



The Role of Social Case Worker in the Treatment of Contamination Obsessive Compulsive Disorder Patients with Cognitive Behavior Therapy

Laiba Naveed¹, Dr. Mumtaz Ali², Dr. Sadia Rafi³

1. M.Phil. Scholar, Department of Social Work, University of Sargodha, laibanaveed676@gmail.com
2. Assistant Professor, Department of Social Work, University of Sargodha mumtaz.ali@uos.edu.pk
3. Assistant Professor, Department of Social Work, University of Sargodha sadia.rafi@uos.edu.pk

Abstract

This study addresses the role of social case workers who have an impact through cognitive behavioral therapy (CBT) while treating Obsessive Compulsive Disorder (OCD) specifically, contamination OCD. The research was conducted by patients, social case workers, and clinical psychologists in Sargodha District (Punjab). Qualitative descriptive research methodology is used to analyze data. The study explores the lived experiences of patients with contamination OCD, the professional views of the social case worker and mental health professional. The data is collected by using semi-structured in-depth interviews with 20 individual participants (contamination OCD patients, social case workers, and clinical psychologists), and thematic analysis of the results according to Braun and Clarke's approach is used to identify recurring themes and patterns in the data by using qualitative methods. The results of this study indicate that contamination OCD has a significant impact on a patient's psychological state, routine functioning, and social relationships due to intrusive thoughts, avoidance behaviour, and compulsive cleaning behaviour. Cognitive behavioral therapy (CBT) is an effective method for treating OCD that helps to reduce the severity of the symptoms. The participant interviews revealed the effectiveness of Cognitive behavioral therapy (CBT), which helps in speedy recovery. Social case workers are a critical component in providing education about the condition, emotional support, and motivation, as well as helping manage crises and facilitate communication between patients, families, and therapists. Social workers supports in the area of treatment adherence, as well as during difficult exposures and response prevention tasks, were particularly important in combating stigma and encouraging patients in their efforts to complete treatment. The finding of this study shows that CBT therapist can build a trusting relationship with the patient based on empathy and cooperation. In conclusion, contamination OCD can be managed in the local environment with a comprehensive patient-centred approach, including social case workers working together in conjunction with CBT.

Keywords: Cognitive Behavioral Therapy, Obsessive Compulsive Disorder, Contamination OCD

Introduction

Obsessive Compulsive Disorder (OCD) is a serious mental condition in which patients faced obsessive thoughts that cause mental illness. There are tendencies to have compulsive patterns of behavior that leads to anxiety in individuals and cause obsessive disorders. The most common type of Obsessive-Compulsive Disorder is contamination Obsessive

Compulsive Disorder because the patients have extreme concern regarding becoming infected or contaminated. Individuals are obsessed in compulsive cleaning of behavior and wash. It is a very serious pattern of behavior that leads to major changes in the quality of life and everyday activities. Contamination Obsessive Compulsive Disorder is hard to treat since the patients are caught in an endless loop between the anxiety and the relief of the compensatory rituals (Abramowitz, 2018). The Diagnostic and Statistical Manual of Mental disorders (DSM) report (2013), defines Obsessive Compulsive Disorder (OCD) as “an illness which comprises either obsessions, or a combination of obsessions and compulsions”. Obsessions consist of objectionable, recurrent and intrusive thoughts. The compulsions consist of rituals which may either be of the mental or physical kind.

The common thoughts about OCD are that a person is a more organized, tidy, and clean. Themes of contamination and rituals of organization may be quite real, but themes or compulsions of the illness are much more complicated. Steinberg & Wetterneck (2016) explained that OCD has been misdiagnosed by many mental health workers. Mostly are not discussed that may include various obsessions like the fear of being homosexual or heterosexual, pedophile, criminal congress, harming an individual and fear of performing inappropriate sexual acts. Obsessions and compulsions can be differing in different people. However, all of the themes produce the same disabling anxiety. Individuals having more taboo themes are observed to be more prone to misdiagnosis. The expose and response prevents the Obsessive Compulsive Disorder which is one of the most effective treatment methods found to be effective in the therapeutic field that falls under the radius of CBT as its specialist technique. CBT finds ways of comprehending unsound thought habits leading to obsessive thoughts by use of challenge sessions involving a combination of controlled interventions used to present patients to feared situations without the usual compulsive routine. The psychotherapeutic intervention transforms the behavioral patterns and thinking functions of the patients to make them reduce their obsessive worries and compulsive behaviors. The effectiveness of CBT as a treatment of Contamination Obsessive Compulsive Disorder has been demonstrated in a number of studies due to CBT offering patients the chance to restore emotional and behavioral control (Jonsson, H. et al., 2015).

