
The Comparison of the Effectiveness of Cognitive, Behavioral and Combinatory Methods in the Treatment of Obsessive_ Compulsive Disorder Juveniles (13-18)

Ali Asqar Asadi Sakhmaresi

Ph. D Candidate in Psychology, Lincoln University College, Malaysia, Branch Iran
mehr_gostarcc@yahoo.com

Ali Akbar Rahmatian

Ph. D in Psychology, Lincoln University College, Malaysia, Branch Iran
akrahmatia@yahoo.com

Abstract

In this research, the researcher studies the effectiveness of cognitive, behavioral and combinatory treatment on the reduction of obsessive-compulsive behavior in adolescents. Obsessive-compulsive means skepticism or deception and temptation. Conceptually, obsessive-compulsive is persistent and perceptive thoughts that are intrusive and inappropriate. Practical obsessions of repetitive behaviors, such as hand washing and observing the order that a person feels must do it against a thought. The patient knows that his behavior is abnormal. OCD is a debilitating disorder affecting one in every 40 adults (between 9.9 and 4.4%) of the total population. Based on the observations of this study, obsessive compulsive disorder is a hidden disorder, if detected accurately, it includes 12%. In this study, a semi-experimental method was used for 60 subjects. A randomized cluster sampling was used for adolescent girls and boys of 30 girls and 30 boys. For the effectiveness of the treatment method in obsession treatment within the 3 sessions of treatment, changing irrational beliefs; and challenging the behavior of the client, behavioral method of regular desensitization and interruption of thinking; and combinatory treatment were



done using both methods. The independent variables are three treatment methods (cognitive, behavioral, and combination) and the dependent variable is the rate of obsessive-compulsive therapy. At first, the pre-test was done using a Maudsley questionnaire and then one of the treatment methods was performed and then a post-test was performed.

Key words: Obsession, behavioral treatment, cognitive treatment, combinatory treatment, Maudsley inventory

Introduction

Teenagers can face challenges and concerns due to their maturity as well as family and homework issues. These issues in teenagers show themselves in different ways, for example, in the form of depression, passion, anxiety and obsession, some teenagers. The recognition of a part of psychiatric disorders, called obsessive-compulsive disorder, has attracted the attention of psychologists, psychiatrists, practitioners, and individuals. From a long time ago and in history of literature, obsession was attended to and was generally recognized as religion matter, and people thought a person with the disease was conceived by the outside forces (Qasem Zadeh, 2003; Krochmalik and Menzies 2003). Shakespeare, in the sixteenth century, also described the fascination of obsession. Lady Mac's personality and this person repeatedly washed her hands on trying to get rid of guilt. Obsession is literally a matter of doubt or uncertainty; and a series of absurd and reckless dreams, called obsessive compulsive and a series of repetitive acts, called "obsessive compulsion", is a kind of extreme precision in doing things, man shows it by the way of hesitation, heirs of purity and checking the neatness. And for the treatment, drugs and

psychological methods, namely, behavioral, cognitive, or a combination of these methods can be used.

OCD (obsessive compulsive disorder) has been thought to be relatively rare, but recent epidemiological studies have shown that the prevalence of this disorder is 25% in the life time and is fluctuating from the range of 1.5 to 2.1 percent in the course of one year. (DSM IV.-1994 p. 420) And a series of absurd and reckless dreams, called obsessive disorder, and a series of repetitive acts, called “compulsion”, are kinds of extreme rigor in doing things. Human demonstrates it in the method of doubt and examines its purity. And for the treatment, drugs and psychological methods, i.e. behavioral, cognitive or a combination of these methods, can be used. In the absence of timely treatment, the disorder will be chronic and often with the patients for many years and cause serious functional impairment in the patients’ future occupation, familial and social relationships. This study compares the effectiveness of cognitive, behavioral and combinatory treatments on reducing obsessive-compulsive disorder. This research was done with a semi-experimental design using pre-test and post-test with 60 individuals selected by Madzly questionnaire and interviews.

