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Designing unified trans-diagnostic interventions and their efficacy on the common mechanisms of the comorbid obsessive personality disorder with anxiety, depression, and obsessive-compulsive disorder: A protocol study

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Abstract:

BACKGROUND: The immense comorbidity among disorders could be ascribed to common trans-diagnostic processes. The term trans-diagnostic has been of interest in both pathology and psychology. Trans-diagnostic treatments were created as opposed to treatments based on single-diagnosis treatments. It addresses the common underlying mechanisms in a range of comorbid disorders. Trans-diagnostic treatment is one of the new psychological treatments, and its efficacy has been proven on many psychological variables. The main focus of the current study is on designing unified trans-diagnostic interventions and their efficacy on the shared mechanisms of comorbid obsessive personality disorder with anxiety, depression, and obsessive-compulsive disorder.

MATERIALS AND METHODS: the sequential transformative strategy has two stages; qualitative and quantitative. In The first and qualitative section of the research, explanatory research will be carried out to investigate the trans-diagnostic intervention using a systematic review. To validate the trans-diagnostic intervention, and simultaneously with the trans-diagnostic intervention, a questionnaire has been prepared and given to 10 psychology experts and professionals in the treatment field concerning content validity by evaluators.

Quasi-experimental research will be assessed with a pre-test, post-test, and a two-month follow-up after confirming the validity and reliability of the intervention in the quantitative section.

CONCLUSION: Designing unified trans-diagnosis interventions and their efficacy on the common mechanisms of comorbid obsessive personality disorder with anxiety, depression, and obsessive-compulsive disorder is an effective treatment method for helping those suffering from a personality disorder. Clinical psychologists, psychology experts, psychiatrists, and mental health experts are all the immediate beneficiaries of this study. Moreover, clients could benefit from this intervention with less money and time.

Keywords:

Anxiety, comorbid, depression, obsessive-compulsive, trans-diagnostic, unified

Introduction

Comorbidity is a medical term in psychiatry with various applications.

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It generally means the co-existence of two or more psychiatric disorders and indicates separate etiologies.^[1] Today,

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psychiatric comorbidity is one of the consequential matters in psychopathology, and it is more of a rule and norm than an exception.^[2] Generally, comorbidity has grown into a significant conceptual problem in clinical psychopathology. The issue in clinical psychology lies in the conceptualization of comorbidity for clients, so they would thoroughly comprehend. But, in research criteria, the issue is about how to consider the entry criteria for studies, whereas clients do not usually categorize in a certain and defined diagnostic classification. According to epidemiology data, the high rates of comorbidity cannot be coincident. Indicating there is a correlation between mental disorders and are related to one another through common structures.^[3,4] There has been compelling and significant progress in psychotherapy of anxiety and mood disorders in the last few decades. Many individualized treatment protocols for those with specific mental disorders have gained empirical support.

The new conceptualizations of novel emotional disorders predominately concentrate on resemblance rather than difference. Studies emphasize the significant overlap in the phenomenology of a disorder, common etiology, or vulnerability variables in the development of emotional disorders. Therefore, the studies support the unified approach which emphasizes the resemblance. It also applies to a great extent to emotional disorders.^[5] It is not feasible to respond and overcome challenges resulting from comorbidity of anxiety and depression, as well as obsessive-compulsive disorder comorbidity, except for establishing some strategies that consider the importance of this issue and comorbidity both at the theoretical and practical levels. And trans-diagnostic treatments are considered a new perspective toward developing new treatment protocols. In the last recent years, the term trans-diagnostic has been receiving a great deal of attention in pathology.^[6] Trans-diagnostic is the label given to a mechanism that is present across comorbidity disorders. It is opposed to protocols based on one psychiatric disorder (Diagnostic-specific treatment).^[7] Before the appearance of trans-diagnostic models and treatments, classic cognitive-behavioral therapies were suggested as distinctive protocols for the treatment of a specific disorder (worry avoidance and generalized anxiety disorder),^[8] metacognitive model^[9], Beck's cognitive model^[10] that are still applied in many psychiatric disorders. Models and treatments based on specific diagnoses have some constraints. Indicating comorbidity of psychiatric disorders (particularly, comorbidity of generalized anxiety disorder and major depression disorder) and relative effectiveness of classic cognitive-behavioral therapies led to the appearance of third-wave models and treatments. Having a trans-diagnostic perspective of the disorders and common underlying variables of the psychopathology of psychiatric disorders is one of

