

Remote Treatment of Obsessive-Compulsive Disorder: Results from 3 Trials Demonstrating the Efficacy of Guided and Self-Guided Administration.

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The Team at the eCentreClinic ...

- **Directors:**
Associate Professor Nick Titov
Dr. Blake Dear

- **The Team:**
Luke Johnston
Dr. Judy Zou
Dr. Carolyn Lorian
Jay Spence
Genevieve Schwencke
Sharon Lu
Amanda Mullin
Matthew Terides

eCentreClinic 
CENTRE FOR EMOTIONAL HEALTH

Overview

- Obsessive-Compulsive Disorder (OCD)
- Efficacy of remote treatment for OCD at the eCentreClinic
 - Study 1: Feasibility study
 - Study 2a: RCT: Internet vs. Bibliotherapy vs. Waitlist Control
 - Study 2b: Reduced Contact Open Trial
 - Study 3: Self-guided open trial
- Future research
- General conclusions

Obsessive-Compulsive Disorder

- Obsessions and Compulsions
 - Contamination
 - Harming
 - Unacceptable thoughts
 - Symmetry/Order
- Prevalence: 2% (Australian Bureau of Statistics, 2007)
- Treatment is delayed for many years (Abramowitz 1996)
- Treatment often not evidence-based (Crino, Slade & Andrews, 2005)

Cognitive-Behavioral Treatment of OCD

- Cognitive Behavior Therapy (CBT) is effective in the treatment of OCD

Study	Rosa-Alcazar et al. (2008)	Eddy et al. (2004)	Abramowitz (1997)
Effect Size	1.0	1.5	1.2

- CBT treatment generally involves:
 - Exposure and response prevention (ERP)
 - Cognitive techniques to address common cognitive biases
 - Behavioral experiments

The Program: *The OCD Course*

ABOUT OBSESSIONS

Obsessions can be about anything, but they tend to fall into the following four categories:

1. Doubting/Harming Obsessions

People with these obsessions tend to worry about whether or not they have done certain things which may cause harm to themselves or others.

2. Contamination Obsessions

People with these obsessions tend to worry that they might become contaminated from things like body fluids, dirt or germs.



The Program: *The OCD Course*

WELCOME TO LESSON 1!

Welcome to the OCD Course. My name is Bethany Wootton. I am a Clinical Psychologist experienced in working with people with OCD. I have developed this Course as part of my PhD studies at Macquarie University. I will be your guide.

I am supervised and supported by Associate Professor Nick Tioh and Dr Blake Dear, the Director and Deputy Director of the eCentreClinic.

The aim of this Course is to teach you practical and helpful techniques to reduce your symptoms of Obsessive Compulsive Disorder (OCD).



Bethany Wootton



Assoc. Prof. Nick Tioh



Dr. Blake Dear



The Program: *The OCD Course*

 **ABOUT JO, GLENN, & JANE**

Most of our participants learn a lot from the experience of other participants.

So, during each lesson I will include comments from **Jo, Glenn, & Jane**.

For confidentiality reasons these aren't real people, but they are based on many participants who we have worked with over the years.

They will help me teach you the material in this Course.



Jo



Glenn



Jane

Let's meet them ...



Outcome Measures

- Yale-Brown Obsessive Compulsive Scale (YBOCS)
 - Range 0-40 (scores ≥ 16 clinically significant)
 - Clinician administered and self-guided
- Patient Health Questionnaire (9-item) (PHQ-9)
 - Range 0 – 27
 - ≥ 10 indicates moderate symptoms
- Administration:
 - Pre-treatment
 - Post-treatment
 - 3 month follow-up

Study 1: Feasibility Study

Study 1: Feasibility Study

- **Inclusion/Exclusion:**

Inclusion	Exclusion
Aged 18-65	Currently participating in treatment
Australian resident	Drug/Alcohol abuse
Access to Internet and Printer	History of Psychosis/Mania
Primary diagnosis of OCD	Recent medication changes
YBOCS \geq 16 or subscale score \geq 10	Suicidal plans or severe depression

Study 1: Feasibility Study

- **Aims:**

- Is Internet based CBT efficacious for obsessive compulsive disorder?
- Is it an acceptable treatment for participants?

- **Method:**

- 22 participants
- Twice weekly therapist contact with therapist assisted hierarchy development
- *Moderated participant forum*
- Automated reminder emails
- 8 week treatment

Study 1: Feasibility Study

Results:

	<i>n</i>	Contact	Effect size (<i>d</i>)		Symptom reduction (YBOCS)	% Clin Sig Change	Drop out (%)
			<i>Pre-Post</i>	<i>Pre-Follow up</i>			
Study 1	22	86 mins	1.5	1.2	36%	46%	5%

- Effect size: Cohen's *d* – BOCF
- Clinically significant change: Meets criteria for Reliable Change Index and YBOCS score ≤ 14
- Drop out – those that did not complete post-treatment YBOCS



Study 1: Feasibility Study

- **Acceptability:**
 - 100% were either “very” or “mostly satisfied”
 - 100% would recommend program to a friend
- **Conclusions:**
 - Preliminary evidence to suggest that OCD can be treated online
 - Small amount of therapist time is required
 - Participants found the program highly acceptable



Study 2: Remote Treatment for OCD: A Randomized Controlled Trial

Study 2a: Randomized Controlled Trial

2 main types of remote treatment:

