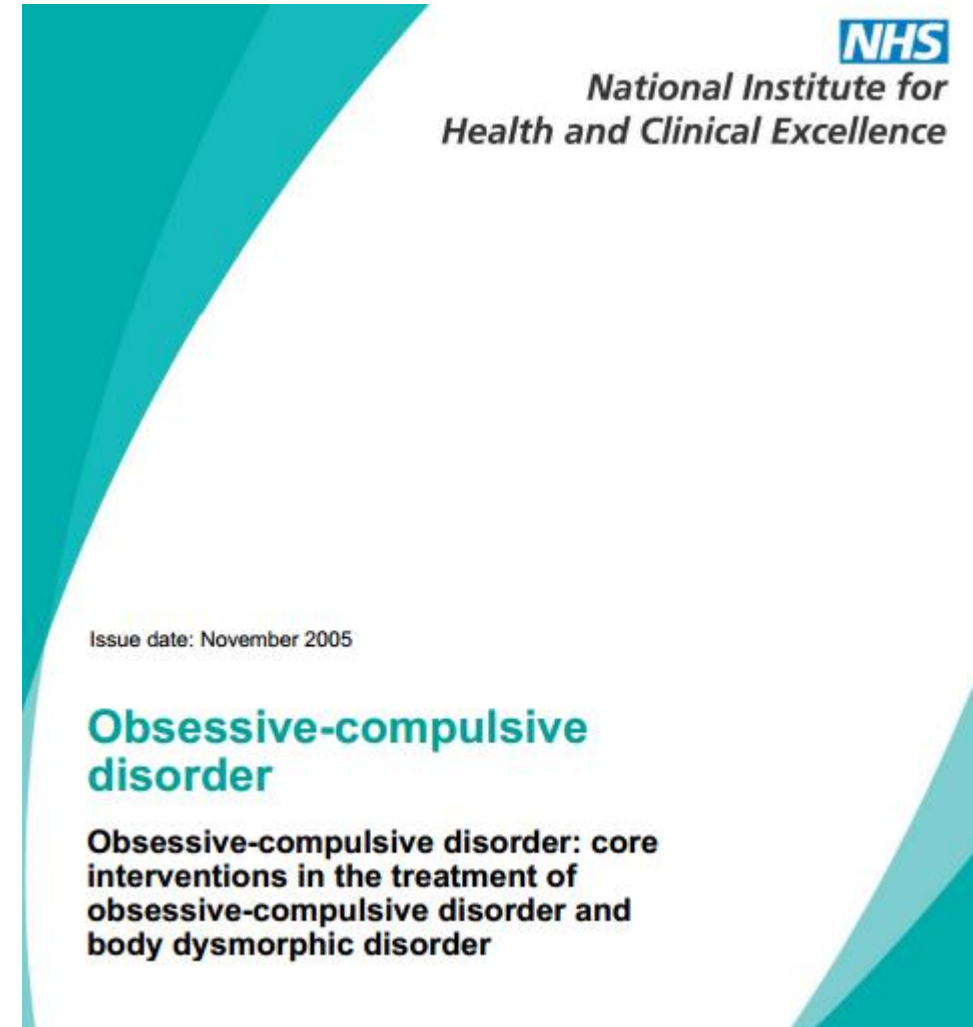
What is Exposure Response Prevention (ERP)?

- **Exposure** to the obsession, staying with the anxiety whilst **not performing** mental or physical compulsions

ERP is the psychological treatment for OCD with the strongest evidence for effectiveness

ERP is *the* psychological therapy recommended by NICE for OCD

BUT around half of people with OCD do not show clinically significant improvement after ERP



Public Patient Involvement (PPI)

- The idea originated with the mood and anxiety PPI group and the lead clinician Clara Strauss
- The design was informed by a PPI focus group - there was a significant change to the intervention because of PPI involvement
- There was a lived experience co-applicant – Laura Lea
- Laura Lea worked with clinicians, members of the public and the lived experience advisory group to develop materials and recruitment strategies
- The LEAP advised on progress during the project

Why Mindfulness for OCD?

