

مقایسه تأثیر روش‌های درمان رفتاری- شناختی و رفتاری- فراشناختی در درمان بیماران مبتلا به اختلال وسواس- اجبار

Comparison of the Effectiveness of Behavioural- Cognitive & Behavioural- Metacognitive Approaches in Patients with Obsessive- Compulsive Disorder (OCD)

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Akrami, N. *M. A., Kalantari, M. Ph. D., Oreyzi, H. R. Ph. D., Abedi, M. R. Ph. D., Maroofi, M. Ph. D.

ناهید اکرمی*، مهرداد کلانتری**، حمیدرضا عریضی***،
محمد رضا عابدی***، محسن معروفی****

Abstract

Introduction: The aim of this study was to investigate the effect of cognitive and metacognitive therapy on patients with obsessive compulsive disorder.

Method: In this study a quasi-experimental design with pre-post test and two experimental groups were used. The experimental groups were behavioural cognitive (n=18), and behavioural metacognitive (n=11) groups. Interventions were administrated to both experimental groups. Then patients were evaluated by Maudsley Obsessional- Compulsive Inventory (MOCI).

Results: The effect size of behavioral- cognitive treatment was equivalent to 1.6 and for behavioral metacognitive treatment was 1.4 that indicate high effect of treatment for both group. However, there was no significant difference between two groups according to ANCOVA.

Conclusion: According to the findings when the treatment focused on the cognitive distortions and metacognitive beliefs compulsive both methods effectively decreased obsessive-compulsive symptoms, However there was no significant difference between cognitive- behaviour and metacognitive behaviour treatment methods.

Keywords: Obsessive-compulsive disorder, Behavioural-cognitive Therapy, Metacognitive Therapy.

چکیده

مقدمه: هدف این پژوهش بررسی میزان اثربخشی درمان شناختی و فراشناختی در درمان بیماران مبتلا به اختلال وسواس- اجبار بوده است.

روش: روش این پژوهش شبه آزمایشی بود و در آن از طرح پیش آزمون- پس آزمون استفاده شده است. گروه‌های آزمایشی شامل دو گروه رفتاری- شناختی (n=۱۸) و رفتاری- فراشناختی (n=۱۱) بودند. مداخله‌های رفتاری- شناختی و رفتاری- فراشناختی روی دو گروه آزمایشی انجام و سپس بیماران توسط پرسشنامه وسواس فکری- عملی مادرلی (MOCI) مورد ارزیابی قرار گرفتند.

یافته‌ها: اندازه اثر درمان رفتاری- شناختی برابر ۱/۶ و اندازه اثر درمان رفتاری- فراشناختی برابر ۱/۴ به دست آمد که نشان دهنده میزان تأثیر زیاد درمانی هر دو گروه است. اما در مقایسه نتایج دو گروه با روش تحلیل کواریانس تفاوت معنی‌داری به دست نیامد.

نتیجه‌گیری: مطابق یافته‌های این پژوهش تمرکز درمان روی تحریفات شناختی و باورهای فراشناخت هر دو منجر به کاهش علائم وسواس- اجبار در بیماران OCD می‌شود و میزان تأثیر دو روش رفتاری- شناختی و رفتاری- فراشناختی تفاوت معنی‌داری با یکدیگر ندارد.

واژه‌های کلیدی: اختلال وسواس- اجبار، درمان رفتاری- شناختی، درمان رفتاری- فراشناختی

*Correspondence E-mail:
N. Akrami @edu. ui. ac.ir

*نویسنده مسئول: دانشجوی دکتری روان شناسی دانشگاه اصفهان، اصفهان، ایران

** گروه روان شناسی دانشگاه اصفهان، اصفهان، ایران

*** گروه مشاوره دانشگاه اصفهان، اصفهان، ایران

**** گروه روان پزشکی دانشگاه علوم پزشکی اصفهان، اصفهان، ایران

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- 8- assumptions
- 9- on-line appraisals
- 10- overstimulation of threat
- 11- need to control thoughts
- 12- overimportance of thoughts
- 13- Wahl
- 14- Salkovskis
- 15- Cotter
- 16- Shafran

- 1- Obsessive- Compulsive Disorder
- 2- Myers, Fisher & Wells
- 3- metacognitive
- 4- interpretation
- 5- thought suppression
- 6- Whittal
- 7- inflated beliefs

