APPENDICES

“The mind precedes all things, the mind dominates all things, the mind creates all things.”

-Buddha
APPENDIX – A

INFORMED CONSENT FORM

Information to the Participant

The focus of this study is to examine the efficacy of Acceptance and Commitment Therapy program on reducing symptoms of OCD and examine its effects on some factors. The therapeutic program will consist of 8-12 sessions spread over 4-5 weeks. The program is non-invasive, and will not cause any harm to the participants. The information obtained during the intervention sessions will be kept confidential.

Undertaking by The Investigator

Your consent to participate in the above study is sought. Your taking part in this study is voluntary. You may or may not benefit from taking part in this study. You have the right to refuse consent or withdraw the same during any part of the study without giving any reason. If you have any doubts about the study, please feel free to clarify the same. Even during the study you are free to contact the investigator for clarification if you desire. The information obtained during the intervention will be kept confidential.

Consent

“I have been informed about the procedures of the study. The possible risks too have been explained to me as stated in the information. I have understood that I have the right to refuse my consent or withdraw it any time during the study. I am aware that by subjecting to this investigation, I will have to give more time for assessments to the investigator and that these assessments do not interfere with the intervention services”,

I, ........................................................................, the undersigned, give my consent to be a participant of this study”,

Signature of the participant .........................................................................................
(Name and Address)........................................................................................................

Signature of the witness.................................................................................................
(Name and Address)........................................................................................................

Signature of the investigator:

Name and designation: Diya Nangia Kapoor (Ph.D Scholar, IGNOU)

Date: ............................................................................................................................
Place: ............................................................................................................................

215
APPENDIX – B

SOCIO-DEMOGRAPHIC AND CLINICAL DATA SHEET

(SDCD)

1. Name:

2. Age:

3. Sex:

4. Marital Status:

5. Education:

6. Occupation:

7. Socio-Economic Status:

8. Religion:

9. Family Type:

10. Family History of Physical/Mental Illness:

11. Duration of Illness:

12. Presenting Complaints:

13. Treatment History:
APPENDIX – C

BEHAVIORAL ANALYSIS PROFORMA (BAP)

Name: 

Age & Sex: 

BMR No.: 

Date: 

I. Initial Analysis of the Problem Situation

A. Behavioral Excess: (Frequency, Intensity, occurrence and duration under conditions when its socially sanctioned frequency approaches zero)

B. Behavioral Deficits: (Sufficient frequency, adequate intensity appropriate form and under socially expected conditions)

C. Behavioral Assets (Non-Problematic Behaviours): (Any segment of the patient’s activities can be used as an asset for building up new behaviours)

II. Clarification of the Problem Situation

Describe antecedent events and triggers in internal and external environment
A. List out the negative cognitions of the client and the behaviour following the antecedent events

B. List out the consequences that occur to the client and significant others due the occurrence of the problem behaviour

III. Motivational Analysis

A. Describe the specific factors that maintain the problem behaviours of the client

B. List out the specific reinforcing events that help in maintaining client’s behaviours

C. Which persons has/has the most effective control over the client’s behaviours (e.g. Temper tantrums, compulsions)
D. What are the major aversive stimuli for the client in his/her day to life situations? What are the consequences he/she dreads or avoids?

E. What specific reinforcers can be utilized for improving/teaching adaptive behaviours? In what areas and by what means can positive sequences arranged to improve desired behaviours?

IV. Developmental Analysis

Biological Changes

A. What are the limitations in the client’s physical functioning that affects current behaviour (defective vision, hearing difficulties, and residual symptoms)?

B. How do these limitations initiate and maintain undesirable behaviours?

C. When and how did the biological limitations develop? How did they affect client’s life patterns and attitudes?

D. How do these biological changes influence treatment outcome?

Sociological Changes

A. What are the characteristics of the client’s social milieu? (Urban v/s rural environment, religious affiliation, SES, cultural background, educational aspects)

B. How does the home and neighborhood react to the client’s problems?
C. What are the changes in the client’s? What are the consequences of these changes on client’s current behaviour? (Marriage into a different SES, loss of job, change in nature of job, migration)

D. What are the client’s reactions to these changes?

E. Are the client’s roles congruent with one another? Are these behavioural deficits due to the changes? Are there conflicts between value systems of the client’s early and later environments?

F. Do the problematic behaviours manifest in one or all the social settings?

G. How can identified sociological factors be brought into the treatment programme?

**Behavioral Changes**

A. Premorbidly did the client show deviant or maladaptive behaviours? If so, what were they?

B. Do identified biological, sociological or social events in client’s life seem relevant to these behavioural changes?

C. Were these changes characterized by: Emergence of new behaviours, Change in intensity or frequency of established behaviours, Non-occurrence of previous behaviours?

