Danger Ideation Reduction Therapy in the Cases with Obsessive Compulsive Disorder

Dharmendra Rajak¹*, Dr. Jai Prakash²

ABSTRACT

Background: Danger Ideation Reduction Therapy (DIRT) is a cognitive treatment package which focuses on providing corrective information to treat obsessive–compulsive disorder. DIRT is solely directed at decreasing the threat expectancies and does not involve direct or indirect exposure. Methodology: Aim: Present study has been undertaken with the aim to reduce the obsessive compulsive disorder symptoms as well as the depressive symptoms of the individuals with the help of danger ideation reduction therapy. Sample: By using purposive sampling technique a total of 10 participants were selected, further participants were divided equally into experimental and control groups. Tools: Padua Inventory and Beck Depression Inventory. Therapeutic package planned included; cognitive restructuring, filmed interview, probability of catastrophe, corrective information, attention focusing (rhythmic breathing exercise). Result and Conclusion: The study concludes that with the help of danger ideation therapy patients exhibited improvement in OCD symptoms such as improvement control over mental activities, contamination as well as urges, improvement regarding worries of loss of control over behaviors. OCD patients also showed improvements in depressive symptoms of mood related problems, sleep problems, pessimism and social withdrawal.

Keywords: Obsessive-Compulsive Disorder, Danger Ideation Reduction Therapy.

Obsessive Compulsive Disorder (OCD) is a psychological problem that is diagnosed based on the presence of either obsessions or compulsions or presence of both as in most cases, both typically occurs. Obsessions can take the form of thoughts, images, urges or impulses (Julien, 2007). For example, a stain on the floor may be thought as blood, mutilated bodies, an obscenity in a formal setting or to perform a socially unacceptable act in a crowded place and many more. There is a repugnant and inappropriate nature of obsessions. They are usually much more bizarre and upsetting than everyday worries and the individual certainly knows that they don’t make sense. In spite of that, they occur over and over again and feel

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impossible to control and therefore become extremely anxiety provoking and distressing. In an attempt to cope with these obsessions, the individual often tries to restrain or neutralize them in some way to make them fade away such as through use of repetitive behaviors or mental acts that is compulsions or else through avoidance of situations that trigger the obsessions. However, both obsessions and compulsions are time consuming and significantly interfere with the individual’s psychosocial and occupational functioning.

**Danger Ideation Reduction Therapy (DIRT)**

Danger Ideation Reduction Therapy (DIRT) is a cognitive treatment package which focuses on providing corrective information to treat obsessive–compulsive disorder. DIRT is solely directed at decreasing threat expectancies and does not involve direct or indirect exposure. DIRT consists of six main stages, which are applied at different times dependent on the patient’s clinical state (Jones and Menzies, 2002). DIRT includes: 1. Cognitive restructuring—based on the techniques of Rational Emotive Therapy in which the patient is taught to identify unrealistic thoughts about contamination and then to re-evaluate the thoughts. 2. Filmed interviews - consist of a number of filmed interviews with the peoples who work in situations commonly feared by the patient. 3. Corrective information - The patient is asked to examine and review a list of facts about their feared contaminant, and read information about the deleterious effects of overzealous hand washing. 4. Microbiological experiments—Discussion of the results of simple bacterial culturing experiments from common items, e.g. door handles, money etc. 5. Probability of catastrophe – this is an exercise to help establish the realistic probabilities for the feared situations occurring. 6. Attention focusing - This is a form of focused meditation, based on a counting and breathing repetition task.

**METHODOLOGY**

**Aims and Objectives**

The present research study has been undertaken with the aims to study the application of danger ideation reduction therapy in reducing the symptoms of OCD in the cases with obsessive compulsive disorder as well as to study the application of danger ideation reduction therapy in reducing the depression of the cases with obsessive compulsive disorder.

**Research Design**

The research design adopted for the study was a pre, post and follow-up design with control group study.

**Sample**

For the present study a total of 10 individuals, diagnosed with OCD as per ICD-10 DCR criteria were selected from RINPAS outpatient department and inpatient department. Purposive sampling technique was used and participants were divided into experimental and control group equally. Five OCD cases were assigned as experimental group those were given danger ideation reduction therapy with treatment as usual whereas five OCD patients were assigned as control group those were only given treatment as usual.
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**Venue**
The study was conducted at Ranchi Institute of Neuro-Psychiatry and Allied Sciences (RINPAS) Kanke, Ranchi.

**Tools Used**
1. **Padua Inventory (PI):** The Padua Inventory (PI) developed by Sanavio in 1988 has been used in the present study. Padua inventory is a 60-item self-report, designed to assess the most important types of obsessive-compulsive complaints, including intrusive thoughts and ruminations. A total of four factors were identified in the inventory which incorporate impaired control of impaired activities, becoming contaminated, checking behaviours and worries of losing control over motor behavior. The items in the inventory are on 5 point scale that is from 0- (not at all), 1- (a little), 2-(quite a lot) , 3 (a lot ) and 4 (very much). The internal consistency and test-retest reliability of this inventory is between 0.60 and 0.90 alpha.

