



# Psychological treatment for OCD: the state of the art, and the future

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## *Anxiety Disorders: what goes wrong?*

- ★ People suffer from anxiety because they think situations are more dangerous/negative than they really are; e.g.
  - Panic patients think that palpitations are a sign that they are going to have a heart attack;
  - Obsessional patients interpret an intrusive thought about harm as indicating that they are going to be violent
- ★ They become “stuck” in this perception.
- ★ Being “stuck” in terms of appraisals which involve overestimation of threat/danger differentiates “disorders” from “normal” anxiety



## *The principles underpinning effective treatments for OCD*

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- ★ Therapists help the patient to consider alternative, less threatening explanations of their problem.
- ★ Helpful alternative explanation change the the way situations are interpreted and factors which maintain misinterpretations
- ★ Without an alternative account (implicit or explicit) treatment will not work



# *Cognitive theory of OCD*

- ★ Unacceptable intrusions are a normal occurrence
- ★ When intrusions have occurred, the obsessional patient believes that they might be responsible for harm if they don't react to prevent it
- ★ They respond by TRYING TOO HARD (to get rid of the thought, to prevent harm, to be sure, to be clean.....and so on).
- ★ As time goes by, **THE SOLUTION BECOMES THE PROBLEM.**



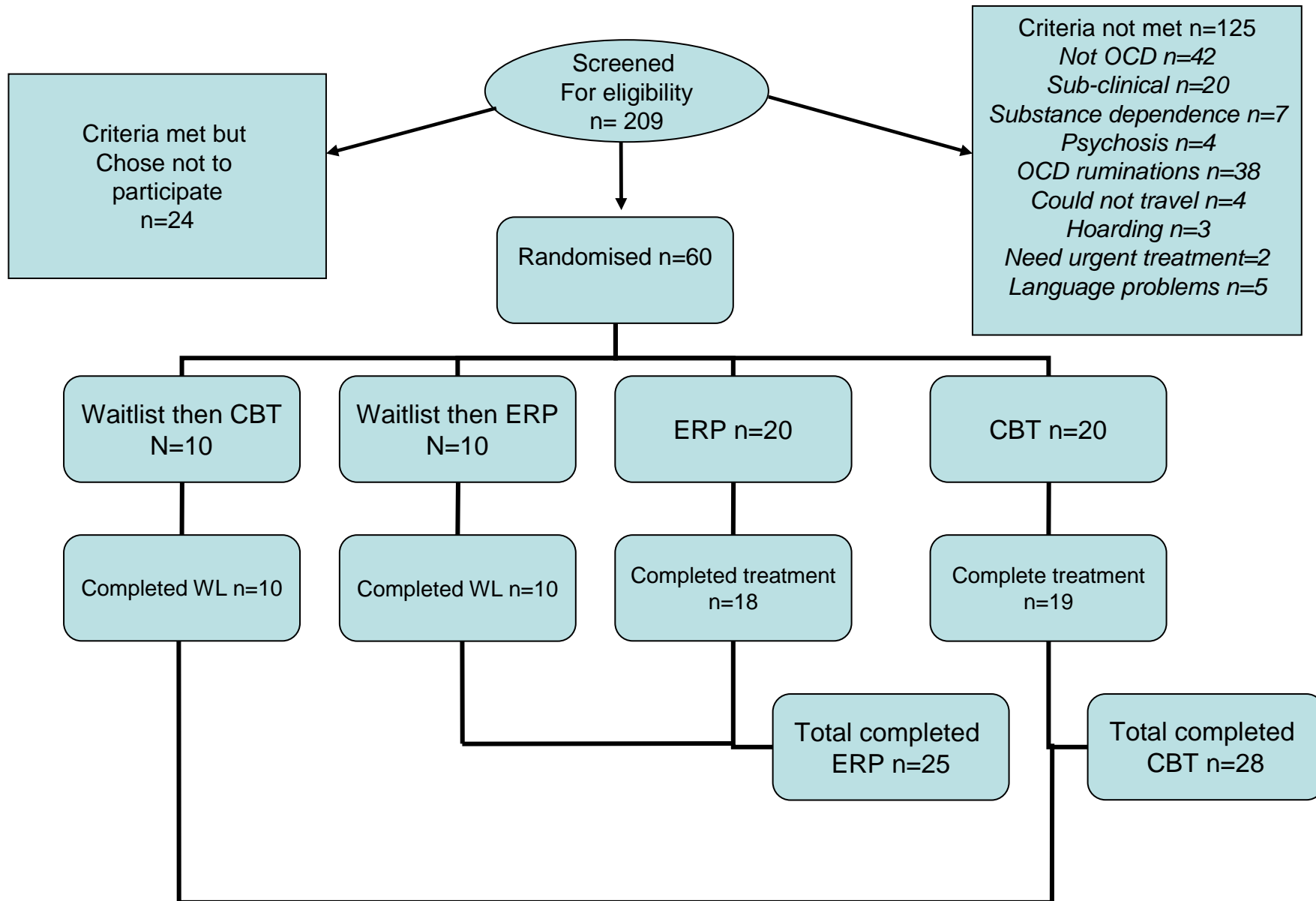
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- ★ (C)BT, non specific factors
  - ★ Generalisation....younger people, more is less?
  - ★ Tales of the unexpected
  - ★ The future



## *OCD ritualisers trial question*

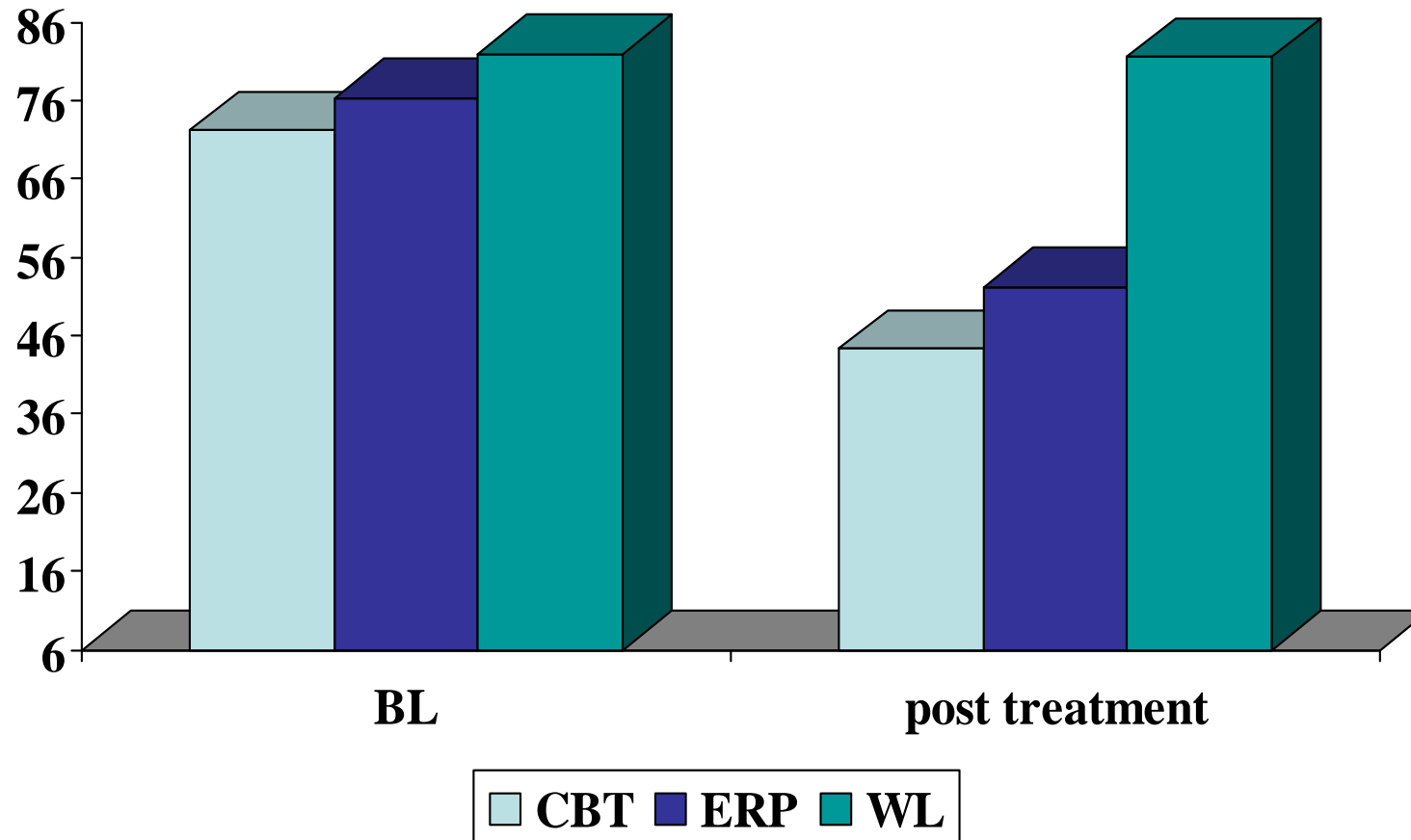
- ★ There has been a creeping cognitivism in BT; we do not know for sure that we are justified in this, it might be a waste of time
- ★ Previous studies have shown  $CT=BT$
- ★ We wanted to know whether CBT with a cognitive framework added to habituation based Exposure with Response Prevention

# OCD treatment trial

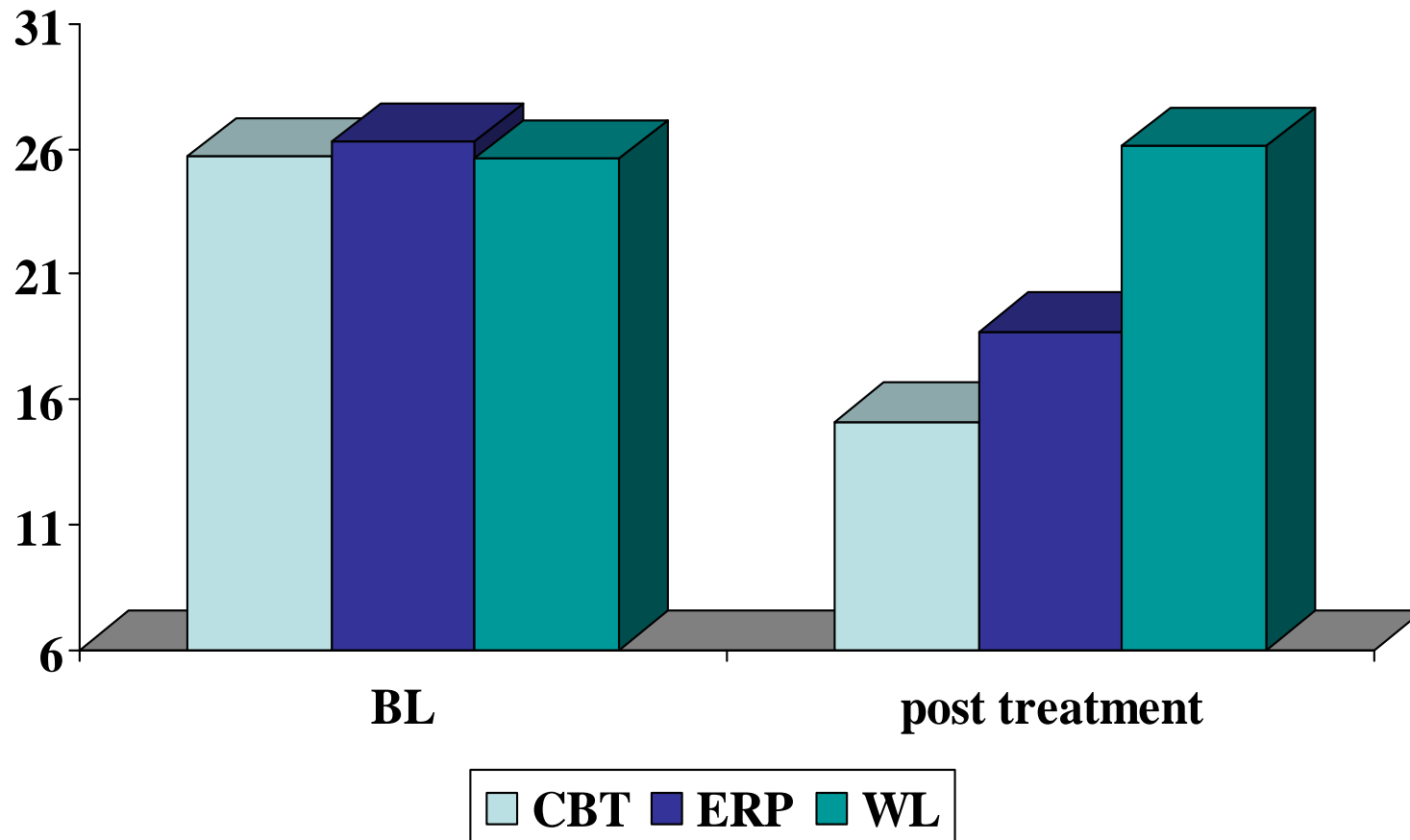


Three group comparison...

