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Evidence that Cognitive Behavioral Therapy is successful

Evidence that Cognitive Behavioral Therapy is successful in treating Scrupulosity OCD

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Abstract

Cognitive Behavioral Therapy (CBT) has been evident to be the most successful treatment in treating individuals struggling with Scrupulosity OCD. CBT focuses on training the cognitive part of our brain to differentiate the individual's intrusive, obsessive thoughts and thoughts that are real. It helps the individual struggling with Scrupulosity OCD to be presented with factual information to provide evidence against their obsessive thoughts. In this paper, it will provide the information supporting that Cognitive Behavioral Therapy is the most successful in treating individuals with Scrupulosity OCD. The information provided shows that Cognitive Behavioral Therapy is successful because it focuses more on deteriorating the thought-action process that an individual with Scrupulosity OCD experiences. Therefore, it then becomes a more successful approach to treating Scrupulosity OCD.

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Introduction (1 page)

Scrupulosity OCD is a type of OCD where an individual experience's obsessive, continuous, intrusive, thoughts of committing behavior that is contradictory to their religious beliefs and morals. Among individuals that struggle with Scrupulosity OCD, the core fear revolves around the fear of sinning (Huppert, 2010). Any type of OCD is considered as a debilitating mental illness that can cause severe distress if not treated properly and specifically to the type. Since OCD is a debilitating mental illness, it needs to be treated properly and effectively so the individual can improve and get better. In order to do this, the Psychologist providing the treatment is advised to approach an individual dealing with Scrupulosity OCD differently than an individual dealing with another type of OCD.

There have been several different treatments and/or therapy used to specifically treat an individual dealing with Scrupulosity OCD. Some of them include: Cognitive Behavioral Therapy (CBT), Psychoeducation, Exposure and response prevention, Rational emotive behavioral therapy, Relaxation Therapy, etc. Since it has been advised to treat an individual with Scrupulosity OCD a little differently, it is important to then look at the treatment that would be most effective. CBT has recently been proven as the most used and most effective treatment/therapy for an individual dealing with Scrupulosity OCD. CBT is the process of thought-action that helps an individual differentiate their obsessive thoughts. It helps an individual discern what thoughts of theirs's are obsessive and intrusive versus ones that are not. Research shows that other treatments/therapy in dealing with Scrupulosity OCD are not as effective. Thus, this study is measuring the evidence that Cognitive Behavioral Therapy is the most successful in treating Scrupulosity OCD.

Methods (1 page or less)

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The search for this topic was mostly found in Psychinfo. The following key words were used for this topic, 'Cognitive Behavioral Therapy', 'Scrupulosity OCD', 'OCD', 'treatment', 'therapy', 'young adults'. 'Young Adults' was excluded after searched, because only two articles came up on Psychinfo. The two articles provided didn't contain the information needed to support the claim of this article. So therefore, no age restrictions were indicated in the advanced search. Sixty-six articles appeared when taking out 'young adults'. Four articles were chosen from Psychinfo and Refworks. Two databases were only used. Only four articles were chosen from the sixty-six provided because the four were more simply stated and easier to follow. The four articles chosen provided the best information in support of the claim that Cognitive Behavioral Therapy is the most successful treatment for individuals struggling with Scrupulosity OCD. The four articles that were chosen were all that was needed to support the claim of this paper. The other articles remaining didn't have the supposed evidence sought out to support the claim of this paper.

Results

What is Scrupulosity OCD?

To give a little more background regarding OCD as a whole, OCD tends to latch onto an individual's morals, beliefs, and things that mean the most to them (Rachman, 1998). OCD is seen as a disorder that causes an individual to experience reoccurring and unwanted thoughts, images, etc. In result, it causes the individual to have severe anxiety regarding the matter. In result, the individual will tend to participate in compulsions. Compulsions are rituals to provide temporarily relief (Huppert, Siev, Kushner, 2007). An example of this could be asking an individual to tell them that they are not their fear, constantly reviewing times in your life to prove that you are not your fear, etc. The compulsions can differ for each person. As previously

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mentioned, compulsions cause temporary relief, but in the long run it actually makes the OCD worse. It becomes worse because the compulsions in result feeds the fear of the individual with Scrupulosity OCD. But as we know from what was previously explained, is that Scrupulosity OCD is different from other types of OCD. The main way that Scrupulosity OCD differs from other types of OCD is that the fears stem from their religious morals and beliefs. For example, an individual with Scrupulosity OCD might have intrusive images of them committing a sin repeatedly. Another example is that the individual with Scrupulosity OCD might be constantly wondering that every action they might be doing, will go against their religious beliefs and morals. Here is an example provided from a case comparing the Scrupulosity OCD in Jews versus Christians. Below will show an example of how Jews engage in a hand washing ritual to cleanse themselves from impurities. The steps were taken as followed:

