

Station Number

AFFIX CANDIDATE
LABEL HERE

CANDIDATE No:.....

Instructions for Candidates

Scenario

Anna Jones is a 35-year-old woman who has a long history of obsessions about dirt and contamination, and has suffered compulsive hand washing for many years, as well as compulsive cleaning of her flat, resulting in considerable functional impairment. She spends a significant proportion of her time cleaning, and simple tasks like washing and dressing take 1-2 hours per day.

She has been commenced on an SSRI (Fluoxetine 60mg per day), but your consultant has also referred her to a behavioural therapist for a behavioural approach to her symptoms.

Instructions

Explain to her what the most likely behavioural intervention for OCD is likely to involve.

**PLEASE REMEMBER TO HAND YOUR IDENTITY LABEL TO THE
EXAMINER**

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Communication Skills: Behavioural treatment for
OCD

CANDIDATE No:.....

Instructions for Patients

Answer questions based on the following scenario.

Do not volunteer information unless asked.

This station tests the candidate's ability to explain a common psychological treatment to an anxious patient.

You are Anna Jones, a 35-year-old married woman. You have had longstanding problems with a fear of dirt and contamination, which results in you spending hours every day cleaning, and interfering with function.

Key Attributes

You are a little anxious. You know nothing about exposure and response prevention (the treatment suggested), but are keen to know more. You are perhaps a little unrealistic about outcome, and hope that this therapy will "cure" you.

Key Dialogue

If you are not given the answers by the candidate, you should ask:

1. *How long does it go on for?*
2. *"I don't think that I could actually deal with not cleaning and the anxiety would be too much. What do I do then?"*
3. *Do I have to go into your childhood and all that other stuff?*
4. *Can I stop my antidepressants now that I am going to get therapy?*
5. *How long do I have to wait for treatment?*
6. *How long do the sessions last for?*
7. *Am I cured afterwards?*

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Communication Skills: Behavioural treatment for
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CANDIDATE No:.....

Instructions for Examiners

***REMEMBER TO ASK THE STUDENT FOR THEIR IDENTITY LABEL AND
AFFIX IT TO THE TOP OF THE MARK SHEET.***

This OSCE station is primarily testing a candidate's ability to communicate information about a potential treatment concisely and competently. It is testing the candidate's ability to:

1. Use appropriate language when discussing a particular therapy. In this station, it is expected that the candidate will describe Exposure and Response Prevention (ERP).
2. Develop a rapport with the patient.
3. Convey the essential information, as well as allowing the patient to guide discussion.
4. Demonstrate a detailed knowledge of a common treatment.

Station Number

Examiner's Name:

.....

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Marking Sheet

Please circle the appropriate mark for each criterion. The standard expected is that of a psychiatric Senior House Officer.

Criterion	Performed competently	Performed, but not fully competent	Not performed		
Approach to the patient – Rapport, empathy, and style	2	1	0		
Explains theory of behavioural therapy (one point for each, up to a maximum of 3):					
• Principles of <i>Learning theory</i>	1	½	0		
• <i>Reinforcement</i> – compulsion is reinforced because it eliminates the anxiety associated with the obsession	1	½	0		
• Most effective for compulsions rather than obsessions	1	½	0		
Basic Principles (two points for each, up to a maximum of 4):					
• <i>Exposure & Response prevention</i>	2	1	0		
• <i>Relaxation</i> – most effective when combined with exposure and response prevention	2	1	0		
Structure of Therapy (one point for each, up to a maximum of 4):					
• Usually time-limited	1	½	0		
• Meeting with therapist initially to plan therapy	1	½	0		
• ' <i>Behavioural analysis</i> ' – diary keeping, assessment of problem	1	½	0		
• Determine treatment goals	1	½	0		
• Regular sessions – usually weekly	1	½	0		
Outcome (one point for each, up to a maximum of 2):					
• It takes 10-20 hours of sessions for effective results	1	½	0		
• Success rates are determined by dedication and time	1	½	0		
Other:					
• Medication usually continues – antidepressants and psychological therapy most effective together	1	½	0		
Overall Approach to Task	4	3	2	1	0
Score (Max 20)					
Overall Grading of station	Clear Pass	Borderline	Clear Fail		

Trickcyclists' Tip Sheet

- This station, although vague about a specific treatment, expects you to know that the most effective behavioural treatment for OCD is ERP (Foa, Liebowitz, Kozak, *et al*, 2005).
- Whilst you may get some points for describing graded exposure, or CBT, you cannot expect to pass the OSCE unless you know which therapy is best. For example: CBT for anxiety or depression; graded exposure for agoraphobia; and ERP for OCD.
- The answers to some of the patients questions above are as follows:

How long does it last for? How long are the sessions?

The sessions typically last for 60-90 minutes. Most people are seen weekly and the best outcomes are seen when people have had at least 20 sessions.

I don't think that I can do that...

About 25% of patients actually refuse behavioural treatment for OCD (Greist, Jefferson, Kobak, *et al*, 1995). It is important to stress the importance of attempting such a programme, as well as offering support that lots of people find it difficult initially, but those who do have better outcomes than those who refuse to take part.

CBT may be an option if ERP is consistently refused, and has roughly comparable efficacy to ERP (Cottraux, Note, Yao, *et al*, 2001; Whittal, Thordarson & McLean, 2005), especially if there is comorbid depression.

Can I stop my antidepressants?

No. Historically, the best outcomes are seen in those who have both drugs and behavioural treatment. However, ERP appears to be equally efficacious to clomipramine (Foa, Liebowitz, Kozak, *et al*, 2005).

Am I cured afterwards?

OCD is typically a chronic disorder for many people, with perhaps one-quarter of people still having symptoms after 40 years (Skoog & Skoog, 1999).

References

- Cottraux, J., Note, I., Yao, S. N., *et al* (2001)** A randomized controlled trial of cognitive therapy versus intensive behavior therapy in obsessive compulsive disorder. *Psychotherapy and Psychosomatics*, **70**, 288-297.
- Foa, E. B., Liebowitz, M. R., Kozak, M. J., *et al* (2005)** Randomized, placebo-controlled trial of exposure and ritual prevention, clomipramine, and their combination in the treatment of obsessive-compulsive disorder. *American Journal of Psychiatry*, **162**, 151-161.
- Greist, J. H., Jefferson, J. W., Kobak, K. A., *et al* (1995)** Efficacy and tolerability of serotonin transport inhibitors in obsessive-compulsive disorder. A meta-analysis. *Archives of General Psychiatry*, **52**, 53-60.
- Skoog, G. & Skoog, I. (1999)** A 40-year follow-up of patients with obsessive-compulsive disorder. *Archives of General Psychiatry*, **56**, 121-127.
- Whittal, M. L., Thordarson, D. S. & McLean, P. D. (2005)** Treatment of obsessive-compulsive disorder: cognitive behavior therapy vs. exposure and response prevention. *Behaviour Research and Therapy*, **43**, 1559-1576.