# OCI total distress

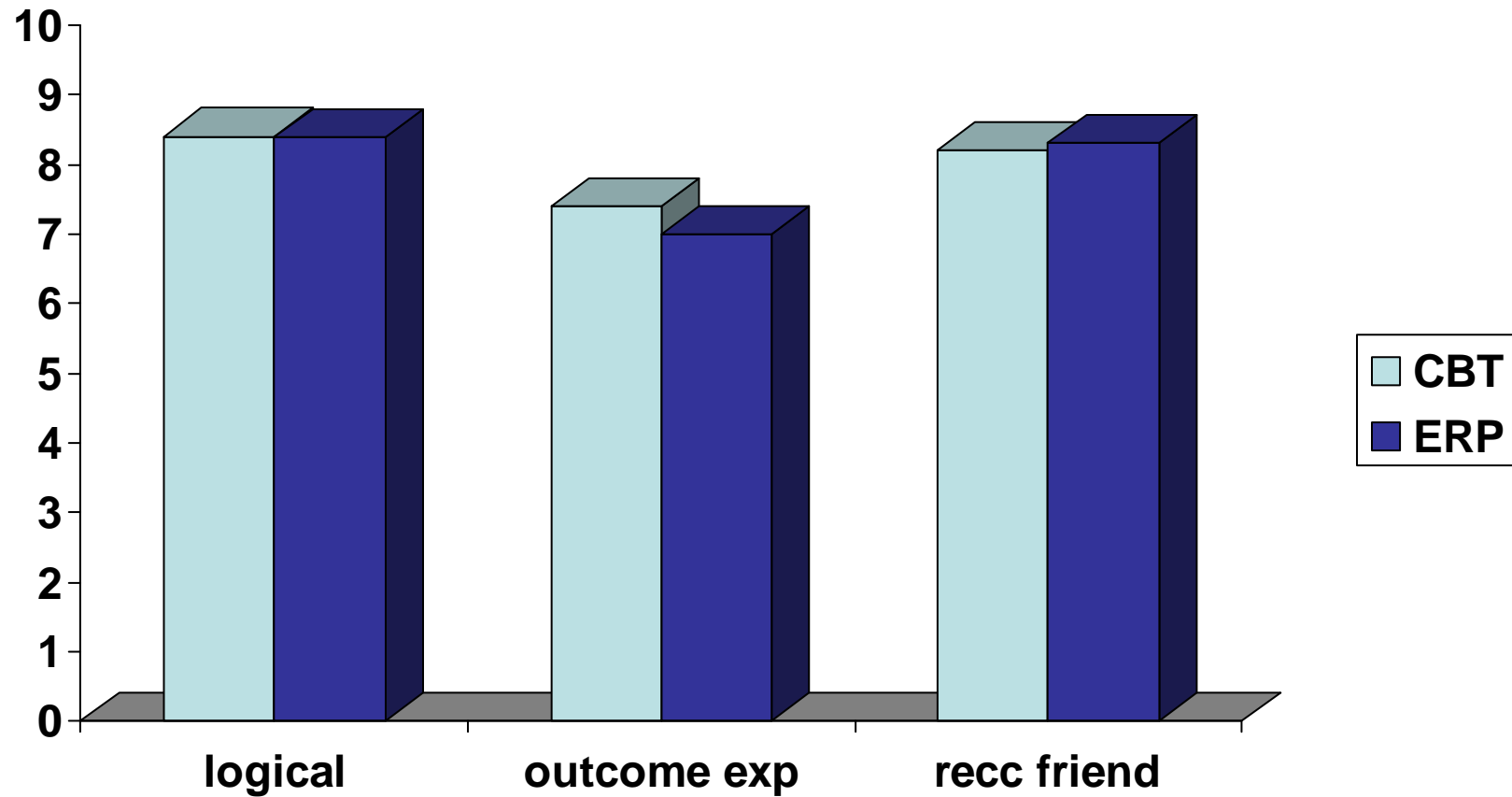


# YBOCS total

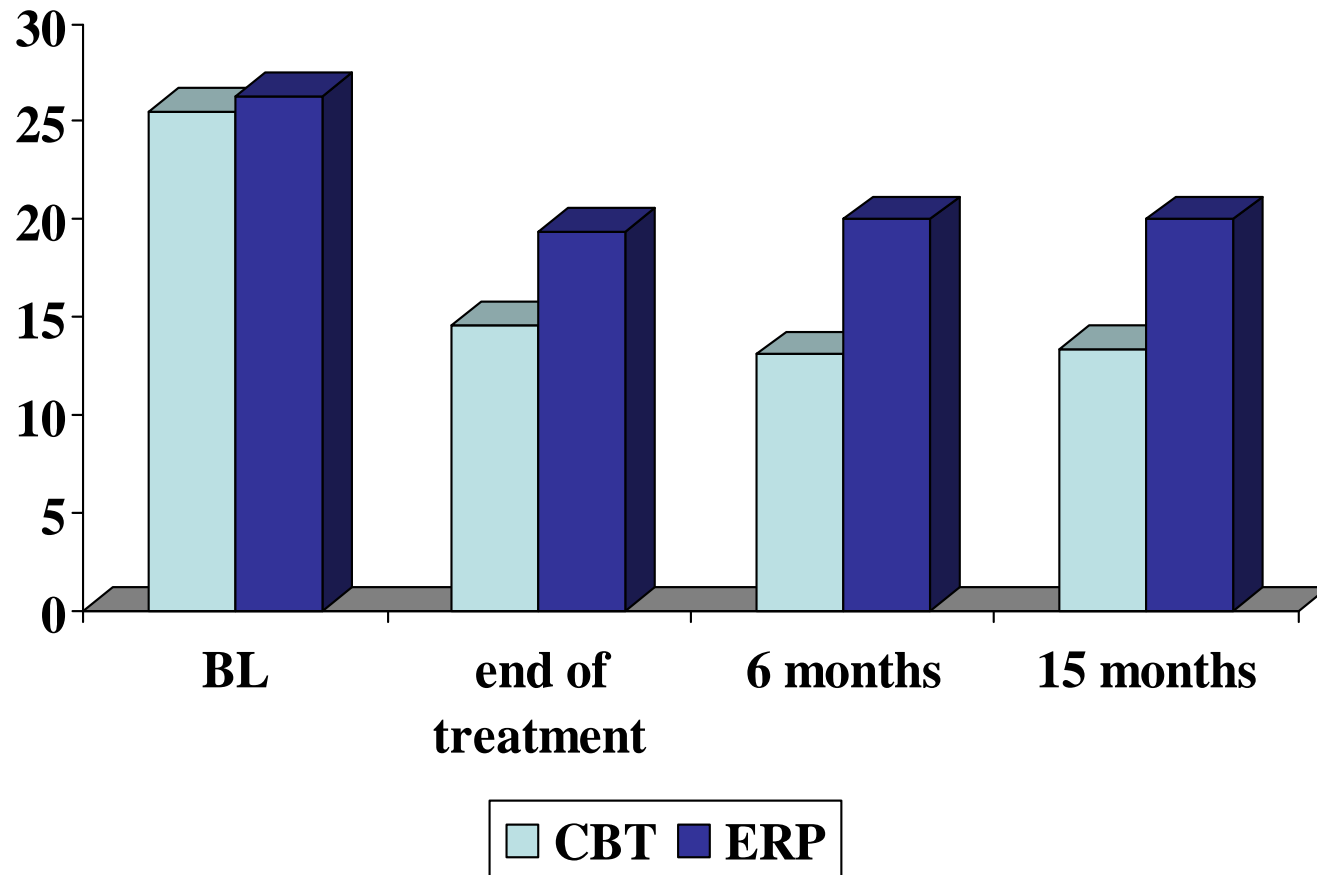


# Two group comparison

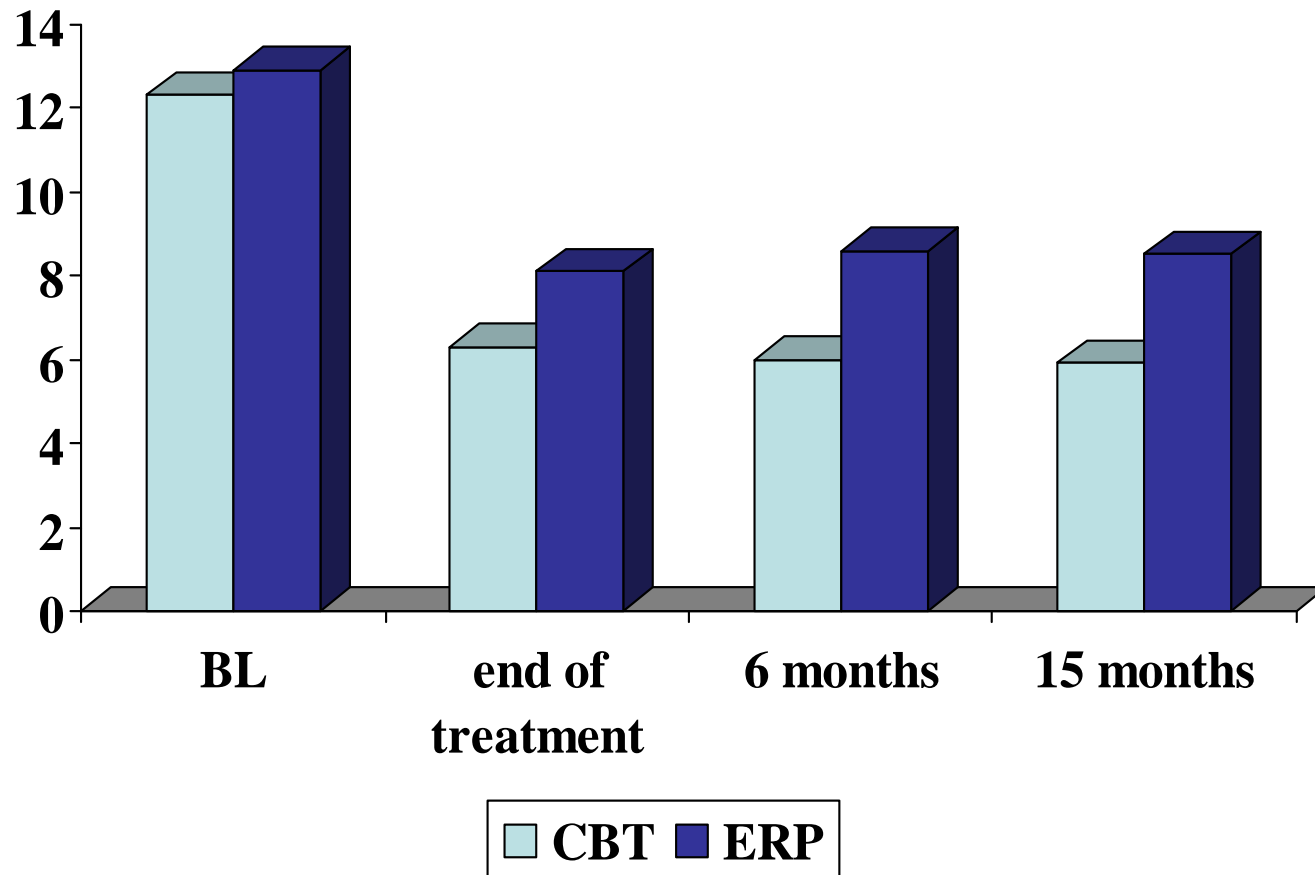
# Credibility; end of session 2



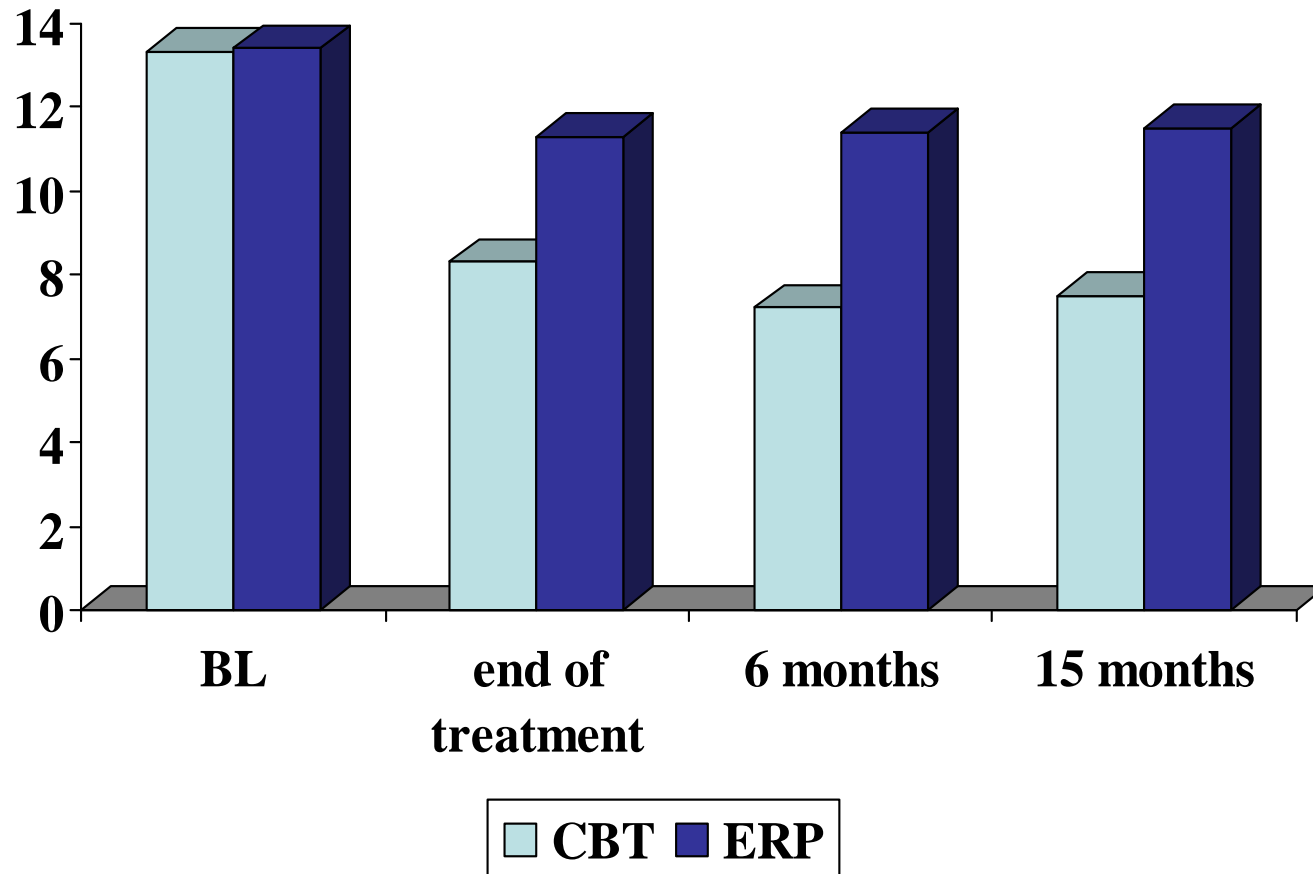
