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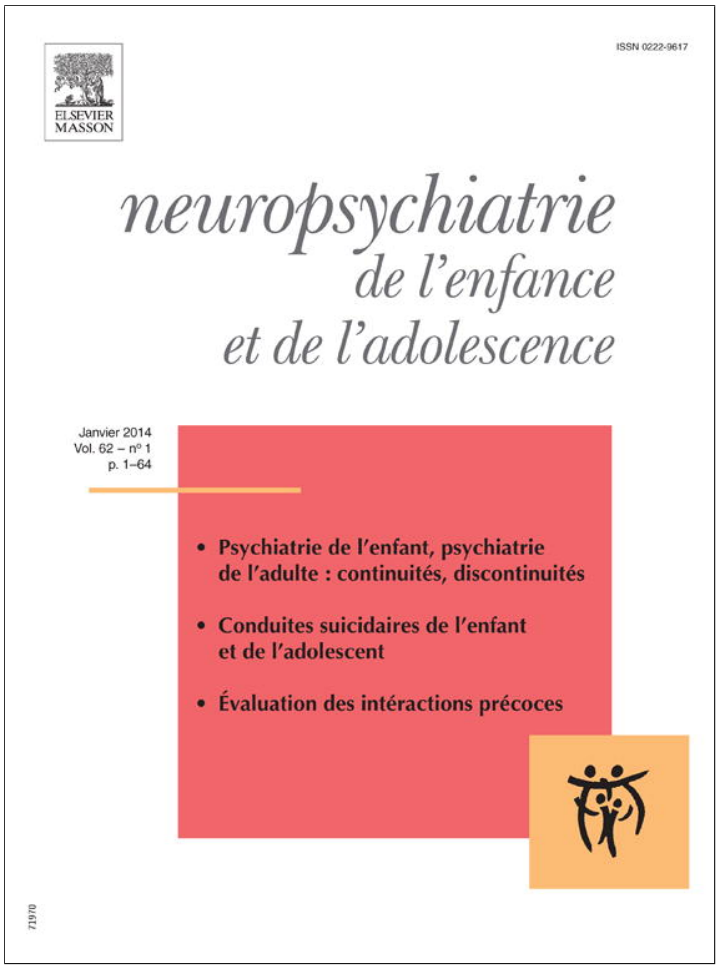

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Clinical case

Case report: Individual psychodrama for treatment resistant obsessive-compulsive disorder

Cas clinique : psychodrame individuel comme abord thérapeutique d'un trouble obsessionnel compulsif résistant

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Abstract

Despite invaluable benefits from available pharmacological and cognitive-behavioral treatments, partial or complete treatment resistance remains a major area of concern, as resistant juvenile obsessive-compulsive disorder patients usually exhibit severe forms of the illness. We here report the case of a 14-year-old girl who had been successfully treated with sertraline and psychoanalytic psychodrama. The interest of this psychotherapeutic approach in juvenile obsessive-compulsive disorder is discussed. We also report a 10-year follow-up in early adulthood.
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Keywords: Obsessive-compulsive disorder; Adolescence; Psychodrama

Résumé

Malgré les bénéfices démontrés des abords pharmacologiques et psychothérapiques cognitive-comportementaux dans le traitement du trouble obsessionnel compulsif, l'existence d'amélioration partielle, voire de résistance, reste une préoccupation majeure car elles sont plus souvent associées aux formes les plus invalidantes du trouble. Nous rapportons ici l'observation d'une jeune adolescente de 14 ans qui a été traitée avec succès par l'association de sertraline et de psychodrame psychanalytique individuel. L'intérêt de cet abord sera discuté dans le cas du trouble obsessionnel compulsif au regard des options disponibles. Nous rapporterons aussi le devenir de cette adolescente 10 ans plus tard à l'âge adulte.
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Mots clés : Trouble obsessionnel compulsif ; Adolescence ; Psychodrame

The treatment of obsessive-compulsive disorder (OCD) has changed considerably over the past 20 years, with two modalities, pharmacological treatment with potent serotonin reuptake inhibitors (SRIs) [1] and specific cognitive-behavioral therapy (CBT), being systematically assessed and empirically shown to ameliorate the core symptoms of the disorder in children and adolescents [2].

Despite invaluable benefits from these pharmacological and behavioral treatments, partial or complete treatment resistance remains a major area of concern, as resistant juvenile OCD patients usually exhibit severe forms of the illness. Augmentation or association treatment regimens have been proposed; although, at this time, no evidence-based guidelines can be recommended in this regard [2]. Besides cognitive-behavioral interventions, psychological treatments also encompass more comprehensive techniques. However, as of yet, these have not been empirically explored in children and adolescents with OCD, although some uncontrolled case studies have found psychodynamic psychotherapy useful [3,4]. The therapy should focus on the importance of mentalisation and the role of playful engagement with feelings and beliefs, rather than emphasizing a classical insight oriented interpretative approach [5].