2. **Beck’s Depression Inventory-II (BDI-II):** This inventory is originally developed by Beck in the year 1961 and BDI-II was published in 1996. It is one of the most widely used, self administered rating scale and a research tool to measure the severity of depressive features in the patients. It is a 21-item self-report instrument for measuring the severity of depression in adults and adolescents aged 13 years and older. Total score is obtained by summing the ratings for each statement. Score of 0-9 is sub clinical, 10-18 indicate mild depression, 19-29 indicates moderate depression, and more than 30 indicates severe depression. The BDI-II demonstrates high internal consistency (0.92 for outpatients) and test–retest reliability (.93 for outpatients over a 1-week period).

**Procedure**
After establishing rapport 10 patients with OCD diagnosed as per ICD 10, DCR criteria were included in the study. Patients were selected from the outpatient department and indoor patient department of RINPAS. There after patients were divided into experimental and control group equally. Informed consent was obtained. Initially socio demographic and clinical details were collected by using self prepared semi-structured data sheet. After that baseline assessment was done for both the groups by using Padua inventory and BDI. There after Danger Ideation Reduction Therapy was applied to experimental group which included structured sessions of psycho education, cognitive restructuring, filmed interview, probability of catastrophe, corrective information, attention focusing (rhythmic breathing exercise). Therapeutic procedure of 21 sessions, twice a week and 45-60 minutes per session was applied. All the subjects were assessed again with the Padua inventory and BDI at the end of the intervention. Follow-up assessment was also done after 3 months. Keeping ethical view point in mind control group of subjects were also given DIRT.

**RESULT AND DISCUSSION**
To analyze the obtained data SPSS-20 was used. Mann- Whitney U test was computed for baseline assessment, pre-post and follow-up assessment in order to compare experimental and control group of OCD patients.
Table-1: Baseline assessment of experimental and control group of OCD patients on Padua Inventory and BDI.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Experimental Group (N=10) (Mean ± SD)</th>
<th>Control Group (N=10) (Mean ± SD)</th>
<th>Mann Whitney U Test</th>
<th>U</th>
<th>Z</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Impaired Control Over Mental Activities</td>
<td>38.80±1.30</td>
<td>38.00±2.54</td>
<td>5.80</td>
<td>5.20</td>
<td>11.00</td>
</tr>
<tr>
<td>Contamination</td>
<td>22.60±1.81</td>
<td>21.80±2.28</td>
<td>6.00</td>
<td>5.00</td>
<td>10.00</td>
</tr>
<tr>
<td>Checking Behavior</td>
<td>.60±.54</td>
<td>.60±.54</td>
<td>5.50</td>
<td>5.50</td>
<td>12.50</td>
</tr>
<tr>
<td>Urges and Worries of Loss of Control Over Behavior</td>
<td>18.00±1.00</td>
<td>17.80±.83</td>
<td>5.80</td>
<td>5.20</td>
<td>11.00</td>
</tr>
<tr>
<td>Padua inventory Total</td>
<td>80.00±2.34</td>
<td>81.40±2.07</td>
<td>4.60</td>
<td>6.40</td>
<td>8.00</td>
</tr>
<tr>
<td>Beck Depression Inventory</td>
<td>35.40±5.36</td>
<td>34.20±5.76</td>
<td>5.70</td>
<td>5.30</td>
<td>11.50</td>
</tr>
</tbody>
</table>

** Significant at p<0.01, NS-Not Significant

Table - 1 presents the baseline assessment of experimental and control group of OCD patients on Padua Inventory and Beck Depression Inventory. Findings of present study suggest that the scores of experimental and control group on did not differ at baseline assessment. Both the groups of OCD patients were having similar problems in terms of impaired control over mental activities, contamination and urges, worries of loss of control over behavior and total scores on Padua inventory as well as depressive symptoms. In other words no significant difference was found between experimental and control group of OCD patients. Findings of the present study have also been supported by previous studies conducted by Jones and Menzies in the year 1998, Shoakazemi et. al, (2014), Vyskocilova et, al. (2016). They have also observed obsessive - compulsive symptoms of impaired control over mental activities, contamination and urges, worries of loss of control over behavior as well as depressive symptoms of helplessness, disturbed sleep, low self confidence, guilt feeling, pessimism and irritability in the group of OCD patients.