Statement of the Problem

Obsessive compulsive is one of the most prevalent psychiatric disorders that can affect all of life aspects. With respect to its prevalence, it has some influences on social, individual and domestic relations. Individuals who have obsessive – compulsive disorder feel to think to something by force, which they do not want, or do some tasks without any interest. Person knows that obsessive thoughts and behaviors are irrational but feels that he/she is not able to control them,



then, there are 4 types of mental and practical occupations i.e. inspecting (if I fasten the gas faucet), slowness (a long time for teeth brushing and dressing,...), neatness (extreme washing and cleaning) prevention, continuance and hesitation (being not sure). Repetition, suspicion in praying, horror, ultra-accuracy and clarity, compulsion and obligation are the signs of obsession. Obsessive divided into two types of mental (jumbled thoughts) and practical (repetitive and unintentional behavior). In mental obsessive, repetitive and constant imaginations, which are, experienced as improper and annoying result in anxiety. Practical obsessions of repetitive behaviors are such as sitting hands, observing the order of things that the individual makes himself/herself to respond in an obsessive compulsion, or in accordance with the rules to be observed carefully. Based on Hashemi et al. study (2012) in Khoy University, obsession comprises, hesitation 5.27%, review 4.16% washing 1.10% respectively. Obsessive-compulsive behaviors are different, and the most common of these behaviors is checking and washing (Foa and Steketee). Obsessive disorder is part of anguish disorders. Psychoanalysts consider the obsession as a replacement and displacement mechanism and believe that person may suffer from, after exposing to defeat and failure or because of ailment of a traumatic experience such as, losing a dear person of family, demanding family and heredity. Marsh and Leonard (1996) noted in their paper that obsessive compulsive disorder is a common neuropsychiatric disorder in children and teenagers. Generally, this disorder is associated with tick, attention deficit disorder, emotional anxiety and affective disorder. Cytogenetic dystrophy - medication with drug therapy (using serotonin reuptake inhibitor) is most effective. Anguish disorder is 3 to 4 for the Patient's top relatives and among the other groups of relatives is about 5%. (Will and Wilson, Jamalfar



translation 2010). Obsessive patients mostly belong to those families who have strict, idealist, meticulous parents that have many expectations of their children (Shamloo, 2010).

Another method in this research is behavioral treatment method. Behavioral treatments are done based on learning principles, which perform through reinforcing the proper behavior and lack of reinforcing the improper behaviors. Behaviorisms believe that behavioral disorders are because of incorrect education of person form the environment. Human is an experimenter, passive and without will and power creature. Most of human behaviors are educated, techniques of thought pause like a strong motive such as shouting, stop its own troublous thoughts. Treatment aversion techniques include applying an unpleasant motive such as drug, electrical shock ...Floating, muscular comforts, also combinatory method (cognitive –behavioral) are applied in obsession treatment. In this research, this question and Problem is discussed that, whether the effectiveness of cognitive- treatment, behavioral and combinatory methods are similar in obsession treatment? Or the effectiveness of one of these methods in treatment of obsession is more effective.

Research Methodology

Research method is Quasi-Experimental and in terms of objective, is applicative. Experimental method is one of the research methods collections for finding the cause and effect relations. In this research, first, pretest of Maudsely obsessive-compulsive inventory is taken from all of three groups of obsession clients and after performing the treatment method, cognitive, behavioral and combinatory treatment, posttest will be taken. All male and female juveniles of Neka city who are 6880 people. 60 people from Neka city's girls and boys who are divided into 30 ones and each group are divided into 3 groups of 10 persons. For each group, two consultation and

psychotherapy sessions with different treatment methods (cognitive, behavioral, combinatory) are performed in MehrGostar consultation center of Neka and in the schools. Sampling method is accessible through clustering sampling. Collecting the data was done with reference to consultation centers and in the schools by selecting the class in addition to cooperation with students who had obsessive signs as a group and through interviewing. Then, students will be identified and the data will be collected through clinical interview and by performing the Maudsely obsessive inventory. All high school students of Neka city who were 6880 people, from this number of people sample volume was selected as 60 persons (two groups of 30 girls and 30 boys) that each group was divided into three 10 persons. For each group, different treatment methods (cognitive, behavioral and combinatory) was executed. Sampling method was random cluster. Through the Maudsely inventory, this contains 30 questions, prepared by Hajussun and Raujmann and with a reliability of 89, is at the mandatory Yale Brown Obsessive Compulsive Scale by 87%. After performing the three treatment methods in the groups, the method of multi-factor variance analyzing will be used. Also, a pretest and posttest inventory is taken from three groups.

Analyzing the Research Data

The results of Table 1 show that the mean of cognitive pretest of boys was 15.1, while their posttest's mean was reported to be 9.3. Also, the t-test value was 5.513 and the significance level of the result was accepted ($S = 0.000$). Therefore, it can be concluded that there is a significant difference between the cognitive pre-test and posttest of boys.

Table 1. T-test results of two dependent samples for cognitive

Cognitive for boys	Mean	N	Std. Deviation	Std. Error Mean
pretest	15.1000	10	2.80674	.88757
Post test	9.3000	10	2.86938	.90738

The results of Table 2 show that the mean of combinatory pre-test of the boys was 16.4, while their post-test's mean was reported to be 10.80. Also, the t-test value was 5.150 and the significance level of the result was accepted ($S = 0.001$). Therefore, it can be concluded that there is a significant difference between boys' combinatory pre-test and post-test.