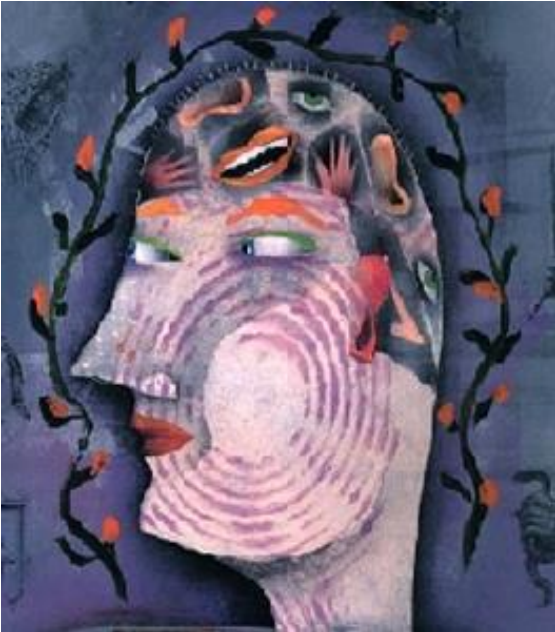
- **Mindfulness** teaches people to **notice** and **accept** thoughts and feelings and sensations **without judgement**. It enables people to **chose how to respond** to these experiences
- Conversations between service users and clinical academics led to the idea that **mindfulness might help people with OCD**

Why Mindfulness for OCD?

1. Greater acceptance of physical sensations of anxiety



2. Increased ability to decentre from and reduce the importance of obsessive thoughts



3. Greater awareness of choices available in response to compulsive urges



Images taken from <http://www.cnoshen.com/wp-content/uploads/2014/02/Physical-Symptoms-of-Anxiety.gif>; <http://thoughtsonlifeandlove.com/wp-content/uploads/2013/11/intrusive-thoughts.jpg>

The Effectiveness and Acceptability of Mindfulness-Based Therapy for Obsessive Compulsive Disorder: A Review of the Literature

Lucy Hale · Clara Strauss · Billie Lever Taylor

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Abstract Cognitive behaviour therapy (CBT) is the recommended psychological therapy for obsessive compulsive disorder (OCD). However, CBT is not a panacea with only moderate response rates and relatively high drop-out rates. A mindfulness-based approach could enable people to no-

Keywords Mindfulness · Obsessive compulsive · OCD · CBT · Cognitive therapy

Introduction

What this tells us...

Learning mindfulness is associated with improvements in OCD symptoms for some people

Some people with OCD find mindfulness is helpful

Mindfulness
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ORIGINAL PAPER

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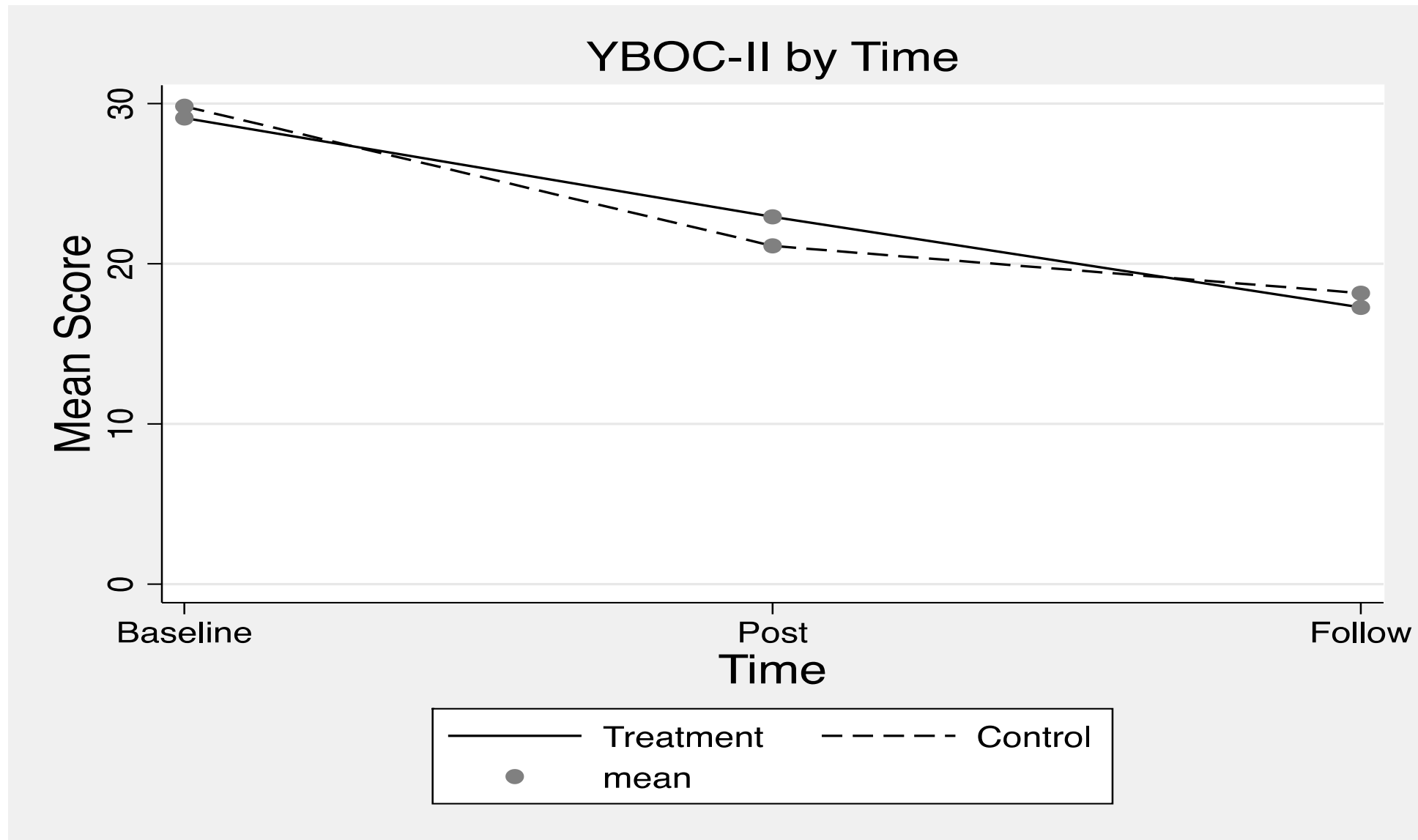
Introduction