Background of the Study

Obsessive-Compulsive Disorder (OCD) is a long-term mental illness that induces obsessive thinking (obsessions) and compulsive actions (compulsions) that are severely affecting the performance of a person in their daily life activities. All kinds of OCD including contamination OCD are characterized by the exorbitant fears of germs, illnesses, or contamination with germs. It is accompanied by compulsively cleaning or avoidance behavior issues are one of the most wide-spread and exhausting (American Psychiatric Association, 2013). The use of Cognitive Behavioral Therapy (CBT) and especially Exposure and Response Prevention (ERP) technique has been widely reported as the high standard of psychological intervention of OCD including all the contamination types (Abramowitz, McKay, & Taylor, 2008). Nevertheless, the clinically relevant style of CBT does not only focus on CBT related techniques. Instead, the proficiency of CBT depends on numerous psycho-social factors such as the combination of therapist and social support with continuity of care (Franklin & Foa, 2011). In this regard, social case workers come on central stage. Social case workers offer a distinctive combination of psychological assistance, case administration, advocacy and community interface, which could be used to supplement and add informality to formal psychological therapy such as CBT. They are usually responsible to assist clients in maintaining treatment, psycho-education, family engagement, and managing environmental stressors as possible causes of the persistence of symptoms (Berg-Weger, 2017). Nevertheless, multidisciplinary mental health services are still emerging in developing

countries and their contribution in the specific mental health treatment like Cognitive Behavioral Therapy (CBT) to treat Obsessive-Compulsive Disorder (OCD) is need to be explored in the academic literature. CBT can be especially significant for Social case workers in treating as patients of contamination OCD. They are frequently face high levels of functional impairments, social reticence, and comorbidity depression or anxiety (Tolin et al., 2006). Such patients can be in need not only of clinical care but also everyday help in adaptation to daily life, adapting to life in society and being affected by the stigma of the mentally ill.

Statement of the Problem

The symptoms of contamination obsessive-compulsive disorder (OCD) recovery are proved that cognitive-behavioral therapy (CBT) are more effective treatment with more specifically exposure and response prevention (ERP). The manifestation of mental contamination is especially tricky and may not be addressed sufficiently with the typical standard interventions. Unlike contact contamination caused by physical contact with unclean or hazardous objects. Another type is mental contamination which is caused by inner psychological aspects such as betrayal, abuse, or intrusive thoughts. It has been revealed that the contamination in patients who are already sick has not been even determined. Rachman (2006) claimed that mental contamination has been related to Thought Action Fusion (TAF) and OCD. There is need to conduct further research that would help to determine the effects of the mental contamination on the effectiveness of the therapy. It has also been stated that although mental contamination has some of the characteristics of touch contamination such as distress and the desire to wash, more research is needed to establish the characteristics and relationships of all these types of contamination (Olatunji et al., 2008).

Research Questions

There are some following research questions:

1. What are the roles and responsibilities of social case workers in treating the contamination OCD patients treated by CBT?
2. What is the role of social case workers in facilitating and sustaining the application and upholding of the CBT techniques within clinical and community settings?
3. What is the role of social case workers in the contamination OCD CBT-based treatment with the patient?
4. How do social case workers cooperate with other mental health professionals (including psychologists and psychiatrists) when they are involved in working with the case of contamination OCD?

