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Case Report

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Effectiveness of Schema Therapy on Symptoms Intensity Reduction and Anxiety in a Special Case with Obsessive Compulsive Personality Disorder

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Abstract

The aim of this study was to determine the effectiveness of schema therapy on symptoms intensity reduction and anxiety in a special case with obsessive compulsive personality disorder. In this study a single case method with A-B design was used on a woman with obsessive compulsive personality disorder that was diagnosed by semi-structure interview for axis I and II of DSM-IV-TR (SCID). Martukovich -s obsessive compulsive personality disorder questionnaire and Beck -s anxiety inventory were used to collect data. Schema therapy intervention was effective in symptom reduction of obsessive compulsive personality disorder.

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Introduction

Obsessive compulsive personality disorder (OCPD) is a pervasive pattern of preoccupation with orderliness, perfectionism, and mental and interpersonal control, at the expense of flexibility and efficiency that starts in early adulthood and emerges in various contexts [1]. There is anxiety in OCPD patients [2]. Although OCPD has been recognized for a long time, but there are a few researches about its treatment and etiology. Schema therapy with a cognitive-behavioral frame for personality disorders treatment [3] is created by Young. In a study in China cognitive therapy for personality disorders was effective for people with OCPD [4]. Also group schema therapy leads to symptom intensity reduction in Iranian couples with OCPD [5]. The aim of this study was to determine the effectiveness of schema therapy on symptoms intensity reduction and anxiety in a special case with obsessive compulsive personality disorder.

Patient Presentation

The method of this study was a single case study with A-B design. In three first sessions just the questionnaires were completed by the patient, after that schema therapy intervention began in one-hour sessions for 16 weeks in a counseling clinic in Isfahan. A month after finishing sessions of intervention, the questionnaires was completed as follow-ups for two consecutive months. The extended report of stages of therapy sessions has been shown in table 1. The participant of this study was a 32-year-old employee single woman with obsessive compulsive personality disorder who was selected with available sampling and was diagnosed by a semi-structure interview for axis I and II of DSM-IV-TR (SCID). Although she showed obsession symptoms (A and B criteria), but for complete diagnosis of OCD she didn't show C criteria. Also she had criteria for dysthymia, but did not have B criteria. The patient lives with her mother and grandmother now, but she lived with her grandmother in her childhood and suffered from her parent's absence. The patient was assured that information about her was protected and after explanation of the purpose of the research, she consented to participate in it. To assess anxiety, Beck -s anxiety inventory that was made by Beck et al. was used and it has a good reliability and validity in Iranian population [6].

Martukovich′ s questionnaire [7] that has 80 true-false questions was used to assess obsessive compulsive personality disorder symptoms. In this questionnaire reliability of Cronbach's alpha on 74 initial Iranian samples get 0.89. For analyzing data visual analysis of diagrams and percentage of non-overlapping data [8] (PND) were used. Visual analysis results have been shown in figure 1. The median of this patient -s OCPD scores came down from 105 in baseline to 101 in treatment that indicates slight change. PND indicator showed that intervention was effective in reduction of OCPD symptoms with 75% confidence. The median of this patient-s anxiety scores came down from 14 in baseline to 13.5 in treatment that indicates slight change. The PND indicator for this patient was 50% that indicates high overlap in baseline and treatment situations.

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Table 1. Stages of treatment sessions

Sessions	Outline
1st and 2nd	Greeting and rapport with participant, performing semi-structure interview for assessing axis I and II disorders of DSM-IV-TR (SCID).
3rd to 5th	Administrating anxiety, depression and OCPD questionnaires for assessing treatment baseline.
6th to 10th	Assessing patient's problems, schemas, coping styles and modes, and formulating the patient -s problem based on schema therapy approach.
11th to 14th	Performing emotional (experimental) techniques, e.g. imagery dialogues, reparenting during work with imagery images, pathological events imagery and writing letter.
15th to18th	Cognitive techniques were performed in this four sessions, e.g. testing schema validity, assessing cons and pros of coping styles, establishing dialogues between healthy and schema aspects, completing schema diary form.
19th to 21st	Behavioral techniques: the purpose of these sessions were persuading patients for abandoning maladaptive coping styles and practicing functional coping behaviors to satisfy basic emotional needs.
22nd and 23rd	These sessions were held to follow-up the therapy each one a month after treatment.