What this tells us...	What we don't know...
Learning mindfulness is associated with improvements in OCD symptoms for some people	ERP is the most effective psychological therapy for OCD – does adding a mindfulness-based approach to ERP lead to better outcomes than ERP alone?
Some people with OCD find mindfulness is helpful	

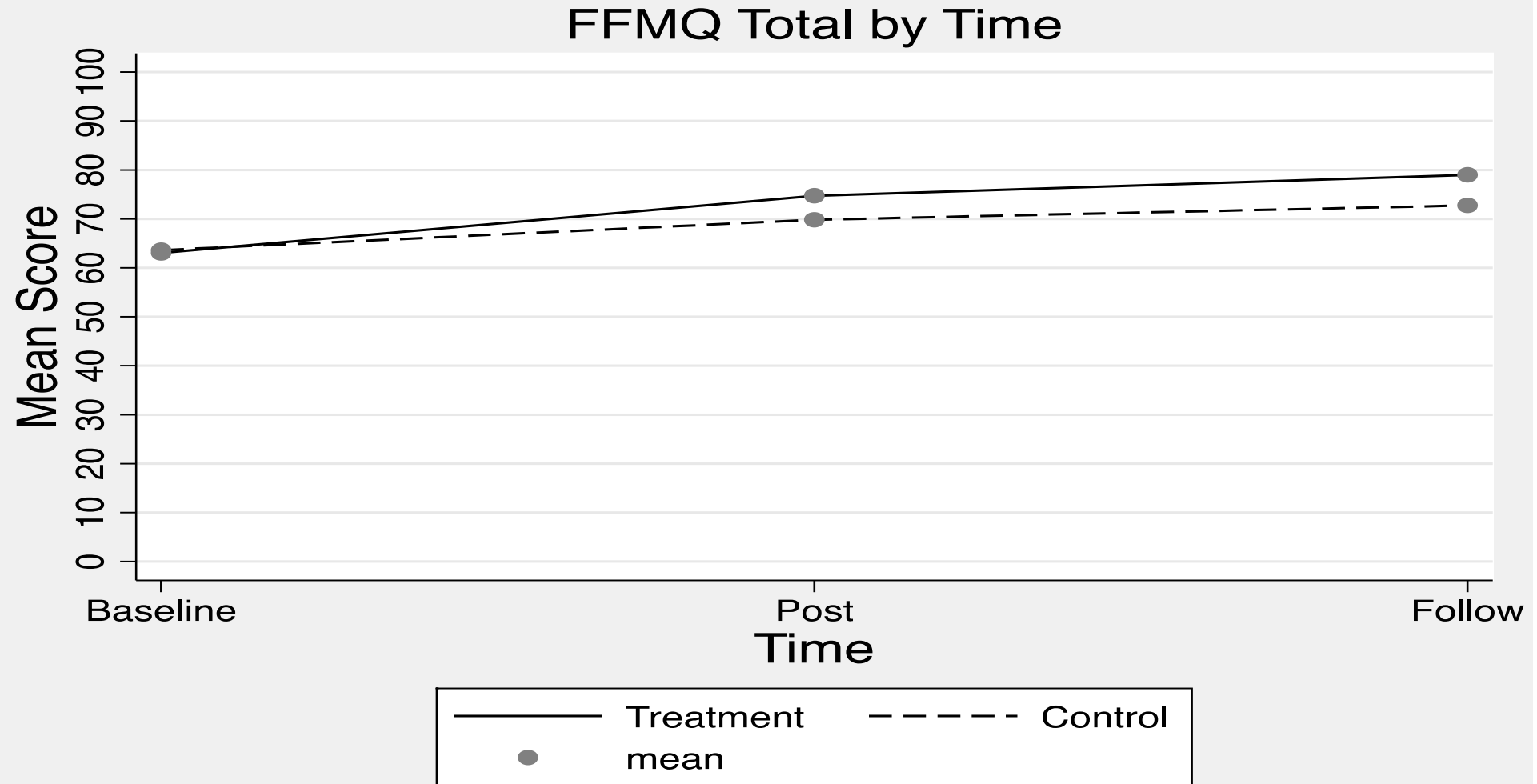
Study Design

- BeMind was a pilot study to look at **the difference between Mindfulness-Based ERP and standard ERP**