Objectives of the Study:

There are some following research objectives:

- To find out the role of social case worker in the treatment of contamination obsessive compulsive disorder patients with cognitive behaviour therapy
- To evaluate the effectiveness of Cognitive Behavioral Therapy in treating contamination-related Obsessive Compulsive Disorder.
- To find out the demographic factors affecting the success of Cognitive Behavioral Therapy in treating contamination Obsessive Compulsive Disorder.
- To find out the relationship between contamination-related obsessions and compulsive behaviors in Obsessive Compulsive Disorder patients.

Conceptual Framework:

Independent Variable:	Dependent Variable (DV):
Involvement of Social Case Worker <ul style="list-style-type: none">○ Level of participation (e.g., low, moderate, high)○ Nature of involvement (e.g., emotional support, coordination, follow-up care)	Improvement in OCD Symptoms <ul style="list-style-type: none">○ Reduction in contamination-related obsessions and compulsions (measured by tools like Y-BOCS – Yale-Brown Obsessive Compulsive Scale)
Type of Support Provided <ul style="list-style-type: none">○ Psycho-education○ Home visits and monitoring○ Family counseling○ Advocacy or resource linkage	Treatment Adherence <ul style="list-style-type: none">○ Consistency in attending CBT sessions○ Following through with CBT homework/exposure tasks
Frequency of Interaction with Patients <ul style="list-style-type: none">○ Weekly, bi-weekly, monthly sessions	Recovery Progress <ul style="list-style-type: none">○ Speed and sustainability of progress○ Reduced relapse or symptom recurrence
Collaboration with Mental Health Professionals <ul style="list-style-type: none">○ Level of coordination with psychologists/psychiatrists	Patient Quality of Life and Functioning <ul style="list-style-type: none">○ Improvement in daily living, social interaction, and emotional well-being
	Patient Satisfaction and Engagement <ul style="list-style-type: none">○ Perceived usefulness of social case worker support

Literature Review

This chapter entails a critical review of the available information on Obsessive-Compulsive Disorder (OCD) with the respect to contamination OCD which is one of the most common and disabling subtypes of the disorder. The conceptualization, symptomatology, and psychosocial effects of OCD are reviewed. It emphasize on the causes of obsessions and compulsions by contamination that affect the normal functioning of life, relationship with others, and quality of life. The chronic and repetitive character of the disorder is given a special consideration and requires structured, evidence-based, and long-lasting therapeutic interventions. Obsessive-Compulsive Disorder (OCD) is a chronic, heterogeneous, and in most cases, debilitating mental health condition. The obsessions and compulsions or both disrupts the daily functioning and psychological well-being of an individual. The Diagnostic and Statistical Manual of Mental Disorders (DSM) defines obsessions as recurrent, persistent thoughts, motive, or images which are perceived as intrusive, unwanted, and distressing and compulsions as repetitive behaviors or acts done in the mind which individuals feel compelled to do with regard to obsessions or due to rigid rules. The motivations of such behaviors are usually to avoid or lessen anxiety or distress even though they are not reasonably related to the dreaded consequences or they are obviously on the extreme. One of the most prevalent and clinically relevant subtypes of OCD is Contamination Obsessive-Compulsive Disorder (cOCD). It is defined as the excessive and unremitting fear of contamination by germs, dirt, body fluids, chemicals, or perceived environmental contaminants. Such fears are usually followed by compulsive actions and avoidant behavior like excessive hand washing, cleaning, disinfecting, avoiding places, or engaging in repeated attempts to provide reassurance in order to decrease the anxiety and avoid the perceived harm (Abramowitz, 2018). These compulsions are frequently very severe, resulting in significant impairment of daily functioning, socialization and employment. Cognitive Behavioral Therapy (CBT) has been considered as empirically valid psychological treatment of Obsessive-Compulsive Disorder (OCD). It is a specific, time-bound and goal-oriented treatment process that aims at identification and change of maladaptive cognitive styles and behavioral reactions that perpetuate the symptoms of the obsessive compulsive disorder

(Beck, 2011). CBT is based on the premise that dysfunctional beliefs and interpretations and not external situations only are the core factor in the development and maintenance of psychological distress.

