



The Clinical Importance and Application Methods of Psychosocial Rehabilitation in Obsessive-Compulsive Disorder

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ABSTRACT

Obsessive-Compulsive Disorder (OCD) is a chronic mental health condition that significantly impacts individuals' daily quality of life. It's well-known that OCD deeply affects not only biological and psychological aspects but also social functioning. In this context, psychosocial rehabilitation stands out as a crucial treatment approach aimed at helping individuals adapt to social life and enhance their functionality. This narrative review aims to evaluate the role and effectiveness of psychosocial rehabilitation in OCD treatment. We explored applications based on this approach by reviewing current literature. Key findings indicate that methods like cognitive-behavioral therapy, supportive group therapies, social skills training, and vocational rehabilitation programs, implemented within rehabilitation frameworks, significantly impact individuals' social functioning and symptom management. Additionally, we examined the critical role of family and community support mechanisms in the treatment process, detailing factors contributing to an individual's psychosocial recovery. Observations show that these interventions increase individuals' participation in daily activities, strengthen their social integration, and boost their motivation for treatment. Furthermore, these rehabilitation approaches offer complementary support to traditional pharmacological and psychotherapeutic methods, providing sustainable, long-term recovery. Finally, to further strengthen the role of psychosocial rehabilitation in OCD treatment, developing comprehensive and integrated intervention programs is of great importance.

Keywords: Obsessive Compulsive Disorder, Psychosocial Rehabilitation, Cognitive Behavioral Therapy, Social Functioning, Group Therapy

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Introduction

Obsessive-Compulsive Disorder (OCD) is a chronic mental health condition characterized by involuntary and recurrent thoughts (obsessions) and the compulsive behaviors or mental acts performed to alleviate the anxiety these thoughts generate. As defined by the Diagnostic and Statistical Manual of Mental Disorders, (DSM-5-TR), and consistent with the International Classification of Diseases, (ICD-11), this disorder can manifest in both childhood and adulthood, significantly impairing an individual's functioning and quality of life (1, 2).

Prevalence and Demographics of OCD

Historically considered a rare disorder, OCD is now recognized as a widespread public health concern. According to the DSM-5-TR and findings consistent with the ICD-11, approximately 2% to 3% of the global population is diagnosed with OCD (3). While the disorder typically begins in adolescence or early adulthood, it can also manifest in preschool-aged children. Furthermore, meta-analytic findings suggest that OCD is more prevalent in women than in men (4).

Etiological Factors in OCD Development

A complex interplay of genetic, biological, and environmental factors influences the development of OCD. A significant risk factor is a family history of OCD or similar anxiety disorders (5). Additionally, childhood traumas and certain infections can act as triggers for the disorder (6). At a neurobiological level, serotonin imbalance and dysfunctions within the cortico-striato-thalamic circuit are reported to be fundamental to OCD's etiology (7). These etiological understandings align with the diagnostic criteria and conceptualizations presented in the DSM-5 and the ICD-11.

Symptoms and Impact of OCD

OCD symptoms can vary based on individual, cultural, and societal factors. Common obsessions include fears of contamination, aggressive thoughts, and a preoccupation with

symmetry or order. Compulsions often manifest behaviors such as cleaning, checking, counting, and arranging (8, 9, 10). These symptoms make it difficult for individuals to carry out daily activities, resulting in functional impairments across many areas of life, including academic achievement, job performance, family relationships, and social interactions (11).

Current OCD treatment primarily involves pharmacotherapy and cognitive-behavioral therapy (CBT) (12). However, while these methods are effective for many, they do not provide sufficient improvement for all individuals, and critically, their effectiveness in addressing the profound impact of OCD on social functioning, daily living, and quality of life appears limited (13). Many individuals with OCD continue to struggle with social isolation, vocational challenges, and impaired interpersonal relationships even after symptom reduction. This significant gap in comprehensive care underscores the urgent need for more holistic and inclusive approaches that extend beyond symptom management to actively target an individual's broader psychosocial well-being.

In this context, psychosocial rehabilitation emerges as a vital, holistic treatment approach. It aims to support individuals not only at the symptom level but also in their social, occupational, and interpersonal functioning (15). The goal of these programs is to foster sustainable recovery through structured interventions like social skills training, group therapies, vocational rehabilitation, and support systems tailored to individual life goals (16, 17).