Individual psychodrama (IP) is a psychotherapeutic approach, based on the psychoanalytic theory, which proposes the patient to play scenes – realistic or imaginary – with the

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participation of acting co-therapists, under the direction of a leader. The role of the leader is to help choose the scene, to enhance the acting by technical intervention (e.g., bringing a new topic, switching actors), and to highlight moments that evoke unconscious phenomena (e.g., lapses, suspending the play, enhance emotions). In most cases, weekly sessions are held. The duration of treatment depends on the patient's course and desire, yet in adolescents it often lasts less than six months [6]. To our knowledge, its use in juvenile OCD has never been documented.

Here we report the use of IP in a 14-year-old girl with partially treatment resistant OCD, who improved dramatically within a few months.

1. Case report

Jay was a 14-year-old girl referred to a child and adolescent psychiatric outpatient clinic because of severe OCD. At the first visit, she presented with a comorbid major depressive episode. Obsessions included fear of encountering disabled people, fear of dirt, and fear of not properly executing her physical movements. Compulsions included washing rituals, repetitions with magic numbers, and counting her steps when walking. Jay also had many avoidance behaviors, including not entering "dangerous rooms" in her own house, refusing to consult specialists in places where she could encounter disabled people, etc. Using the Yale-Brown Obsessive-Compulsive Scale for Children (CY-BOCS; maximum score = 40) and the National Institute of Mental Health – Obsessive-Compulsive scale (NIMH-OC; maximum score = 15), she scored 29 and 12, respectively. For three weeks prior to admission, Jay had not been attending school, despite her high academic performances. Her general practitioner had prescribed her several psychotropic medications, including clomipramine (75 mg/day) for 6 weeks and fluvoxamine (100 mg/day) for 10 days. No psychotherapeutic intervention had been proposed.

Jay's development appeared unremarkable. She had one older sister who was healthy. The family belonged to the upper socio-economic class. Personal history showed that Jay's obsessive-compulsive symptomatology had been present since the age of nine, yet she was only considered to have been distressed from it for the past two years. The onset of symptoms had been contemporary to a major depressive episode, which improved in a few weeks. Family history was marked by Jay's father's chronic renal disease. He had received kidney hemodialysis three times a week for the past four years, and was waiting for transplantation to be available. Medical examination was normal. Jay was a pubertal girl, yet she had not reached menarche.

Jay's evaluation and treatment were not easy to conduct because of her difficulty to consult with the clinic. Furthermore, the idea of participating in cognitive-behavioral treatment, together with a new trial of a SRI, was intolerable to her. Therefore, initial treatment was limited to sertraline (100 mg/day), with individual and family support. After three months of treatment, improvement was very limited, despite an increased dose of sertraline (150 mg per day), which was subsequently reduced back to 100 mg per day due to marked irritability (Fig. 1). Jay was still unable to return to school.

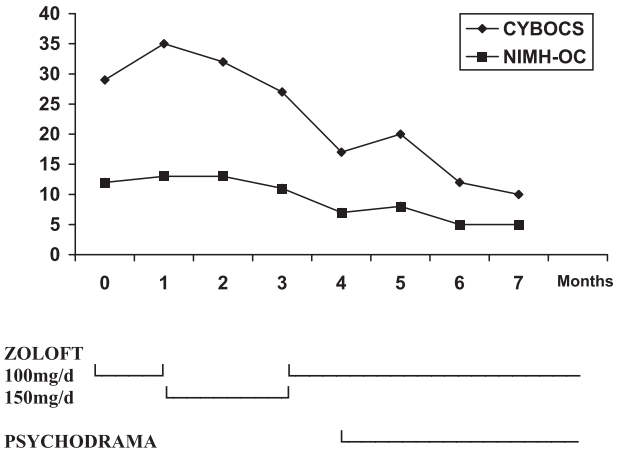

Fig. 1. The illustration shows the clinical course of obsessive-compulsive symptom severity, along with psychotherapy and medication received. ⌊: beginning of the treatment; ——: ongoing treatment; ⌋: end of the treatment; CY-BOCS: Yale-Brown Obsessive-Compulsive Scale for Children; NIMH-OC: National Institute of Mental Health – Obsessive-Compulsive Scale.