Exposure and Response Prevention (ERP) is considered to be the most successful and evidence-based psychological treatment of Obsessive-Compulsive Disorder (OCD) and can be called the key intervention of the Cognitive Behavioral Therapy (CBT) of this disorder. ERP is based on the behavioral learning theory, and involves eliminating obsessive fear and anxiety through a systematic exposure of individuals to feared stimuli or intrusive thoughts and avoiding the occurrence of compulsive behaviors that tend to be short-term coping strategies (Foa & Kozak, 1986; Abramowitz, 2016). Although there have been significant progress in the knowledge, diagnosis as well as treatment of Obsessive-Compulsive Disorder (OCD), there still exist many problems that impact the proper identification of this condition and its successful management. The problem of misdiagnosis has been among the most ongoing ones in clinical management of OCD, and most of the time caused delayed intervention, aggravation of the symptomatic aspects, and functional disability. Due to the many manifestations of OCD, its symptoms may at times be mistaken with other mental illnesses like generalized anxiety disorder, depression, phobias or even some personality disorders. This is especially when the obsessions are internal in nature, or that the obsessions are socially sensitive, and therefore less noticeable to the clinicians and family members (Steinberg and Wetterneck, 2016).

Research Methodology

This research offered a methodological paradigm to explore the role of social case worker in helping patients with contamination Obsessive-Compulsive Disorder (OCD) to receive Cognitive Behavioral Therapy (CBT). The qualitative method was used to consider the lived experiences and professional practice of patients and support of emotional well-being, treatment adherence, and communication between the patient and therapist, which are offered by social case workers. Qualitative research especially comes in handy where it is applied in comprehending human experiences and meanings they assign to social phenomena (Creswell, 2013).

Research Design

To explore the feelings and experiences of participants with regards to the role of social case workers in CBT treatment of contamination OCD, the qualitative descriptive research design was used. This design facilitated the researcher to describe the phenomenon in details and in a simple way without the complicated theoretical understanding (Sandelowski, 2000).

Study Area

The research was carried out in Sargodha District, Punjab, as healthcare facilities and provision of mental health were available. The rich provision of social-cultural context and increasing awareness of mental health matters helped in gaining access to the participants with direct experience in CBT treatment and social work practice.

Study Population

The population who was to be studied included social case workers, clinical therapists and patients diagnosed with contamination OCD who were receiving CBT. The selection of these participants was informed by the fact that they were directly engaged into the treatment process, which allowed qualitative data rich and relevant information to be obtained (Miles & Huberman, 1994).

Sample Size and Sampling Methodology

Purposive sampling was used to select a sample of 20 participants to cover those participants with the related knowledge and experience. The method looks like a common sampling method employed in qualitative research in order to get in-depth information out of the information-rich participants (Palinkas et al., 2015). Saturation of data was realized when no additional themes were obtained.

Data Collection Method

Semi-structured, in-depth interviews that incorporated 28 open-ended questions were used to collect data. The approach enabled this to be flexible and to explore more about the experiences of participants thus it could be used to study complex psychological conditions (Kvale and Brinkmann, 2009).

Research Instrument

The main research instrument was a semi-structured interview guide. It contained open-ended questions involved in the demographics and OCD experiences, CBT process experiences, and the involvement of social case workers. Unstructured instruments can be used to produce qualitative data in a rich format (Patton, 2015).

Data Analysis Method

Thematic analysis was the method employed to analyze data on the basis of the six steps of Braun and Clarke (2006) framework of familiarization, coding, theme development, review, definition, and reporting. This approach assisted to detect patterns and significant themes in the qualitative data.

Results

The following section of the study discussed the results of the qualitative survey of the social case worker involvement in the management of patients having the contamination Obsessive-Compulsive Disorder (OCD) taking the Cognitive Behavioral Therapy (CBT) in District Sargodha. These results are based on 20 detailed interviews, which were carried out with patients, social case workers and mental health professionals. Thematic analysis was utilized to transcribe code and analyze data, which led to several major themes of patient lived experiences, therapeutic processes, and socio-cultural influence. The findings indicated that social case workers have a pivotal bridging role among patients, families and therapists. Their presence increased compliance with treatment, emotional support, and CBT procedure knowledge. Nonetheless, stigma, lack of awareness, and misperceptions in regards to socio-cultural aspects were also cited as barriers to effective treatment.

