



A clinician's quick guide of evidence-based approaches: Obsessive–compulsive disorder

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In DSM-5, obsessive–compulsive disorder (OCD) is included in a new broad category of disorders, the obsessive compulsive and related disorders, distinguishing OCD from other anxiety disorders and bringing together disorders with complex underlying dimensionality.

A long list of resources is available at: www.ocfoundation.org/Books.aspx.

Existing Treatment Guidelines

- The National Institute of Clinical Excellence (NICE): <http://publications.nice.org.uk/obsessive-compulsive-disorder-cg31>.
- American Psychiatric Association. (2007). *Practice guideline for the treatment of patients with OCD*. Washington, DC: Author. Available at: <http://psychiatryonline.org/data/Books/prac/OCDPracticeGuidelineFinal05-04-07.pdf>. Also see the update at <http://psychiatryonline.org/content.aspx?bookid=28§ionid=40634994>
- Canadian Psychiatric Association. (2006). Clinical practice guidelines: Management of anxiety disorders. Obsessive–compulsive disorder. *Canadian Journal of Psychiatry*, 51(Suppl 2), 43S–50S. <http://publications.cpa-apc.org/media.php?mid=443>
- Australian Psychological Society (APS). (2013). *Evidence-based quality information for psychologists (eqip). Obsessive compulsive disorder*. <http://eqip.psychology.org.au/information-sheets/OCD/>

Useful Overviews of Treatment for Clinicians

- Steketee, G. S. (1993). *Treatment of obsessive–compulsive disorder*. New York: Guilford.

- Clark, D. A. (2004). *Cognitive-behavior therapy for OCD*. New York: Guilford Press.
- Swinson, R. P, Antony, M. M., Rachman, S., & Richter, M. A. (Eds.) (1998). *Obsessive–compulsive disorder: Theory, research and treatment*. New York: Guilford.
- Veale, D. (2007). Cognitive–behavioural therapy for obsessive–compulsive disorder. *Advances in Psychiatric Treatment*, 13, 438–446.
- An upcoming special edition of *Psychiatry Research* by the Canadian Institute for Obsessive Compulsive Disorders reviews the treatment of OCD in adults and children/adolescents.

Evidence-Based Treatment Manuals

- Barrett, P. (2009). *FOCUS for Life: Freedom from obsessions and compulsions using skills*. Therapist Manual and Workbooks. Brisbane, Queensland: Pathways Health and Research Centre.
- Steketee, G. S. (1999). *Overcoming obsessive–compulsive disorder: A behavioral and cognitive protocol for the treatment of OCD (therapist protocol)*. Oakland, CA: New Harbinger.
- Steketee, G. S. (1999). *Overcoming obsessive–compulsive disorder: A behavioral and cognitive protocol for the treatment of OCD (client manual)*. Oakland, CA: New Harbinger.
- Wilhelm, S., and Steketee, G. (2006). *Cognitive therapy of obsessive-compulsive disorder: A guide for professionals*. Oakland, CA: New Harbinger.

Self-Help Treatment Manuals

- Abramowitz, J. S. (2009). *Getting over OCD: A 10-step workbook for taking back your life*. New York: Guilford.

- Grayson, J (2003). *Freedom from obsessive-compulsive disorder: A personalized recovery program for living with uncertainty*. New York: Berkley.
- March, J. S. (2006). *Talking back to OCD: The program that helps kids and teens say "no way"—and parents say "way to go."* New York: Guilford.

Books for Carers

- Rachman, S., & de Silva, P. (2009). *Obsessive-compulsive disorder: The facts (4th Ed)*. Oxford: 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."* New York: Guilford.
- Landsman, K. J., Parrish, K. M., & Pedrick, C. (2005). *Loving someone with OCD: Help for you and your family*. Oakland, CA: New Harbinger.

Evidence-based Online or Remote Treatments and Supports

- **BT Steps:** Interactive behavior therapy program administered using an automated voice system.
- **OCD Stop!** (www.mentalhealthonline.org.au; www.ocdstop.org.au): 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.

Assessment

- Gold standard—clinician-rated Yale-Brown Obsessive Compulsive Scale (YBOCS) and the child version (CY-BOCS). Comprises five obsessions and five compulsions 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 (wayne.goodman@mssm.edu), although they are hosted on many sites on the net.

- Self-report scales—18-Item Obsessive Compulsive Inventory-Revised (OCI-R; e.g., www.caleblack.com/psy5960_files/OCI-R.pdf), the Self-Report YBOCS (<http://psychology-tools.com/yale-brown-obsessive-compulsive-scale>), and the new Dimensional OCD Scale (DOCS): www.unc.edu/~jonabram/DOCS.pdf. Useful website: www.goodmedicine.org.uk/stressedtozest/2008/12/handouts-questionnaires-obsessive-compulsive-disorder-body-dysmorphic-disorde.

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.
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.
7. More rarely, brain surgery has been used in treatment-resistant OCD, although the evidence base needs further establishment.

Emerging Developments

Newer biological (psychotropics, deep brain stimulation, transcranial magnetic stimulation) and psychological approaches (acceptance and commitment therapy mindfulness-based training, inference-based treatment, metacognitive and narrative therapy, attentional retraining) are being evaluated.