



International Journal of Innovative Technologies in Social Science

e-ISSN: 2544-9435

Scholarly Publisher
RS Global Sp. z O.O.
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ARTICLE TITLE THE IMPACT OF COGNITIVE BEHAVIORAL THERAPY ON OCD'S PATIENTS

DOI [https://doi.org/10.31435/ijitss.3\(47\).2025.4061](https://doi.org/10.31435/ijitss.3(47).2025.4061)

RECEIVED 14 July 2025

ACCEPTED 23 September 2025

PUBLISHED 30 September 2025

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THE IMPACT OF COGNITIVE BEHAVIORAL THERAPY ON OCD'S PATIENTS

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ABSTRACT

Introduction: Cognitive Behavioral Therapy (CBT) is a well-established, empirically supported intervention for Obsessive-Compulsive Disorder (OCD). OCD is a chronic, debilitating condition marked by intrusive thoughts (obsessions) and repetitive behaviors or mental acts (compulsions) aimed at reducing distress or preventing feared outcomes. Affecting 1-3% of the global population, OCD significantly impairs functioning, relationships, and quality of life. CBT, particularly Exposure and Response Prevention (ERP), is a cornerstone of OCD treatment. It helps individuals confront obsessions and resist compulsions, disrupting the cycle that maintains symptoms. Through systematic exposure to feared stimuli and prevention of habitual responses, CBT promotes anxiety habituation and cognitive restructuring.

Material and Methods: Literature was gathered via PubMed, the Clinical Handbook of Psychological Disorders edited by David H. Barlow, and references from retrieved articles.

Results: OCD is a chronic illness that markedly lowers quality of life and often co-occurs with other disorders such as depression or anxiety. CBT, especially ERP, is more effective than pharmacotherapy. Neuroimaging studies (e.g., fMRI) confirm positive changes in brain activity after CBT. Regular homework between sessions is crucial for maintaining therapeutic gains.

Conclusion: Research confirms that CBT, particularly ERP, addresses core OCD mechanisms. It modifies dysfunctional thinking and behavior, reducing symptoms and improving functioning. Exposure exercises and response prevention build coping skills and reduce compulsions and obsessions. Consistent completion of therapeutic tasks, including homework, is essential for lasting outcomes. These findings highlight CBT's efficacy as a primary treatment for OCD.

KEYWORDS

Obsessive-Compulsive Disorder (OCD), Cognitive Behavioral Therapy (CBT), Exposure and Response Prevention (ERP), Mental Health Disorders, Treatment Efficacy

CITATION

Aleksandra Dorosz, Weronika Wawrzynów, Agnieszka Skoczeń, Magdalena Maria Jakubowska, Adrian Kruk, Dominika Walczak, Błażej Kaczmarek. (2025) The Impact of Cognitive Behavioral Therapy on OCD's Patients. *International Journal of Innovative Technologies in Social Science*. 3(47). doi: 10.31435/ijitss.3(47).2025.4061

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Introduction

An obsessive-compulsive disorder (OCD) is a chronic illness that is defined by persistent thoughts (obsessions) that are uncontrollable, repetitive behaviors (compulsions), or both. (5) OCD patients frequently experience symptoms that take a large amount of time, and these symptoms can significantly disrupt their day-to-day lives or cause a great deal of distress. Obsessive-compulsive disorder is a condition that severely hinders a patient's functionality and quality of life. The hallmarks of this disorder are thoughts that are excessive, inappropriate, and intrusive, which cause the sufferer to experience anxiety. Additionally, the sufferer may engage in compulsions that are time-consuming and greatly impair and disrupt them. (1) The WHO lists OCD as one of the top 10 disabling conditions. (20)

Individuals between the ages of 18 and 29 are the most likely to be affected by obsessive-compulsive disorder. It is estimated that women have around 1.6 times the likelihood of experiencing the illness compared to men. (4) Epidemiological studies indicate that more than 50% of individuals with OCD have at least one comorbid mental disorder, typically an anxiety disorder or severe depressive disorder. Furthermore, alcohol use disorder is more prevalent in individuals with OCD compared to the general population. (14) OCD is also extremely prevalent during the prenatal period. Pregnancy and the postpartum period are linked to an increased risk of beginning of obsessive-compulsive disorder. (16) A recent systematic review and meta-analysis indicated that patients with OCD have a mean lifetime suicide attempt rate of 14.2% among unnatural causes of death, including suicide. This mean is considerably greater than those recorded in the overall population. (17) Obsessive-compulsive disorder continues to be underdiagnosed and undertreated, despite the tremendous impact it has. (4)