This narrative review systematically assesses the place, application methods, and effectiveness of psychosocial rehabilitation in OCD treatment. By synthesizing findings from peer-reviewed studies, this review multidimensionally evaluates the impacts of psychosocial interventions on an individual's social functioning, quality of life, and treatment adherence.

The Role of Psychosocial Rehabilitation in OCD Treatment

Psychosocial rehabilitation is a holistic intervention process designed to help individuals cope with the psychological, social, and environmental challenges they face. This process aims to enhance an individual's mental, emotional, and social well-being while also supporting their active participation in community life (17). The rehabilitation process begins with a comprehensive assessment to determine the individual's current functioning and needs. Throughout the process, priority is given to the individual setting their own life goals. These goals aim to enable the individual to make sustainable and positive changes in their daily life (18). When integrated with CBT, this approach increases the effectiveness of OCD treatment (19).

In line with the identified goals, individualized intervention plans are developed by specialists, offering personal counseling and social support services. Thus, psychosocial rehabilitation not only enhances an individual's quality of life but also facilitates their social integration and strengthens independent living skills (16). Furthermore, studies indicate that psychosocial interventions increase individuals' intrinsic motivation and, especially in chronic mental disorders, strengthen their adherence to treatment (15). These findings support that psychosocial interventions are a critical element in increasing treatment compliance in OCD treatment (20).

OCD is a chronic mental disorder not limited to symptoms of obsessions and compulsions; it holistically affects an individual's functioning, social adjustment, life activities, and overall quality of life (11). At this point, while pharmacological interventions and cognitive behavioral therapy are primary approaches for reducing symptoms, they often fall short in helping individuals acquire social, occupational, and daily living skills (13). Especially in long-standing OCD cases, individuals often withdraw from their social circles and lose their independence. In such situations, psychosocial interventions increase an individual's motivation, support their social adjustment, and enhance their quality of life (21).

In this regard, the contribution of **psychosocial rehabilitation** to an individual's **internal development** is also noteworthy. The rehabilitation process supports individuals in better understanding themselves, realizing their potential, and achieving their life goals. This ensures not just a symptom-focused recovery, but a more sustainable and lasting recovery process where the individual integrates with their environment. In this regard, psychosocial rehabilitation should be considered not merely a complementary element in **OCD** treatment, but one of the fundamental components of a holistic treatment approach (7).

A significant portion of OCD patients struggle to maintain daily life activities as a result of the disorder. Obsessive thoughts and compulsive behaviors lead to severe impairments in functional areas such as self-care, communication, household responsibilities, and social relationships (11). Psychosocial rehabilitation plays a crucial role in addressing these functional deficits. The literature emphasizes that psychosocial interventions improve individuals' life skills, strengthen their treatment adherence, and provide lasting improvements in symptom management (22).

In this context, interventions aiming to rebuild these competencies support an individual's active participation in society and their ability to live independently. Throughout the process, individuals acquire life skills such as stress management, healthy decision-making, problem-solving, and time management. This leads to a significant improvement in their quality of life. Notably, interventions conducted in community-based rehabilitation centers have been shown to contribute to individuals resuming social roles and increasing their social adjustment (23).

Furthermore, psychosocial rehabilitation strengthens social adjustment, thereby supporting the long-term sustainability of recovery. Individuals are enabled to reconnect with their social environment, resume their societal roles, and utilize social support mechanisms. Family, friends, and professional support groups serve as crucial supportive elements in this process. The literature reports that social support mechanisms play a protective role in the recovery process and are effective in helping individuals cope with

feelings such as loneliness and worthlessness (24, 25).

Specifically, methods like social skills training and group therapies enhance an individual's communication competence, thereby reducing the risk of social isolation. In individuals who can reintegrate into society, the risk of relapse decreases, and the treatment process becomes more sustainable. Studies supporting this demonstrate that participation in peer support groups increases an individual's sense of belonging and strengthens their adherence to treatment (26).

