CHAPTER IV

METHODOLOGY

Chapter four highlight the methodology which has been used in the present study. Selection of sample and classification of sample has been made according to the design of the study. After making the design, Description of the questionnaires which has been used in the study is explained. Procedure of the study has been made in two phases – assessment phase and intervention phase. In assessment phase the study of harm avoidance, incompleteness and quality of life in Persons with OCD, GAD and Healthy group has been explained while in Second phase of the study which is an intervention phase, the effect of Acceptance and Commitment therapy on persons with OCD and GAD has been seen. The descriptive and inferential analysis was done using Statistical Package of Social Sciences (SPSS-16) version software.

SAMPLE

A sample of 180 subjects were taken purposively from psychiatry department of some general and mental hospitals in NCR region, which has been divided into three groups that comprise of 60 persons with Obsessive Compulsive Disorder, 60 persons with Generalized Anxiety Disorder and 60 healthy person. In every group, 30 male and 30 females were taken. It was ensured that patients were diagnosed by psychiatrists and not having any co morbid disorder. Patients with psychotic features have not been included in the sample. Sixty Healthy people have also been taken for control group who have no history of physical or mental disorders with the age range between 20-50 years.

In second phase (Intervention phase) of the study 20 patients from OCD group and 20 patients from GAD group were selected randomly. 10 patients of selected OCD and GAD group were given intervention and rest 10 patients from both the groups were not given any psychological intervention and kept them in the control group.
**DESIGN:** A Multi-group design was used to achieve the desired objective and to test the hypothesis.

**Phase- II** Second phase is the intervention phase in which difference between pre and post data was analyzed after intervention of Acceptance and Commitment Therapy.

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**MEASURES**

1. **Consent Form:** In view of the ethical and legal issues the informed consent has been filled and signed by all the participants who were taken for the study. The Consent Form has also been given in Appendix A.

2. **Sociodemographic data sheet:** It will include some basic information about the participants like gender, age, domicile, family type, duration of illness, treatment taken, income etc. The sheet of sociodemographic data has been given in the Appendix B.

3. **Obsessive–Compulsive Trait Core Dimensions Questionnaire (OCTCDQ); Summerfeldt, Kloosterman, Parker, Antony, & Swinson, (2001):** The OCTCDQ is a twenty-items self report questionnaire assessing two affective-motivational attributes of OCD with two subscales: Harm Avoidance (HA; 10 items) and Incompleteness (INC; 10 items). All the items are rated on a five point Likert scale (0=“never”, 1=“rarely”, 2=“sometimes”, 3=“frequently”, 4=“always”). The widely used questionnaire OCTCDQ showed a good model fit (NFI = 0.929; TLI = 0.930; CFI = 0.960) and
satisfactory to Q5 excellent internal consistency (HA: Cronbach’s α = 0.77; INC: Cronbach’s α = 0.88). The mean scores of HA and INC subscale were M = 2.48 (SD = 0.94) and M = 2.38 (SD = 1.01), respectively. The OCTCDQ exhibited a two-factor structure and strong internal consistency for the HA and INC subscales in independent undergraduate samples, as well as good convergent validity with measures of OC symptoms and perfectionism. The questionnaire was received from the authors of the questionnaire only with their consent for using it in the study. The questionnaire has been given in the Appendix C.

4. **WHO Quality of Life – BREF Version; WHOQOL Group, (1995):**– The WHOQOL-100 quality of life assessment was developed by the WHOQOL Group in 1996. WHOQOL-BREF is a 26-item abbreviated version of the WHOQOL-100 (WHOQOL Group, 1995), is based on a four-domain structure: physical (seven items), psychological (six items), social (three items) and environmental (eight items). It is applicable cross-culturally. WHOQOL-BREF has been shown to correlate at 0.9 with the WHOQOL-100 with good discriminant validity, content validity and test–retest reliability (O’Carroll, Smith, Couston, et al., 2002). It uses a Likert-type five-point scale to grade the patient's response to the QOL items. The scale gives continuous scores ranging from 4 to 20 for each domain. A higher score signifies better QOL. Hindi version of WHOQOL-BREF was used in the present study that was given by Saxena, Chandiramani, Bhargava (1998). The questionnaire was received from the authors of the questionnaire only with their consent for using it in the study. The questionnaire has been given in the Appendix D.

5. **General Health Questionnaire (GHQ 12); Goldberg & Williams (1988):**– The GHQ is a measure of current mental health. It focuses on two major areas – the inability to carry out normal functions and appearance of new and distressing. The questionnaire asks whether the respondent has experienced a particular symptom or behavior recently. Each item is rated on four-point scale. Intended for use with adults aged 16+ years. GHQ has been shown to be valid and useful in both clinical and general populations. This is self completion questionnaire and its take of 5 minutes to complete it. Internal consistency has been reported in a range of studied using Cronbach’s Alpha, with Correlations ranging from 0.77 to 0.93 Analysis used during the
development of GHQ 12 ensured that it has good content validity (Goldberg & Huxley, 1980). In this research work Hindi version of GHQ 12 (GHQ-H) has been used that is given by Gautam, Nijhwan, Kamal (1987). The questionnaire has been given in the Appendix D.