Purpose of the study:

The aim of the study

This study aims to review and synthesize the current literature on the effectiveness of cognitive behavioral therapy (CBT), with a focus on exposure and response prevention (ERP), in the treatment of obsessive-compulsive disorder (OCD). The study seeks to explore the mechanisms by which CBT addresses maladaptive thoughts and behaviors, its impact on symptom reduction, and its role in improving patients' quality of life and functionality.

Materials and methodology

The literature was collected through searches in the PubMed and Clinical Handbook of Psychological Disorders: A Step-by-Step Treatment Manual edited by David H. Barlow and references from the initially retrieved articles.

CBT as a method of treatment - history

Up until the middle of the 1960s, obsessive-compulsive disorder was thought to be treatment-resistant. This was due to the fact that psychodynamic psychotherapy and medication had not been successful in considerably lowering the symptoms of OCD. (2) Meyer was the first person to implement the treatment of obsessive-compulsive disorder (OCD) patients using a behavioral therapy program in 1966. This program included prolonged exposure to distressing stimuli and situations combined with response prevention, which means the inhibition of activities or rituals performed to reduce discomfort (ERP). In order to aid in the fight against overt rituals, the researcher and his colleagues utilized in vivo exposure in conjunction with response avoidance. (6) The findings of the study provided evidence that the therapy was highly effective in ten out of fifteen patients, while the remaining participants showed a partial improvement. (7)

What do „cognitive” and „behavioral” stand for

An overview of the general cognitive behavioral therapy (CBT) model is significant to better understand the subject of this publication.

The behavioral model is founded on learning theories and the traditional system of reward and extinction, both of which have the ability to influence behavior. This model was constructed on the basis of the work of pioneers in experimental approaches to personality, such as Ivan Pavlov, Burrhus Skinner, and John Watson. These pioneers were responsible for the foundations of this model. The clinical use of these ideas as behavioral therapy models allowed for further development of the principles.

What happens between a stimulus and a response is the primary focus of the cognitive model, which places an emphasis on the sequence of "event – interpretation – emotion." A particular emotional response is triggered not by the event itself but rather by the interpretation of the event, despite the fact that an event is an objective truth. Emotions, in turn, are the cause of particular behaviors, which frequently act as stimulants for additional interpretations that maintain later emotional and behavioral responses. In clinical practice, the work of Albert Ellis and Aaron Beck made it possible to have this viewpoint on the problems that a patient is experiencing during their treatment. Beck defined cognitive therapy as a method that is active, directive, time-limited, and structured. This technique is founded on the concept that an individual's mood and behavior are primarily affected by how they arrange their views of the world. (3)

The great role of exposure and response/ritual prevention

By exposing patients to the content that they fear (obsessions) while simultaneously instructing them to refrain from engaging in the compulsive behavior, ERP proposes that new learning takes place. This, in turn, leads to a decrease in the salience (and frequency) of obsessive content, as well as a decrease in the frequency of compulsions. (9) This method is put into effect through exercises that involve in vivo and imaginal exposure. These exercises are carried out within the session and are also assigned as homework outside of the session. In vivo exposures involve patients exposing themselves to the actual stimuli that trigger the condition, whereas imaginal exposures involve patients vividly imagining themselves in situations that trigger the condition. This is typically accomplished through the utilization of a written or recorded script that is read or listened to repeatedly, and patients refrain from engaging in rituals or behaviors that are compulsive. It is common practice to employ the usage of imaginary exposures in circumstances where it would be either illogical or unethical to conduct in vivo interactions. Additionally, it is important to note that both approaches appear to be successful in treating OCD-specific symptoms. (10)

The first step in ERP work is to clearly explain why it is crucial to conduct exposure exercises frequently and repeatedly in order to reduce symptoms. (11)

The patient and therapist then collaborate to create an exposure hierarchy that takes into consideration all of the triggers and dreaded circumstances associated with the patient's OCD. After that, trigger scenarios are ranked from least to most upsetting, and exposure exercises are frequently designed to gradually advance through increasingly challenging exposures until every item on the hierarchy is mastered.