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23- Rees
 24- Van Kosveld

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17- Smari
 18- distored beliefs
 19- neutralize
 20- fear of positive experiences
 21- Cognitive- Attentional Syndrome
 22- Matthews

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25- internal dysfunctional criteria

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26- Maudsley Obsessional-Compulsive Inventory (MOCI)
 27- Thought- Action Fusion (TAF)
 28- Thought – Event Fusion (TEF)
 29- Thought – Object Fusion (TOF)

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34- Analysis of covariance (ANCOVA)
 35- covariate

30- Hogson
 31- Rachman
 32- Beidel
 33- Leyton Inventory

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0/92	0/32	0001	12/28	33/21	1	33/21	/ 01	
0/08	0/01	0/59	0/29	0/79	1	0/79	&9 . 6 #	
0/99	0/53	0001	28/28	68/92	1	68/92	/ 01	/N
0/20	0/05	0/25	1/36	3/33	1	3/33	&9 . 6 #	
0/08	0/13	0/57	0/32	0/57	1	0/57	/ 01	&O-3" H
0/32	0/08	0/13	2/40	4/17	1	4/17	&9 . 6 #	
0/89	0/29	0001	11/10	20/17	1	20/17	/ 01	X Y "6.&
0/05	0001	0/85	0/03	0/06	1	0/06	&9 . 6 #	
0/38	0/12	0/09	3/03	1/66	1	1/66	/ 01 (3&O5/ZN-
0/19	0/05	0/26	1/30	0/71	1	0/71	&9 . 6 #	

9 5 ^ & ;! B C [12 ' ! - 2 < P 8,P N5' A
 ! Jf#% J3/ . ' & . & ?! A =,h, ?[MK@ I- 5- \
 [& Q10 A& %9! n=,1 M8.4 E0 % &5- - \4 0 P 8,
 =T& > '8 &9! 2 A& (\, " ? &b F8 x
 /5 = 4 E0 - " A ' & &9! ? & M A &
 2 < A5! ? h 120 OCD 8 & .9 , L -- b AZ P N
 \ /5 = 12 OCD 8 & , JM
 [21 OCD 8 &&9 & Q =T& 4 E0 j , A 2 ? I 8
 j , A G L5 ;6 [22 - A,4 E0 - - ,
 - =T& 4 E0 ' & \h 0 \4 0 ,
 A & OCD 8 &&9 ' j , 1 &2 #% =, OCD
 - - . , j , ' & LP N4 E0
 9! (& = & F= E0CD =, - - M A
 ' &1 -' 4 E0A , - , B C j , . A,
 [. = N5 [MK & J I & .9! MO 4 E0 j , A
 A 0 . ' , R %2A OCD Jf#% & ' & ;&
 1 -9 P ? /5 1 b M 1<= E0 ' .9! 2A 2 =, dMT 4 E0
 4 06 A?19 9 5 ^ . ! & B C [7] 0 +, 4 E0 ;&
 ' &1A & - ! Jf#%2A ? & [8] ? h . .5! 1" 4 E01. - &
 9 & 9 5 ^ ?A,A!Q , [9] , /< 1= ! B C
 Jf#% 9 5 ^ ' &n 1A,n OCD & OCD 8 & 9 5 ^ & & R C
 ' ! J5 8! 4 E0 [11] 4 E0

36- Gwilliam
 37- Cartwright-Hatton

A [, 9! 9 & & &
 +, , ?A &5 '8 &
 ' A A2A , P x & Q
) [) 1[% "3 ?A &
 bQ, A & ;& OCD &1;! &
 M A2E & =& 4 E0
 " ? `&1, j , PA ,mI F0
 & % 8Qb <&b <P x9
 bA & :#R 4 , A,
 v N I &1, P AO (\,
 +, &9 "A /5 +, &A 8rT=
 ' - (- 19! 8 (2 3I)
 :;! 1 ! - 9! [? "A
 f / , <A) A \ 1" ?
 > ' &A? >? 2 3I & 9
 & /? 8 & 2 # % 9 , .
 4Q! 1!
 (\ <-! 9 -!- & &A 'L
 ? &9 , . ? A ? / ,
 19! MR & 'T! ? Q, \ , 4 E0'
 A 6 / , FA. & A3 . '
 9 1 ' / 8 & Q 7, \
 bA! [S A? 9 A - 0 ? 9!
 <P =, M& - (
 9 . [18 9 & -
 <8? I 95^ 3 +, &
 9 &- 2A \ & .M&A, 8, N,
 9! & . j , - =T&1 & & &
 ' 9 - , A, 2A \
 q & 1A &
 P % # I - 0 & 9 '
 9 2 < (&j , +, 1 \ :#R
 2A=@ K ' [8% .53 A? Q