- OCD symptom severity and mindfulness were measured before therapy, immediately after therapy and again six-months later
- The study recruited 37 people across two sites
- Participants were divided into two groups (ERP and mindfulness-based ERP) each received ten therapy sessions of two hours each

Change in OCD Symptom Severity over Time



Change in Mindfulness over Time



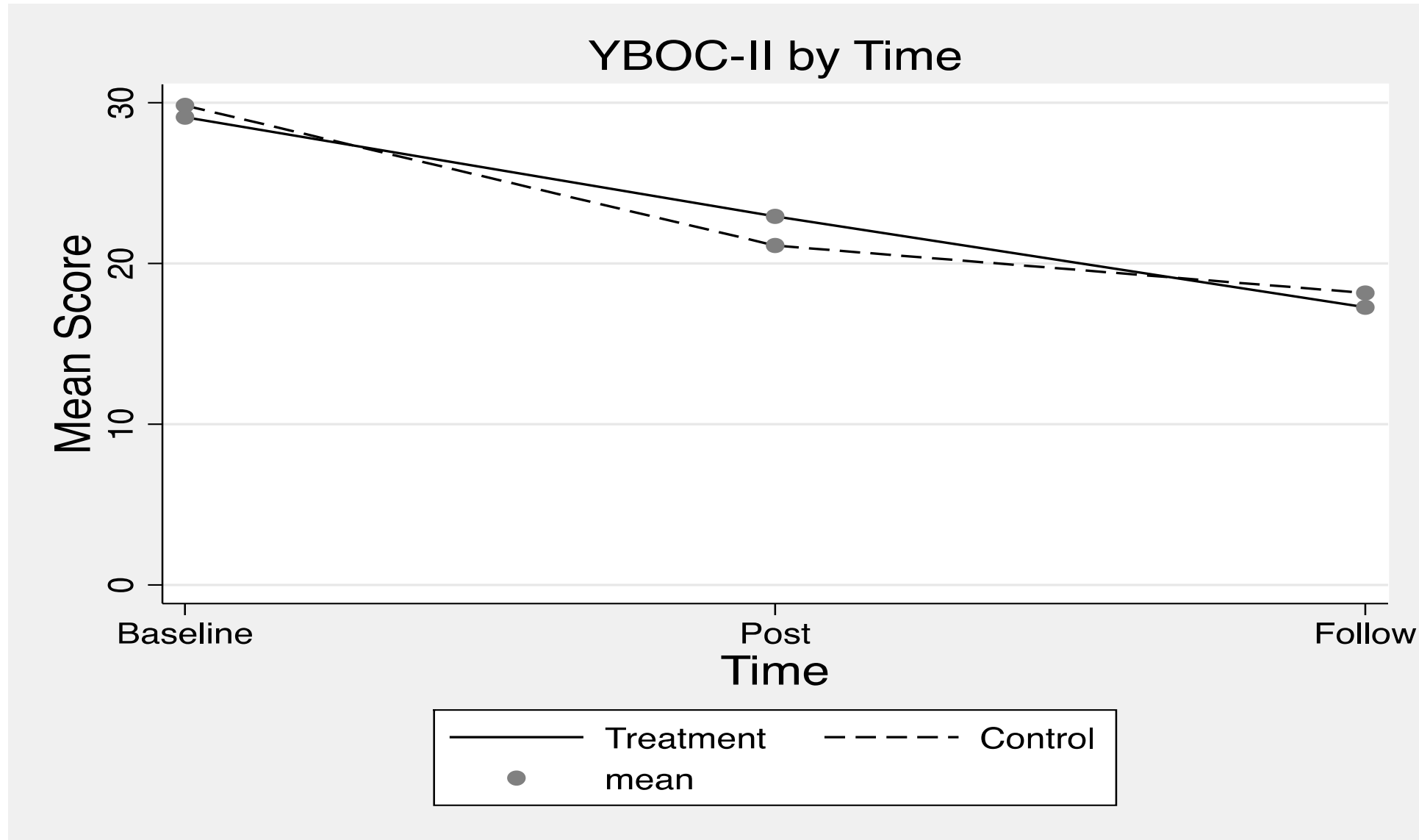
Summary of findings...