Exposure exercises usually entail the patient being completely exposed to a trigger scenario and recording subjective units of discomfort (SUDs), which are assessed on a scale of 0 to 100, where 100 represents the most excruciating distress ever, prior to, during, and following the exposure exercise. Patients can experience the process of habituation during exposure exercises by carefully monitoring their SUD ratings. This also identifies any expectation violations (i.e., by comparing preexposure projected peak SUDs to actual SUDs). Postexposure processing (including homework review) frequently involves focusing on new learning from exposure and addressing thoughts about uncertainty and an exaggerated sense of responsibility, which is in line with the cognitive model of OCD. (9)

The efficacy of CBT in OCD treatment

Both in-person and remote delivery of cognitive behavioral therapy (also known as ERP) has established a very solid evidence basis in the treatment of obsessive-compulsive disorder (OCD) in children, adolescents, and adults. (8) Randomized controlled trial meta-analyses have repeatedly shown that cognitive behavioral therapy (CBT) considerably reduces OCD symptoms in both adults and children. (5) CBT may serve as the primary intervention for OCD, especially if it aligns with the patient's treatment preference, if qualified clinicians are available, and if there are no comorbid conditions necessitating pharmacological treatment. Meta-analyses of randomized controlled studies demonstrate that CBT has greater effect sizes compared to pharmaceutical interventions in the treatment of obsessive-compulsive disorder. (13) Additionally, compared

to risperidone or a placebo, CBT had greater effectiveness and fewer adverse effects. (15) A study employing functional magnetic resonance imaging (fMRI) compared connection alterations before and after cognitive behavioral therapy (CBT) between obsessive-compulsive disorder (OCD) patients (N=43) and healthy controls (N=24), revealing significant neuro-connective disparities. fMRI can identify variations in blood flow and oxygenation in activated brain regions, hence correlating specific areas with their activities. Patients receiving CBT exhibited significant enhancements in neural network activity. (18) Adherence to between-session homework, such as performing ERP exercises at home, is the most reliable indicator of positive short- and long-term outcomes with CBT. (12) According to study, rigorous cognitive behavioral therapy (CBT) regimens, which are frequently shortened and sometimes given impatiently, have potential for both initial and advanced treatment of severe OCD cases. (19)

Discussion

Over the past four decades, improvements in CBT (such as E/RP) and SRI treatments have significantly improved the prognosis and results for both adults and children with OCD. (11)

As previously mentioned, the key component of an effective CBT treatment for OCD is E/RP. Even though the effectiveness of E/RP has been repeatedly demonstrated, survey studies show that E/RP is not often administered to OCD patients. Therapists' reluctance to provide E/RP faithfully can be attributed to a number of factors, such as mistaken views of E/RP as unnecessary for treating OCD, concerns about the approach's safety, and the patient's capacity to handle exposures. Thankfully, it has been demonstrated that such clinician perceptions may be changed, which emphasizes the significance of promoting E/RP more widely by clearly communicating to patients and other professionals its benefits and safety. (9)

Research on brain stimulation in OCD indicates that such treatments may offer therapeutic benefits for seriously ill individuals who have not responded adequately to pharmacological or behavioral therapies. Unlike other therapies that require time to demonstrate efficacy, brain stimulation can directly alter dysfunctional brain network circuitry associated with OCD, allowing for immediate modification. Electroconvulsive therapy has no place in the treatment of obsessive-compulsive disorder, unless there are concomitant indications. Despite non-randomized and cohort studies, case series, and certain case reports indicating potential benefits of ECT in OCD, its use is solely warranted in patients with OCD co-occurring with main depressive or psychotic disorders. (21)

Summary

Cognitive Behavioral Therapy (CBT), especially Exposure and Response Prevention (ERP), is a well-established treatment for OCD. OCD is a chronic mental illness marked by intrusive thoughts and repetitive acts to reduce distress or prevent feared outcomes. OCD, which affects 1-3% of the global population, severely impacts daily life, relationships, and quality of life. OCD often coexists with depression or anxiety. CBT, especially ERP, is a key treatment for OCD, helping patients overcome their obsessions and stop compulsive behaviors. CBT promotes cognitive restructuring and anxiety habituation by consistently exposing patients to feared stimuli and avoiding their normal responses.