9 & & \ +, - - !
 9 & '&n .53 9!
 4 E0 j , A & 95^ - [OCD
 9 - . & 83
 •O [28 8, J - . &
 & [R 3 . % & &
 ' & A, < O A 9
 A, ` 9 - . >
 +, ' 0;! 2A A & I & - ?
 :#R 2 I 9 L; ObA% ., [8K 195^
 A \ :#R A & .M&1A,
 98 & +, m& ;! 9
 4 E0 ' 78 [20 /? 8 . PAO
 -44 =! 0 [3 /5 = 1-
 A A(1, F, ? =, (, [MK^2 OBQ
 Jf#% 2A ? & 0 . " ? 98
 95^ <" 8? 1A - !
 - ! % * , & =? [MK
 98 1A A[% 1^3 , F, ? " ? &
 & 0 % & <" 8? . " ?
 - ! Jf#% R * , L 2A ?
 2 =, / , /5 - 4 E0 A, ArT=
 89 S I 89 & 95^ ? A
 ? F 3 1A, & 8 - ! Jf#%
 Jf#% 89 5^ ' & 1A " ? , F,
 " ? , F, 9 ? F - !
 & &n .53 9 A, n 1A, A
 , F, - [- ! Jf#% 9
 ' * 8Q > ' & [29 & 95^
 & 0 % & 9 [% 14 E0
 L - ! Jf#% [2A ?
) < <" 8? 95^ [S M % A?
 n ' 1A; & - ! Jf#% &

38- Obsessive Beliefs Questionnaire -44(OBQ-44)
 39- worry

- 2 N!) < A & = 8B C ' (\ ; ; q ' Q ; 19!
 - 2 < b A! 1P %#!- 0 J ! :#R ? ?
 - A3 P N "mA! 89 - A) < M& - (
 % / , - , P#.= ! ? ' MR & 1A ?Q A 0 @ 8% x
 + , & 1A ? 8? J N & J I &9 K ? ;
 & !9(- F, A! - PA A - ,1 < O:#R
 Q, % & , 5 & . ' 9 & & y < & = &
 & J N [(9(J & t ' A & .9! K
 % / , 8? - 2 N! ` PA ,m I F 0 & 4 E0b Q,
 [5 & ?9! ?c &b-m 0 A & C ' ?9 , ., [& 0, ') < .9!
 , /8 . bA% M3 1vR . - 8? AO&
 1 ! , 8,- 2 N! & 2 < [. = , A 8, AK , - PA [8%
 9 AK ' A & ? 4 E0b Q, ' 9! A3
 - ! J @ O . A, & '=, ' /F 6 Q L & [O A3
 ' &2 # % & A U M; &2 # % .9! OCD 8 & &
 & - - I ! NR - 2 N! & <
 Z ' 78 1 F= E P A = & & 1 \

?c [& O ' N? + & .,
 %9K .8 /5 p! 7, \ .9!
 2 3) < 9! 2A : ; -
 2 3 O +, 0- 2 & A +,
 9! & ! > ! \ A 1 <
 #.= & , P M \ & ?8% M3
 wL & J N & .9!
 v#^ . L +, J N
 ? & QA - J \ J (N 2 & % / ,
 8%4, - & M; z s; ! J F,
 ' - z#8%! J? Q, A & Q,
 & QJ? F, & A T, , A) 2 (&
 9 A T, ' & ? A) / ,
 - 2-3 A! +, & . 5 3
 & J N 2 & = & J N > 5 ; M? & c
 & 1 O [3] % 8 - & [5
 (, \ 9 A & 8M Q,
 .8 s; ! 8?2A f - 2 N!