Participant Profile Overview

The respondents were various social economic, educational and professionally, making the results richer. The patients (between the age sizes of 18 to 40 years) claimed that symptoms of OCD had been exhibited over a few years prior to consultation with the professional, mostly due to stigma or ignorance. The experiences arising in both the male and female participants were also similar in terms of severity of symptoms and problems in coping. The social case workers had a diverse professional experience, but they all discussed their work as communication facilitators, emotional support provider, and treatment coordinators. Mental health practitioners placed greater focus on structured forms of CBT like exposure and response prevention (ERP) and cognitive restructuring. The level of education and socio-economic status affected the understanding of and adherence to treatment, whereas cultural beliefs usually postponed the help-seeking behavior.

Theme 1: Lived Experiences of Contamination OCD

Contamination OCD, participants referred to it as overwhelming, intrusive and emotionally draining. Constant anxiety about germs and contamination resulted in obsessive actions like over-swerving and avoidance that highly impaired normal operation. These results conformed to the existing literature which identified contamination fears as a fundamental OCD symptom (Rachman, 2004). Patients have confirmed that their fears were unreasonable yet hard to manage and are cognitive-behavioral models in which intrusive thoughts lead to compulsive behaviors to decrease anxiety (Salkovskis, 1985). Compulsions alleviated the disorder in an immediate way, but strengthened it in the long run (Foa and Kozak, 1986). This condition also impacted negatively on the social relationship that caused social isolation, embarrassment, and lack of understanding within family set-ups. There were no publications about the effect of cultural misperceptions and stigma on interfering with expectations of seeking treatment, which aligns with the prior results (Stein et al., 2019).

Theme 2: Role of Social Case Workers

The social case worker became an important player in the treatment process, offering psychoeducation, emotional support, and coordination among patients, families and therapists. They assisted patients to comprehend OCD as a mental disorder and enhanced adherence to treatment by the way of constant interaction. The education of families, in particular, proved to have a significant effect, whereby more awareness lessened stigma levels and support groups, which is consistent with other studies (Abramowitz et al., 2009). Motivational role was also taken by case workers who motivated patients to engage in therapy and to do exposure tasks. They also helped the patients to remain calm in cases when there was a high level of anxiety, track progress, and also fill communication gaps,

particularly with people with lower educational levels. In cultural sensitive support and stigma reduction, they played a special part within the local context (Kazantzis et al., 2018).

Theme 3: Perceived Effectiveness of CBT

CBT was commonly seen by the participants as an excellent method of coping with contamination OCD. There was also a reduction in compulsive and amelioration in emotional states and quality of life over time stated by the patients. The results corroborated the body of evidence that suggests that CBT is one of the most effective interventions of OCD (Abramowitz, 2006). Exposure and Response Prevention (ERP) was characterized as difficult and transformational, as patients can address their fears and reduce anxiety without using compulsions (Foa et al., 2012). Developing confidence and independence was a gradual process which patients went through, and organized therapy sessions had set clarity and direction. Therapists and social case workers also collaborated and this contributed even more because treatment outcome was ensured because the therapists and the social case workers continued to provide support on the implementation of CBT techniques in real life situations.

Theme 4: Socio-Cultural and Demographic Influences

Treatment experiences were largely affected by demographic and social-cultural factors. The higher the level of education, the more comprehensible and interested individuals were in therapy, and the less awareness led to misconception and delayed response to treatment (Jorm, 2012). Social-economic barriers influenced access to treatment and gender roles impacted symptom expression and help-seeking behaviors. Stigma and supernatural views towards mental illness led to further barriers to treatment due to cultural beliefs. The family support proved to be extremely important in the recovery process, and a positive environment promoted adherence to the treatment. Social case workers were crucial in helping to deal with those socio-cultural struggles by educational means and family participation.