# YBOCS totals



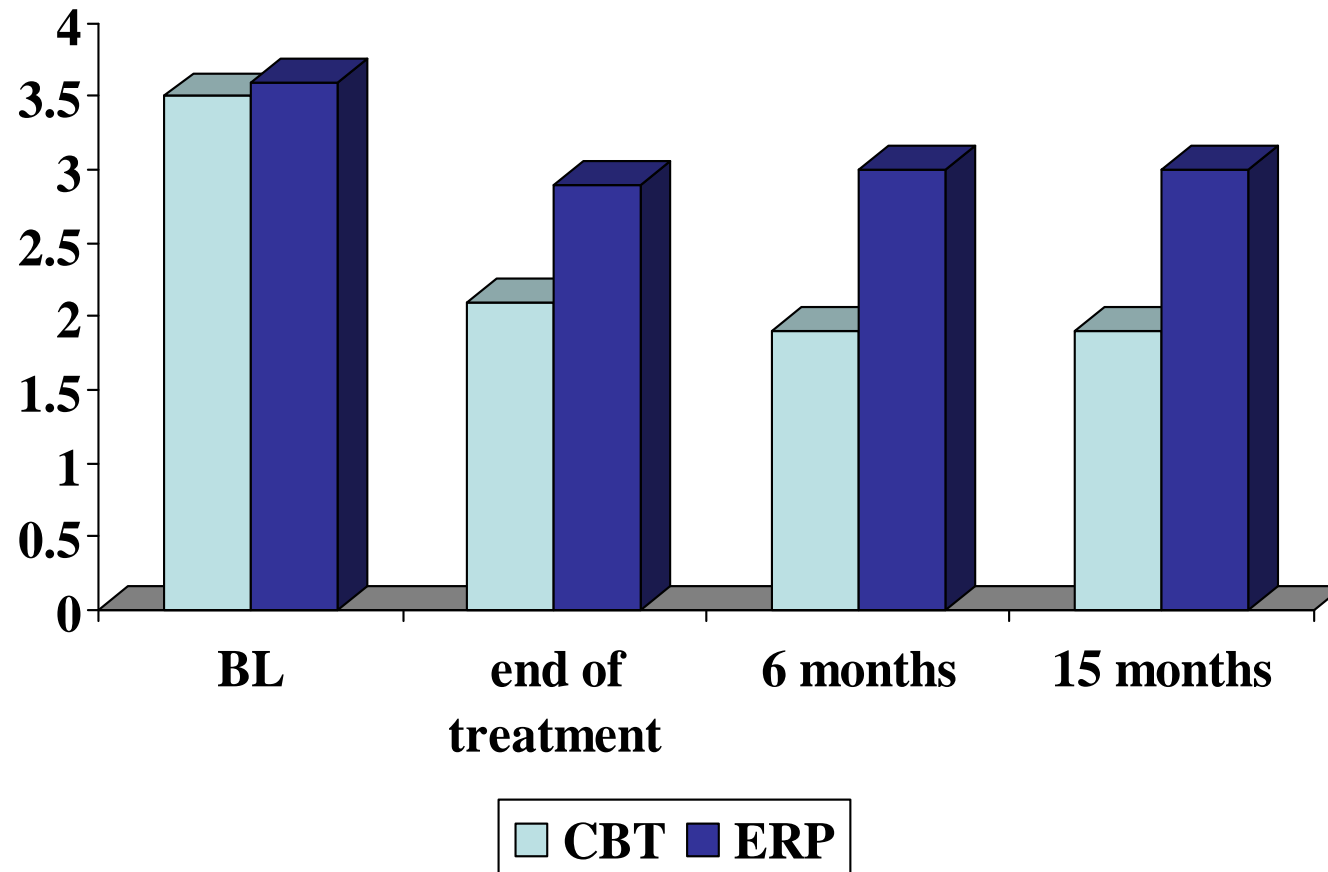
# YBOCS compulsions scale



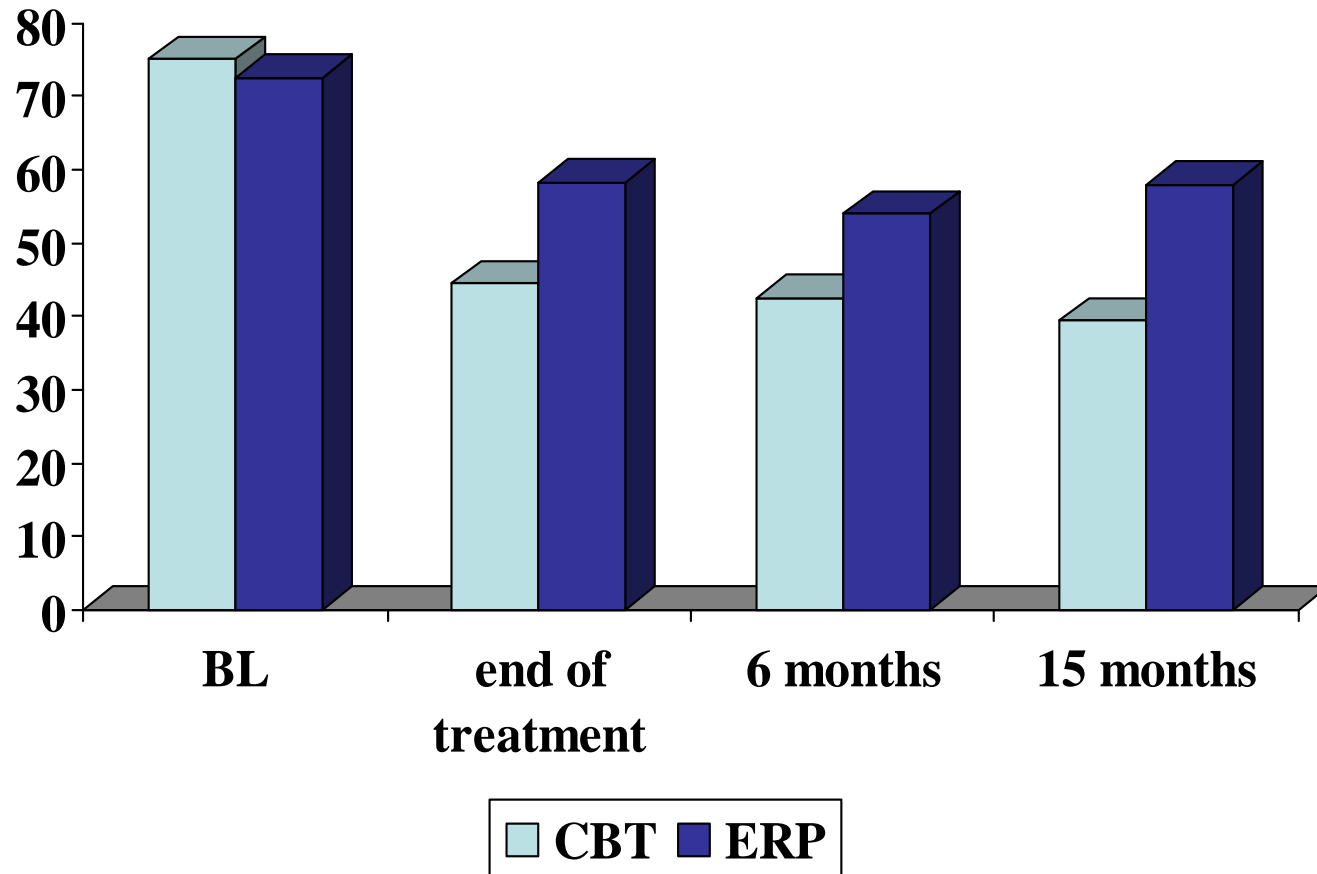
# YBOCS obsessions scale



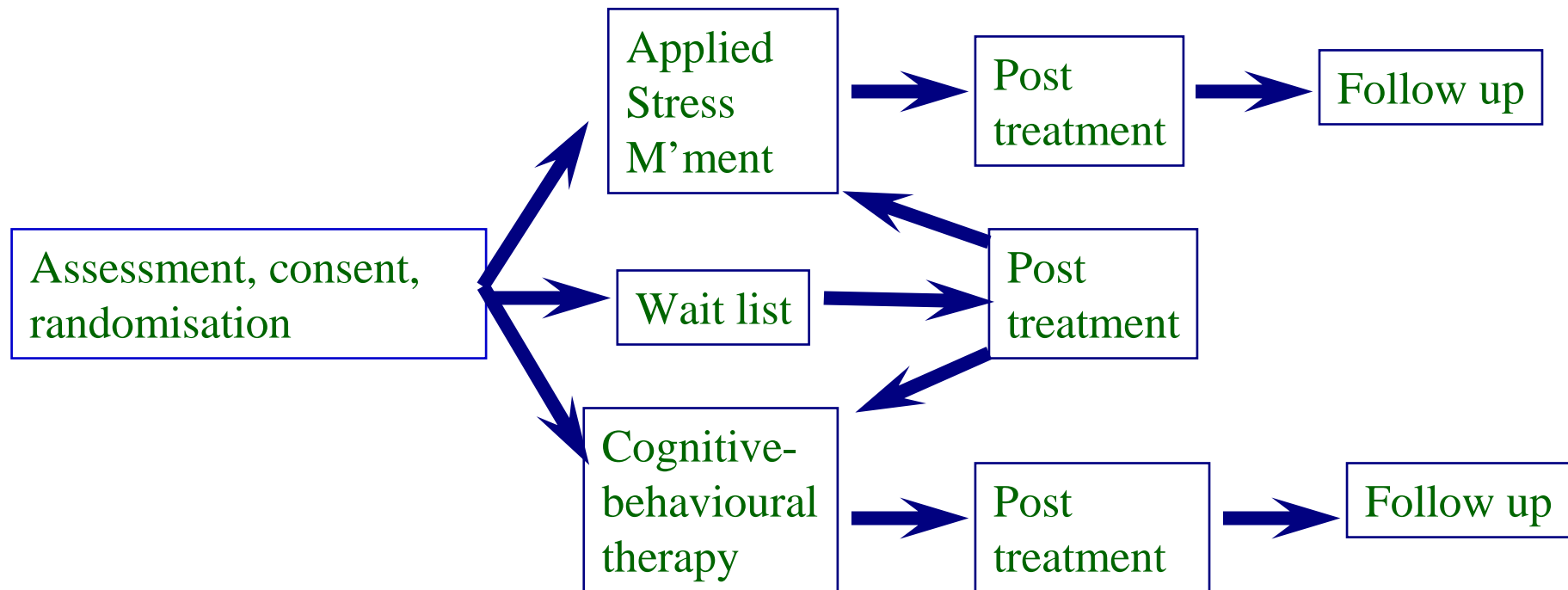
# Assessor global rating of clinical severity