Table-2: Post intervention assessment and comparison between experimental and control group on Padua Inventory and BDI.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Experimental Group (N=10) (Mean ± SD)</th>
<th>Control Group (N=10) (Mean ± SD)</th>
<th>Mann Whitney U Test</th>
<th>U</th>
<th>Z</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Impaired Control Over Mental Activities</td>
<td>18.60±2.60</td>
<td>38.20±1.30</td>
<td>3.00</td>
<td>8.00</td>
<td>.00</td>
</tr>
<tr>
<td>Contamination</td>
<td>10.60±1.51</td>
<td>21.80±1.64</td>
<td>3.00</td>
<td>8.00</td>
<td>.00</td>
</tr>
<tr>
<td>Checking Behavior</td>
<td>.00±.00</td>
<td>.40±.54</td>
<td>4.50</td>
<td>6.50</td>
<td>7.50</td>
</tr>
<tr>
<td>Urges and Worries of Loss of Control Over Behavior</td>
<td>9.00±1.22</td>
<td>17.00±1.00</td>
<td>3.00</td>
<td>8.00</td>
<td>.00</td>
</tr>
<tr>
<td>Padua Total</td>
<td>38.20±1.64</td>
<td>77.40±2.07</td>
<td>3.00</td>
<td>8.00</td>
<td>.00</td>
</tr>
<tr>
<td>BDI</td>
<td>16.00±2.73</td>
<td>34.40±4.33</td>
<td>3.00</td>
<td>8.00</td>
<td>.00</td>
</tr>
</tbody>
</table>

** Significant at p<0.01, NS-Not Significant

Table - 2 show the post intervention assessment scores and comparison between experimental and control group on Padua Inventory and BDI. Maan Whitney U Test was used and it is
observed that there is a significant difference in the scores between experimental and control group of OCD participants. Moreover, the findings of the present study indicate that there is significant improvement in the experimental group of OCD patients after the application of danger ideation reduction therapy. Marked improvement has been observed in experimental group in terms of improved control over mental activities, contamination and urges, improvement worries of loss of control over behavior and total scores on Padua Inventory as well as depressive symptoms of guilt feeling and low mood. Whereas in control group the improvement was reported to be negligible. The obtained findings of the present study are supported by the findings of Jones (1998), Neuman, (1985), Vorstenbosch (2015) and Vaccaro (2014). They have also concluded that the study subjects who received DIRT showed significantly greater reduction in obsessive compulsive symptoms and depressive symptoms when compared with subjects who did not receive DIRT. Shoaakazemi et. al,(2014), Mattick (1989), Cottraux and Krochmalik et, al. (2001) have also observed improvement in reducing the symptoms of obsession and compulsion behaviour as well as depressive symptoms of hopelessness, pessimism, guilt feeling and irritability after intervention.

Table-3: Follow-up assessment and comparisons between experimental and control group of OCD patients on Padua inventory and BDI.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Subjects</th>
<th>Experimental Group (N=10) (Mean ± SD)</th>
<th>Control Group (N=10) (Mean ± SD)</th>
<th>Mann Whitney U Test</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Mean Rank</td>
<td>Mean Rank</td>
<td>Exp. Group</td>
</tr>
<tr>
<td>Impaired Control Over Mental Activities</td>
<td></td>
<td>3.00</td>
<td>8.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Contamination</td>
<td></td>
<td>19.20±1.64</td>
<td>38.00±1.73</td>
<td></td>
</tr>
<tr>
<td>Checking Behavior</td>
<td></td>
<td>10.80±1.48</td>
<td>21.60±1.67</td>
<td></td>
</tr>
<tr>
<td>Urges and Worries of Loss of Control Over</td>
<td></td>
<td>9.40±1.14</td>
<td>16.80±1.30</td>
<td></td>
</tr>
<tr>
<td>Behavior</td>
<td></td>
<td></td>
<td></td>
<td>3.00</td>
</tr>
<tr>
<td>Padua Total</td>
<td></td>
<td>39.40±2.40</td>
<td>76.80±2.58</td>
<td></td>
</tr>
<tr>
<td>Beck Depression Inventory</td>
<td></td>
<td>17.00±2.91</td>
<td>34.20±4.14</td>
<td></td>
</tr>
</tbody>
</table>

** Significant at p<0.01, NS-Not Significant

Table - 3 elucidates follow-up assessment findings which suggest that participants of experimental group obtained less score on obsessive compulsive symptoms as well as depression symptoms after the application of Danger Ideation Reduction Therapy when compared to the scores obtained by control group on Padua Inventory and Beck Depression Inventory. The present study indicates that the experimental group of OCD patients who were given Danger Ideation Reduction Therapy exhibited improvement at follow up assessment and had reduced OCD symptoms. Michael (2015), Krochmalik et., al. (2001) and Hoseini (2013) found Danger Ideation Reduction Therapy very much effective in case of OCD patients in pre treatment, post treatment and at a 3 months follow up. The above findings are also supported by the study conducted by Govender, et., al. (2006), Kojuri (2015) and Torp et, al., (2015). Their study demonstrated significant improvement by the end of the treatment.
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which was evident by reduction in the symptom severity measured on the scales of the study including Padua Inventory and BDI.

CONCLUSION
The present study concludes that danger ideation reduction therapy was effective to a great extent in reducing the obsessive compulsive symptoms along with depressive symptoms (Jones and Menzies, 1997). There was marked improvement and the experimental group of OCD patients exhibited reduced OCD symptoms such as improvement in control over mental activities, contamination as well as urges, improvement in worries of loss of control over behaviors and reduced depressive symptoms of mood related problems, sleep problems, pessimism, social withdrawal and guilt feeling after application of Danger Ideation Reduction Therapy.

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Conflict of Interests: The author declared no conflict of interests.

REFERENCE
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