The literature evaluation indicated that ERP-CBT is necessary to address OCD's basic processes. It reduces symptoms and improves functioning by targeting faulty thought patterns and compulsive behaviors. New abilities and reduced obsessions and compulsions are learned through exposure and reaction prevention. Therapeutic chores like between-session homework must be done consistently for long-term results. These data show CBT can improve cognitive and behavioral responses, making it a crucial OCD treatment.

Cognitive behavioral therapy (CBT) treats OCD in a systematic, active and directing manner. Learning theories and reward-extinction systems influence behavior. The cognitive model emphasizes "event – interpretation – emotion," where emotions drive behavior and interpretations. The active, directive, time-limited, structured strategy targets mood and behavior.

In the cognitive model of OCD, patients are shown fearful content and told not to do it. This is achieved through in vivo and imaginal exposure activities during sessions, as well as homework completed outside of sessions. In an exposure hierarchy, patient and therapist rank trigger events from least to most unpleasant.

Exposure exercises involve fully exposing the patient to a trigger scenario and documenting subjective units of discomfort (SUDs) from 0 to 100. After exposure, postexposure processing generally addresses ambiguity, overconfidence and new learning.

Meta-analyses suggest that CBT treats OCD in adults and children better than pharmaceuticals. Unlike risperidone or placebo, CBT is more effective and has fewer side effects. Compliance with between-session homework, such as ERP exercises at home, is the best predictor of CBT success.

Advancements in cognitive-behavioral therapy (CBT), particularly exposure and response prevention (E/RP), and serotonin reuptake inhibitors (SRI) have significantly improved OCD treatment outcomes over the past four decades. Despite its proven efficacy, E/RP is underutilized due to therapist misconceptions, which can be addressed through education and promotion of its benefits. For treatment-resistant cases, brain stimulation shows potential by directly altering dysfunctional brain circuits associated with OCD, offering immediate effects. However, electroconvulsive therapy (ECT) is only recommended for OCD patients with comorbid depression or psychosis.

Disclosure

Conceptualization and Methodology: AD, MMJ, AK; Software: Not applicable; Check: WW, AS; Formal analysis: DW, AD, BK; Investigation: BK, MMJ, AS; Resources: Not applicable; Writing - rough preparation: AD, AK, DW, BK, WW; Writing - review and editing: MMJ, AS; Visualization: BK, AK, WW; Supervision: DW, AD; Project administration: AD.

Receiving Funding: Not applicable.

All authors have read and agreed with the published version of the manuscript.

Funding Statement: The study did not receive special funding.

Institutional Review Board Statement: Not applicable.

Informed Consent Statement: Not applicable.

Data Availability Statement: Not applicable.

Conflict of Interest Statement: The authors declare no conflict of interest.

