The use of revised habituation in the treatment of obsessive-compulsive disorders

Moein L. 1

Abstract

The effectiveness of the technique of revised habituation (Salkovskis & Westbrook, 1989) has received limited attention in the literature. This paper describes a clinical example which demonstrates both the utility and power of this intervention in complex cases of obsessive-compulsive disorder.

There is now good evidence for the effectiveness of exposure and response prevention in the treatment of obsessional ruminations accompanied by compulsive rituals (Likierman & Rachman, 1982; Parkinson & Rachman, 1980; Rachman, 1976). However, techniques attempting to control ruminations which are not accompanied by overt neutralization, such as thought stopping, show only moderate success (Stern, Lipsedge & Marks, 1973), possibly because of the difficulty of asking the patients to evoke and maintain their ruminations reliably.

The development of the technique of revised habituation' (Salkovskis & Westbrook, 1989) may help to overcome this difficulty. Using this technique, clients record their thoughts onto a loop cassette tape (commonly used in telephone answering machines); by playing this back they can self-administer a programme of habituation through exposure. In effect this converts cognitions into a form of behavioral experience, making them tractable to interventions which are known to be effective.

Salkovskis & Westbrook (1989) distinguish between obsessional thoughts (which arouse anxiety) and (cognitive rituals', which are initiated voluntarily in an attempt to reduce the discomfort aroused by the obsession, and which represent a form of neutralizing behavior (Rachman, 1976). The usual treatment model applied to compulsions stresses two components: (a) exposure to anxiety-arousing stimuli so that habituation can take place and (b) identification and elimination of neutralizing

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1 - Department of Counselling Eslamic Azad University Marvdasht
behaviors (which hinder habituation). This implies that failing to recognize the presence of covert neutralizers during assessment will limit treatment efficacy.

To date research into the effects of revised habituation has been promising, though few clinical reports have been published. Salkovskis (1983) and Salkovskis & Westbrook (1989) present a number of case examples indicating the efficacy of the technique. Martin & Terrier (1992) describe the use of the method in a bilingual patient with ruminations, and Thyer (1985) reports a case using a method very similar to revised habitation; Anthony D. Roth (2002) reported the use of revised habituation both of these studies demonstrated a rapid improvement in symptoms.

This paper presents a case example in order to suggest the clinical utility of the technique in cases where patients present with a wide range of neutralizing behaviors, and to provide further evidence for the efficacy of the technique.

Mrs. S., a 45-year-old married woman with two young sons, was referred to a consulting centre with a 25-year history of obsessive–compulsive disorder. She had received one previous treatment intervention when she was 26; at this time she was preoccupied with intrusive images of restive people who distract them (deluding by mischievous men at streets) and a range of intrusive thoughts. She was treated by exposure (consisting of visits to the scene of the restive people) and a form of habituation training in which she was asked to write down her thoughts and spend time looking at them. She reported a slight improvement during treatment, but any gains were quickly lost after the intervention ended. At the time of referral her life was dominated by a broad range of intrusive images with an upsetting and disturbing content, examples of which were mislead victims, adolescence whom she felt were distracted.

She employed both covert and behavioral strategies in order to neutralize the anxiety aroused by these images. She attempted to summon up counter-images (such as thinking of safe and calm streets when having images of an safe streets and roads). However this strategy had only limited success and she also employed overt rituals in an attempt to reduce her distress. As a consequence nearly all of her daily activities had gradually become subject to ritualization, generally taking the form of the repetition of an activity in a stereotyped manner. When first seen she was finding it almost impossible to maintain her employment and a normal family life.
Initial assessment suggested a wide range of intrusive images, and in order to establish the possibility of any links between them some time was spent exploring both the images and any associations Mrs. S had to them. Through this emerged an underlying fear that harm would come to her family, and particularly her children. An example of this was her preoccupation with restive people, which seemed to relate to a concern that her sons would grow up ruffianly, or would be made wicked by some accident—hence her preoccupation with mischievous individuals. This clarification came as a revelation to Mrs. S., for the first time allowing her to make some sense of her rather bewilderingly varied ruminations. Crucially, from the perspective of treatment, it also simplified the process of intervention, since it indicated that these underlying thoughts (which were few and specific) could be used as triggers for the wide range of disturbing images which so disturbed Mrs. S.

Following the method described by Salkovskis & Westbrook (1989) a hierarchy of disturbing thoughts was constructed, based on the simpler and more focused cognitions derived from assessment. These were graded and vocalized by the patient onto a 60-second loop tape, with the least distressing statement used first in treatment. Examples of these thoughts were 'my sons will grow up ruffianly or my family will be involved in a corruption'. Care was taken to ensure that no neutralizing thoughts, words or ideas were recorded on to the tape.

Single thoughts were recorded on the tape continuously, head to tail. The rationale of treatment was explained. Emphasizing: that she should attend to the thoughts without engaging in any walkman her first exposure session was conducted in the Clinic where she was asked to rate both her anxiety level and her urge to neutralize (utilizing a scale from 0 to 100 with 0) denoted as absolutely no anxiety/urge to neutralize - completely relaxed and with 100 labeled as the most anxiety/ the strongest urge to neutralize that I have ever experienced')

A rapid decrease in anxiety and the urge to neutralize was apparent both within and between sessions of exposure to the tape (see Fig. 1). One week after the start of treatment Mrs. S. reported a marked improvement in her ability to cope at work and home, reflecting a marked decline in the amount of time she spent carrying out rituals. This improvement was consolidated in subsequent sessions and by four weeks she was essentially symptom free. This improvement was maintained at six month follow-up.
This case example not only provides further support for the efficacy of the revised habituation technique, but also highlights the utility of this method in complex cases of obsessional disorder. Mrs. S's initial presentation contained at least two features which would commonly invite caution in a clinical context. Firstly, she had an extremely wide and varied range of neutralizing behaviors, the sheer number of which would make intervention at this level impractical. Secondly, these behaviors were prompted by a range of apparently unrelated images, again suggesting that treatment of each image successively would be time consuming.

Careful assessment and exploration to establish the possibility of a more organized but tacit set of cognitions was clearly important in resolving some of this complexity. A number of workers have distinguished between core and peripheral cognitive processes (e.g. Safran, Vallis, Segal & Shaw; 1986), suggesting that peripheral cognitive processes are surface level manifestations of underlying, less accessible core processes. This implies that a failure to explore or uncover these deeper level cognitions can lead at best to inefficient treatment and at worst to treatment failure. In the present case there is a strong suggestion that accessing core cognitions through assessment and targeting habituation to these, rather than the many and varied surface cognitions, was a significant factor in treatment. The revised habituation technique not only allowed for habituation of these 'bad people' images, but also made it possible to treat Mrs. S rituals as secondary phenomena which did not require direct intervention.

A further comment on the assessment is warranted since Mrs. S. Expressed the view that clarification of her cognitions and intrusive images during assessment WJS extremely helpful. Although this clearly fostered engagement: its impact on symptoms is difficult to evaluate, since only one initial measure of anxiety and urge to ritualize was taken. (A baseline period of recording would have facilitated some comment on the relative impact of assessment and threatening.) Psychotherapy research suggests that assessment itself can impact on symptoms (e.g. Sloane, Staples, Cristol, Yorkston & Whipple, 1975). and although it is not possible to be clear about their relative weights, the adjunctive impacts of self exploration and specific intervention in this case raise interesting questions about the degree to which therapeutic efficacy can be enhanced through an openness to the use of a combination of intervention techniques.
References


Received 22 june 1992; revised version received 26 march 1993