Theme 5: Obsession–Compulsion Cycle

There was a high level of cyclical correlation between obsessions and compulsions that were reported. Anxiety resulted in intrusive thoughts, and then caused compulsive patterns, which alleviated distress in the short term, but sustained the disorder in the long term (Salkovskis, 1985; Abramowitz, 2006). CBT treatments, especially ERP, assisted patients to overcome this cycle by making them hard on compulsions and accepting anxiety. Participants noted this realization as a pivotal moment in recovery, which resulted in greater self-awareness and control of emotions.

Theme 6: Challenges in Treatment Process

Everyone was successful, but a variety of challenges were noted with CBT. The initial experiment with exposure tasks resulted in significant anxiety and distress of emotional nature, as is expected of prior research (Foa et al., 2012). There was also social stigma, ignorance, and poor attitudes toward the family, which inhibited compliance to treatment (Corrigan & Watson, 2002). Continuity of care was also impacted by structural barriers like limited accessibility and mental health resources. But with constant support of the social case workers and therapists, patients could surmount these obstacles in time.

Theme 7: Therapeutic Alliance

Therapeutic relationship between patients, therapists and social case workers was mentioned as a determinant of success of the treatment. The use of trust, empathy, and effective communication promoted patients to share their experiences openly and participate actively in therapy.

Participants indicated that feeling supported and understood decreased anxiety, and enhanced recovery motivation. These results were consistent with the findings of other studies that observe the therapeutic relationships as crucial in psychological treatment (Norcross and Wampold, 2011).

Discussion

The results of this research demonstrated that the contamination Obsessive-Compulsive Disorder (OCD) had a severe impact on psychological, social and functional welfare of patients. The respondents reported that their experiences were intrusive and distressing, and repetitive, as well as compulsive behaviors dominated their lives. The results indicated cognitive-behavioral explanations of OCD that imply that illogical interpretations of intrusive thoughts cause anxiety and compulsive behavior that tends to diminish distress (Salkovskis, 1985). The research also supported the observation that contamination fears continue to be one of the most prevalent and debilitating causes of OCD, just as the previous studies (Rachman, 2004). One of the main contributions of this research was the consideration of the role that the social case workers play in the treatment process that is critical. The results have shown that social case workers played a mediating role between patients, families, and mental health professionals through psychoeducation, emotional support, and follow-up. Their engagement enhanced treatment compliance and minimized confusion regarding the treatment processes. The findings were consistent with others that have noted the significance of collaborative and supportive care in improving the outcomes of CBT (Kazantzis et al., 2018). Social case workers played an especially important role in the culturally sensitive aspects where mental health awareness lacks.

The research also supported the usefulness of Cognitive Behavioral Therapy (CBT) especially Exposure and Response Prevention (ERP) in decreasing the symptoms of OCD. The participants have indicated that they have experienced slow progress in handling their intrusive thoughts and in the control of compulsive effects through therapeutic interventions that are organized. Though patients responded with anxiety initially because of exposure tasks, with time they become tolerant and started to fear less and have better coping skills. These results were in line with the available literature that indicated the CBT as a gold standard therapy of OCD (Foa et al., 2012; Abramowitz, 2006). CBT effectiveness was played by its structured nature and professional and social support. In addition, socio-cultural and demographic influences were also observed to be influential in determining experiences of the treatment and their outcomes. Patients were affected in OCD knowledge and treatment attendance depending on their level of education, socio-economic status, gender roles and family environment. The existence of cultural stigma and a lack of understanding of mental illness was likely to postpone the help-seeking process and support previous findings that the level of mental health literacy influenced the type of treatment undertaken (Jorm, 2012). Social case workers played a critical role in this context by alleviating these barriers by means of awareness, family involvement, and interventions that are culturally relevant. Lastly, the research noted that CBT is effective, although the treatment experience is usually filled with various difficulties such as emotional distress when performing exposure exercises, stigma, and the inability to access mental health services. Irrespective of these challenges, a well-developed therapeutic alliance among patients, therapists and social case workers proved to be very effective in improving the outcome of treatment. Reliable support and empathy and trust kept patients involved in the therapy process, and helped promote healing. These results supported the role that therapeutic relationships play in the implementation of psychological interventions (Norcross & Wampold, 2011), that incorporating social support systems into clinical practice can enhance overall mental health outcomes.

