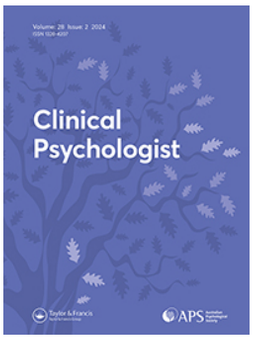

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INVITED BRIEF GUIDE TO EVIDENCE

A clinician's quick guide to evidence-based approaches: obsessive compulsive disorder (version 2)

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Introduction

The first edition of this guideline was published in 2014, shortly after the publication of the DSM-5, which had moved obsessive compulsive disorder (OCD) for the first time to being the central disorder within its own category, including disorders with similar phenomenology, such as body dysmorphic disorder, along with disorders with repetitive behaviours such as trichotillomania and skin-picking disorder. While much of the knowledge from the first edition remains current in terms of CBT as a frontline treatment, unsurprisingly this new edition also incorporates elements from the current zeitgeist of therapy more generally, including third wave approaches, advances in access to treatment, and other more recent developments.

Existing treatment guidelines

A number of treatment guidelines exist for OCD and are still considered current, although they are in some cases, a little aged. These guidelines indicate CBT as a front line treatment for OCD, incorporating exposure exercises and response or ritual prevention. Consistent with this, meta-analyses consistently show CBT to be effective for OCD in both adults and children (Reid et al., 2021), although the effect size may vary depending on comparators used, and risk of bias in studies is an issue.

- The National Institute of Clinical Excellence (NICE): https://www.nice.org.uk/guidance/cg31
- Koran, L. M. & Simpson, H. B. (2013). *Guideline Watch (2013): Practice Guideline for the Treatment of Patients with Obsessive-Compulsive Disorder*. American Psychiatric Association. https://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/ocd-watch-1410457187510.pdf

More recently, the Canadian Institute for Obsessive Compulsive Disorders has published three in-depth treatment guidelines addressing competency and knowledge standards across different domains relevant to OCD treatment. The following papers cover, respectively, psychotherapy, paediatric psychotherapy, and pharmacotherapy.

- Sookman, D., Phillips, K. A., Anholt, G. E., Bhar, S., Bream, V., Challacombe, F. L., Coughtrey, A., Craske, M. G., Foa, E., Gagné, J.-P., Huppert, J. D., Jacobi, D., Lovell, K., McLean, C. P., Neziroglu, F., Pedley, R., Perrin, S., Pinto, A., Pollard, C. A., … Veale, D. (2021). Knowledge and competency standards for specialized cognitive behaviour therapy for adult obsessive-compulsive disorder. *Psychiatry Research, 303, Article 113,752*. https://doi.org/10.1016/j.psychres.2021.113752
- Piacentini, J., Wu, M., Rozenman, M., Bennett, S., McGuire, J., Nadeau, J., Lewin, A., Sookman, D., Bergman, R. L., Storch, E., & Peris, T. (2021). Knowledge and competency standards for specialized cognitive behaviour therapy for paediatric obsessive-compulsive disorder. *Psychiatry Research*, *299*, 113854. https://doi.org/10.1016/j.psychres.2021.113854

Pharmacologically, selective serotonin reuptake inhibitors (SSRIs) remain the frontline treatment, although older agents such as clomipramine are also efficacious but have a poorer side effect profile. There is early evidence for approaches such as transcranial magnetic stimulation, deep brain stimulation, and other invasive approaches. Studies are beginning to investigate other compounds, particularly psilocybin.

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- Pittenger, C., Brennan, B. P., Koran, L., Mathews, C. A., Nestadt, G., Pato, M., Phillips, K. A., Rodriguez, C. I., Simpson, H. B., Skapinakis, P., Stein, D. J., & Storch, E. A. (2021). Specialty knowledge and competency standards for pharmacotherapy for adult obsessive-compulsive disorder. *Psychiatry Research, 300*, 113853. https://doi.org/10.1016/j.psychres.2021.113853

Useful overviews of treatment for clinicians

Many of the principles of treatment remain the same since the 2014 edition. However, importantly, models of OCD treatment now incorporate that exposure treatment should be based on inhibitory learning principles, as compared to habituation. These treatments de-emphasise the need for ERP to result in a person unlearning that obsessional stimuli are dangerous. Rather, following ERP, the person should also learn that such stimuli are safe, and such learning should be stronger than, and therefore inhibit, the original fear. As such, treatment focuses on tolerating anxiety, violating expectancies about danger, generalizing associations across contexts, and removing safety behaviours. For a review, see

- Jacoby, R. J., & Abramowitz, J. S. (2016). Inhibitory learning approaches to exposure therapy: A critical review and translation to obsessive-compulsive disorder. *Clinical Psychology Review, 49*, 28–40. https://doi.org/https://doi.org/10.1016/j.cpr.2016.07.001

The most common treatment of OCD remains based on evidence that intrusive thoughts are universal phenomena which are misinterpreted in OCD (Radomsky et al., 2014). As such, CBT incorporating both or either of exposure exercises and cognitive restructuring are the dominant treatments, in order to learn that obsessions are "safe". However, as noted in a recent review, treatment can be challenging—15.6% of patients refuse CBT and 15.9% of starters drop out, while adherence to CBT tasks predicts symptom reduction (Leeuwerik et al., 2019); this highlights the centrality of psychoeducation and the therapeutic alliance in socialising clients to the CBT model.