# OCI totals



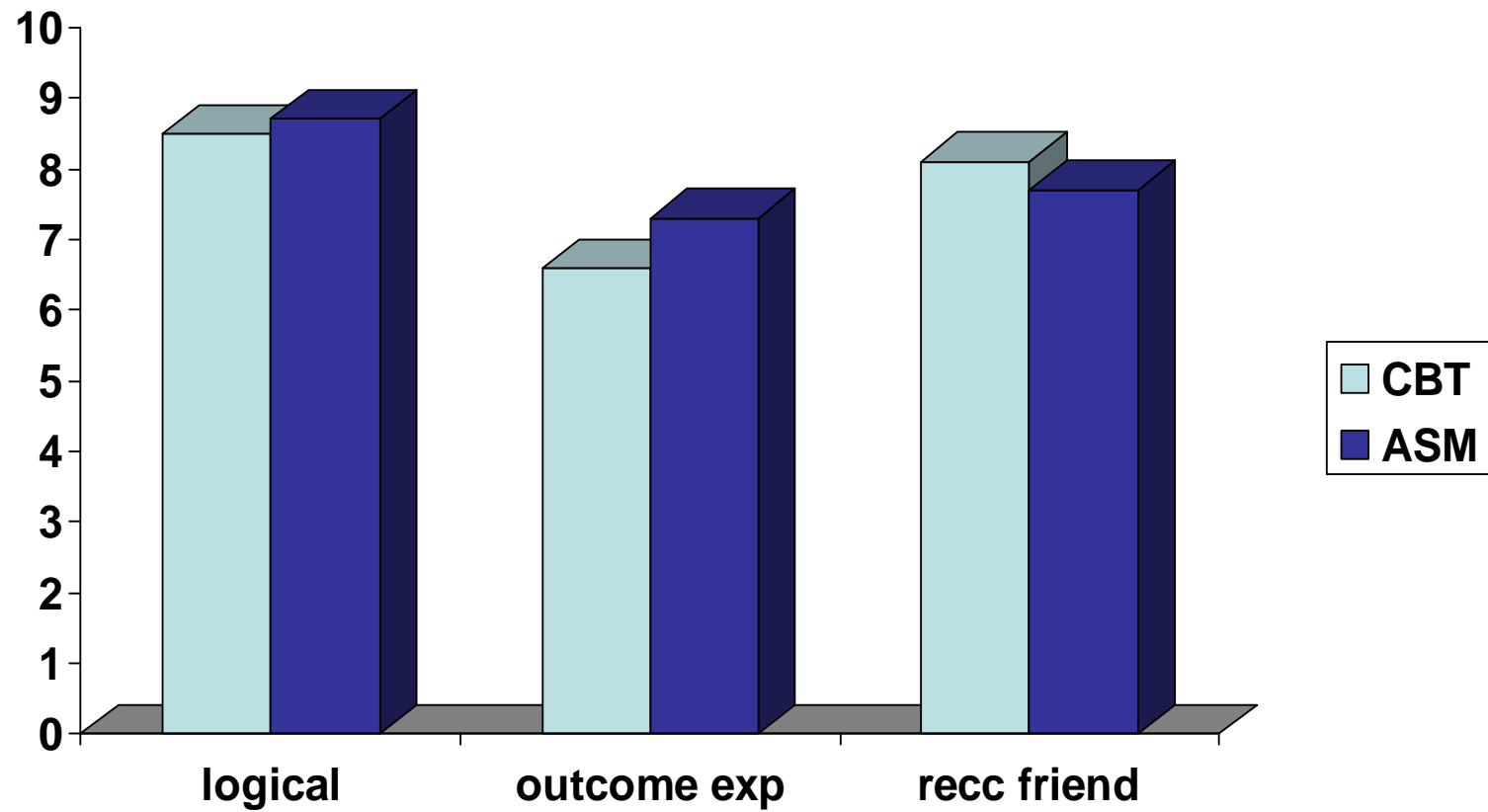
# Obsessional rumination trial



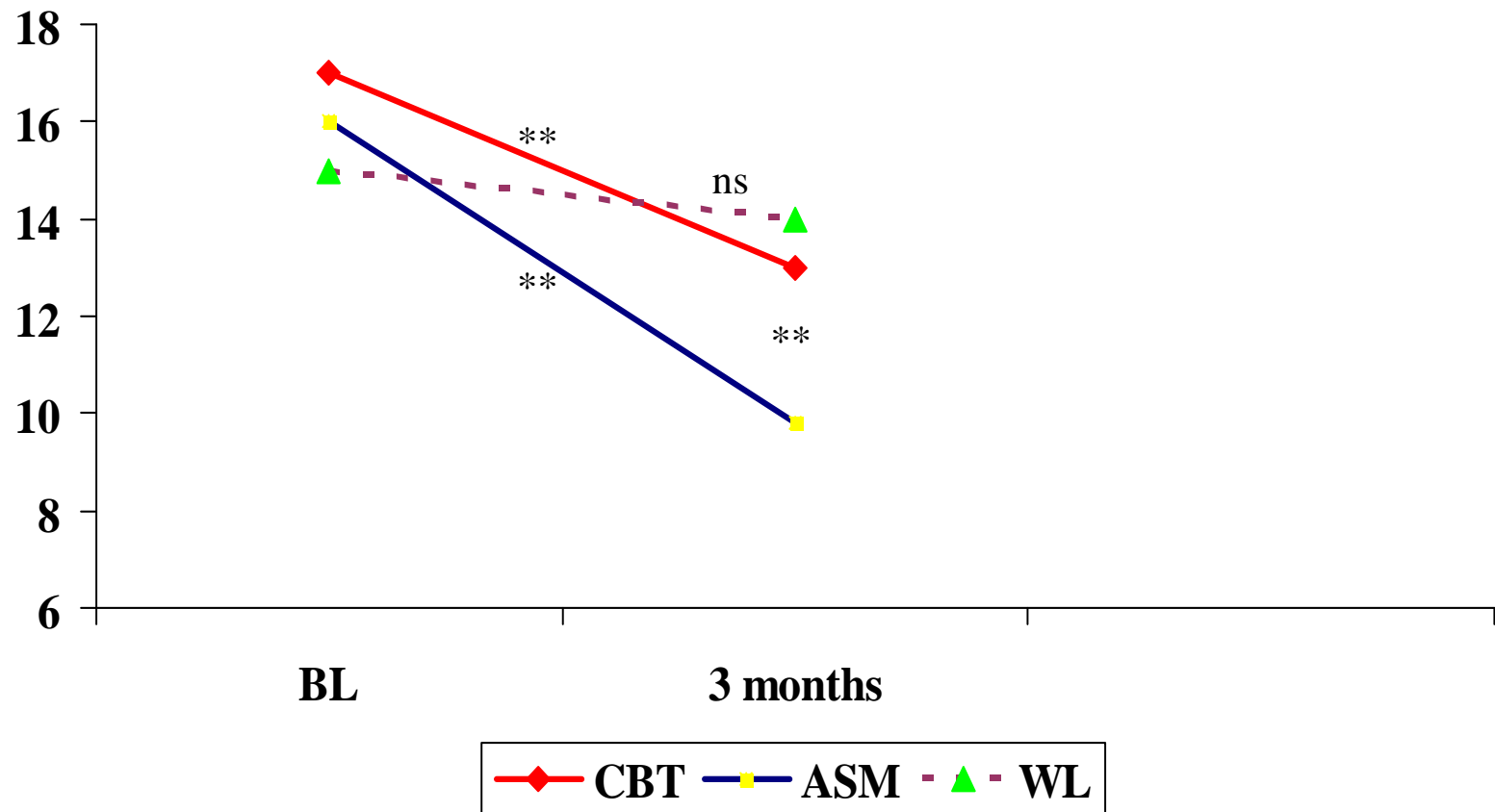
# Treatment conditions

- Cognitive-behavioural treatment: focussed on re-appraisal of threat
- Anxiety management: focussed on general stress reduction (applied relaxation, time management etc)

