

DOES YOUR CHILD SUFFER FROM OBSESSIVE COMPULSIVE DISORDER?



If so, your child may be eligible to receive intensive behavioral treatment for free as part of a new research study offered by the Provincial OCD Program at BC Children's Hospital



Obsessive compulsive disorder (OCD) affects approximately 1-2% of youth. It is characterized by obsessions and compulsions.

Obsessions are persistent and distressing thoughts, urges, or images. Common obsessions include contamination concerns (e.g., germs, dirt, illnesses), unwanted thoughts (e.g., harm, sexual, sacrilege, superstition), and feelings of 'incompleteness.'

Compulsions are behaviors or mental acts that are repeated again and again in a specific way to prevent/reduce distress or a feared event. Common compulsions include washing/cleaning, checking/reassurance, avoiding, and ordering/arranging.

Youth with OCD spend a lot of their time struggling with their symptoms. The symptoms cause problems for youth in many aspects of their and their families lives.

This study will look at the benefits of intensive **exposure and response prevention (ERP)**. Research has shown ERP to be effective in reducing the severity of OCD and associated child- and family-impairment. As a result, it is considered the first-line treatment.

The goal of the study is to determine how much ERP youth need to get better and whether different ways of providing the treatment impact how well or quickly it works.

Participants in this study will receive a diagnostic assessment, ERP treatment, and modest compensation for time spent on assessments/travel. Specific details about the study procedures are provided on the back of this page.

Participation in this study is voluntary. Participation in the study. Even if you initially agree to be part of the study, you may withdraw at any time.

To join the study, youth must be:

- 1) Between 7 – 19 years of age
- 2) Meet diagnostic criteria for OCD at moderate or higher severity
- 3) Willing, and have at least one parent/guardian willing, to participate in the treatment study
- 4) Not on, or on a stable dose of, psychotropic medication (participation can be delayed until stable)
- 5) Sufficient in English to complete questionnaires (also applies to parent/guardian)
- 6) Living within Greater Vancouver (within 60-minutes drive of BC Children's Hospital)

Research staff will conduct an initial parent phone interview to make sure that your child is likely eligible to participate in this study. You will have the opportunity to discuss any questions you may have with a member of our team.



The study is being conducted by Dr. S. Evelyn Stewart and Dr. Robert Selles.

If you are interested in participating in the study, please contact Zainab Naqqash at (604) 875-2000 (ext. 3068) or zainab.naqqash@bccchr.ca.



Study Procedures

Screening Phase

Pre-Consent Screen: After contacting the program regarding the study, a study staff will briefly review the criteria for a youth to be eligible for the study. If a child is likely to be eligible, the participants will be invited to consent to participate in the study.

Post-Consent Screen: After consent, participants will be screened in more detail to determine if they are likely to be eligible for the study (30 min). Participants who are likely eligible will be scheduled for the diagnostic assessment.

Diagnostic Assessment: Participants will complete a telephone assessment (2 hours) and online questionnaires (1 hour). Participants who meet eligibility criteria will continue. Ineligible participants will exit the study and not complete any of the following.

Baseline Assessment and Introductory Session: Participants will complete a 90-minute baseline assessment and receive a 90 minute introductory session. Participants who meet eligibility criteria will begin treatment the following

Treatment Phase

Initial Dose: Eligible youth will receive two 3-hour ERP sessions. Participants will be randomized to receive the sessions either at the hospital or at community locations relevant to their symptoms (e.g., home, mall, downtown). Six days after the second session, participants will complete a telephone assessment of OCD symptoms (30 min). Youth in remission (i.e. no longer experiencing problematic OCD symptoms) will complete post-treatment questionnaires online (1 hour) and enter the follow-up phase.

Additional Doses: Youth not in remission will receive one additional 3-hour ERP session per week until they achieve remission or until they have completed the maximum of four additional ERP sessions (6 total). Telephone assessments will be conducted every six days following the ERP sessions. Whenever a youth achieves remission or completes all four additional sessions, they will complete post-treatment questionnaires online and enter the follow-up phase.

Follow-Up Phase

Boosters: Participants will receive a 30-minute phone check-in per week for three weeks after completing treatment.

Follow-Up Assessments: One-month and six-months following treatment completion, participants will complete a telephone assessment of OCD symptoms (30 minutes) as well as online questionnaires (1 hour).



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