Useful treatment manuals and overviews based on this model include the following:

- Clark, D.A. (2020). *Cognitive-Behavior Therapy for OCD and its subtypes (2nd ed)*. Guilford.
- Foa, E. B., Yadin, E., & Lichner, T. K. (2012). *Exposure and Response (Ritual) Prevention for Obsessive Compulsive Disorder (2nd Ed.): Therapist Guide*. OUP.
- Bream, V., Challacombe, F., Palmer, A., & Salkovskis, P. (2017). *Cognitive behaviour therapy for obsessive-compulsive disorder*. OUP.
- Van Niekerk, J. (2018). *A clinician's guide to treating OCD: The most effective CBT approaches for obsessive-compulsive disorder*. New Harbinger.
- Franklin, M. E., Freeman, J. B., & March, J. S. (2018). *Treating OCD in children and adolescents: A cognitive-behavioral approach*. Guilford.
- Veale, D. (2007). Cognitive – behavioural therapy for obsessive – compulsive disorder. *Advances in Psychiatric Treatment, 13*, 438–446.

Self-help and client manuals

A number of client-oriented resources are available, for example:

- Abramowitz, J. S. (2018). *Getting over OCD: A 10-step workbook for taking back your life (2nd Ed)*. Guilford.
- Yadin, E., Foa, E. B., & Lichner, T. K. (2012). *Treating your OCD with exposure and response (ritual) prevention workbook*. OUP.
- March, J. S. (2006). *Talking Back to OCD: The Program that Helps Kids and Teens Say "no Way" – and Parents Say "way to Go"*. Guilford.
- Grayson, J. (2014). *Freedom from Obsessive Compulsive Disorder: A Personalized Recovery Program for Living with Uncertainty, Updated Edition*. Berkley Pub.

Books for carers

Families are inherently involved in OCD, with family accommodation/involvement in rituals being an important element to address in therapy, with a review of the limited trials suggesting involving family members in therapy leads to improvements in symptoms compared to individual work alone (Stewart et al., 2020). Carers of course also experience psychological distress that should be addressed.

- Abramowitz, J. S. (2021). *The family guide to getting over OCD: Reclaim your life and help your loved one*. Guilford.
- Liebowitz, E. R. (2021). *Breaking Free of Child Anxiety & OCD Scientifically Proven Program for*

Parents: A Scientifically Proven Program for Parents. OUP.

- Hershfield, J. (2015). *When a family member has OCD: Mindfulness and cognitive behavioral skills to help families affected by obsessive-compulsive disorder*. New Harbinger.
- Rachman, S., & de Silva, P. (2009). *Obsessive-Compulsive Disorder: The Facts (4th Ed)*. OUP.
- March, J. S. (2006). *Talking Back to OCD: The Program that Helps Kids and Teens Say "no Way" – and Parents Say "way to Go"*. Guilford.

Alternative forms of treatment access

With the emergence of new technology, and also the practical implications of the COVID epidemic, there has been much work in the IT-based space since the previous version of this guideline. The adoption of telehealth sessions has increased access to underserved populations (e.g., regional, rural) and allowed for *in vivo* practice of exposure exercises in the home environment (Sequeira et al., 2020). While telehealth ERP has been demonstrated to be comparable to treatment in person (see Wootton, 2016 for a meta-analytic review), it may not be as appropriate for all clients.

There have also been advances in the internet programs offering CBT. A recent systematic review and network meta-analysis found that therapist-guided and -unguided CBT were more effective than placebo and waitlist conditions, although CBT with a therapist was superior to therapist-guided internet-based CBT (Zhang et al., 2023). Some examples of Australian internet-based programs are:

- ***OCD Stop!*** *(*https://www.mentalhealthonline.org.au/programs/ocd-stop): Our own 12-week automated-self-help or therapist-assisted internet-based Australian CBT program.
- ***OCD? Not Me! Curtin Online Obsessive-Compulsive Disorder Treatment Program for Young people*** *(www.ocdnotme.com.au)* - automated Australian online CBT program for adolescents.
- ***The Mindspot OCD Course*** ***(****https://www.mindspot.org.au/treatment/our-courses/ocd-course/****)*** **–** *five lessons over 8 weeks available in self-help or guided formats for Australian residents.*
- ***This Way Up!*** *(https://thiswayup.org.au/programs/ocd-program/)* – A six lesson course available as self-guided for a cost, or for free with a clinician referral.