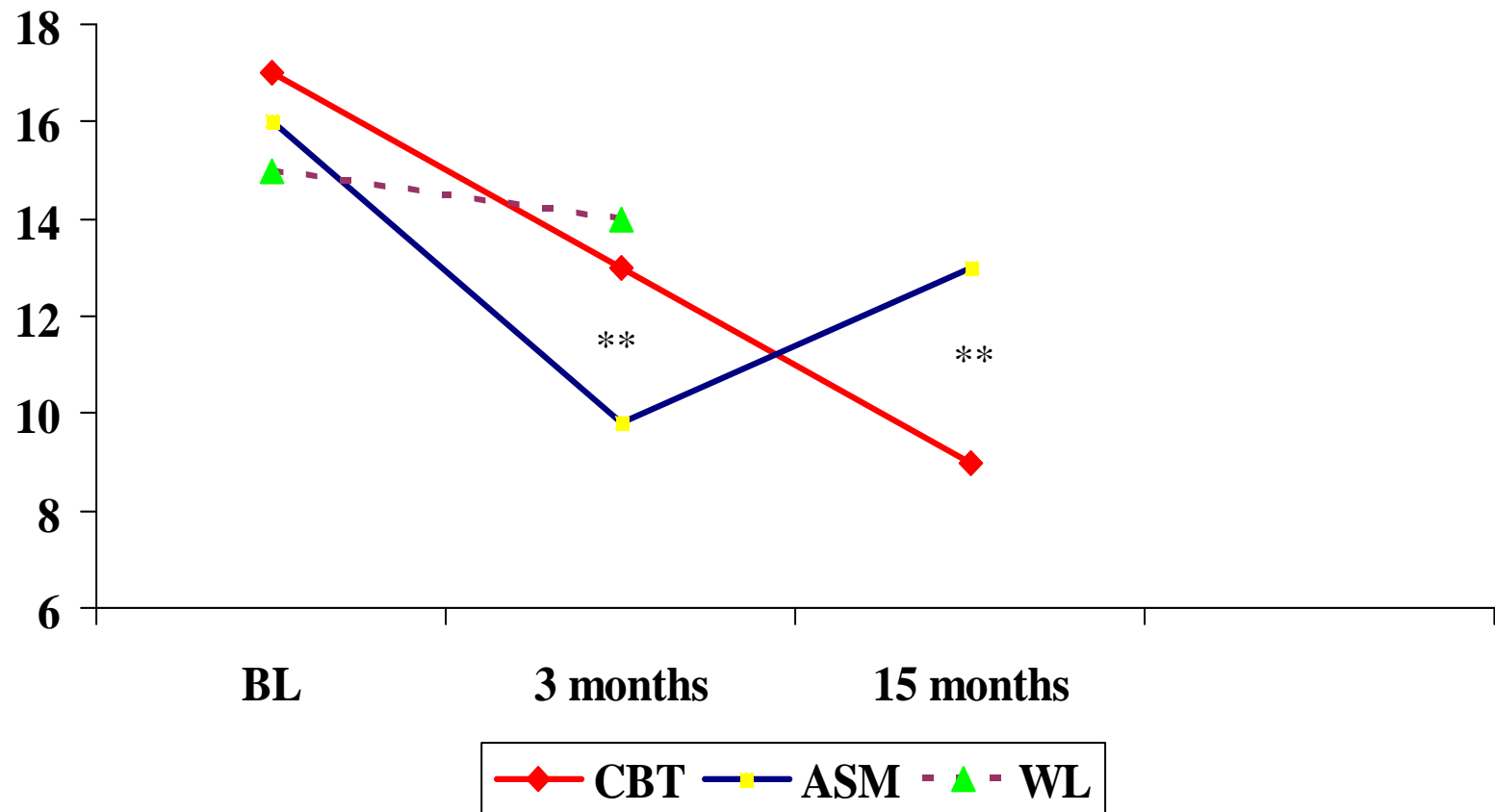
# Credibility; end of session 2



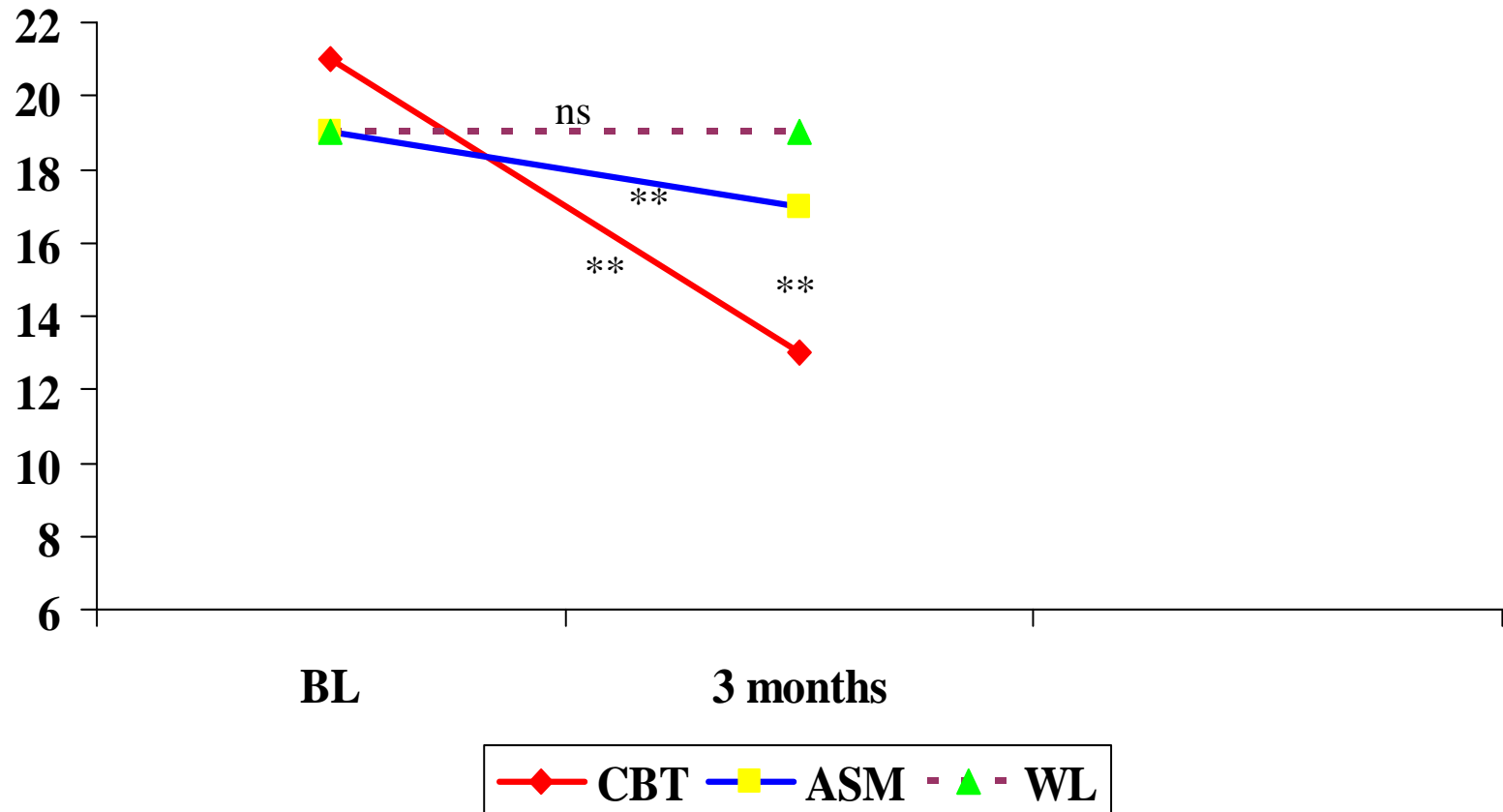
# Beck Anxiety Inventory



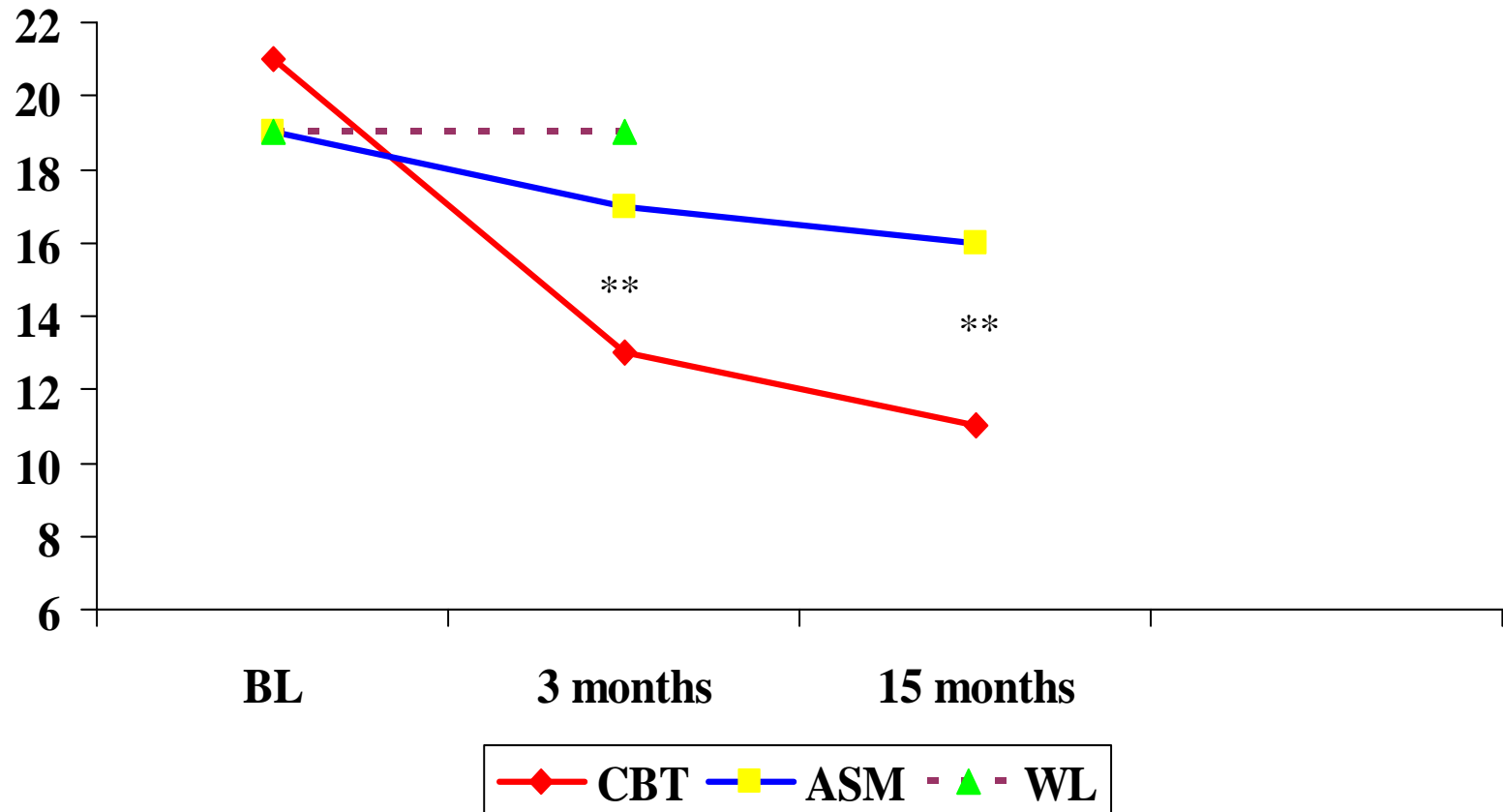
# Beck Anxiety Inventory



# OCI Obsessions



# OCI Obsessions



**Is more less? Self-help  
enhanced CBT in young  
people**

# Strategies for making treatments more accessible

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- Offer less effective treatment to more people
- Make gold standard treatment more accessible

# Main features of of trial

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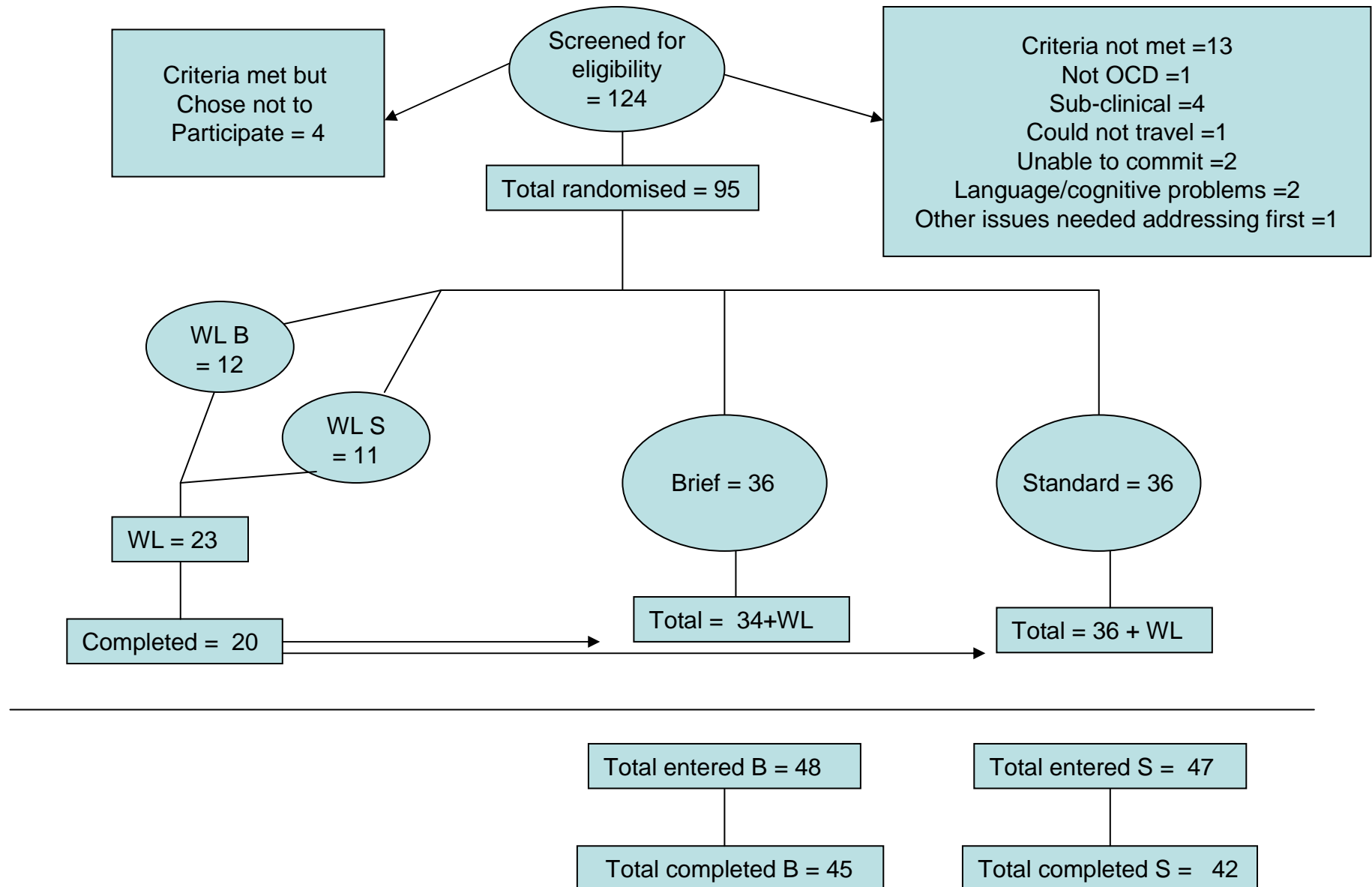
- To compare CBT (with a cognitive structure and rationale) delivered in two ways with each other and with a waiting list control
- Standard treatment: 12 weekly sessions and up to three booster sessions
- Brief treatment: Same treatment delivered over five treatment sessions (plus up to two booser sessions) with the benefit of specially designed workbooks completed by participants between sessions.
- Same therapists for both treatment conditions
- Flexible family involvement

