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The effectiveness of an unified transdiagnostic intervention based on common mechanisms on the obsessive-compulsive personality pattern

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Abstract:

BACKGROUND: Obsessive-compulsive personality disorder is a chronic condition characterized by a maladaptive pattern of excessive perfectionism, preoccupation with rules and details, and the urge to control the environment, which results in significant distress or impairment, especially in interpersonal functioning. Individuals diagnosed with the mentioned disorder are often seen as rigid, inflexible, and highly controlling. Therefore, the present study aims to investigate the effectiveness of unified transdiagnostic interventions based on common mechanisms of obsessive personality patterns.

MATERIALS AND METHOD: This quantitative research is a semi-experimental single-case and multiple-base design with asynchronous participants. Five participants were selected using purposive sampling through semi-structured interviews based on DSM-5 among patients who visited the clinics during 2022–2023. The research included the Millon Clinical Multiaxial Inventory. Moreover, the treatment intervention was administered individually throughout 12 sessions with one session a week. Data analysis involved visual inspection or graphical representation of each case's improvement percentage and change index.

RESULT: The results from visual representation indicated that the transdiagnostic intervention based on common mechanisms significantly influenced the obsessive personality patterns at baseline, during treatment, and at follow-up. There was a significant change in the reliable change index compared to the baseline for all five participants. During the treatment phase, participants showed a mean score of 30.28 for the obsessive personality pattern, indicating a significant level of effectiveness. However, the mean score increased to 57.50 at the follow-up stage.

CONCLUSION: According to Blanchard and Schwartz's classification, the unified transdiagnostic interventions based on common mechanisms and their effectiveness on obsessive personality patterns fell into the improvement category during treatment and into the success category at the follow-up stage of the study. Overall, the findings suggest a bright future for the treatment of individuals with obsessive personality patterns, as unified diagnostic interventions show great potential for significant impact.

Keywords:

Common mechanisms, obsessive-compulsive disorder, personality pattern, transdiagnosis, unified

Introduction

Obsessive personality is one of the most endemic personality disorders in the general population, with an estimated prevalence of 2.1%–7.9%. Personality disorders come in various types, and the thoughts and behaviors experienced by an individual are diverse and unique,

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depending on the type. A personality disorder is characterized by inconsistent and inflexible patterns of behaviors in different circumstances.[1] Personalities are either compatible or incompatible, and personality disorder is formed when personality traits are incompatible, leading to significant impairment of personal functioning or mental distress. A compulsive personality disorder involves an all-encompassing, disruptive pattern of mental preoccupation. An intense urge to maintain order, perfection, and mental and interpersonal control characterizes this personality disorder at the cost of losing flexibility, openness, and efficiency.[2] These individuals are more prone to attributional styles that make them vulnerable to perceived uncontrollability. The term trans diagnostics has received increasing attention in recent years in pathology and treatment in many ways.[3] Transdiagnostics refers to identifying common mechanisms of comorbid disorders and therapeutic intervention based on these common mechanisms, as opposed to protocols based on single-diagnosis treatments (diagnostic-specific treatments).[4-6] Classic cognitive-behavioral therapies were suggested as distinctive protocols for the treatment of a specific disorder, before the emergence of transdiagnostic models and treatments. The specific disorders, including the widely prevalent avoidance model of worry and GAD,[7] the metacognitive model,[8] and Beck's cognitive model,[9] are still applied in many psychiatric disorders. Diagnostic-specific treatments and models come with some limitations, including non-responsive and ineffective treatments to address comorbid disorders, which are financially burdensome and time-consuming. In addition to comorbidity and the limitations of diagnostic-based models and treatments, there are two other issues that the National Institute of Mental Health has raised. One is related to the research criteria that aims to identify normative indicators. It is believed that normative indicators are in opposition to subgroup disorders; therefore, they can help uncover the underlying mechanisms essential for developing effective treatments. The second issue emphasizes customized treatments; that is, identifying factors to determine who will mostly benefit from a specific treatment or intervention. Mennin and Fresco[10] believe that these two factors strongly emphasize the need to identify and use transdiagnostic mechanisms in line with the needs of individuals and patients. Thus, the following factors led to the emergence of the third-wave models and treatments: the challenges of comorbidity of psychiatric disorders, relative efficacy of the classic cognitive-behavioral treatment outcomes in treating these disorders, and training the therapists, alongside dissemination of evidence-based treatments. One of the defining characteristics of these treatments is their transdiagnostic perspective on the common underlying variables in the psychopathology of psychiatric disorders.[11] Considering the novelty of this approach, the number of studies is growing every day, such as studies conducted by Zelkowiz and Cole[12] regarding the transdiagnostic process of self-criticism, as well as Luka's research on rumination[13] and the study conducted by Sloan *et al*.[14] regarding emotion regulation as transdiagnostic constructs of various disorders. The mentioned disorders include anxiety, depression, drug use and addiction, eating disorders, and borderline personality disorder. Studying transdiagnostic processes has numerous advantages, and identifying these common underlying processes across different diagnostic categories can enhance the effectiveness of psychological treatments. The transdiagnostic approach can also be employed within personality and psychotherapy. For instance, the study conducted by Ellard *et al*.[15] portrays the use of an integrated transdiagnostic protocol for individuals with borderline personality and bipolar disorders. Researchers believe that the effectiveness of therapeutic approaches is generally influenced more by common factors—such as therapeutic alliance, empathy with the patient, and patient traits—than by specific factors. Moreover, the patient's personality traits are considered one of the most significant among these shared factors.[16,17] However, specialists may overlook patients' personality traits in psychotherapy for some reasons. Patients may tend to focus more on their concerns regarding more overt symptoms, while personality types are often subtle and more inferential. Patients may not be aware of their personality types since they have become so instinctive and spontaneous that they are challenging to recognize. Patients may feel emotional pain but may not be aware of the repetitive patterns of behaviors and cognitions. These behaviors and cognitions often underlie the development and persistence of these symptoms.[18]