- Mindfulness-Based ERP and ERP were **both associated with improvements in OCD symptom severity**
- **Mindfulness-Based ERP does not seem more effective than ERP** in improving OCD symptom severity
- An indication that **Mindfulness-Based ERP is associated with greater improvements in mindfulness** than ERP

Strength of study design...

- If we didn't have a **control group** we might think that Mindfulness-Based ERP was the way forward
- If we had an **inactive control group** (e.g. waiting list) Mindfulness-Based ERP may well appeared more effective
- Comparing Mindfulness-Based ERP to an active control reduced the likelihood of finding a difference
- What are the implications for how we test the effectiveness of treatments?

Change in OCD Symptom Severity over Time

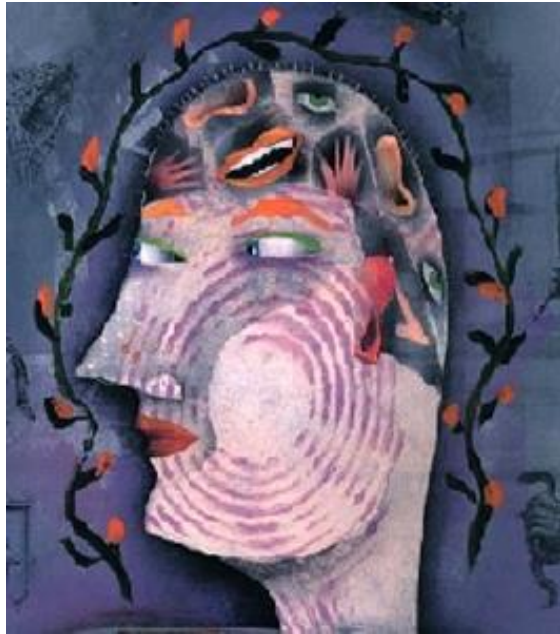


So what about mindfulness for OCD?

1. Greater acceptance of physical sensations of anxiety



2. Increased ability to decentre from and reduce the importance of obsessive thoughts



3. Greater awareness of choices available in response to compulsive urges



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BeMind: Possible lessons and future questions

- **Too limited focus on mindfulness practice?**
- **Jarring** between a mindfulness-based approach and ERP?
- **Benefits for some, not for others?**
- Focus on symptom reduction rather than on **acceptance** and **recovery**?
- Or, we might be completely wrong – **mindfulness-based approaches may not be helpful for OCD?**

Next steps...

Learning from what participants in BeMind said about mindfulness-based ERP and ERP

- Analysing themes from therapy interviews:
 - Did participants notice any changes over the course of therapy?
 - Were these changes a result of what they did in therapy?
 - What was helpful or unhelpful about the therapy?
 - What helped or made it more difficult to take part in the therapy?
 - What might have made the therapy more helpful?
- This helps us to know if participants found learning mindfulness helpful & why (not)

Further steps...

Feasibility study of a 'pure' mindfulness-based approach for OCD:

- For adults with OCD who do not feel able to take part in ERP or did not find ERP helpful
- Mindfulness practice as the main focus – no ERP
 - Is a mindfulness-based approach acceptable?
 - Do people find it helpful?
 - Is it associated with an improvement in OCD symptoms?
 - Is it associated with an improvement in quality of life & ability to cope with OCD symptoms?

Any Questions?