Abstract:

Presenting Problem: Obsessive slowness, a subtype of obsessive-compulsive disorder (OCD), is characterized by significantly slow movements. However, the diagnosis and classification of this condition remain controversial and unclear. Behavioral therapies such as modeling and shaping have been attempted for the management of obsessive slowness. Obsessive slowness is increasingly being reclassified as an ordering and symmetry type of OCD in recent years, and it is often treated in the context of exposure and response prevention (ERP). We report a case of obsessive slowness in which cognitive approaches to perfectionism was used after behavioral modifications.

Case Conceptualization and Intervention: The patient was a 19-year-old woman. At the age of 13, she became slow in movement while she was required to think about the procedure to complete homework. Her daily movements were gradually slowed, and she dropped out of middle school. She was diagnosed with OCD. Although medication and modified electroconvulsive therapy were conducted, she required hospitalization. Her mother assisted her with eating, bathing, and toileting throughout the day. She needed 10–15 minutes to answer questions regarding emotions and thoughts. In month Y of X year, she was admitted to our hospital. The Yale-Brown Obsessive-Compulsive Scale (Y-BOCS) score was 28. A multidisciplinary team was formed with psychiatrists, nurses, occupational therapists, and therapists for cognitive behavioral therapy (CBT). We formulated a hypothesis that she checked whether she had spoken and moved "correctly" in her mind. We initiated psychoeducation and behavioral modifications by modeling. Although we were unable to conduct a typical ERP, we shared the importance of acting in the face of uncertainty during each session. CBT was continued after discharge. We used behavioral experiments and cognitive restructuring as a therapeutic approach to her perfectionism. Behavioral experiments were conducted to facilitate proceeding with the next action even in ambiguous situations.

Outcome: During the early period of hospitalization, she recognized that checking and repetitive acts that originated in her mind were necessary. However, she gradually expressed the desire to renounce these behaviors. Although she was able to eat by behavioral modifications, the Y-BOCS score was 31 on day 51 of hospitalization. She admitted to checking in her mind whether she moved correctly and whether she thought of the correct answers to questions asked. After psychoeducation, she gained insight into her symptoms and became aware that she was seeking "correctness" and perfection. She was discharged 3 months later. She continued CBT and gradually realized that routine conversations do not require "correct" movements and responses. Following behavioral experiments, she realized

that she could get through without "just right feeling". She moved independently during activities of daily living. She was afraid of saying something "wrong" to her family; therefore, we sought evidence and added cognitive restructuring to her therapy. The Y-BOCS score was 20, 2 months after discharge. She was able to participate in group therapies without being accompanied by her mother.

Review and Evaluation: We report a case of obsessive slowness in a patient, in whom we modified our treatment approach based on her treatment stage. Psychoeducation could not be initiated early because she was slow to respond; however, careful subsequent psychoeducation and behavioral analysis deepened her insight. Following behavioral modification via modeling, we used cognitive approaches such as cognitive restructuring and behavioral experiments, which resulted in a favorable therapeutic outcome. Behavioral modifications may initially be useful patients diagnosed with obsessive slowness; however, it is difficult to generalize and maintain the effectiveness. Cognitive approaches focusing on perfectionism may be useful to generalize and maintain the effectiveness of behavioral modifications for obsessive slowness.

(3489 characteristics, 586 words)

The intervention focused on cognitive approaches after behavioral modifications for obsessive slowness: a case report

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Conclusion

Cognitive approaches focused on perfectionism following behavioral modifications might have resulted in a favorable therapeutic outcome for obsessive slowness

Presenting Problem

- Obsessive slowness (OS), a subtype of obsessive-compulsive disorder, is characterized by significantly slow movements
- Behavioral therapies such as modeling, shaping, and prompting have been attempted for the management of OS: however, it is difficult to generalize and maintain the effectiveness (Pittenger et al., 2017)

Case Presentation and Conceptualization

Case presentation:

- A woman with treatment-resistant OS (in her teens)
- Repeated hospitalization from the age of 13
- Had received medication, modified electroconvulsive therapy, and behavioral therapy before our intervention
- Her mother assisted her with eating, bathing, and toileting throughout the day

Case Conceptualization:

Try to move or speak
↓
Not just right feeling
↓
Check whether she had moved or spoken "correctly" in her mind
↓
Slow in movement/ speaking