In addition to being aware of patterns that lead to symptoms, substantial literature supports the usefulness of patient awareness regarding their situation concerning personality disorders. Given the high prevalence of obsessive-compulsive personality disorder among patients of mental health clinics, this study aims to identify plausible common underlying mechanisms among individuals with obsessive-compulsive personality disorder using a unified transdiagnostic approach. We also attempt to investigate its effectiveness through a designed intervention.

Materials and Methods

Study design and setting

The present study is a multiple-base design with asynchronous participants and continuous measurement.

The participants engaged in four baseline, treatment, post-treatment, and follow-up stages. The primary purpose of single-case design in clinical work, as an elevation method, is to assist clinicians in testing the effectiveness of a clinical intervention on patients' behavior.

Study participants and sampling

The researcher was present at the designated psychological clinic in Isfahan-Iran from 2022 to 2023. Individuals who met the inclusion and exclusion criteria for Obsessive-compulsive personality disorder were purposefully selected. The participants, who were willing to engage in the integrated transdiagnostic treatment program, were given a written consent form before treatment, ensuring their full understanding and agreement to participate in the therapeutic program. A questionnaire was used to re-evaluate those who fully participated throughout the treatment, comparing the scores of the baseline, treatment, and follow-up phases. The study's statistical power and sample size were determined based on previous research and the number of participants (4–10), resulting in a statistical power close to one[19,20] and a sample size of 5 participants.

Data collection tools and techniques

Clinical Interview: The Structured Clinical Interview for DSM-5 (SCID-5) was employed to diagnose obsessive personality patterns, which is a semi-structured interview for primary diagnosis based on the DSM-5. A trained clinician or mental health expert, well-versed in diagnostic criteria and disorders classification in DSM-5, was entrusted with the task of performing the clinical interview. This expert's proficiency and experience instilled confidence in the diagnostic process. We conducted these interviews to diagnose obsessive personality patterns, anxiety, obsessive-compulsive disorder, and depression.

Millon Clinical Multiaxial Inventory III (MCMI-III): This study employs the Millon questionnaire, one of the most widely used psychological assessment tools in recent years. MCMI-III is a 175-item, true–false, self-administered questionnaire that assesses 14 personality disorders and 10 clinical syndromes, and it is utilized for adults aged 18 and older. It is known as one of the most commonly used psychological assessment tools employed in various cross-cultural studies.[21] The scores are indexed on a scale of 0-115, with scores above 85 indicating a high likelihood of psychiatric disorders within the spectrum.[22] Each "true" response receives a score of one, while each "false" response receives a score of zero. Each question corresponds to an index, and the total scores reflect individual indices for each disorder. The original English version of this questionnaire has been validated through several methods, including clinical experts rating correlations, criterion-based tests measuring similar constructs, and statistical methods. Put another way, clinical experts' rating correlations suggest that the test results align well with evaluations made by experts in the field, and the criterion-based tests measuring similar constructs convey that the test has been compared to other established tests that measure similar constructs. Moreover, the questionnaire is reliable both in terms of internal consistency through Cronbach's alpha, which ranges from 0.67 to 0.82, and its consistency, using test-retest reliability, which ranges from 0.88 to 0.93.[23]