D. Under what conditions were the changes first noticed? Have they generalized to other settings?
E. Were these changes due to client’s exposure to significant individuals from whom he/she has learned the patterns and modes of reinforcement? Is there a role model for client’s behaviour in his social environment?

V. Analysis of Self-Control

A. How does the client control problematic behaviours? Through manipulation of self or others?

B. Were there any aversive consequences following these behaviours? Have these consequences reduced the frequency and intensity of client’s behaviours or modified (increased or decreased) self-control? e.g. legal consequences of going to work after alcohol consumption.

C. Does the client avoid or indulge in substitute behaviours in order to gain satisfaction?

D. Is there correspondence between client’s verbalized degree of self-control and observation by others?

E. In the client’s environment which prevailing conditions or persons influence his/her controlling behaviours?

F. To what extent can the client’s self-controlling behaviour be used in the treatment programme?
VI. Analysis of Social Relationships: Client’s family environment and his relationship with significant others

A. Who are the significant people in the client’s environment to whom is the client most responsive? Who reinforces and who promotes problem behaviours? Who opposes them?

B. How do the significant others influence client’s behaviours?

C. What are the expectations of the client and the significant others of each other?

D. How can significant others be used in the treatment programme?

VII. Analysis of Social - Cultural - Physical Environment

A. What are the norms in the client’s socio-cultural milieu regarding the target behaviours?

B. Are these norms similar across the various environments in which the client interacts? If not, what are the differences?

C. What are the limitations in the client’s environment, which reduces his/her opportunities for continued reinforcement?
D. Does his/her milieu regard psychological procedures as appropriate in helping the client with his/her problem?

VIII. Cognitive Behavioural Formulation:

IX. Treatment Programme:
**APPENDIX – D**

**ACCEPTANCE AND ACTION QUESTIONNAIRE II (AAQ – II)**

Below you will find a list of statements. Please rate how true each statement is for you by circling a number next to it. Use the scale below to make your choice.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>never</td>
<td>true</td>
<td>very</td>
<td>seldom</td>
<td>false</td>
<td>true</td>
<td>almost</td>
</tr>
<tr>
<td></td>
<td>true</td>
<td>seldom</td>
<td>true</td>
<td></td>
<td>true</td>
<td>always</td>
</tr>
</tbody>
</table>

1. Its OK if I remember something unpleasant.  
1 2 3 4 5 6 7

2. My painful experiences and memories make it difficult for me to live a life that I would value.  
1 2 3 4 5 6 7

3. I’m afraid of my feelings.  
1 2 3 4 5 6 7

4. I worry about not being able to control my worries and feelings.  
1 2 3 4 5 6 7

5. My painful memories prevent me from having a fulfilling life.  
1 2 3 4 5 6 7

6. I am in control of my life.  
1 2 3 4 5 6 7

7. Emotions cause problems in my life.  
1 2 3 4 5 6 7

8. It seems like most people are handling their lives better than I am.  
1 2 3 4 5 6 7

9. Worries get in the way of my success.  
1 2 3 4 5 6 7

10. My thoughts and feelings do not get in the way of how I want to live my life.  
1 2 3 4 5 6 7
APPENDIX – E

WHITE BEAR SUPPRESSION INVENTORY
(WBSI)

This survey is about thoughts. There are no right or wrong answers, so please respond honestly to each of the items below. Be sure to answer every item by circling the appropriate letter beside each.

A = Strongly disagree
B = Disagree
C = Neutral or don’t know
D = Agree
E = Strongly agree

1. There are things I prefer not to think about.                     A B C D E
2. Sometimes I wonder why I have the thoughts I do.              A B C D E
3. I have thoughts that I cannot stop.                           A B C D E
4. There are images that come to mind that I cannot erase.       A B C D E
5. My thoughts frequently return to one idea.                   A B C D E
6. I wish I could stop thinking of certain things.               A B C D E
7. Sometimes my mind races so fast I wish I could stop it.       A B C D E
8. I always try to put problems out of mind.                     A B C D E
9. There are thoughts that keep jumping into my head.            A B C D E
10. There are things that I try not to think about.               A B C D E
11. Sometimes I really wish I could stop thinking.               A B C D E
12. I often do things to distract myself from my thoughts.       A B C D E
13. I have thoughts that I try to avoid.                          A B C D E
14. There are many thoughts that I have that I don’t tell anyone. A B C D E
15. Sometimes I stay busy just to keep thoughts from intruding on my mind. A B C D E
APPENDIX – F

KENTUCKY INVENTORY OF MINDFULNESS SKILLS (KIMS)

Please rate each of the following statements using the scale provided. Write the number in the blank that best describes your own opinion of what is generally true for you.