At month four, Jay entered a day care program for adolescents with psychiatric difficulties that included full schooling. She resumed her 8th grade studies there, and participated in two occupational activities – theater and pottery. She also started IP that was directed by one of us (P.D.). Without any change in pharmacotherapy, Jay exhibited regular improvement of OC symptoms, which became mild and poorly distressful within a few months (Fig. 1). The next year, the therapeutic improvement permitted her to leave the day care program, to enter a high school distant from home and to live on her own in a students' home.

At a two-year follow-up, she was still paucisymptomatic and taking medication, sertraline 50 mg/day. Treatment was monitored by her general practitioner. She was able to follow regular education finishing high school by age 18, and decided to choose an artistic field as university degree. During adolescence, she changed her style of life from a well educated classic west Parisian teenager to a much studied overlooked young adult mixing both green attitudes and provocative short haircut. She had her first sexual intercourse with a regular boyfriend, also student in the same Art school. At age 19, she was still taking SRI and came back to ask for a behavioral treatment because the remaining symptoms worsened when she tried to stop medication. She believed that she could now face this kind of approach being more mature.

2. Individual psychodrama

Although it is difficult to summarize 6 months of a psychotherapeutic process, the analysis of the therapists' notes taken after each session revealed three distinct periods of treatment, each with a specific content and meaning. At the beginning of her therapy, Jay chose scenes of everyday life that were related to her obsessive thoughts: encountering disabled people or exhibitionists. It appeared that these choices were an attempt to dominate

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her fears. The repetition of the scenes allowed for a comic effect that Jay could share with the co-therapists during the play. The second step consisted of scenes that were related to family life and its specific configuration. Jay's father appeared to be viewed negatively because of his disease and received little attention from the rest of the family. The only emotions expressed toward him were related to the anxiety and trouble Jay felt, secondary to her father's temper outbursts. In these scenes, Jay mimicked her mother's discourse, whereas, in everyday life, she tended to be in opposition to her mother's authority. The last treatment period allowed Jay to express her fears related to sexuality – through a new partner – Jay's dog. She always gave the dog role (according to psychodrama rules, dogs are allowed to speak) to the same therapist, who became a fantasmatic partner, exhibiting both hilarious and anxious feelings. When her fear of sexuality was recognized and pointed out as such by Jay herself, she felt more secure and willing to start an individual psychodynamic psychotherapy, which allowed her to pursue the therapeutic process engaged during the psychodrama treatment. At that time, OC symptoms induced minor impairment.

3. Discussion

Referring to expert consensus guidelines, CBT alone is favored as the initial treatment of choice in milder cases of OCD without significant comorbidity, whereas in severe OCD, the presences of comorbid depression, anxiety, disruptive behavior, or insufficient cognitive or emotional ability to cooperate in CBT, are indications for SRI treatment [7]. Most of the recommendations regarding treatment resistance in the field of juvenile OCD are related to pharmacological approaches [2].

The present report highlights that original psychotherapeutic approaches, such as IP, may be useful to help juvenile patients with treatment resistant OCD. Although it is not possible to generalize our findings in the absence of case series or more systematic studies, it is possible to raise their potential interest in the field of juvenile OCD. First, IP is a psychodynamic oriented technique that is usually well accepted and strongly invested in by young people, because it is based on acting. Second, besides classical psychodynamic interventions, it also permits direct or indirect behavioral and cognitive interventions. During Jay's treatment, the first scenes were specifically related to her obsessive thoughts. The repetition of the scenes, with more and more comic effects, shared with the therapists, allowed her to dominate her fears. Third, family psychopathology is neither necessary nor sufficient for the onset of OCD in a child, but families affect and are affected by the disorder, and some become extensively involved in the child's rituals or need for reassurance [8]. Although psychodrama is a patient's centered therapy, the role of parents is often evoked during the sessions, as many scenes include one or both parents. Furthermore, some of the patient's paradoxical attitudes towards his/her parents may become obvious during some acting interventions (e.g., asks the patient to switch roles during a scene, to play his/her father or mother). Fourth, transference feelings are less direct, compared to more classical psychoanalytically oriented psychotherapy, as they can be distributed on several therapists. Jay's experience with the "dog–co-therapist" was, in this respect, interesting.

We conclude that IP should be considered as a psychotherapeutic option in cases of treatment resistant OCD. It can trigger symptom improvement, as well as enhance acceptance or efficacy of more classical treatment approaches. Generalization of this finding could only be derived from other individual case reports and, possibly, a systematic comparison trial of IP with some form of cognitive-behavioral treatment.

Disclosure of interest

The authors declare that they have no conflicts of interest concerning this article.

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