# Details of trial

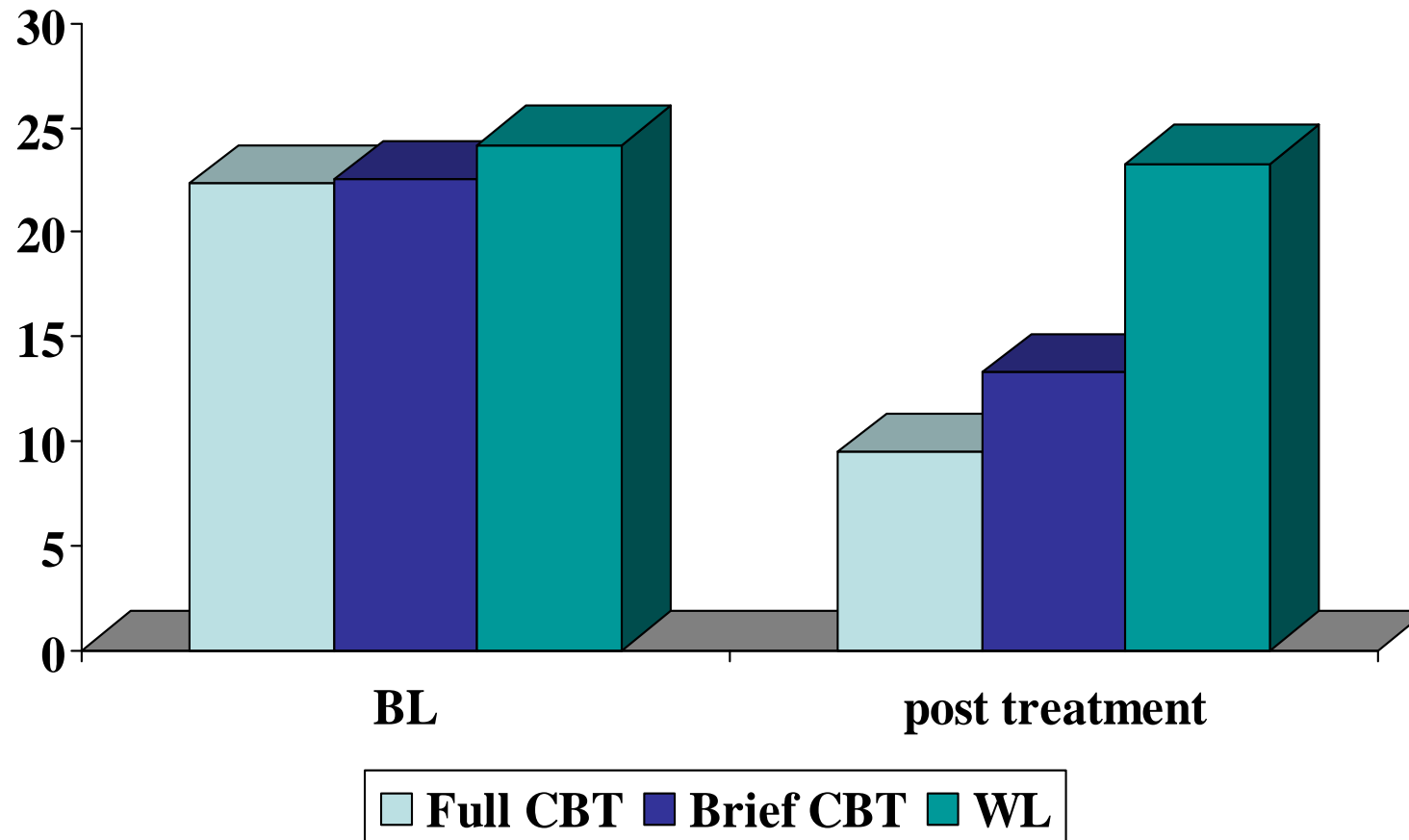
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- Two centres (60/40 split)
  - Institute of Psychiatry
  - University of Reading
- Total sample recruited n=95
- Ethnicity: 92% White British
- Treatment with three month follow up

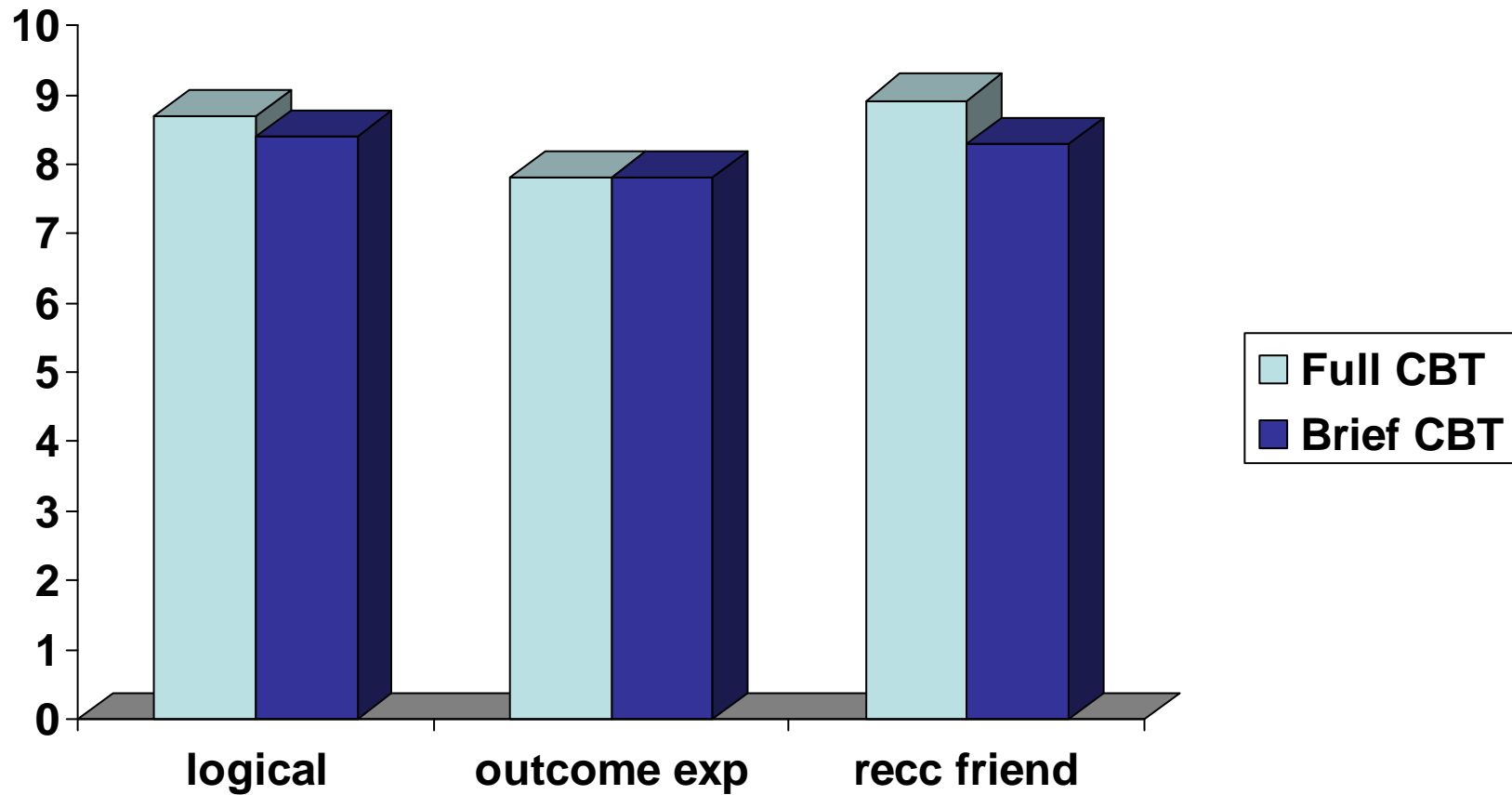
# OCD treatment trial total



# CYBOCS total

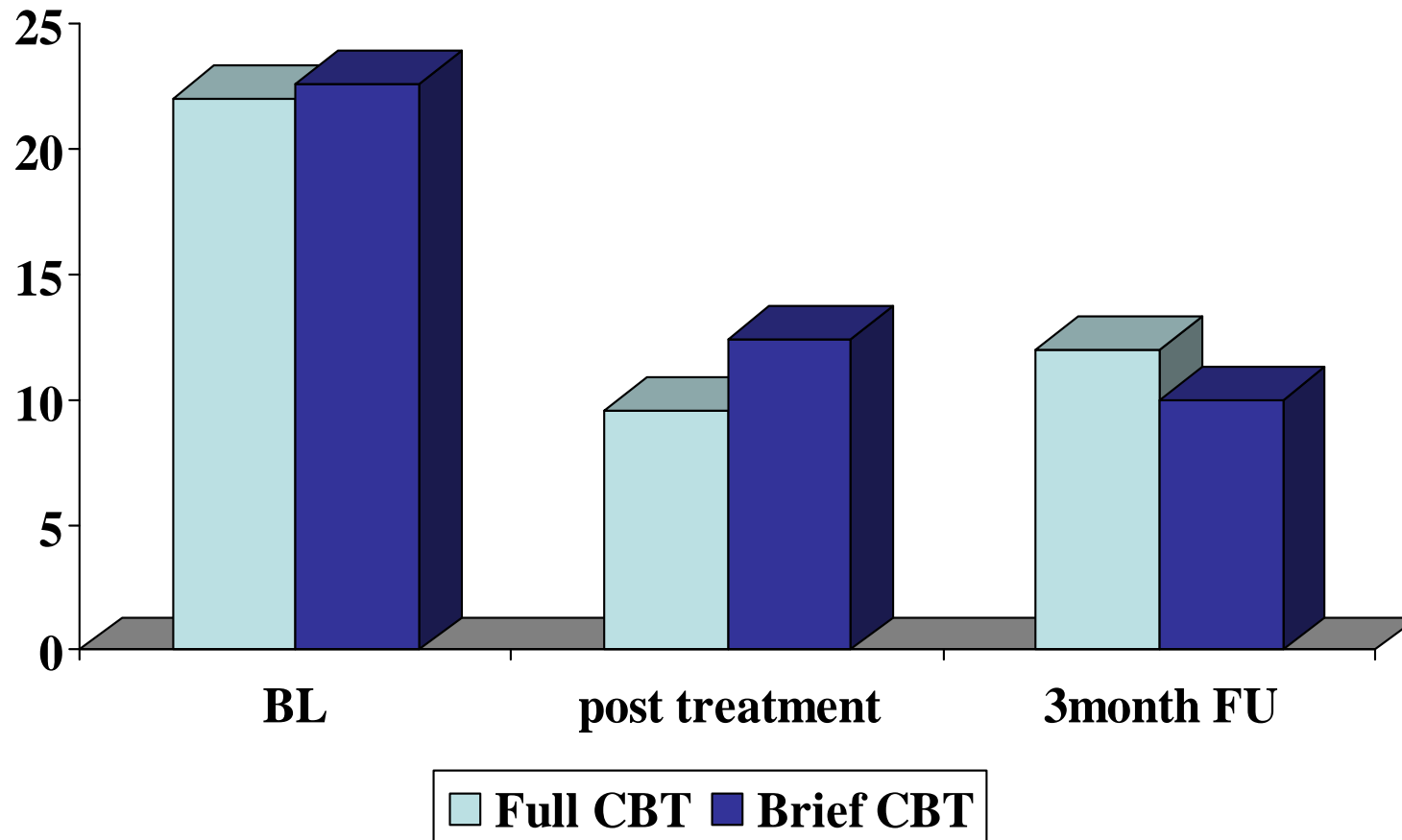


# Credibility; end of session 2



# Two group comparison

# CYBOCS total



# End of treatment diagnoses

Standard CBT    Brief CBT

OCD Diagnosis	39%	48%
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No OCD	61%	52%
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(n=87)

# 3 month follow up diagnoses

Standard CBT    Brief CBT

OCD Diagnosis	45%	45%
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No OCD	55%	55%
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(n=78)



# *“Tales of the Unexpected”*

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# *Early vs Later onset*

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# *Samples: Lomax, Oldfield and Salkovskis, 2009*

All those individuals who reported age of onset as being at the age of 12 years or younger were included in the EO group, and those who reported 16 years or older in the LO group.