Transdiagnostic intervention: The transdiagnostic treatment intervention was conducted in twelve 90-minute sessions held separately for individuals. A summary of the intervention sessions is presented below. (If researchers are interested in a more detailed version, they may contact the first author to request a complete version.) Kendall's coefficient of concordance was employed to assess the validity of the intervention as a measure of agreement among raters regarding the contents of the treatment and its alignment with the intervention objectives. Kendall's coefficient was statistically significant ($P < 0.05$), meaning that raters' perspectives on the validity of the intervention were consistent with one another and that the intervention was aligned with treatment objectives. In addition, content validity was analyzed using the Content Validity Ratio (CVR) and Content Validity Index (CVI). According to the experts, content validity received a score above 0.79, as presented in [Table 1].

Ethical consideration

The researcher has devised an informed consent form, which will be presented to the participants. Moreover, all participants were allowed to withdraw from the study at any time. They may leave the treatment sessions and stop taking part in the research. The present study has received approval from the Islamic Azad University of Ahvaz under the ethics code IR.IAU.AHVAZ.REC.1400.081

Statistical analysis method

In this study, we employed descriptive statistics, such as mean and standard deviation, with the aim of providing descriptive information regarding the demographic and clinical variables. Since this research utilizes a single-case design, visual inspection and graphical representation were used to illustrate the improvement percentage, alongside the implementation of a reliable change index (RCI). Visual inspection means that the researcher or intervener assesses the impact of this intervention after implementing a well-designed intervention and a flawless experimental design. When

Table 1: A Summary of the Transdiagnostic Intervention Sessions

Session No.	Purpose of each session	Duration (minute)
1	Introduction to the concepts and the fundamentals of the treatment/giving patients incentives/insight development/presenting assignments	90
2	Reviewing the treatment process/insight development/modifying physical reactions/motivational interview/presenting assignments	90
3	Revisiting previous session and explaining the term "schema"/introducing coping styles in relation to the unrelenting standards schema/examining roots and the emerging reasons of the unrelenting standards schema/identifying schemas in various situations	270
4	Revisiting previous sessions/reshaping dysfunctional beliefs/empirical strategies for making changes	
5	Revisiting previous sessions/breaking behavioral patterns/starting treatment/stabilizing changes and connecting with the following stages	
6	Revisiting previous sessions and reviewing the assignments/introducing and familiarizing patients with repetitive negative thinking and its relevancy with interventions/introducing patients to trans cognitive beliefs regarding repetitive negative thoughts/giving patients incentives/presenting assignments	270
7	Revisiting previous sessions and reviewing the assignments/presenting patients coping and identifying strategies in case of facing repetitive negative thinking/giving them incentives and making them willing to participate/presenting assignments	
8	Revisiting previous sessions and reviewing the assignments/introducing experiential avoidance mechanism as well as its dimensions/teaching emotional self-awareness and emotional mindfulness/ giving patients incentives/presenting assignments	270
9	Revisiting previous sessions and reviewing the assignments/reducing the internal dimensions of experiential avoidance/giving patients incentives/presenting assignments	
10	Revisiting previous sessions and reviewing the assignments/reducing the internal dimensions of experiential avoidance/giving patients	
11	Empowering and educating patients to employ the necessary learned strategies according to the situation/giving them incentives/presenting assignments	90
12	Equipping patients for preventive care/presenting assignments	90

an intervention is properly designed and considers methodological controls and reliable measurements, then the researcher may ask if the intervention was effective. In response to the previous question, a graphical representation of the data must adequately demonstrate the effectiveness of the intervention.[24] The RCI is one way of measuring the improvement percentage of the patients, and it was initially employed by Blanchard and Schwars.[25] The RCI is computed by dividing the difference between the pre-test and post-test scores. The results can be considered clinically reliable when the RCI is at least 50.