6. **Yale-Brown Obsessive Compulsive Scale (Y-BOCS); Goodman (1989):**
The scale, which was designed by Wayne Goodman and his colleagues, is used extensively in research and clinical practice to both determines severity of OCD and to monitor improvement during treatment. This scale, which measures obsessions separately from compulsions, specifically measures the severity of symptoms of obsessive–compulsive disorder without being biased towards the type of content of obsessions or compulsions present. The scale is used extensively in research and clinical practice to both determine severity of OCD and to monitor improvement during treatment. The scale is a clinician-rated, 10-item scale, each item rated from 0 (no symptoms) to 4 (extreme symptoms), yielding a total possible score range from 0 to 40. The scale includes questions about the amount of time the patient spends on obsessions, how much impairment or distress they experience, and how much resistance and control they have over these thoughts. The same types of questions are asked about compulsions (e.g., time spent, interference, etc.) as well. The results can be interpreted based on the total score. The questionnaire has been given in the Appendix E.

7. **BECK ANXIETY INVENTORY (BAI); Aaron T. Beck (1998):** - The Beck Anxiety Inventory (BAI), created by Dr. Aaron T. Beck and other colleagues, is a 21-question multiple-choice self-report inventory that is used for measuring the severity of an individual's anxiety. The BAI consists of twenty-one questions about how the subject has been feeling in the last week, expressed as common symptoms of anxiety (such as numbness and tingling, sweating not due to heat, and fear of the worst happening). It is designed for an age range of 17–80 years old. Each question has the same set of four possible answer choices, which are arranged in columns and are answered by marking the appropriate one with a cross. These are: NOT AT ALL (0 points), MILDLY: It did not bother me much. (1 point), MODERATELY: It was very unpleasant, but I could stand it. (2 points), SEVERELY: I could barely stand
it. (3 points). The BAI has a maximum score of 63. The questionnaire has been given in the Appendix F.

PROCEDURE

The study is divided into two phases, the first phase is Assessment phase and the second one is Intervention phase. The first phase (Assessment phase) is also called pre-intervention phase as the baseline assessment has been done in first phase and after that patients chosen for intervention have been studied to see the effect of Acceptance and Commitment Therapy in both the disorders.

1 **Assessment Phase:** - In Assessment Phase initially hospital authority was contacted and formal permission for data collection was sought. Later cases were identified on the basis of diagnosis that was already established by team of doctors in the hospital. Patients who were beyond the age range or who have co-morbid illness or psychotic features were not entertained in the study. For healthy group, subjects were taken who were not having any psychiatric or physical illness. Subjects were informed thoroughly about the study and informed consent has been taken. Then some basic demographic data was collected and questionnaires have been given to be fulfilled by the subjects, along with the instructions for the questionnaire. Later the data has been analysed by SPSS 16 version with appropriate statistical techniques. All these process was done in first phase which is called assessment phase of the study.

2 **Intervention Phase:** - In the Second phase (Intervention phase) of the study 20 patients from both the groups of disorders (OCD & GAD) who has motivation for the intervention, were taken for intervention and 10 out of selected 20 patients from both the groups were taken for control group which have been taken to compare with both the group to see the effect of intervention. While baseline assessment the severity of illness was measured by Yale brown obsessive compulsive scale (YBOCS) and Beck anxiety inventory (BAI) and the patients who have moderate to severe level of pathology were taken for the therapy. After that Acceptance and commitment therapy was applied on the group of OCD patients and GAD patients. For control group no intervention was given. 10 – 12 weekly sessions of ACT was given to each patient of OCD and GAD. The duration of each session was in between 45 minutes to 1 hour
planned. After completion of intervention, again both the severity rating scales (YBOCS and BAI) were administered to assess the level of severity of illness. Along with this Obsessive–compulsive Trait Core Dimensions Questionnaire (OCTCDQ) was also administered to see the effect of intervention for that and the effect of ACT has been seen on OCD and Generalized anxiety Disorder patients. Comparison with control group was done with both the groups to see the effect of Acceptance and Commitment Therapy.

STATISTICAL ANALYSES:

Descriptive statistics like frequency, percentages, Mean, SD has been calculated for different socio-demographic variables. Data has also been displayed through bar charts. The data analysis of the present study followed both descriptive statistics and inferential statistics. The descriptive statistics followed both mean and standard deviation. Group differences as well as pre post comparisons among different groups of patients on different variables have been analysed by using descriptive and inferential statistics like t-test, Analyses of Variance (ANOVA). Significant findings on ANOVA have been assessed by using Post Hoc test. Effect of harm avoidance and incompleteness on both mental disorders (viz OCD and GAD) has been calculated by Co-relational analysis. The effect of Acceptance and Commitment Therapy on both the disorder was assessed through Wilcoxon test. The entire data analysis was done using Statistical Package of Social Sciences (SPSS-16) version software.

With this much background, the investigator may pass on to next chapter dealing with results and discussion.