Upon waking in the morning, one should wash their hands in the following manner. Before washing, one should avoid touching their mouth, nose, eyes or ears, and wash the hands as follows (for individuals who are right-handed): (1) Pick up the cup with the right hand and fill it with water. (2) Pass it to the left. (3) Pour water over the right hand and pass the cup to the left. (4) Alternate back and forth to wash three times on each hand. (5) The blessing over washing hands is then recited and the impure water should be discarded immediately. If the impure water is touched, it may require rewashing. Although this is standard among the Jewish religion, when an individual starts to do this thirty times or for forty-five times every day, it can be a good clue that the religion ritual has been switched to OCD (Huppert, Siev, Kushner, 2007). Those are a few examples, but Scrupulosity OCD can be different for each individual that deals with it. Some people with Scrupulosity OCD experience it more severely than others. The case is different for

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each person. Based on the example provided, sometimes the specific case of Scrupulosity OCD can be directly correlated to the cause of how it started.

What is the cause of Scrupulosity OCD in an individual?

There are lots of reasons for OCD to start occurring within an individual. Sometimes the reasons can't be exactly explained, due to the many different cases. OCD naturally occurs within an individual normally due to imbalances in the brain, stress, or other events in the individual's life that are traumatic or stressful. Some may say that it doesn't mean that the individual dealing with Scrupulosity OCD has a chemical imbalance in their brain. Instead it could mean that their religious morals and beliefs are taking a huge priority in their life, so naturally the brain starts to fear failure. Thus, the cause of Scrupulosity OCD doesn't correlate directly to having strong religious beliefs and morals. Obsessions are caused by misinterpretations of the reality of an individual's thoughts. (Huppert 2010). An individual that struggles with Scrupulosity OCD normally has high values and moral beliefs that are very important for them to keep. The fact that an individual dealing with scrupulosity and not another irrational fear including fear of killing someone, hurting oneself, etc. shows that the individual with scrupulosity keeps their religious beliefs and morals as a high priority in their life (Huppert, 2010). So in result, the OCD naturally attacks the things that are most important to that individual's life. In addition, different religions may cause different distresses. For example, a study was taken place where they divided participants with Scrupulosity OCD into three groups based on level of religiosity. The study showed that way that Christians processed their obsessive thoughts was different that the way that Jews process their obsessive thoughts. The difference was due to thought-action fusion. (Huppert, 2010). Thought-action fusion is when an individual experiencing obsessive thoughts, directly correlates the obsessive thought and the action of that obsessive thought as the same

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thing. But once thought-action fusion is stabilized, the Scrupulosity OCD in an individual can improve. It can be stabilized by helping the individual with Scrupulosity OCD to provide evidence of who they are to rationalize the claim the OCD is presenting within the brain.

Reducing the thought-action process is so crucial because when thought-action increases in an individual, the chances of that person improving can become more gradual. Cognitive Behavioral Therapy has been proven to stabilize the thought-action process within an individual with Scrupulosity OCD.

What is Cognitive Behavioral Therapy?

Cognitive Behavioral Therapy (CBT) is a technique that requires the individual with OCD, to fight against the compulsions they're wanting to perform to reduce the anxiety that has come from the intrusive thoughts. A compulsion is acting in fear to prove to oneself that the fears that they're experiencing will not come true. CBT helps the individual to resist wanting to act on the compulsions. At first it will cause an increase in anxiety in the individual. But in the long run it will show the individual with OCD that their thoughts are just fears, and that they are not actually true or going to happen. The process of how CBT works can be different depending on the type of OCD. Depending on the severity of a case, the length of the treatment that the patient might have to undergo is long. CBT causes an individual to avoid compulsions so they can reinforce their beliefs that (a) the anxiety from the obsessions will not decrease and (b) compulsions prevented the fears of happening. The goal of CBT is to weaken the psychological links between obsessions and increased anxiety, and compulsions and decreased anxiety. Therefore, the But CBT is very effective in treating Scrupulosity OCD because it helps them to know that their intrusive thoughts are just thoughts and that they aren't actually going to act on the fears they're experiencing. This is because CBT focuses on the logical side of the brain,

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helping the brain to understand the reality of the obsessive thoughts. Along with using the various parts of CBT to successfully treat an individual with Scrupulosity OCD, sometimes finding the cause of what induced the Scrupulosity can help the psychologist with the treatment process.

Results of CBT

CBT has been proven to induce large reductions in symptoms, high percentages of change, lower relapse rates posttreatment than individuals taking medication. CBT alone or combined with taking medication has been currently recommended as a first line of treatment in treating OCD and specifically Scrupulosity OCD by the Expert Consensus Guidelines (Huppert, Siev, Kushner, 2007). Since CBT has very successful outcomes, other forms of treatments used in the past aren't nearly as considered. Looking at a specific caseload of treating Scrupulosity OCD with CBT over a period of four years, a psychologist treated twelve patients and nine of those patients were considered after treatment to have very much improved. The dropout rate also seemed to be very low resulting in twelve percent due to the positive outcomes the patients were seeing in CBT (Huppert, Siev, Kuser, 2007). CBT seems to be the best way to approach Scrupulosity OCD off the bat due to the high success rate in treatment.