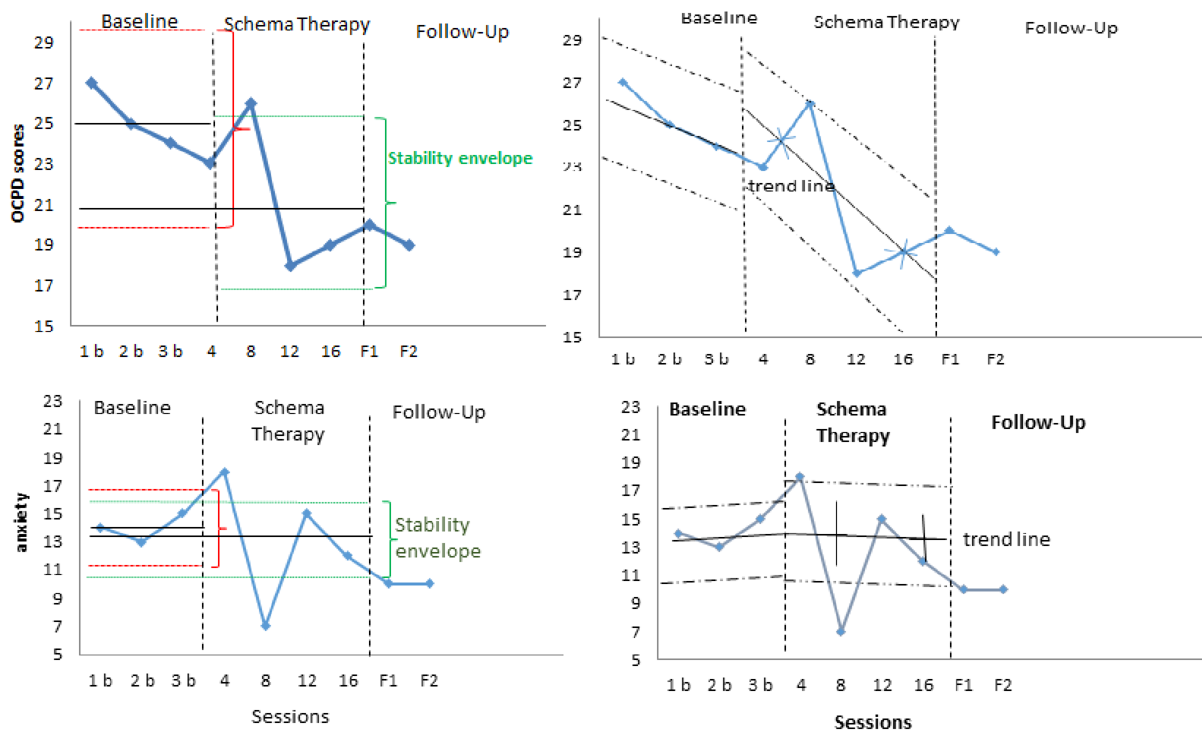

Figure 1. Median line, trend line and stability envelope of OCPD and anxiety

Discussion

The results of research visual analyses showed that schema therapy was effective in reduction of OCPD symptoms (descent trend) and until two months after treatment (follow-up sessions) reduced symptoms were stable and it was consistent with previous researches in effectiveness of schema therapy [5] and cognitive therapy [4] in OCPD treatment. This short-term treatment showed that schema therapy is effective in treatment of OCPD symptoms, but for better efficacy more sessions is needed.

Considering that patient's anxiety in baseline and treatment situations was slight and this level of anxiety is not pathological, thus it is not expected that treatment remove this normal anxiety.

In conclusion it is necessary to emphasize that existence of only one participant and using one kind of treatment and one person as a therapist and assessor, can result in restrictions in generalization of the results; so using other approaches simultaneously and comparing them with schema therapy and administrating research with more patients and therapists are suggested.

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Authors' Contributions

All authors had equal role in design, work, statistical analysis and manuscript writing.

Conflict of Interest

The authors declare no conflict of interest.

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