Intensive Cognitive Behavioral Treatment for Youth with Obsessive-Compulsive Disorder: Identifying Optimal Setting and Dose

Selles, R., ¹,² Naqqash, Z., ¹,² & Stewart, S. E. ¹,²

(¹) Department of Psychiatry, University of British Columbia; (²) BC Children’s Hospital Research Institute

Funding: BC Children’s Hospital Research Institute, the Michael Smith Foundation for Health Research, and BC Children’s Hospital Foundation.

Study Staff: Diana Franco-Yamin, Laura Belschner, Xiaolei Deng, Carla Oberth, Serene Qiu, Jessica Ferreira, and Juliana Negreiros.

Introduction

Cognitive behavioral therapy (CBT) focused on exposure and response prevention (ERP) is the first-line treatment for pediatric OCD. However, it remains difficult to access and a portion of youth demonstrate suboptimal response. Continued efforts to optimize CBT through novel approaches to treatment delivery are needed, such as:

- **Intensive Formats**: Compressing the traditional weekly 1-hour format of CBT (e.g., 3-hour sessions) has demonstrated faster response rates with comparable long-term outcomes.
- **Flexible Dose**: Adjusting treatment dose may reduce unnecessary resource use for early responders (benefit after approximately 6-8 hours) while ensuring adequate treatment for more severe youth.
- **Treatment Setting**: Providing treatment in natural environments (e.g., home, community), rather than hospital settings, may increase the generalizability of treatment experiences and enhance outcomes.

Present Study

Implement an intensive CBT program that incorporates flexible dosing based on patient preference and compares outcomes when families are randomized to receive care in home versus hospital settings.

Methods

Participants:

- 48 families were referred to the study and were screened
  - 27 youth were deemed eligible, with four excluded from analyses:
    - Drop out before Phase I completion (n = 1); COVID-19 (n = 3)
  - Final Sample: 23 OCD-affected youth and their families
  - M = 14.5-years old; 65% male

Procedures:

- Randomized. Completed initial treatment phase (introductory session + 2x3-hour ERP sessions). Were assessed.
- Recovered youth transitioned to follow-up. Still-affected youth transitioned to second treatment phase, had access to up to four additional ERP sessions (one per week).
- Youth were re-assessed and transitioned to follow-up when they had used the number of sessions desired (or had completed all four).
- In follow-up, youth received up to three 30-minute booster calls before being re-assessed at 1-month following treatment completion.

Measures:

- Outcome measures included the: Children’s Yale-Brown Obsessive Compulsive Scale (severity, rated by clinician), Child Obsessive Compulsive Impact Scale (impairment, rated by youth and parent), and Family Accommodation Scale (accommodation, rated by parent).
- Treatment satisfaction items were rated from 0 (not true) – 100 (true).

Results

Outcomes of Intensive Treatment:

- 70% of youth (n = 16) were treatment responders (≥35% ↓ in severity)
- 35% (n = 8) were considered in remission (≥55% ↓ in severity)
- Reductions in symptom severity, impairment, and family accommodation across treatment are presented below.

Flexible Dose:

- Participants used an average of four ERP sessions.
  - Two participants scored below the remission cut-off and entered follow-up directly after Phase 1
  - An additional three youth declined additional sessions.
  - Nine youth utilized all six sessions.

Conclusions

Youth who participated in the study demonstrated clinically significant improvements across core outcome variables and families rated the treatment program highly.

- Results suggest that:
  - Intensive CBT is a feasible, acceptable, and effective, format for providing treatment to OCD-affected youth.
  - Incorporating flexibility in treatment dosing optimizes the level of care to individual families while conserving resources.
  - Home-based sessions appear to offer small additional benefits to treatment outcome.

Future Directions

- Considering relative benefit of home sessions when accounting for additional costs (clinician travel time and expenses).
- Examining predictors of response and increased session utilization.
- Exploring maintenance of outcomes at 6-month follow-up.
- Replicating treatment program using virtual health care platforms and comparing outcomes.

Results (continued)

Treatment Satisfaction:

- Parents were extremely positive about the treatment program.
- Youth also rated the treatment positively, although ratings were neutral in regard to the treatment being pleasant and easy to complete.

About Treatment

- Easy to understand
  - Child: 80
  - Parent: 85
- Easy to complete
  - Child: 53
  - Parent: 80
- Pleasant
  - Child: 52
  - Parent: 75
- Helpful
  - Child: 77
  - Parent: 91
- Convenient
  - Child: 70
  - Parent: 78
- Relevant to symptoms
  - Child: 77
  - Parent: 90
- Worth time/effort
  - Child: 82
  - Parent: 92
- Would recommend to others
  - Child: 92
  - Parent: 96
- Should be available post-study
  - Child: 89
  - Parent: 97

About Clinicians

- Cared about me
  - Child: 78
  - Parent: 96
- Cared about what I wanted
  - Child: 84
  - Parent: 96
- Was supportive
  - Child: 84
  - Parent: 96
- Was on my side
  - Child: 83
  - Parent: 96
- Understood me and my symptoms
  - Child: 81
  - Parent: 94
- Was skilled and knowledgeable
  - Child: 83
  - Parent: 97

Number of ERP Sessions

- Two sessions: 5
- Three sessions: 1
- Four sessions: 5
- Five sessions: 3
- Six sessions: 9

Change Over Treatment

- Baseline
- Post 1
- Post 2
- IMFU

Severity of Compulsive Impact Scale

<table>
<thead>
<tr>
<th>Change Over Treatment</th>
<th>Baseline</th>
<th>Post 1</th>
<th>Post 2</th>
<th>IMFU</th>
</tr>
</thead>
<tbody>
<tr>
<td>35%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>55%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>