Results of another treatment used to treat Scrupulosity OCD

When looking at a specific case of Scrupulosity OCD, one case reported the failure of relaxation exercises, or in other words, relaxation therapy. Relaxation Therapy is an exercise where an individual meditates in a sense and relaxes all parts of the body in hope of reducing muscle tension. This can be seen as something to help calm down the anxiety of an individual with Scrupulosity OCD but can't truly be seen as a successful treatment. Relaxation Therapy can be seen as useful for physicians but not as useful for psychologists or the person qualified to give

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the treatment for Scrupulosity OCD. Relaxation Therapy doesn't have any long term value that is sustainable in treating Scrupulosity OCD (American Psychological Association, 2006).

Therapeutic Stance- Why is CBT the best?

Since Scrupulosity OCD is very specific and has to be treated differently, sometimes it can be a little trickier to overcome. There have been some studies that have shown success in treating Scrupulosity OCD can be considered lower than the success in treating individuals with other types of OCD. (Wu 2018). CBT has shown that it has had the most positive results with treating individuals dealing with Scrupulosity OCD. As mentioned, CBT focuses on the behavior and the reaction of the individual with Scrupulosity OCD. When an individual is experiencing these obsessive thoughts, they are intrusive and can consist of images, words, phrases, hypothetical scenarios that are not ideal. CBT also includes the individual with Scrupulosity OCD to seek if there is any evidence for the supposed fear that they have that is going to take place that will seem to be disregarding their moral beliefs and values. Normally, once the individual starts to do this, they notice that they are obsessive, intrusive what if thoughts that aren't ideal. Sometimes when the individual understands this, it can lead to negative consequences. For example, once the individual starts to point out that there is no evidence or proof supporting their fears, they can start to over think their behaviors as potential evidence to support their fears. This can be a negative consequence at first. This part of CBT may cause distress at first, but it then leads to positive results. The positive results can include training your brain to automatically think of the evidence that isn't there to support your irrational fears, which can automatically save the individual from immediate anxiety and distress that normally comes from Scrupulosity OCD.

Discussion

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The research for this study has been conducted because of the many people that deal with OCD and specifically Scrupulosity OCD. Recently, mental illness has been seen as something that is incurable. Sure, mental illness can't be cured, but we now have the resources that can help people to manage it and control it in our lives. CBT specifically gives hope to people dealing with Scrupulosity OCD. As discussed, other treatments have been used to treat Scrupulosity OCD besides CBT. But based on the information provided, people can know to go straight to CBT to help them better control their Scrupulosity OCD. For ideas of future research, CBT can eliminate other forms of treatment to quicken the process or to reduce the suffering in a quicker manner. Since CBT has been proved to be a treatment for Scrupulosity OCD, it can be easier for patients to access. So in result, if CBT was implemented more in clinical settings, the positive results would most likely increase more rapidly. This is needed because CBT provides hope despite having to deal with a debilitating mental illness. It gives hope that an individual with Scrupulosity OCD can get better and can reduce the symptoms drastically. CBT should be the first approach in treating Scrupulosity OCD due to the positive outcomes that have resulted.

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1. Due to my visit with the Writing Lab, I made a lot of changes to my paper. I added information to my Discussion section regarding my further ideas of how CBT can help other forms of OCD. I also was advised to expand the part of how it gives hope and benefits people in their life. I was also advised to talk about the call to action, meaning the need of implementing CBT more in to our clinical settings. I also was advise to take out the numbers in front of each reference and instead put a hanging indent on it. I was also advised to add page numbers to my paper. I was also advised to expand on my abstract a little more. I was advised to do that by expanding on the last sentence by including why and how CBT is the most succesful, by being specific but also making it short and precise.

For Emma Acheves, She was very good at including details that were necessary for the reader to understand. I was very impressed with the key sentences throughout the paper. They were simple but powerful. They helped her claim to be strong throughout the entirety of the paper. For improvements, I would elaborate more on the future research part. Be more specific in how you can do so and how others can do so. For Gwen Spencer, her paper consisted of such an interesting topic and I was so intrigued to continue reading through the paper. It caught my attention and I loved how all the paragraphs flowed with each other. The key sentences were great for each paragraph and she did a great job at connecting all the paragraphs to each other. She wasalso really good at funneling within paragraphs. For improvements I suggested elaborating more on practical implications. For Alan Nicolas, All of the sections were organized very well according to the rubric. It helped me to learn a lot about this topic. The thesis was really well stated and very easy to follow along. Each sentence had a key sentence.

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For improvements, I think it would be best to elaborate more on the self-help tools. He did a good job at explaining the different self- tools but maybe include more of the results from doing so.

2.