- iCBT
- Bibliotherapy

- Different strengths and weaknesses

- Patients may prefer one to the other

- No studies have compared the two treatment modalities in OCD

Study 2a: Randomized Controlled Trial

- **Inclusion/Exclusion:**

Inclusion	Exclusion
Aged 18-65	Currently participating in treatment
Australian resident	Drug/Alcohol abuse
Access to Internet and Printer	History of Psychosis/Mania
	Recent medication changes
	Suicidal plans or severe depression

- Needed to have OCD symptoms, but not necessarily primary OCD
- Criteria were reduced to make the study more ecologically valid

Study 2a: Randomized Controlled Trial

- **Aims:**

- Investigate the efficacy of iCBT compared to control
- Investigate the efficacy of Bibliotherapy compared to control
- Is there any difference in efficacy between the two active groups

- **Method:**

- 52 participants
- Twice weekly therapist support (*hierarchy not assisted by therapist*)
- No automated reminder emails
- 8 week treatment

Study 2a: Randomized Controlled Trial

	<i>n</i>	Contact	Effect size (<i>d</i>)		Symptom reduction (YBOCS)	% Clin Sig Change	Drop out (%)
			<i>Pre-Post</i>	<i>Pre-Follow up</i>			
Study 1	22	86 mins	1.5	1.2	36%	46%	5%
Study 2 (iCBT)	15	89 mins	2.2	1.3	35%	27%	33%
Study 2 (bCBT)	20	103 mins	1.7	1.3	29%	30%	25%

Study 2a: Randomized Controlled Trial

- **Acceptability**

- Percentage either “very” or “mostly satisfied”
 - Bibliotherapy – 73%
 - Internet – 78%
- Percentage that would recommend program to a friend
 - Bibliotherapy – 93%
 - Internet - 100%

Study 2a: Randomized Controlled Trial

- **Conclusions**

- Further evidence to suggest that OCD can be treated remotely
- Preliminary evidence to suggest that iCBT and bCBT result in similar outcomes
- Remote treatments are cost effective in terms amount of therapist guidance required

Study 2b: Reduced Contact An Open Trial

2b: Reduced Contact Open Trial

- **Aims:**
 - To investigate the efficacy of iCBT with weekly contact
 - Investigate the importance of automatic reminders during follow up period
- **Method:**
 - 17 participants
 - Weekly therapist contact
 - Automated reminder emails
 - Weekly encouragement emails between post-treatment and follow-up
 - 8 week treatment



2b: Reduced Contact Open Trial

	<i>n</i>	Contact	Effect size (<i>d</i>)		Symptom reduction (YBOCS)	% Clin Sig Change	Drop out (%)
			<i>Pre-Post</i>	<i>Pre-Follow up</i>			
Study 1	22	86 mins	1.5	1.2	36%	46%	5%
Study 2a (iCBT)	15	89 mins	2.2	1.3	35%	27%	33%
Study 2a (bCBT)	20	103 mins	1.7	1.3	29%	30%	25%
Study 2b	17	57mins	1.1	1.5	28%	33%	24%



2b: Reduced Contact Open Trial

- **Acceptability**
 - 78% either “very” or “mostly satisfied”
- **Conclusions**
 - Large effect sizes can be obtained by just contacting participants once a week
 - Automatic reminders appear important for reducing drop out rates and increasing outcomes

Study 3: Self-guided iCBT for OCD

Study 3: Self-guided Open Trial

- **Aims:**
 - To investigate the efficacy of self-guided iCBT
- **Method:**
 - 16 participants
 - Nil therapist contact
 - 8 week treatment



Study 3: Self-guided Open Trial

	<i>n</i>	Contact	Effect size (<i>d</i>)		Symptom reduction (YBOCS)	% Clin Sig Change	Drop out (%)
			<i>Pre-Post</i>	<i>Pre-Follow up</i>			
Study 1	22	86 mins	1.5	1.2	36%	46%	5%
Study 2a (iCBT)	15	89 mins	2.2	1.3	35%	27%	33%
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Study 2b	17	57mins	1.1	1.5	28%	33%	24%
Study 3	16	-	0.6*	0.7*	11%	19%	69%

- YBOCS self-report used



2b: Reduced Contact Open Trial

- **Acceptability**
 - 80% either “very” or “mostly satisfied”
 - 80% indicated that they would recommend program to a friend

Future Research

- Does presentation of material matter?
- What is the optimal level of therapist contact?
- Does therapist assistance during hierarchy development matter?
- Do participant forums improve efficacy?
- What is the role of reminder emails in reducing drop-out?
- Do automatic emails in the post-treatment period facilitate long term outcomes?
- What are the long term outcomes after iCBT?
- Is self-guided iCBT more effective than control?

General Limitations

Limitations:

- Small sample size
- Open trial design in some studies
- Independent evaluators not used

General Conclusions

- OCD is a common and chronic disorder, which causes considerable disability and impairment
- There are many barriers to accessing evidence based care
- Remote treatments can be used as a way to overcome these barriers
- iCBT is an efficacious treatment option for OCD and our effect sizes are comparable to other iCBT research for OCD ($d = 1.6$ Andersson et al 2011; Andersson et al 2012).

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Compulsive Disorder:
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Efficacy of Guided and Self-Guided
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Thank You....



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