Result

The study population consisted of two males and three females. Among the participants, three held bachelor's degrees, one had a master's degree, and one had a Ph.D. The participants were aged from 22 to 29; four were single, and one was married. The research aimed to investigate whether common transdiagnostic interventions based on common mechanisms have an impact on obsessive personality patterns. Table 2 and Figure 1 illustrate the scores of the five participants regarding obsessive personality patterns during the baseline, intervention, and follow-up phases of the treatment.

Figure 1 shows that the mean scores and levels of obsessive personality patterns for all five patients changed during the treatment and follow-up stages compared to the baseline. Table 2 shows that the value of the RCI obtained for all patients in the treatment and follow-up stages of the obsessive personality pattern is greater than 1.96, which is significant at the $P < 0.05$ level. The improvement percentage in the obsessive personality pattern for all the patients after treatment and follow-up are as follows:

- Patient 1: 28.7% improvement after treatment and 46.64% after follow-up.
- Patient 2: 30.53% improvement after treatment and 53.91% after follow-up.
- Patient 3: 25.67% improvement after treatment and 44.59% after follow-up.
- Patient 4: 29.74% improvement after treatment and 56.1% after follow-up.
- Patient 5: 25.53% improvement after treatment and 51.61% after follow-up.

Based on the overall improvement percentage of the five patients with obsessive-compulsive personality patterns, the results after treatment showed an improvement of 28.03%, while the follow-up indicated a 50.57% improvement. This suggests that the level of success for the unified transdiagnostic interventions, grounded in common mechanisms and based on the classification by Blanchard and Schwartz, is categorized as slight improvement during the treatment stage and as successful treatment during the follow-up stage. Altogether, these findings

Table 2: Trends in scores for obsessive personality disorder

Patients Treatment stages	First	Second	Third	Fourth	Fifth
Baseline					
The first baseline	95	77	74	74	94
The second baseline	94	76	74	73	93
The third baseline	94	77	74	74	92
The mean of baseline stages	94.33	76.66	74	73.66	93
Treatment					
The third session	89	75	70	72	90
The sixth session	71	53	59	56	79
The ninth session	59	49	51	44	62
The twelfth session	50	36	40	35	46
The mean of treatment stages	67.25	53.25	55	51.75	69.25
RCI (Treatment)	-3.51	-3.04	46/2-	-2.84	-3.08
Improvement percentage after treatment	28.7	30.53	25.67	29.74	25.53
Total improvement percentage after treatment			28.03		
Follow-up					
Follow-up (first session)	50	35	41	33	45
Follow-up (second session)	50	36	42	32	45
Follow-up (third session)	51	35	40	32	45
The mean of follow-up stages	50.33	35.33	41	32.33	45
RCI (Follow-up)	-5.71	-5.36	-4.28	-5.36	-6.23
Improvement percentage after follow-up	46.64	53.91	44.59	56.1	51.61
The total improvement percentage after follow-up			50.57		