Table 2. T-test results of two dependent samples for boys' combinatory

Combinatory for boys	Mean	N	Std. Deviation	Std. Error Mean
pretest	16.4000	10	3.80643	1.20370
Post test	10.8000	10	4.49197	1.42049

The results of Table 3 show that the mean of behavioral pre-test of girls was 16.5, while their post-test's mean was reported to be 12.5. Also, the t test value was 4.536 and the significance level of the result is accepted ($S = 0.001$). Therefore, it can be concluded that there is a significant difference between behavioral pretest and post-test of girls.

Table 3. T test for two dependent samples related to female students

Behavioral for girls	Mean	N	Std. Deviation	Std. Error Mean
Pretest	16.5000	10	4.06202	1.28452
Post test	12.5000	10	4.52769	1.43178

00 0

The results of Table 4. indicate that the mean of cognitive pre-test of girls was 17.1, while their post-test's mean was reported to be 11.9. Also, the t-test value was 3.314 and the resulting significance level is accepted ($S = 0.009$). Therefore, it can be concluded that there is a significant difference between girls' cognitive pretest and posttest.

Table 4. T-test results of two dependent samples about girls' cognitive

Cognitive for girls	Mean	N	Std. Deviation	Std. Error Mean
Pretest	17.1000	10	3.60401	1.13969
Post test	11.9000	10	3.72529	1.17804

The results of Table 5 show that the mean of girls' combinatory pre-test was 16.1, while their post-test's mean was reported to be 11.50. Also, the test value was $t = 3.130$ and the significance level of the result was accepted ($S = 0.012$). Therefore, it can be concluded that there is a significant difference between girls' combinatory pre-test and post-test.

Table 5. T-test results of two dependent samples for girls' combinatory

Combinatory for girls	Paired Differences				t	df	Sig. (2-tailed)
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference Lower Upper			
Pretest- post test	4.6000	4.64758	1.46969	1.27532 7.92468	3.130	9	.012

The first hypothesis: The effectiveness of Psychological treatment methods for girls is more than for boys, in the treatment of OCD.

Table 6. T-test results of two independent samples of OCD treatment

Psychological treatment	Levene's Test for Equality of Variances		t-test for Equality of Means						
	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
								Lower	Upper
Equal variances assumed	.218	.642	-.128	58	.898	-.13333	1.03871	-2.21255	1.94588
Equal variances not assumed			-.128	57.850	.898	-.13333	1.03871	-2.21299	1.94566

The results of Table 6 show that the mean of Psychological treatment method for boys was 4.46, while the mean of Psychological treatment method for girls was 4.60. Also, the t test value was 0.128 and the result significance level is not accepted ($S = 0.894$). Therefore, it can be concluded that there is no significant difference between Psychological treatment method for girls and boys.

Second hypothesis: The effectiveness of combinatory treatment method for boys is more than behavioral method for them, in the treatment of teenagers' OCD.

The results of Table 7 show that the mean of combinatory treatment method for boys was 5.6, while the mean of behavioral method for boys was equal to 2. Also, the t-test value was 2.141 and the significance level of the result was acceptable ($S = 0.046$). Therefore, it can be concluded

that there is a significant difference between the combinatory treatment method and the behavioral treatment method for boys.

Table 7. T-test results of two independent samples of boys' combinatory and behavioral treatment

Combinatory-behavioral treatment method for boys	Levene's Test for Equality of Variances		t-test for Equality of Means						
	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
								Lower	Upper
Equal variances assumed	.106	.749	-2.141	18	.046	-3.60000	1.68127	-7.13222	-.06778
Equal variances not assumed			-2.141	17.531	.047	-3.60000	1.68127	-7.13900	-.06100

Third hypothesis: The effectiveness of cognitive treatment method for girls is more than behavioral treatment method for them.

The results of Table 8 show that the mean of cognitive treatment method in girls was 5.2, while the mean of behavioral treatment method in girls was equal to 4. Also, the t-test value was -0.677 and the significant level of the result is not accepted ($S = 0.516$). Therefore, it can be concluded that there is no significant difference between cognitive and behavioral treatment method in girls.

Table 8. T-test results of two independent samples of girls' cognitive and behavioral treatment

Cognitive-behavioral treatment for girls	Levene's Test for Equality of Variances		t-test for Equality of Means						
	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
								Lower	Upper
Equal variances assumed	6.287	.022	-.667	18	.513	-1.20000	1.80000	-4.98166	2.58166
Equal variances not assumed			-.667	14.170	.516	-1.20000	1.80000	-5.05627	2.65627

Fourth hypothesis: The effectiveness of cognitive treatment method for boys is more than behavioral treatment method for them in the treatment of OCD.