REFERENCES

1. Singh A, Anjankar VP, Sapkale B. Obsessive-Compulsive Disorder (OCD): A comprehensive review of diagnosis, comorbidities, and treatment approaches. *Cureus*. Published online November 17, 2023. doi:10.7759/cureus.48960
2. Foa EB. Cognitive behavioral therapy of obsessive-compulsive disorder. *Dialogues in Clinical Neuroscience*. 2010;12(2):199-207. doi:10.31887/dens.2010.12.2/efoa
3. Młynarczyk M. Techniki pracy z zaburzeniem obsesyjno-kompulsyjnym w terapii poznawczo-behavioralnej. *Acta Universitatis Lodzianis Folia Psychologica*. 2018;(22):33-54. doi:10.18778/1427-969x.22.03
4. Obsessive-Compulsive Disorder. *PubMed*. Published January 1, 2024. <https://pubmed.ncbi.nlm.nih.gov/31985955/>
5. Stein DJ, Costa DLC, Lochner C, et al. Obsessive-compulsive disorder. *Nature Reviews Disease Primers*. 2019;5(1). doi:10.1038/s41572-019-0102-3
6. Całun-Nadulska P, Sikora JM. Therapy of an obsessive-compulsive disorder in a cognitive-behavioural approach. *Psychiatria I Psychologia Kliniczna*. 2019;19(2):210-215. doi:10.15557/pipk.2019.0021
7. Meyer V. Modification of expectations in cases with obsessional rituals. *Behaviour Research and Therapy*. 1966;4(1-2):273-280. doi:10.1016/0005-7967(66)90083-0
8. Dèttore D, Pozza A, Andersson G. Efficacy of Technology-delivered Cognitive Behavioural Therapy for OCD Versus Control Conditions, and in Comparison with Therapist-Administered CBT: Meta-Analysis of Randomized Controlled Trials. *Cognitive Behaviour Therapy*. 2015;44(3):190-211. doi:10.1080/16506073.2015.1005660
9. Spencer SD, Stiede JT, Wiese AD, Goodman WK, Guzik AG, Storch EA. Cognitive-Behavioral Therapy for Obsessive-Compulsive Disorder. *Psychiatric Clinics of North America*. 2022;46(1):167-180. doi:10.1016/j.psc.2022.10.004
10. Foa EB, Steketee G, Grayson JB. Imaginal and in vivo exposure: A comparison with obsessive-compulsive checkers. *Behavior Therapy*. 1985;16(3):292-302. doi:10.1016/s0005-7894(85)80017-4
11. Barlow DH. *Clinical Handbook of Psychological Disorders: A Step-by-Step Treatment Manual*. Guilford Publications; 2021.
12. Wheaton MG, Galfalvy H, Steinman SA, Wall MM, Foa EB, Simpson HB. Patient adherence and treatment outcome with exposure and response prevention for OCD: Which components of adherence matter and who becomes well? *Behaviour Research and Therapy*. 2016;85:6-12. doi:10.1016/j.brat.2016.07.010
13. Hirschtritt ME, Bloch MH, Mathews CA. Obsessive-Compulsive Disorder. *JAMA*. 2017;317(13):1358. doi:10.1001/jama.2017.2200

14. Torres AR, Prince MJ, Bebbington PE, et al. Obsessive-Compulsive Disorder: Prevalence, Comorbidity, Impact, and Help-Seeking in the British National Psychiatric Morbidity Survey of 2000. *American Journal of Psychiatry*. 2006;163(11):1978-1985. doi:10.1176/ajp.2006.163.11.1978
15. Simpson HB, Foa EB, Liebowitz MR, et al. Cognitive-Behavioral Therapy vs Risperidone for Augmenting Serotonin Reuptake Inhibitors in Obsessive-Compulsive Disorder. *JAMA Psychiatry*. 2013;70(11):1190. doi:10.1001/jamapsychiatry.2013.1932
16. Russell EJ, Fawcett JM, Mazmanian D. Risk of Obsessive-Compulsive Disorder in Pregnant and Postpartum Women. *The Journal of Clinical Psychiatry*. 2013;74(04):377-385. doi:10.4088/jcp.12r07917
17. Albert U, De Ronchi D, Maina G, Pompili M. Suicide Risk in Obsessive-Compulsive Disorder and Exploration of Risk Factors: A Systematic Review. *Current Neuropharmacology*. 2018;17(8):681-696. doi:10.2174/1570159x16666180620155941
18. Moody TD, Morfini F, Cheng G, et al. Mechanisms of cognitive-behavioral therapy for obsessive-compulsive disorder involve robust and extensive increases in brain network connectivity. *Translational Psychiatry*. 2017;7(9):e1230. doi:10.1038/tp.2017.192
19. Kvale G, Hansen B, Björgvinsson T, et al. Successfully treating 90 patients with obsessive compulsive disorder in eight days: the Bergen 4-day treatment. *BMC Psychiatry*. 2018;18(1). doi:10.1186/s12888-018-1887-4
20. Veale D, Roberts A. Obsessive-compulsive disorder. *BMJ*. 2014;348(apr07 6):g2183. doi:10.1136/bmj.g2183
21. Rapinesi, C., Kotzalidis, G. D., Ferracuti, S., Sani, G., Girardi, P., & Del Casale, A. (2019). Brain Stimulation in Obsessive-Compulsive Disorder (OCD): A Systematic Review. *Current Neuropharmacology*, 17(8), 787–807. <https://doi.org/10.2174/1570159x17666190409142555>