The effectiveness of psychosocial rehabilitation in OCD treatment is supported by various studies. For example, Stein et al. (7) emphasize that OCD is not only a neurological disorder but also a multidimensional psychiatric condition that develops in interaction with social and environmental factors. While the study states that dysfunctions in cortico-striato-thalamic circuits form the neurobiological basis of OCD, it also indicates that psychosocial factors can play a decisive role in the severity, course, and treatment response of the illness. Accordingly, the importance of the psychosocial rehabilitation approach, which targets an individual's social functioning and quality of life, is highlighted (7, 27).

Finally, the effects of psychosocial rehabilitation are valuable not only at the level of professional intervention but also in terms of the individual's subjective well-being. Individuals diagnosed with OCD often struggle with intense anxiety, feelings of worthlessness, and social withdrawal. At this point, psychosocial interventions, including cognitive-behavioral group therapies, help individuals transform their relationship not only with symptoms but also with their self-perception. The social skills acquired during the rehabilitation process increase the individual's confidence in communicating with their social environment, reintegrating them into society. Furthermore, seeing themselves achieve their life goals significantly boosts their treatment adherence and life satisfaction (28, 29).

Applications and Effectiveness of Psychosocial Rehabilitation in OCD

1) Individual Therapy Approaches: CBT and New Models

Individual interventions are one of the cornerstones of the psychosocial rehabilitation process in the treatment of OCD. These interventions are structured to help individuals recognize their unique obsession and compulsion cycles, identify the cognitive distortions causing these cycles, and develop functional coping mechanisms. The most common and effective individual intervention method is CBT. Specifically, Exposure and Response Prevention (ERP), a subtype of CBT, is considered the gold standard in OCD treatment (30, 31). This approach is based on exposing the individual to the feared thought and then preventing the compulsive behavior that accompanies it. In this way, individuals learn that anxiety can decrease over time and that they can cope with these thoughts without compulsions (32).

Current research indicates that when ERP is applied individually, it provides both short-term symptom reduction and is effective in terms of long-term sustainability. The meta-analysis by Olatunji et al. (33) stated that CBT significantly reduced OCD symptoms and maintained its effect post-treatment. Furthermore, Whittal et al. (34) reported a substantial decrease in relapse rates in follow-up studies conducted after treatment.

In addition to CBT, new therapy models developed in recent years have also begun to be used in individual interventions:

Metacognitive Therapy (MCT): This approach focuses on the individual's thought process rather than the content of their thoughts. Developed by Wells (34), MCT targets "thinking about thinking" patterns related to obsessions and aims to change dysfunctional metacognitive beliefs. It's noted that MCT reduces OCD symptoms and offers an alternative approach to CBT (36).

Acceptance and Commitment Therapy (ACT): ACT encourages individuals to accept their obsessions rather than fight them, guiding their behaviors in alignment with their life values. This

method has shown effectiveness, especially in reducing compulsions and improving quality of life (37).

Inference-Based Therapy (IBT): This lesser-known but unique therapy model focuses on understanding how obsessive thoughts are maintained through illogical inferences (38). It's suggested that IBT can be effective, particularly for individuals experiencing impairments in reality-testing processes.

The effectiveness of all these intervention modalities varies depending on factors such as the individual's age, cognitive level, personality structure, and cultural context. Therefore, individualizing treatment is of great importance. Ale et al. (39) reported that personalized therapy plans, prepared by considering individuals' cognitive structures and lifestyles, increase treatment adherence and satisfaction.

2) Parental Involvement

In the treatment of OCD in children and adolescents, parental involvement plays a critical role in increasing the effectiveness of the treatment process. When parents understand their children's obsessive-compulsive cycles and actively support the treatment, it strengthens therapeutic success (40). Raising parents' awareness and involving them in the process ensures children's adherence to therapy and the continuity of home-based applications, thereby increasing the durability of treatment.

Randomized controlled trials indicate that intervention models including parental involvement are more effective in symptom reduction in children and adolescents (41, 42).

Furthermore, parental involvement is a significant factor not only during the treatment process but also in preventing relapses. Studies show that when parents can recognize early warning signs and intervene when necessary, the risk of OCD symptoms re-intensifying in children can be reduced (43). Recommended strategies to enhance the impact of parental involvement include promoting family therapies, psychoeducation programs for parents, and support groups (44). These approaches enable

parents to participate more consciously and motivatedly in their children's treatment process.