1 - Never or very rarely true
2 - Rarely true
3 - Sometimes true
4 - Often true
5 - Very often or always true

____ 1. I notice changes in my body, such as whether my breathing slows down or speeds up.
____ 2. I’m good at finding the words to describe my feelings.
____ 3. When I do things, my mind wanders off and I’m easily distracted.
____ 4. I criticize myself for having irrational or inappropriate emotions.
____ 5. I pay attention to whether my muscles are tense or relaxed.
____ 6. I can easily put my beliefs, opinions, and expectations into words.
____ 7. When I’m doing something, I’m only focused on what I’m doing, nothing else.
____ 8. I tend to evaluate whether my perceptions are right or wrong.
____ 9. When I’m walking, I deliberately notice the sensations of my body moving.
____ 10. I’m good at thinking of words to express my perceptions, such as how things taste, smell, or sound.
____ 11. I drive on automatically without paying attention to what I’m doing.
____ 12. I tell myself that I shouldn’t be feeling the way I’m feeling.
____ 13. When I take a shower or bath, I stay alert to the sensations of water on my body.
____ 14. It’s hard for me to find the words to describe what I’m thinking.
____ 15. When I am reading, I focus all my attention on what I’m reading.
1 - Never or very rarely true
2 - Rarely true
3 - Sometimes true
4 - Often true
5 - Very often or always true

16. I believe some of my thoughts are abnormal or bad and I shouldn”t think that way.
17. I notice how foods and drinks affect my thoughts, bodily sensations, and emotions.
18. I have trouble thinking of the right words to express how I feel about things.
19. When I do things, I get totally wrapped up in them and don”t think about anything else.
20. I make judgments about whether my thoughts are good or bad.
21. I pay attention to sensations, such as the wind in my hair or sun on my face.
22. When I have a sensation in my body, it”s difficult for me to describe it because I can”t find the right words.
23. I don”t pay attention to what I”m doing because I”m daydreaming, worrying, or otherwise distracted.
24. I tend to make judgments about how worthwhile or worthless my experiences are.
25. I pay attention to sounds, such as clocks ticking, birds chirping, or cars passing.
26. Even when I”m feeling terribly upset, I can find a way to put it into words.
27. When I”m doing household chores, such as cleaning or laundry, I tend to daydream or think of other things.
28. I tell myself that I shouldn”t be thinking the way I”m thinking.
29. I notice the smells and aromas of things.
30. I intentionally stay aware of my feelings.
31. I tend to do several things at once rather than focusing on one thing at a time.
1 - Never or very rarely true
2 - Rarely true
3 - Sometimes true
4 - Often true
5 - Very often or always true

32. I think some of my emotions are bad or inappropriate and I shouldn’t feel them.
33. I notice visual elements in art or nature, such as colors, shapes, textures, or patterns of light and shadow.
34. My natural tendency is to put my experiences into words.
35. When I’m working on something, part of my mind is occupied with other topics, such as what I’ll be doing later, or things I’d rather be doing.
36. I disapprove of myself when I have irrational ideas.
37. I pay attention to how my emotions affect my thoughts and behavior.
38. I get completely absorbed in what I’m doing, so that all my attention is focused on it.
39. I notice when my moods begin to change.
# APPENDIX – G

## OBSESSIVE-COMPULSIVE INVENTORY - REVISED (OCI-R)

<table>
<thead>
<tr>
<th>Obsessive-Compulsive Inventory—Revised</th>
<th>Not At All</th>
<th>A little</th>
<th>Moderately</th>
<th>A Lot</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I have saved up so many things that they get in the way.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. I check things more often than necessary.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. I get upset if objects are not arranged properly.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. I feel compelled to count while I am doing things.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. I find it difficult to touch an object when I know it has been touched by strangers or certain people.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. I find it difficult to control my own thoughts.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. I collect things I don’t need.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. I repeatedly check doors, windows, drawers, etc.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9. I get upset if others change the way I have arranged things.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10. I feel I have to repeat certain numbers.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11. I sometimes have to wash or clean myself simply because I feel contaminated.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12. I am upset by unpleasant thoughts that come into my mind against my will.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>13. I avoid throwing things away because I am afraid I might need them later.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>14. I repeatedly check gas and water taps and light switches after turning them off.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>15. I need things to be arranged in a particular order.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>16. I feel that there are good and bad numbers.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>17. I wash my hands more often and longer than necessary.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>18. I frequently get nasty thoughts and have difficulty in getting rid of them.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>


229
APPENDIX – H

HOME-WORK RECORD

FORM

<table>
<thead>
<tr>
<th>DATE &amp; DAY</th>
<th>NAME OF THE TASK</th>
<th>PRACTICED: YES/NO</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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