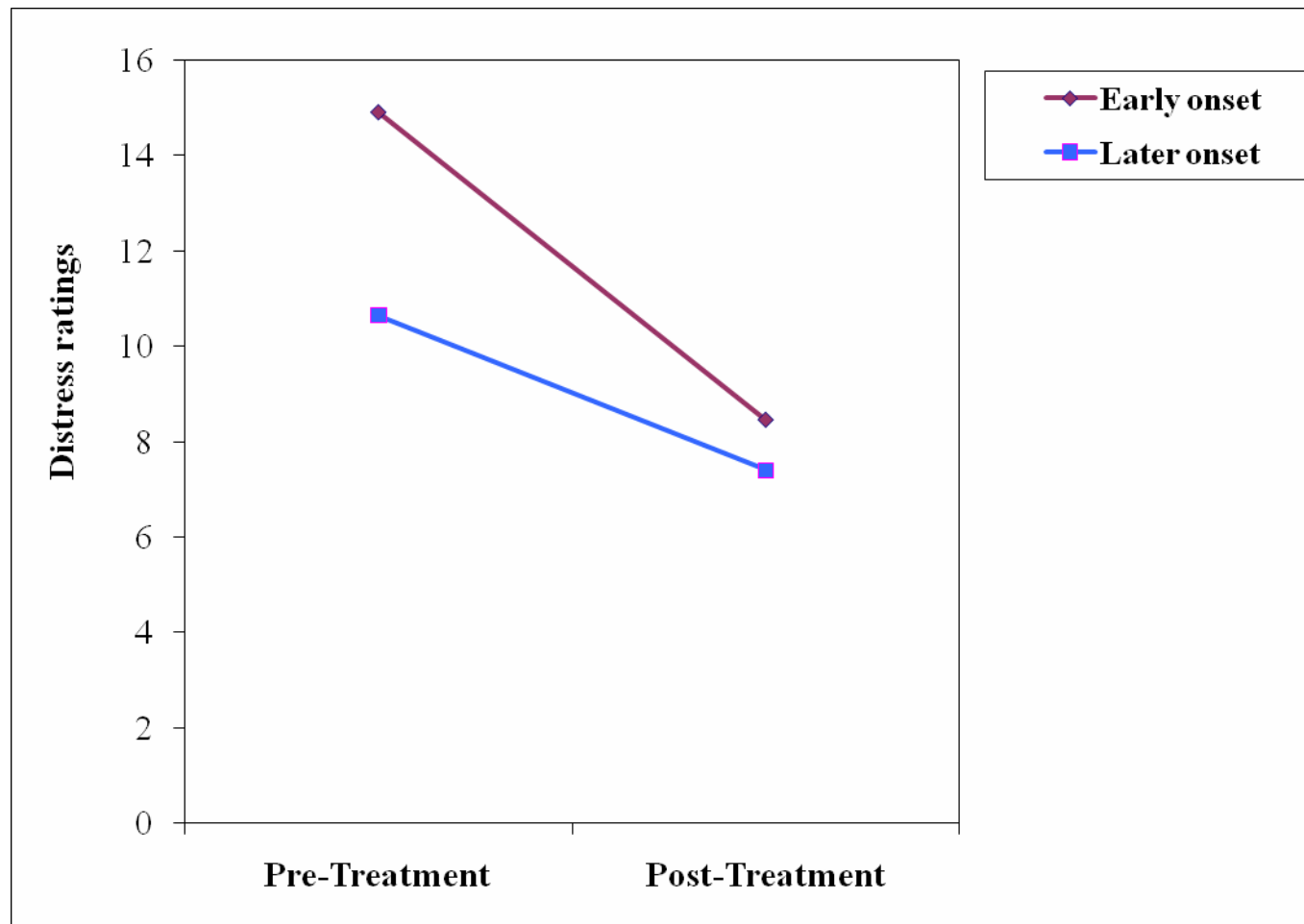
Individuals who reported an age of onset as being between 13 and 15 years were excluded from the study.

**N=22 in the EO group,  
N=23 in the LO group.**

*Both groups treated by qualified and experienced therapists at the IoP/Maudsley Centre for Anxiety Disorders and Trauma*

# *OCD early vs late onset*

## OCI washing subscale



# *Samples*

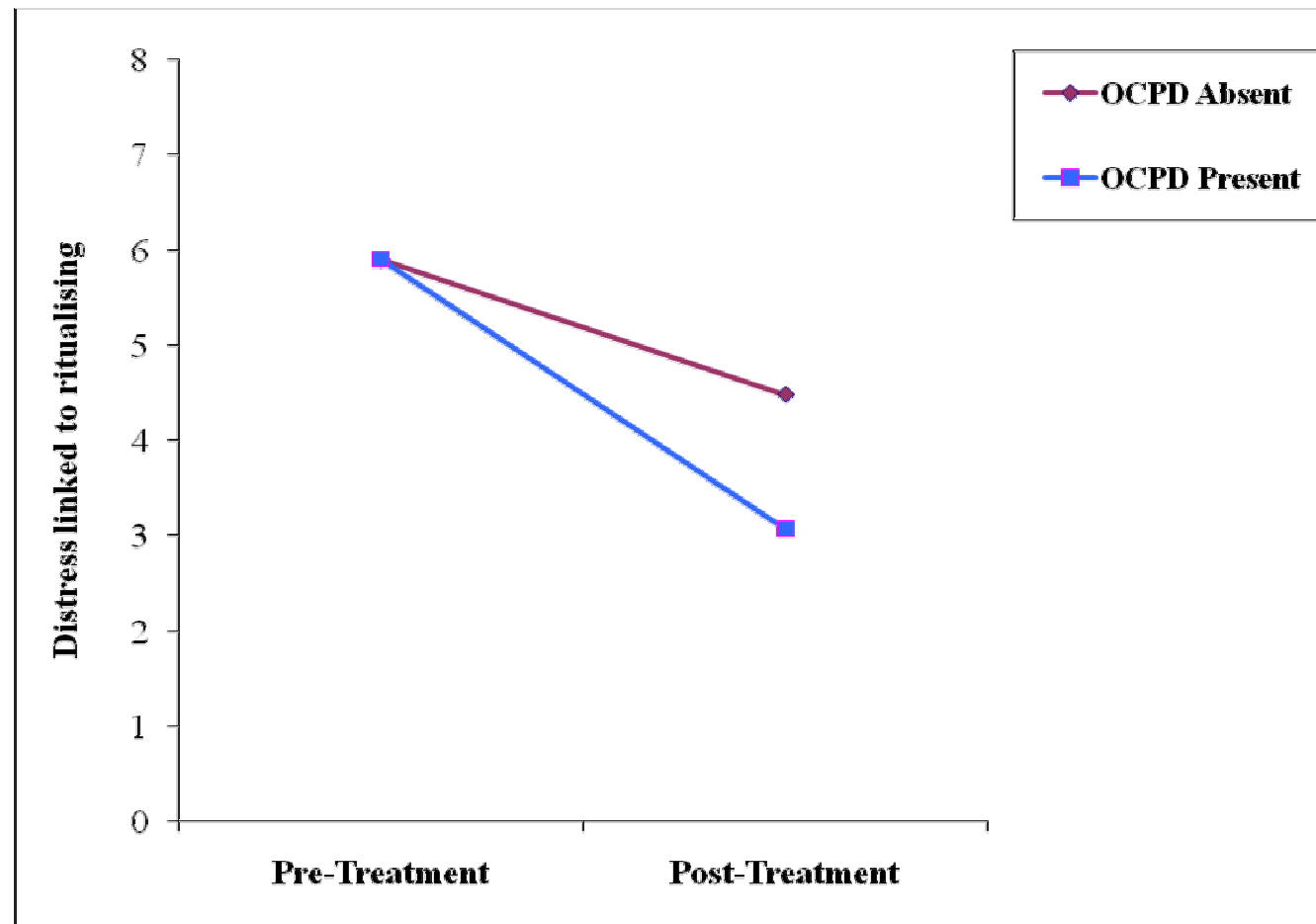
Obsessive compulsive Disorder with comorbid  
Obsessive Compulsive Personality Disorder  
N=47

Matched sample: Obsessive compulsive  
Disorder only  
N=47

Both groups treated by qualified and  
experienced therapists at the  
IoP/Maudsley Centre for Anxiety  
Disorders and Trauma

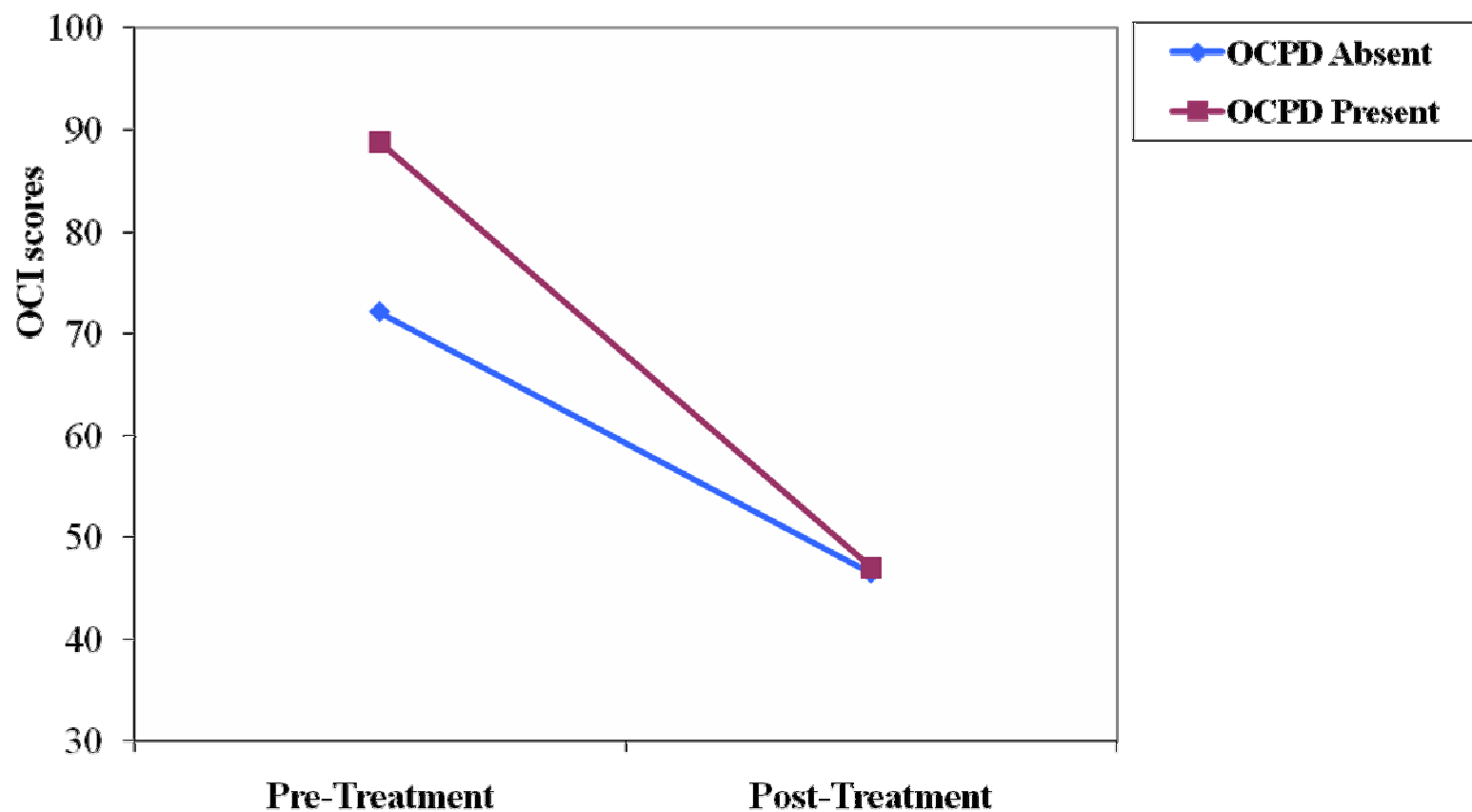
# *OCD and Obsessive Compulsive Personality Disorder*