3) Group-Based Therapies

In psychosocial rehabilitation, group therapies are important approaches that enhance treatment effectiveness in OCD by providing a social support and sharing environment. The Metacognitive Education (MET) model, applied by Miegel et al. (45), aims to increase cognitive flexibility and treatment adherence by focusing on participants' thought processes. Miegel and colleagues (45) have shown that MET significantly reduces OCD symptoms and is effective in restructuring individuals' cognitive distortions. Cultural adaptations also increase treatment success; researchers like Jacob (46) and Griner et al. (47) have emphasized that integrating cultural norms and beliefs into the therapy process positively influences participation and outcomes. Williams et al. (48) and Aslam et al. (49) support that culture-specific interventions increase patient compliance and treatment adherence in OCD treatment. Jónsson et al. (13) have shown that group-based ERP is as effective as individual ERP and strengthens emotional resilience by reducing social isolation. These findings indicate that group therapies play a significant role in both reducing clinical symptoms and strengthening social support mechanisms (20).

4) Interdisciplinary Collaboration

The effectiveness of psychosocial rehabilitation in OCD treatment depends on the collaboration of experts from different disciplines. The formation of multidisciplinary teams by health professionals such as psychiatrists, clinical psychologists, social workers, nurses, and family physicians ensures the development of holistic and personalized interventions tailored to the individual's needs (50, 51). Furthermore, interdisciplinary approaches allow for the creation of more effective and sustainable treatment plans by considering the individual's cultural, psychosocial, and environmental factors (39).

Conclusion

In conclusion, the importance of psychosocial rehabilitation in the treatment of OCD cannot be overstated. It is essential to develop more comprehensive, integrated, and policy-supported intervention programs in this field. By focusing on both clinical implementation and systemic policy changes, we can genuinely aim to enhance individuals' quality of life, strengthen their social integration, and achieve sustainable recovery in the lives of individuals with OCD.

Recommendations

To increase the effectiveness of psychosocial rehabilitation in OCD treatment, more comprehensive and individualized intervention programs should be developed. These programs should include proven methods such as social skills training and group therapy, and their implementation should be guided by evidence-based practices to ensure widespread applicability and consistency. Especially in children and adolescents, increasing parental involvement will enhance the effectiveness of the treatment process; thus, accessible education programs should be systematically organized for parents to encourage their active participation.

Additionally, it is recommended that the number of support groups and community-based rehabilitation centers be increased so that individuals can benefit more from social support systems. These community-based initiatives require sustained funding and integration into existing public health frameworks to enhance accessibility and reduce social isolation. Furthermore, establishing multidisciplinary teams consisting of psychiatrists, clinical psychologists, social workers, and other healthcare professionals will offer a holistic treatment process tailored to individuals' needs, promoting seamless, coordinated care.

Extensive research should continue in this area to better understand the long-term effects of psychosocial rehabilitation on OCD and to develop future intervention programs. Future studies should focus on validating new, culturally sensitive methods and exploring their cost-effectiveness for broader policy adoption.

Finally, policymakers are urged to recognize psychosocial rehabilitation as a core component of OCD treatment, advocating for its integration into national health policies and ensuring adequate resource allocation to support its widespread implementation.

Limitations and Future Directions

This narrative review synthesizes findings from existing literature and did not employ a formal systematic search methodology. Consequently, the selection of studies may be subject to inherent biases, and some relevant research might not have been included. Therefore, the generalizability of certain findings should be considered within these limitations.

Extensive research should continue in this area to better understand the long-term effects of psychosocial rehabilitation on OCD and to develop future intervention programs. Urgent research is needed, particularly through randomized controlled trials (RCTs), to test the efficacy of culturally adapted psychosocial models across diverse populations and to explore their cost-effectiveness for broader policy adoption. Finally, policymakers are urged to recognize psychosocial rehabilitation as a core component of OCD treatment, advocating for its integration into national health policies and ensuring adequate resource allocation to support its widespread implementation.

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This study does not require ethics committee approval.

Conflict of Interest

No conflicts of interest was declared by the authors

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