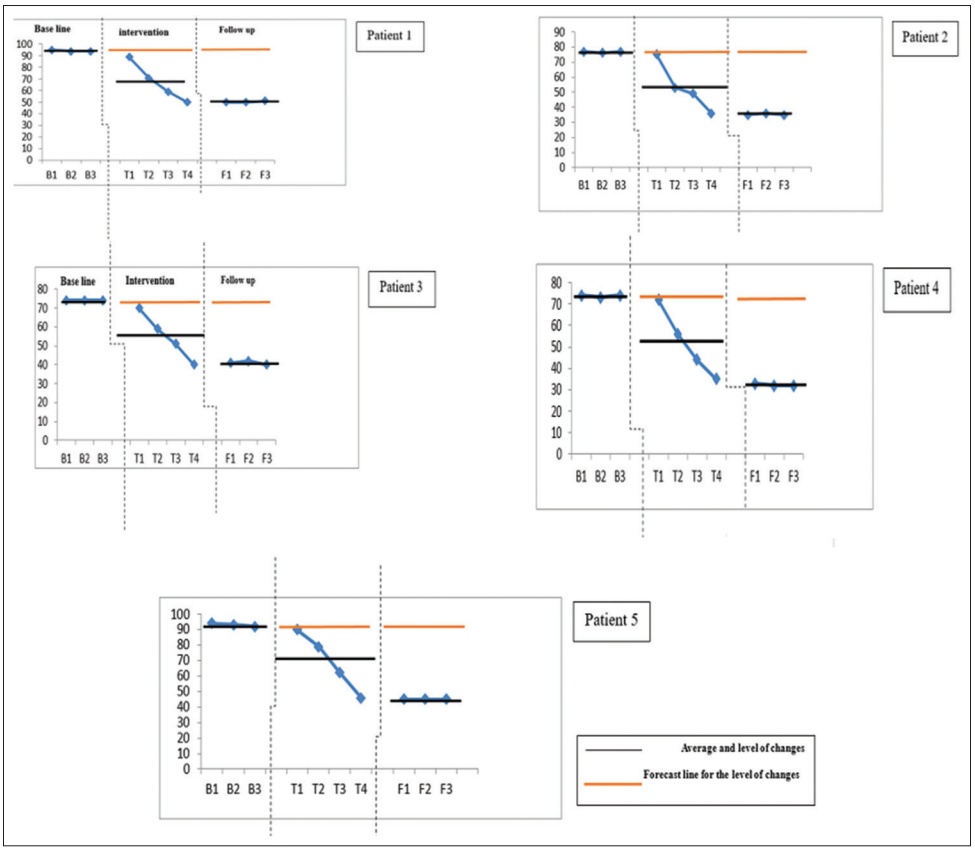

Figure 1: Trends of change in obsessive personality pattern scores in the baseline, intervention, and follow-up stages of transdiagnostic treatment

support the success of the unified transdiagnostic intervention for obsessive-compulsive personality patterns. Therefore, the first hypothesis of the study is confirmed.

Discussion

As the results are shown in the visual analysis in Table 2 and Figure 1, the mean scores of the obsessive personality pattern among participants during the treatment phase were 28.03 effective, while the mean effectiveness of these scores during the follow-up phase was 50.57. To explain these findings, specialists identified active unrelenting standards schema as unrealistic criteria based on their opinions and tests conducted on the research participants. Given that recognizing primary maladaptive schemas, is considered one of the common transdiagnostic factors among various disorders and is recognized as an effective approach in the treatment of personality disorders, several sessions of the treatment protocol were dedicated to addressing these schemas.

According to parenting schema theory, individuals with unrelenting standards are influenced by high expectations, a devaluation of emotions, and criticism based on performance. This leads to the development of obsessive personality traits in some individuals. As a result, individuals suppress their spontaneous feelings and need to adhere to the strict rules and values imposed by their parents. Consequently, their emotional needs for attachment and pleasure become impaired.[26,27] The study by Nordahl *et al*.[28] on schema therapy and its connection to personality disorders and related distress aligns with this study. Considering the significant similarities between the characteristics of this schema and obsessive personality traits, including excessive attention to details and order, extreme perfectionism, high expectations, criticism of oneself and others, neglecting rest and leisure, splitting or black-and-white thinking also known as all-or-nothing thinking, and cognitive-behavioral inflexibility, there is substantial empirical evidence from previous studies indicating that the dropout rate from treatment for individuals with obsessive personality in schema therapy is 10.1%. This rate is notably lower than other therapeutic approaches such as dialectical behavior therapy (DBT) (23%), transference-focused therapy (TFT) (34.9%), and mindfulness-based cognitive therapy (MBCT) (24.8%).[29,30] Therefore, the primary objective of this research is to modify schemas to reduce the symptoms associated with obsessive personality traits effectively.

This study adopts a transdiagnostic approach that focuses on the common underlying mechanisms shared by comorbid disorders, specifically emphasizing the role of emotional dysregulation in psychological disorders. The goal is to enhance cognitive-behavioral flexibility in patients by identifying and modifying these shared mechanisms. Additionally, participants are taught effective strategies to face situations realistically and constructively. As part of this process, they receive education about the nature of emotions and their various dimensions. Therefore, the participants received training regarding emotions and their various dimensions. Participants gained insights into their own problems through problem conceptualization (problem formulation), and they were explained through comprehensive examples and metaphors. The goals and logic of our treatment were also explained to the participants. The participants received sufficient information regarding obsessive-compulsive personality patterns and their relation to other disorders so that they could understand these concepts clearly. The participants gained awareness as a result of becoming familiar with how these traits influence the activation or continuation of their problems in cognitive, emotional, and behavioral dimensions, as well as through completing the provided worksheets on how to respond to situations. As a result of gaining such awareness, they were equipped with better responses in the face of different situations, as well as more flexibility in cognitive-behavioral aspects. In this research, effective coping strategies in facing different situations, based on schema theory, have been conceptualized. The participants were shown that not showing flexibility when employing coping skills either as a pre-established fixed pattern or through avoidance and excessive compensation results in more unrealistic expectations and greater frustration. Moreover, when patients avoid using effective coping skills in the face of challenging situations, a feeling of helplessness will be fostered, which deprives them of opportunities. At the same time, schema activation often evokes past emotional memories, either affectionate, causing, harming, or depriving. In either case, it leads to emotional intoxication, distress, and mood changes, potentially paving the way for the development of other disorders.