2- Rees CS, Van Koesveld KE. An open trial of group metacognitive therapy for obsessive-compulsive disorder. *J Behave Ther Exp Psychiatry* . 2008; (39): 451-458.
 3- Myers SG, Fisher PL, Wells A. Belief domains of the obsessive Beliefs Questionnaire-44 (OBQ-44) and their specific relationship with obsessive-compulsive symptoms. *J Anx Disord*. 2008; (22): 475-484.

17- Wells A, Matthews G. Modelling cognition in emotional disorder: The S-REF Model. *Behav Res Ther.* 1996; (32): 867-870.

18- Wells A. Emotional disorders and metacognition: Innovative cognitive therapy. 1sted.chichester, UK: Wiley; 2000.

19- Myers SG, Fisher PL, Wells A. An empirical test of the metacognitive model of obsessive-compulsive symptoms: Fusion beliefs, beliefs about rituals, and stop signals. *J Anx Disord.* 2009; (23): 436-442.

20- Fisher PL, Wells A. Metacognitive therapy for obsessive-compulsive disorder: A case series. *J Behav Ther Exp psychiatry.* 2008; (39): 117-132.

21- Fisher PL, Wells A. Experimental modification of beliefs in obsessive-compulsive disorder: a test of the metacognitive model. *J Behave Res Ther.* 2005; 43(6): 821-829.

24- Hogson RJ, Rachman S. Obsessional-compulsive complaints. *J Behav Res Ther.* 1977; (15): 389-395.

25- Turner SM, Beidel DC. Treating obsessive-compulsive disorder. New York: Pergamon Press; 1996.

28- Gwilliam P, Wells A, Cartwright-Hatton S. Dose metacognition or responsibility predict obsessive-compulsive symptoms: a test of the metacognitive model. *Clin Psychol psychother.* 2004; 11(2): 137-144.

29- Myers S, Wells A. obsessive-compulsive symptoms: the contribution of metacognitions and responsibility. *J Anx Disord.* 2005; 19(7): 806-817.

4- Salkovskis P, Shafran R, Rachman S, Freeston MH. Multiple pathways to inflated responsibility beliefs in obsessional problems: possible origins and implications for therapy and search. *Behav Res Ther.* 1999; 37(11): 1055-1072.

5- Whittal ML, Thordarson DS, Mc Lean PD. Treatment of obsessive-compulsive disorder: cognitive behavior therapy vs. exposure and response prevention. *J Behav Res Ther.* 2005; (43): 1559-1576.

6- Cogle JR, Lee HJ, Salkovskis PM. Are responsibility beliefs inflated in non-checking OCD patients. *J Anx Disord.* 2007; (21): 153-159.

7- Purdon C. Empirical investigation of thought supression in OCD. *J Behav Ther Exp Psychiatry.* 2004; 35(2): 121-136.

8- Wahl K, Salkovskis PM, Cotter I. I Wash until in feels right the Phenomenology of stopoing criteria in obsessive-Compulsive washing. *Anx Disord.* 2008; (22): 143-161.

9- Turner GM. Cignitive-behavioral theory and therapy for obsessive compulsive disorder in children and adolescents: current status and future directions. *Journal of Clinical. J Clin Psychol Rev.* 2006; 26(7): 912-938.

11- Shafran R, The manipulation of responsibility in obsessive-compulsive disorder. *Br J Clin Psychol.* 1997; 36(3): 391-407.

12- Smari J, Holmsteinsson HE. Intrusive thoughts, responsibility attitudes, thought-action ausion, and chronic thought suppression in relation to obsessive-compulsive symptoms. *Behav Cogn Psychother.* 2001; 29(1): 13-20.

13- Fisher PL, Wells A. How effective are cognitive and behavioral treatments for obsessive-compulsive disorder? A clinical significance analysis. *J Behav Res Ther.* 2005; (43): 1543-1558.

14- Chosak A, Marques L, Fama J, Renaud S, Wilhelm S. Cognitive therapy for obsessive-compulsive disorders: a case example. *Cogn Behav Pract.* 2009; (16): 7-14.

15- Montes JMG, Perez-Alvarez M, Balbuena CS, Garcelan SP, Cangas AJ. Metacognition in patients with hallucinations and obsessive-compulsive disorder: The superstition factor. *J Behav Res Ther.* 2006; 44(8): 1091-1104.

16- Wells A. Cognition about cognition: Metacognitive therapy and change in Generalized Anxiety Disorder and social phobia. *J Cogn Behav pract.* 2007; (14): 18-25.