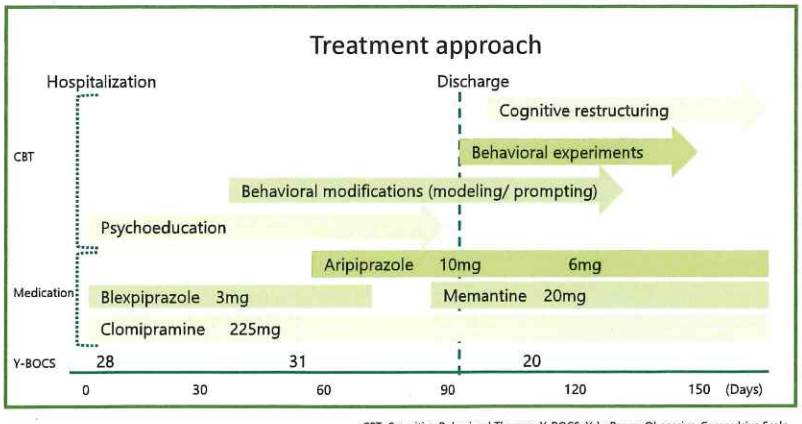
Intervention and Outcome

Intervention:

- Psychoeducation and behavioral modifications twice per week while the hospitalization
- Behavioral experiments and cognitive restructuring to her perfectionism after the discharge

Outcome:

- Realized that "correct" movements and responses are not required in daily life by cognitive restructuring
- A decrease in OCD symptoms was reported after the discharge



CBT: Cognitive Behavioral Therapy, Y-BOCS: Yale-Brown Obsessive-Compulsive Scale

Review and Evaluation

- A case of OS in which cognitive approaches to perfectionism was conducted after behavioral modifications
- Careful subsequent psychoeducation deepened her insight and led to cognitive approaches
- Cognitive approaches such as behavioral experiment and cognitive restructuring focused on perfectionism may be useful to generalize and maintain the effect of behavioral modifications for OS

Acknowledgement: Yuichi Murata, Kentaro Kimura
Reference: Pittenger et al., *Obsessive-compulsive Disorder: Phenomenology, Pathophysiology, and Treatment*, New York, 2017, Oxford University Press
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発表概要報告書

2023年6月1日-6月4日まで韓国・ソウルで行われたWorld Congress of Cognitive and Behavioral Therapies(WCCBT)に参加しました。学会前日は強迫症への認知療法でご高名なPaul Salkovskis先生のワークショップに参加しました。午前中は関係構築と概念化の重要性を強調されていて、概念化し、それを患者さんに共有する中でtheory AからBに認知が変わるというお話しでした。ワークショップに参加するまでは、強迫症のCBTにおける認知療法と行動療法の違いについて気になっていたのですが、大切なのは概念化であり、認知的、行動的技法かはその時々で柔軟に選択する、と先生が話されて、納得しました。子供や集団での集中療法などのビデオを拝見し、参加されている患者さんも楽しそうで、見ているだけで心が躍りました。今回の学会を通していくつか強迫症関連のプログラムに参加しましたが、どの先生方も比喩が大事と話されていたのが印象的でした。

私は今回、強迫性緩慢のケースに対するポスター発表をさせて頂きました。韓国や中国の方から強迫性緩慢という言葉は初めて聞くと話されて、関心を持って頂けました。強迫症への集団マインドフルネス療法の効果検証を発表された方と集団療法の立ち位置を確認したり、強迫症へのCBTの実装についてお話することができて、自身の研究課題を見直す機会になりました。中川彰子先生を始めとした日本認知・行動療法学会の先生方からはケース報告の際のご指導を直接頂けて、大変勉強になりました。他のポスター発表を聞く中で、マレーシアでは臨床心理士が少ないこと、インドではCBTの質の担保が課題であることを知り、質の高いCBTを提供することの課題は万国共通だと感じました。

他のプログラムで特に印象に残ったのが、David Clark先生のIAPTにおける実践のご発表です。Improving Access to Psychological Therapies(IAPT)のシステマチックなアプローチと、データを着実に形にし、事業の発展に活かされている姿に圧倒されました。IAPTの中ではセルフヘルプCBTでITも活用されているとのことです。今回のWCCBT全体を通しても、ITを活用したCBTの発表が多かったように感じました。一方で、Salkovskis先生は概念化をし、重症な方をケアできるセラピストが減る事などを危惧されていて、ステップド・ケアの重要性を強調されていました。現在日本でもITを活用したCBTの開発が進んでいますので、ステップド・ケアを意識しながら研究・臨床実践を進めたいと思いました。

初めての国際学会でしたが、日本からも多くの先生方が参加され、安心して参加することができました。貴重な機会を頂いたことに感謝申し上げます。

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