the characteristics of such treatments.^[4-11] Two projects have been effective in forming and accelerating the trans-diagnostic debate, in addition to the comorbidity and constraints of models and diagnostic-specific treatments. The first project is called research criteria to establish normative indicators. It is alleged that normative indicators are considered counterparts of the disorder subgroups. As a result, some mechanisms would be discovered that are essential for an effective treatment. However, the second project emphasizes treatment personalization. Treatment personalization signifies who benefits the most from treatment or specific intervention. As Mennin and Fresco state,^[12] approaches are programmed for patient-treatment matching and somehow enhance caring and intervention. According to Mennin and Fresco, these two projects strongly emphasize trans-diagnostic mechanisms. Besides, trans-diagnostic mechanisms should fit individual needs.^[4] The issues mentioned concerning comorbidity have made researchers move toward identifying common underlying mechanisms. Giving attention to common underlying mechanisms is the same as having a "trans-diagnostic" perspective on pathology and psychiatric disorders. Two trans-diagnostic perspectives have been propounded in pathology. One is descriptively trans-diagnostic (present in a range of diagnoses), and the other is mechanistically trans-diagnostic (reflecting a functional and co-occurrence mechanism) (6). The starting point of trans-diagnostic treatments is the studies that are being conducted on trans-diagnostic mechanisms and considering the novelty of such an approach, the number of researchers conducting studies on the mentioned topic is increasing. Studies, concerning self-criticism as a trans-diagnostic process or rumination, as well as research by Sloan *et al.* researched emotion regulation as a trans-diagnostic process among various disorders such as anxiety, depression, drug use, eating disorder, and borderline personality disorder.^[13-15] The study of mechanistic trans-diagnostic processes comes with many advantages. And the identification of these common underlying processes among various diagnostic classification systems leads to an increase in the better effectiveness of psychological treatments. The trans-diagnostic approach could also be applied in psychotherapy and the field of personality. For instance, the research of Ammerman *et al.*^[16] using a unified trans-diagnostic protocol for people suffering from borderline personality disorder and bipolar disorder is indicative of this matter. The conclusion of all the important definitions provided by experts implies a close relationship between "psychotherapy" and "personality." It could be stated that psychotherapy is indeed associated with personality trait change and it is aimed at constructive personality change.^[17] According to the researchers, the effectiveness of therapeutic approaches as a whole is more associated with common

factors rather than specific factors. And the client's personality traits are one of the most critical common factors in therapeutics.^[17,18] Common factors include therapeutic alliance, therapist empathy, and client characteristics. Whereas client characteristic is a common factor in psychotherapy,^[17,18] psychopathic disorder treatments look to be unfeasible without considering their characteristics.^[17] Therefore, the comorbidity of personality patterns with other psychopathic disorders is considered obvious. A correlation between obsessive personality disorder and depression would be an instance.^[19] Also, patients suffering from anxiety disorders, such as generalized anxiety disorder, social anxiety disorder (social phobia) and specific phobias, and obsessive-compulsive disorders are more prone to personality disorders. These patients fit the criteria of obsessive-compulsive disorder. There may be a correlation between obsessive-compulsive disorders and depression and bipolar disorders.^[1] Considering the high prevalence of obsessive personality disorders, as well as anxiety disorders and depression^[20] among the clients of mental health clinics in this research an attempt is made to identify a feasible common underlying mechanism in those with an obsessive personality disorder, comorbidity with anxiety disorders, depression, and obsessive-compulsive disorders. Concerning this issue with the help of an effective intervention treatment, the effectiveness of the current model has been evaluated.

Materials and Methods

Study design and setting

According to the ultimate goal of this research, which is an integrated trans-diagnostic intervention design and identification of common underlying mechanisms on the obsessive personality model with obsessive-compulsive disorder, anxiety, and depression, the exploratory research method is in the form of an intervention design, which is a sequential qualitative-quantitative research plan.

The first qualitative section

The current research will study all scientific studies between 2000 AD. to 2021 AD. that are conducted in the field of trans-diagnosis and also applied sampling method, whether done by Iranian researchers or of foreign countries. All these studies are considered quantitative studies using the keywords "Trans-diagnosis, Underlying Mechanisms, and Comorbidity" in a systematic manner. A systematic review is related to the purpose of the research in such a way that identifies, evaluates, selects, and appropriately combines data with high-quality evidence. Thus, minimizing bias, and random errors and increasing the validity and reliability of the study. Therefore, a systematic review is a logical method in which the researcher must explain clearly what they

are doing and everything that is said corroborates with the work that is done through the study.^[21] Here are the items that are suitable for this method: 1—Using a valid database for reviewing various articles, 2—Using scientific articles published in reputable journals, 3—Measuring the agreement coefficient by a group of 10 experts in the fields of Clinical Psychology and Therapy for quality assurance of the components identified by the review method system and checking the quality of the therapeutic intervention formulated based on those, and 4—Experimental use of the intervention design developed in an experimental design.