Focusing on the role of personality patterns in comorbid disorders in this research is due to the importance of these characteristics as underlying factors that contribute to and perpetuate other disorders, particularly those resistant to treatments. Patients often overlook these characteristics, and because personality types are often covert and more inferential, most individuals remain unaware of their personality type. Since these traits are instinctive and spontaneous, recognizing them is challenging, and patients tend to focus on their concerns regarding more overt symptoms. The unrelenting standards schema serves as one of the underlying factors in the obsessive-compulsive personality pattern and other comorbid disorders, resulting in cognitive-behavioral inflexibility. This inflexibility creates maladaptive responses that are disproportionate to the situation, leading to feelings of dissatisfaction and ineffectiveness while triggering guilt and self-blame. Additionally, it can evoke distressing

feelings reminiscent of experiences with judgment and blame that come from strict upbringing and high expectations, which have hindered the fulfillment of their self-actualization needs. Moreover, the increased anxiety resulting from the feeling of ineffectiveness activates other underlying mechanisms, such as repetitive negative thinking and experiential avoidance, ultimately contributing to a vicious cycle. Thus, modification of these schemas could end this damaging cycle, as well as enhance self-efficacy and more internal control among the participants. Modification also contributes to improved adaptability and less suffering and negative emotions. Ultimately, modification of schemas results in a decrease in the symptoms of comorbid personality disorders, reinforcing the effectiveness of schema therapy. The results of this study are consistent with previous findings indicating that schema therapy is an effective treatment in reducing obsessive personality traits. Studies conducted by Jacob and Arnt,[30] Farrell *et al*.,[31] Bernstein *et al*.,[32] Montazeri *et al*.,[33] Bakhshipour *et al*.,[34] Wibbelink *et al*.,[35] Bamelis *et al*.,[36] and Doomen.[37] In this study, various cognitive, emotional, and experiential strategies were employed to modify unrelenting standards schema. Additionally, we unified these strategies with other techniques to address two underlying mechanisms (repetitive thinking and experiential avoidance). Our approach engaged with beliefs at both cognitive and objective levels while also addressing metacognitive aspects. We emphasized the role of mental processes and Cognitive Attentional Syndrome (CAS) within the metacognitive framework, providing participants with the essential training to cope with these processes and enhance attentional flexibility to prevent the CAS. Given the results from other studies suggesting that treating one disorder can assist in alleviating symptoms of other disorders in patients, it can be stated that, in line with the phenomenological logic of the transdiagnostic approach, addressing several common underlying mechanisms in this research has led to cumulative and simultaneous effectiveness in reducing symptoms of obsessive-compulsive personality patterns. Overall, by diminishing the intensity of common underlying mechanisms and utilizing techniques such as developmental trauma analysis, training, and modifying coping strategies, psychological education, engaging in cognitive and behavioral exposure, interpersonal behavior modification, mindfulness, emphasizing values, and motivational interviewing, we have made significant contributions to reduce negative emotions and dysfunctions in these individuals. Furthermore, factors such as self-blame, unrealistic expectations, black-and-white thinking, and efforts to exert internal or external control—which perpetuate suffering and activate negative repetitive thoughts—have been diminished. This ultimately prevents the formation of a vicious cycle and fosters psychological flexibility, leading to a reduction in symptoms of obsessive-compulsive personality patterns.

Limitation and recommendation

One limitation of this study was the absence of simultaneous treatment comparisons, which made it difficult to determine the effectiveness of the transdiagnostic treatment about other therapies. Future research should involve implementing the transdiagnostic intervention alongside other treatments to clarify its effectiveness compared to alternative approaches.

Conclusion

Given that obsessive personality is one of the most common personality disorders in the general population, transdiagnostic treatments based on shared mechanisms could be effective, as they are cost-effective and can influence shared factors of the mechanisms in a shorter period. Such treatments are suitable for mental health experts, psychologists, and counselors. Therefore, we recommend employing it for patients who are referred to the clinics.

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Conflicts of interest

There are no conflicts of interest.

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