Conclusion

The conclusion of this study was that contamination Obsessive-Compulsive Disorder (OCD) is a complicated and debilitating illness of the mind which has a profound influence on the mental health of patients, their daily functioning and social relationships. The results demonstrated that intrusive thoughts, compulsive cleaning routines, and avoidance patterns compose a vicious circle of anxiety and momentary relief, contributing to strengthening the disorder in the long run. The stigma, lack of information, and socio-cultural misunderstanding that followed meant patients took some time before treatment could be sought, contributing to the symptoms even more. The research verified that Exposure and Response Prevention type of Cognitive Behavioral Therapy (CBT) is a valid and efficient intervention to contamination OCD treatment. The participants had progressive reduction of intrusive thoughts, compulsive behaviours and they were able to control their daily lives. The therapeutic process was not comfortable and led to anxiety at the beginning, though continuous involvement and organized interventions helped patients to acquire more healthy coping strategies and be able to control the symptoms in the long-term. One of the significant findings of this study contemplates the great and multidimensional contribution of social case workers to the treatment process. The social case workers served as an important connection between the patients, family, and the mental health professionals through psychoeducation, emotional support, motivation, and follow-up. Not only did they enhance treatment compliance but also assisted patients in conquering fear, stigma, and confusion about treatment. Also, their involvement in aiding communication and the assistance of clients in difficult exposure tasks added to better results in the therapeutic process.

The results further observed that the socio-cultural and the demographic factors had a strong impact on the experiences in treatments. It was determined that education level, socio-economic status, gender roles and family environment influence the level of awareness of OCD by patients seeking treatment and involvement in therapy. Major obstacles included cultural beliefs and stigma especially those related to locality of the District of Sargodha. In this light, social case workers were important in tackling these issues by using culturally sensitive interventions, creating awareness and inclusion of families. To sum up, the research highlighted that the management of contamination OCD could be addressed using a patient-centered methodology and collaboration that is multifaceted. Combining social case workers with CBT will result in a higher level of effective treatment as it will involve both the psychological and social aspects of the disorder. Enhancement of mental health awareness, accessibility of the services and interdisciplinary collaboration can also enhance the treatment outcomes and help patients live with OCD with long term recovery.

Recommendation/Suggestion

- At both the local and educational levels, mental health awareness campaigns should be implemented to decrease the stigma towards OCD and promote early help-seeking behavior, particularly, in semi-urban and rural populations.
- Mental health care teams should also include social case workers, who can be well-integrated because of their role in the treatment adherence and patient outcomes by facilitating psychoeducation, emotional support, and coordination.
- Training The social case workers need to be further trained on social case worker techniques, with particular emphasis on CBTs, and particularly the Exposure and Response Prevention (ERP) to ensure that they can assist patients in bad therapy processes.
- Family involvement- Structured counseling sessions should be encouraged during the treatment process because the supportive family environments are key to recovery and relapse prevention.

- Mental health services: Promoting community-based clinics and subsidized treatment modalities will help to make mental health services more accessible and affordable, especially among low-income populations.
- Community-specific awareness measures such as cultural misconceptions and superstitious attitudes about mental illness should be pursued to allow the communities to perceive OCD as a mental treatable disorder.
- Social case workers should, in turn, provide regular follow-up and monitoring systems that will keep patients motivated and continue with such therapy and help those at risk of dropping out.
- Gender-sensitive strategies ought to be applied to treatment planning taking into consideration the influence of social roles and expectations on symptom expression and help-seeking behavior.
- Interdisciplinary teamwork should help facilitate collaboration of psychologists, psychiatrists and social case workers to offer holistic and patient-centered care.
- Future studies ought to involve more extensive and diverse populations, such as rural ones, which will assist in becoming more familiar with the more socio-cultural influencing variables on OCD treatment and enhance evidence-based interventions.

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