An exciting emergence in terms of increasing the practical availability of OCD treatment is to use an intensive treatment approach, with the Bergen 4-day treatment particularly showing favourable outcomes and low drop-out rates in adults and children. The therapy uses a group-setting but with a novel 1:1 therapist–client ratio, leading to individual treatment in a group setting, with an emphasis on anxiety tolerance ("LEan into The Anxiety"; LET). For example:

- Launes, G., Hagen, K., Sunde, T., Öst, L. G., Klovning, I., Solem, S., … & Kvale, G. (2019). A randomized controlled trial of concentrated ERP, self-help and waiting list for obsessive-compulsive disorder: the Bergen 4-day treatment. *Frontiers in Psychology, 10*, 486492. https://doi.org/10.3389/fpsyg.2019.02500

Assessment

While many scales assess OCD and associated features, the following are most common:

- Gold standard – clinician-rated Yale-Brown Obsessive Compulsive Scale (YBOCS) and the child version (CY-BOCS). Comprises five obsession and five compulsion items, on a severity scale of 0-4, as well as an OCD symptom checklist. The Y-BOCS and YBOCS-II are copyrighted and cannot be copied, distributed, or modified without the written permission of Dr. Goodman, although they are hosted on many sites on the internet. The YBOCS-II is the latest version, although many treatment trials still use the original. There is an equivalent children's version (the CY-BOCS).
- Self-report scales – 18-item Obsessive Compulsive Inventory-Revised (OCI-R; Foa et al., 2002) [cut-off of 21] and the Dimensional OCD Scale (DOCS; Abramowitz et al., 2010) [cut-off of 18]. These are widely available on the internet and free for use.
- Related scales: The obsessive beliefs questionnaire (OBQ; Obsessive Compulsive Cognitions Working Group [OCCWG], 2001) assesses relevant cognitions; a short form is available (OBQ-20; Moulding et al., 2011). The Family Accommodation Scale (FAS) assesses family involvement or facilitation of rituals and is available in clinician scored and self-report versions (e.g., Wu et al., 2016). All are free of use and available on the internet.

Other and emerging treatments

In terms of other psychological treatments, O'Connor and Aardema and colleagues have developed an approach based on the narratives underlying intrusive thoughts and reasoning errors, which has shown efficacy in some clinical trials. Other approaches look to incorporate third wave techniques into treatment, including self-compassion, mindfulness and acceptance and commitment therapy

- O'Connor, K., & Aardema, F. (2011). *Clinician's handbook for obsessive compulsive disorder: Inference-based therapy*. Wiley.
- Quinlan, K. (2021). *The self-compassion workbook for OCD. Lean into your fear, manage difficult emotions, and focus on recovery*. New Harbinger.
- Hershfield, J., & Corboy, T. (2020). *The mindfulness workbook for OCD: A guide to overcoming obsessions and compulsions using mindfulness and cognitive behavioral therapy*. New Harbinger.
- Ona, P. E. Z. (2021). *Living Beyond OCD using acceptance and commitment therapy: A workbook for adults*. Routledge.

Multiple research groups have also begun to elaborate on cognitive-behavioural models of OCD, incorporating attachment and self-based approaches (Kyrios et al., 2016), as well as cognitive rehabilitation (Bhattacharya et al., 2023) and meta-cognitive (Miegel et al., 2021) approaches. While evidence for the treatment efficacy of these approaches has yet to be established, they constitute useful ways forward in terms of developing new treatment options.

Useful links

- **OCD Bounce** – An Australian website with OCD information & therapist directory (https://ocd.org.au/)
- **So OCD –** A new Australian website with OCD resources (https://soocd.com.au/).
- **International OCD foundation** – A long established foundation to assist with OCD (https://iocdf.org/).
- **OCD-UK –** A UK site dedicated to the understanding of OCD (https://www.ocduk.org/)

Main messages

(1) OCD is a complex disorder characterised by obsessions and/or compulsions, commonly comorbid with depression or anxiety disorders, and with clients ranging in level of insight.
(2) A range of clinician- and self-rated measures can be used to assess severity.
(3) Treatment guidelines support CBT as the first line of treatment.
(4) Modality of CBT can include face-to-face individual or group therapy, audio- and video-conferencing, bibliotherapy, and online automated or therapist-supported treatment, and intensive formats.
(5) Efficacy of involving family members to support treatment has been established, especially for children/adolescents.
(6) Psychotropic medications, particularly serotonin reuptake inhibitors (SSRIs), are used either alone or in conjunction with CBT. SSRIs are particularly useful where major depression is comorbid, OCD is severe, or clients have not responded to CBT. Psychiatric/medical review can also recommend other psychotropics.

Disclosure statement

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