The results of Table 9 indicate that the mean of behavioral treatment method was equal to 2, while the mean of cognitive treatment method was reported to be 5.80. Also, the t-test value was 2.291 and the significance level of the result is acceptable. ($S = 0.034$). Therefore, it can be concluded that there is a significant difference between the behavioral and cognitive treatment methods for boys.

Table 9. T-test results of two independent samples about cognitive and behavioral

Cognitive-behavioral for boys	Levene's Test for Equality of Variances		t-test for Equality of Means						
	F	Sig.	t	df	Sig.	Mean Difference	Std. Error	95% Confidence	

						(2- tail ed)	ence	Differ ence	Interval of the Difference Lowe r	Upper
Equal assumed	variances	.418	.526	-	18	.03	-	1.658	-	-
				2.29		4	3.800	65	7.284	.3153
				1			00		69	1
Equal assumed	variances not			-	17.3	.03	-	1.658	-	-
				2.29	38	5	3.800	65	7.294	.3057
				1			00		26	4

Conclusion

Due to studies and analysis of data, obsessive-compulsive disorder is a hidden disorder that can be identified by group interviews and clinical interviews. Obsessive-compulsive disorder is a family and social harm. Having a separate bathroom, unwilling of the students to go to the toilet in schools, and the clients' not sitting on the rug were examples of obsessive compulsive disorder in this study. The aim of this study was to investigate the effectiveness of cognitive, behavioral and combinatory treatment on obsessive-compulsive disorder among middle school students in Neka city. This research is "empirical" according to data collection, "semi-experimental" in the type of the research and "applied" in terms of purpose.

According to the findings of the first hypothesis that the effectiveness of psychological treatment for girls is more than it for boys in the treatment of OCD in teenagers, It was concluded that: the mean of psychological treatment method for boys was 4.4647, while the mean of psychological treatment method for girls was reported to be 4.600. Also, the t-test value was 0.128 and the significance level of the result was not acceptable ($S = 0.894$). Therefore, it can be concluded that there is no significant difference between cognitive Psychology treatment method.



According to the findings of the second hypothesis that the effectiveness of combinatory treatment method for boys is more than behavioral treatment method for them in the treatment of OCD in teenagers, it was concluded that: the mean of combinatory treatment method for boys was equal to 5.6, while the mean of behavioral treatment method for boys was reported to be 2. Also, the t-test value was -2.141 and the significant level of the result was acceptable ($S = 0.046$). Therefore, it can be concluded that there is a significant difference between the combinatory and behavioral treatment method for boys. According to the findings of the third hypothesis, the effectiveness of cognitive treatment method for girls was more than behavioral treatment method for them in the treatment of OCD in teenagers, it was concluded that: the mean of cognitive treatment method for girls was equal to 5.2, while the mean of behavioral treatment method for them was reported to be 4. Also, the t-test value was -0.677 and the resulting significance level is not acceptable ($S = 0.516$). Therefore, it can be concluded that there is no significant difference between cognitive and behavioral treatment method for girls. However, the effectiveness of cognitive treatment method for girls was somewhat higher than behavioral treatment method for them.

According to the findings of the fourth hypothesis that the effectiveness of cognitive treatment method for boys is more than behavioral treatment method for them in the treatment of OCD in teenagers, it was concluded that: the mean of behavioral treatment method was equal to 2, while the mean of cognitive treatment method was reported to be 5.80. Also, the t-test value was -2.291 and the significance level was acceptable ($S = 0.034$). Therefore, it can be concluded that there is a significant difference between the behavioral and cognitive treatment method for boys.

These findings are consistent with the case study of Kearny & Silverman (1990) who reported

that the replacement of cognitive treatment and preventing response in the treatment of OCD teenagers who committed suicide would be more effective than confronting living conditions. Also, it is consistent with the findings of the Hollon, which stated that in cognition method it may lead to the creation of sustainability skills in the client and may reduce the relapse of the disease after treatment (Hollon, 1983)

According to the findings of the fifth hypothesis that the effectiveness of cognitive treatment method in the treatment of teenagers is more than behavioral treatment method, it was concluded that: the mean of cognitive treatment method was equal to 5.5, while the mean of behavioral treatment method was reported to be 3. Also, the t-test value was -2.058 and the significance level of the result was acceptable ($S = 0.047$). Therefore, it can be concluded that there is a significant difference between the cognitive and behavioral treatment method that is consistent with the study of Kearny & Silverman (1990).

