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

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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.

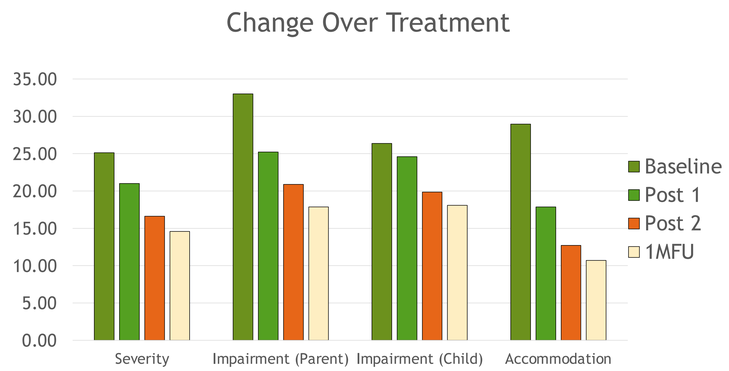
Measures:

- 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

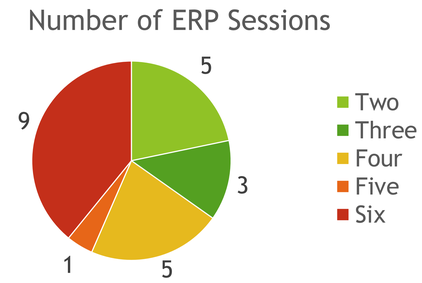
Outcomes of Intensive Treatment:

- 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 I
  - An additional three youth declined additional sessions.
  - Nine youth utilized all six sessions.



Treatment Setting:

- Session utilization was comparable across setting.
- At 1MFU, The home condition demonstrated:
  - Small advantages in reducing symptom severity (d = 0.25)
  - Moderate advantages in reducing youth impairment (d = 0.48).

VS

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

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

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.