The second quantitative section

To determine the effectiveness of the integrated transdiagnostic intervention, after developing the qualitative method section, a quasi-experimental design research (pre-test, post-test, and a two-month follow-up) will be implemented. The selection of the sample in this research is based on fully ethical and accepted procedures in scientific and academic texts that are available in various sources such as Garber *et al.*,^[21] Balley *et al.*,^[22] Gontard *et al.*,^[23] Gulewitsch *et al.*^[24] The selection process will be through the full knowledge of the person by obtaining consent, along with confidentiality and preserving their dignity, respect, and full attention to their health in compliance with the ethical and scientific selection rules that are available in the aforementioned sources. Entry criteria: comorbidity of obsessive-compulsive personality disorder along with anxiety, and depression, and at the same time the person must not be on drugs, should be over the age of 18, with at least 8 years of education, and without any other disorders (underlying and physical). Exclusion criteria: Missing more than 2 sessions of treatment or whenever the client decides not to continue the treatment.

Study participant and sampling

Regarding the qualitative section of the research, the search was initiated by referring to relevant databases such as ProQuest, Springer, Science Direct, Emerald, Sage, Eric, Taylor, Mag Iran, Iran Doc, and SID. The information obtained was from 2000 to 2021 AD. and 1390 to 1400 HS.; the second part included clinical interviews and the use of questionnaires related to the obtained mechanisms. The researcher attended psychological clinics in the city of Isfahan and selected clients who are suitable regarding the entry and exclusion criteria of this research. To implement an integrated trans-diagnostic intervention, ones are selected from those who refer to the psychologist and volunteer to participate in the treatment program. Before any proceedings, the volunteers are given a written consent form regarding participation in the program. Finally, people are re-evaluated (retaking questionnaires) and their pre-test, post-test, and 3-month follow-up scores are compared. In previous studies in

the field of therapeutic interventions that included 4 to 10 people, the statistical power had resulted in a point of nearly 1, like 1- Sadr *et al.*;^[25] 4 people, ghaderi *et al.*^[26] 10 people. So, in this research, the optimal number of people is suggested between 6 and 10.

Ethical considerations

The researcher will carefully devise a consent form and present it to the participants. There will be no conditions for clients regarding that they can leave treatment at any time. This research has achieved the code of ethics from the Islamic Azad University of Ahvaz, under the number IR.IAU.AHVAZ.REC.1400.081.

Discussion

Comorbidity of mental disorders is the simultaneous presence of at least two or more disorders in one person^[27] and usually, people with mental disorders are hardly placed in a diagnostic class. Epidemiological studies show that the high degree of comorbidity cannot be a coincidence. What this notion means is that mental disorders are correlated with one another and related through common structures.^[3] The results of epidemiological studies of psychological disorders show that anxiety disorders and depression are the most common psychological disorders; at the same time, the fourth most common disorder following phobia, substance-dependent disorder, and depressive disorders is obsessive-compulsive disorder.^[19-28] The high prevalence of comorbidity of anxiety disorders, and depression with comorbidity is reported between 40% and 80%^[29] and also people with obsessive-compulsive disorder often suffer from other mental disorders. Several adults with this disorder have a lifetime diagnosis of an anxiety disorder (76% such as panic disorder, social anxiety disorder, generalized anxiety disorder, or specific phobia) or bipolar disorder (63% with bipolar or any other type of depression), the most common of which is major depressive disorder (41%). The initiation of the obsession disorder usually comes after most concurrent anxiety disorders (except for separation anxiety disorder) and post-traumatic stress, but it often occurs before depressive disorders. A concurrent obsessive-compulsive personality disorder is also common in people with obsessive-compulsive disorder (23% to 32%).^[1] In other words, it is rare to find people in primary care systems or psychological and psychiatric service centers who have only one disorder in the field of anxiety disorders, depression, and obsession.^[30] Apart from the direct costs of specialized and non-specialized services, anxiety disorders, depression, and obsession impose indirect costs on the health and care system of society as a deficiency in performance, which compared to other psychological disorders, rate the highest.^[29] In addition, some studies

also show that people with anxiety disorders, depression, and obsession have high unemployment statistics, low annual income, high divorce rates, and low quality of life.^[31] Beside their simultaneous and consecutive comorbidity, anxiety, and depression disorders are also closely related to sleep disorders, alcohol, and drug addiction, eating disorders, some personality disorders, etc., This is even though only 20% of these people refer to medical services within 12 months and 40% of them throughout their whole life.^[29-33] Despite the effectiveness of specific cognitive-behavioral protocols, new conceptualizations of emotional disorders mainly emphasize resemblance rather than difference.^[31,32] Therefore, this research supports an integrated approach that emphasizes resemblance and applies to a range of emotional disorders. Although this state of comorbidity of the mentioned disorders goes back far in time and history, however, in the last two decades, the treatment of these concurrent disorders has been raised as a fundamental challenge before those who are involved in improving mental health and the effort to accurately identify an effective, and affordable model of treatment and psychological interventions have become more visible.^[33,34]

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Conflicts of interest

There are no conflicts of interest.

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