REFERENCES:

- Beck, A. and Clark, D. A. (1997). An information processing model of anxiety: Automatic and strategic processes. *Behavior research and therapy*, 39-49.
- Blackburn, I. M. and Davidson, K. (1995). *Cognitive Therapy for Depression and Anxiety* (amended). Oxford: Blackwell Scientific Publications.
- Clark, D. A.; Pardon, C. and Byers, E. S. (2000). Appraisal and control of sexual and non-sexual intrusive thought in university students. *Behavior research and therapy*, 439- 455
- Clark, D. M. and Wells, A. (1995). A cognitive model of social phobia, in R. G. Heimberg, M. R.



- Dowan, Sholtz and Sydney, Allen Shultz (2006). Personality theories, Tehran, Edit publication institute
- Ellis, A. (2001b). Overcome destructive beliefs and behaviors. Amherst, NY: Prometheus Books.
- Ellis, A., and Dryden, W. (1997). The practice of rational-emotional therapy (Rev. ed.). New York. Springer.
- Emmelkamp, P. M. G. (1982). Phobic and obsessive-compulsive disorders. Plenum, New York.
- Hashemi, Leyla et al, (2013). Analyzing the spread of obsessive disorder, Khoy University
- Hawton et al (1998). Cognitive treatment behavior (Habibollah Qasem Zade, translator), Arjomand publication Imam Khomeini, (1988). Forty Hadith, Tehran, Jad
- Kaplan, Harold and Benyamin Sadok, translation of Nasrollhpour Afkari (1990). Psychiatry summary, Tabesh publication
- Kaplan and Sadok, (2010). Clinical psychology, Translated by Dr. Mohsen Arjomand et al, Tehran, Arjomand publication
- Kari, Gerald (2011). Theory and consultation and psychotherapy (Yahya Seyyed Mohammadi, translation). Tehran, Aras Baran
- Kearney, C. A., & Silverman, W. K. (1990). Treatment of an adolescent with obsessive-compulsive disorder by alternating response prevention and cognitive therapy: An empirical analysis. *Journal of Behavior Therapy and Experimental Psychiatry*. 21, 39-47
- Lindsey, E.J, Paul,G (2001). Diagnosis and treating the adult mental disorder and clinical psychology. (Mohammad Reza Nik Khoo and Hama Yap Avadis, translatoin). Tehran express

- Mahmoud Arkani Bahbani, (2000). Recognition of Temptation Treatment in Islam Qom, Islamic Conservation Forum
- Michal Ninan, Lindsey and Driden, Translated by Hamid Yaqubi and Masoumeh Karimi (2010). Cognition therapy, Tehran-Arjomand publication
- Mc Dana, Bari (2017). Releasing from obsessive thoughts (Seyyed Hamid ShojaODin) Shiraz, Eram publication Mohammad Baqer Majlisi, Baharalanvar, Vo. 57.
- Neenan, M. and Palmer, S. (1998). A cognitive-behavioral approach to tackling stress, Counseling, the Journal of the British Association for Counselling, 9 (4): 315-319.
- Persons, J. B. (1989). Cognitive Therapy in Practice: A Case Formulation Approach. New York: Norton.
- Rachman, S. (1997). A cognitive theory of obsessions. Behavior research and therapy, 793-802.
- Salehi Mansour (2003). Studying the frequency of the sample of obsession disorder, consultation center of Tohid
- Salkovskis, P. M. and Warwick, H. M. C. (1988). Cognitive therapy of obsessive-compulsive disorder. In The theory and practice of cognitive therapy, (ed. C. Perris, I. M. Blackburn, and H. Perris) 376-95. Springer, Heidelberg.
- Salkovskis, P. M. (1989). Obsessions and compulsions. In Cognitive therapy: a clinical casebook, (ed. J. Scott, J. M. G. Williams, and A. T. Beck), pp. 50-77. Routledge, London.
- Salkovskis, P. M., and Forrester, E. (2002). Responsibility. In Forst, R. O., and Steketee, G. (Ed.). Cognitive approaches to obsession and compulsion: Theory, assessment and treatment (pp. 45-61). Amsterdam, Peryamon.



Shafi Abadi, Abdullah (2007). Tehran child guidance and consulting, the organization of humanities books and teaching

Shafi Abadi, Abdollah, Naseri, Qolamreza (1997). Theories of consultation and psychotherapy. Tehran: university publication

Stakti, Gill, (1997). Behavioral treating the obsession (Abbas Bakhsi pour et al, translatoin) Tabriz, Ravan Pouya publication.