

A Pilot Study of AMST application to an OCD Group

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Introduction

Affect Management Skills Training (AMST) is an EMDR protocol developed by John Omaha, which has been applied to people dealing with drug and alcohol addiction and PTSD as well as other diagnoses. To my knowledge, it has not been used as a primary intervention in a group with Obsessive Compulsive Disorder (OCD).

The Intervention

A single case study (pilot project) using AMST as the main - but not only - intervention in a group for university students diagnosed with OCD was organized. There were 12 treatment based sessions which were preceded by an initial session to describe the treatment plan, group rules including confidentiality, start base line data collection, and get permission slips signed to share data with other therapists. Each of the participants was instructed to choose three symptoms to track on a symptom checklist through the course of the group sessions. Each participant was asked to track how many times per day he or she did the OCD routine (as per John Omaha's suggestion). Each episode was to include the full OCD routine, thus if the student routinely turned the lights off and on four times before leaving a room, this would count as one routine. The symptom check lists were collected three times, at the end of each month.

Sessions lasted 1 hours. Each session started and ended with a group check in. The starting check in included a summary of how OCD had affected their lives as well as how things were going generally. After AMST skills were taught, the check in included times during the week they had used these skills as well as anything else that they had learned in group that was helpful. The ending check in included comments about how they felt which was neutral to better at the end of the sessions until the last session.

The first six sessions focused on developing AMST skills. Each participant kept track of their own skills on a separate sheet of paper describing the skill on it. In the first session, AMST Skills one (containment) and two (safe place) were taught. In the second session, we covered skills three through seven, and used target affect of their choice with no greater than a SUDS of "4" for practice. The target affect did not have to relate to OCD but could.

In the third through sixth sessions, we reviewed each of the skills until everyone had all skills completed with VoCs of 7. We added in resources as needed starting in the third session, after all skills had been taught. Group members "brainstormed" resources and whole group added them into their individual private scenarios as we installed them. Not all resources needed installation as student's containers reached 100% or VoCs reached 7 before all had been used. Afterwards each reported on whether the resource had affected the amount in the container (skill 1) or VoC.

Session 7 was less structured. Although people reported successes in earlier groups two had had bad weeks at this session. It was midterm time on the academic calendar. Although AMST skills were practiced in this session with a new target scene and affect of their choice, I gave extra time for group members to debrief what was going on for them. The student not on medication discussed the possibility of starting with the others in the group. The students asked questions about treatment and prognosis of OCD. The group members decided to share email addresses and phone numbers with one another in this group with the intent of using one another for support if needed. One student remarked that this group was preferable because of the flexibility in session.

In session 8 one person had emailed the other people but had not received a replies. The group was taught and practiced Donna Eden's 5 minute Energy Routine as well as how to relax the triple warmer meridian (to decrease stress). Self esteem was also discussed and all felt ashamed about having OCD. They created a list of affirmations for people with OCD which generated lots of laughs. The group practiced AMST skills with new target scene and affect of their choice.

In session 9 all members had emailed each other between sessions as well as practicing the Energy Routine. They were taught the "Five part meditation" which they said helped calm them. I gave back their list of affirmations in a printed format which they seemed to enjoy. Again, the group practiced AMST skills with new target scene and affect of their choice.

On session 10 one group member brought in an article on obsessing to share with the others. Another group member brought in information obtained off the internet to share. The group started a list of "helpful dos and don'ts for friends and family of people with OCD". AMST skills were practiced with a target scene of their choice and affect with SUDS up to a 6-7. One person was too distracted to participate. This person confronted other group members about their behavior in group which upset her. The group member responded with explanations which seemed to satisfy her. A reminder that we had two sessions left after this one was given.

In the eleventh session, participants practiced AMST skills with future template for use through the next months. Group energy low this session which group members attributed to end of semester assignments and preparation for exams.

In session #12, the group was given a printed copy of the Dos and Don'ts they had created for use in the summer. The group process got derailed for most of the session which interfered with practicing the AMST skills in as much detail as was originally planned. Evaluations were done at the end of group. Group participants enjoyed the group mostly for the chance to meet others with their diagnosis. All mentioned the AMST skills as helpful however one member claimed boredom with the repetitions at every session.

Outcomes

	Person 1	Person 2		
	Before	After	Before	After
Symptom 1	7	2	121	14
Symptom 2	7	3	49	45
Symptom 3	2	0	35	18
Total	16	5	205	77

Discussion

Only two of the 4 who started the sessions kept track of their symptoms in sufficient detail to be able to assess whether there had been any effects. As well, both students who completed the symptom check list were also on medication and in individual therapy with non EMDR trained therapists. Nevertheless, I think that at least part of the dramatic reduction in symptom frequency for those two clients can be attributed to the AMST. Because of the small sample size and the fact that non-AMST interventions were used after the first six sessions, this is not a fair assessment of the effectiveness of AMST in OCD groups. Nonetheless, the effects were sufficiently dramatic that I think some full scale research into this is warranted. For further information on this, please feel free to contact me at kwaltner@uoguelph.ca.

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