**0-8 distress (rituals)**



# *OCD and Obsessive Compulsive Personality Disorder*

## Obsessive compulsive inventory scores



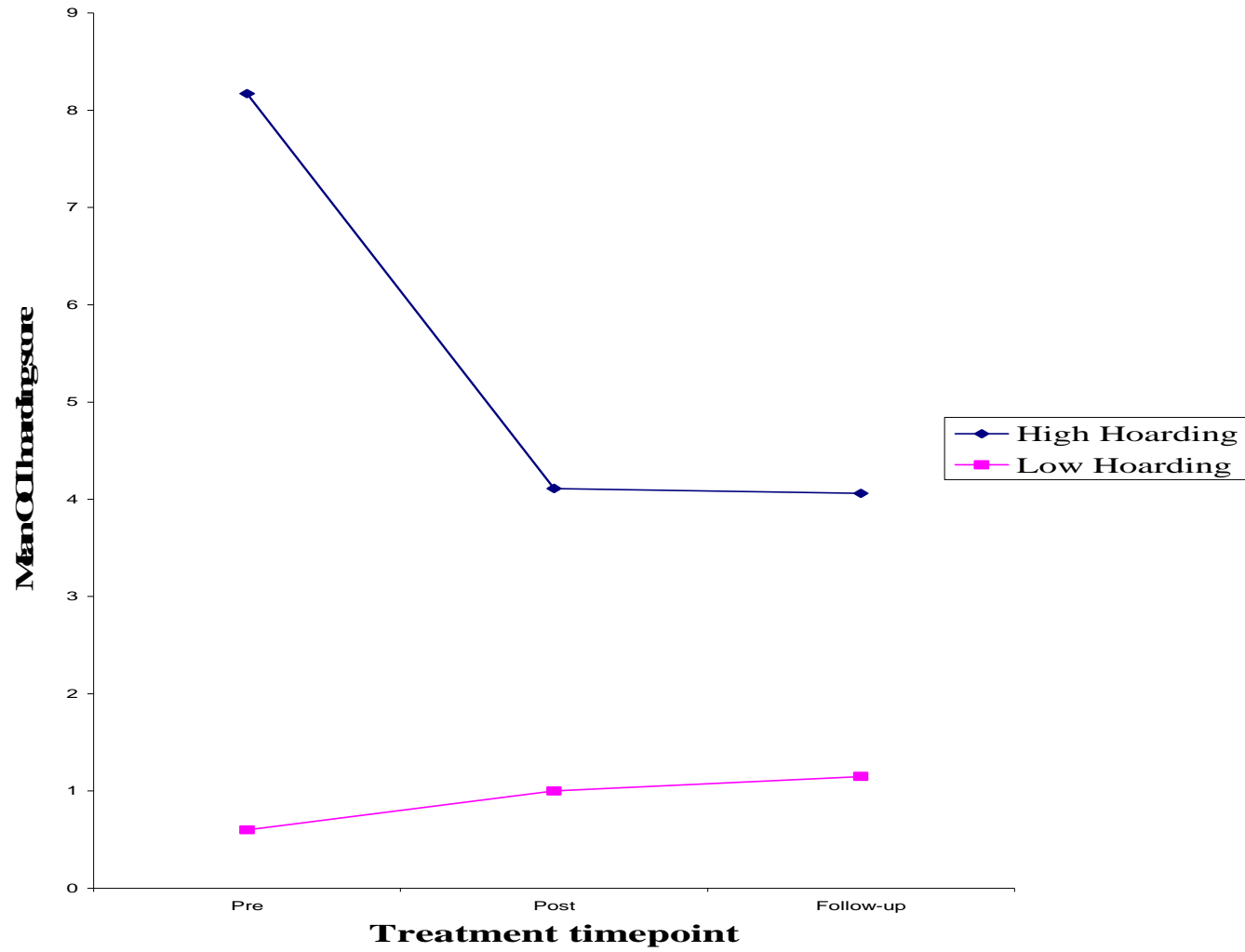


## *Hoarding (Seaman et al 2010)*

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- ★ 18 High hoarding symptoms, 20 Low hoarding symptoms
- ★ No initial differences
- ★ No treatment outcome differences
- ★ Except....

**Figure 2. Mean score group differences on the OCI hoarding subscale**



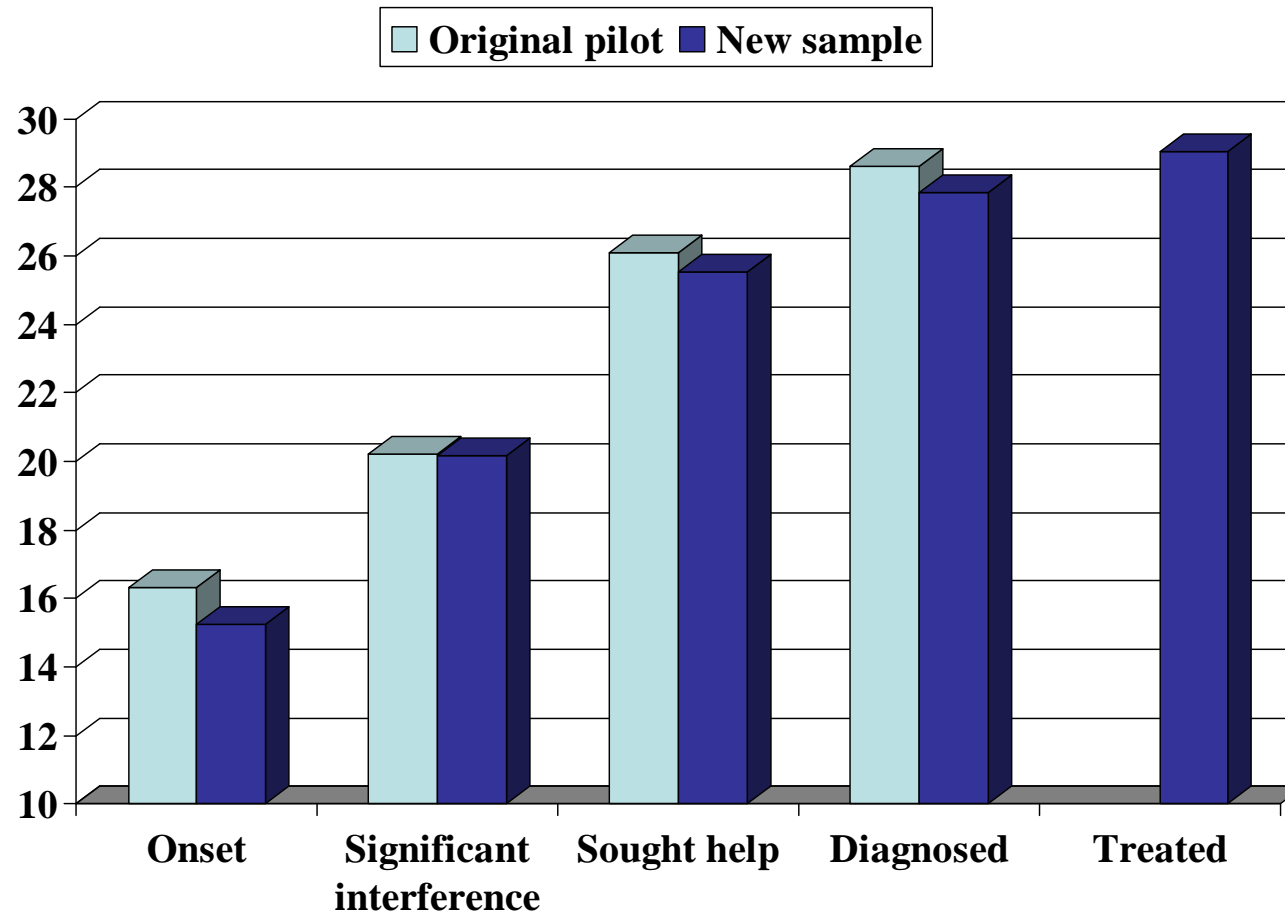


# *Onset, recognition, treatment*

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- ★ Delay between OCD onset and Diagnosis
- ★ Once diagnosed, inappropriate treatment

# Onset and Course; Two studies in CADaT



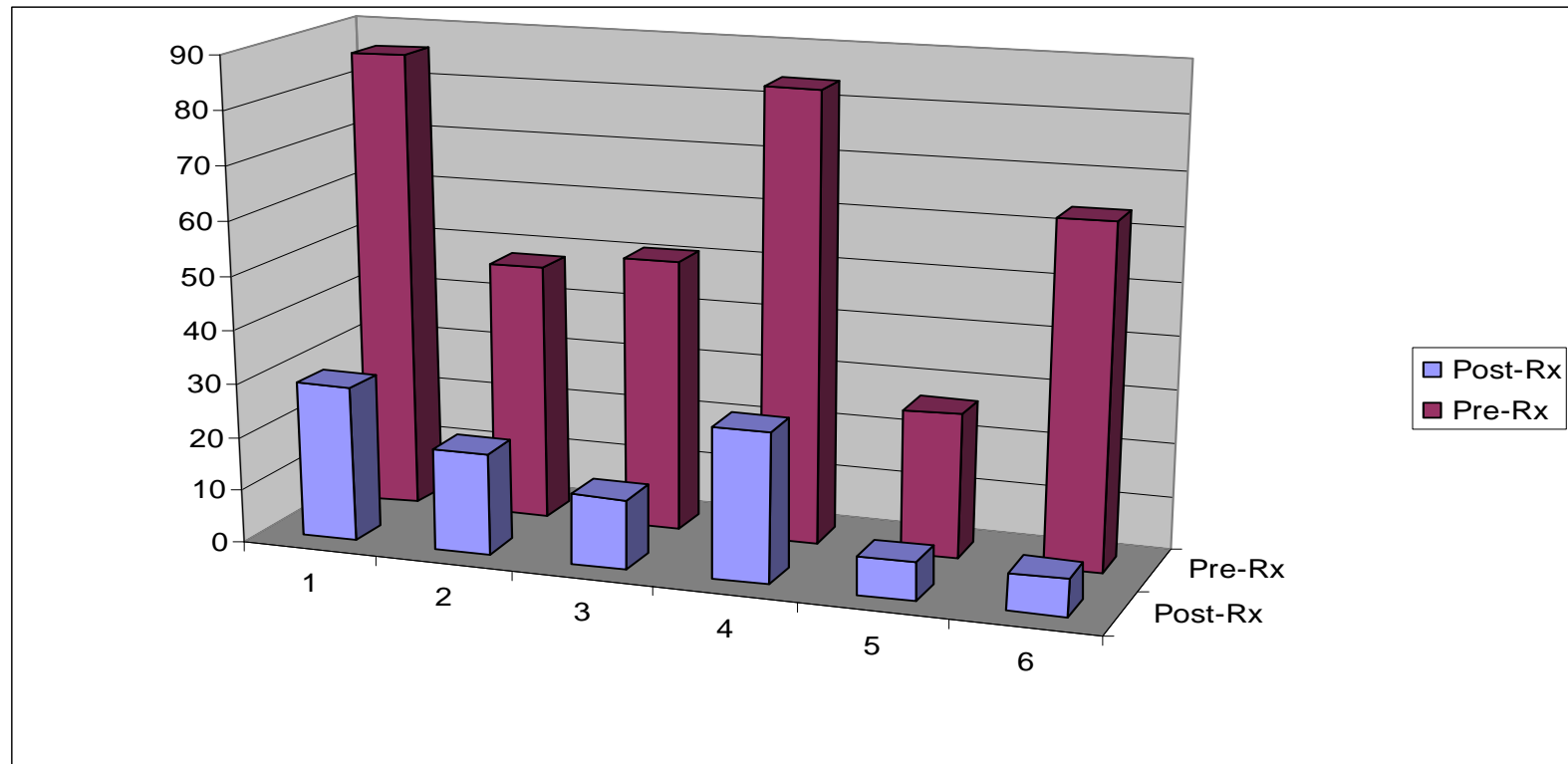
**N=57 then 139**

**Stobie and Salkovskis**

# PILOT STUDY OF TREATMENT OF PERINATAL OCD: A CONSECUTIVE CASE SERIES

- 6 consecutive cases treated with intensive individual CBT (12 hours over 2 weeks plus follow up at one month)
- Infants 6m-14m at time of treatment
- Variety of presentations (ordering, 2x harm to child, 3x contamination fears)
- 4 treatments delivered at home; 2 clinic based
- Treatments involved cognitive elements and behavioural experiments/exposure

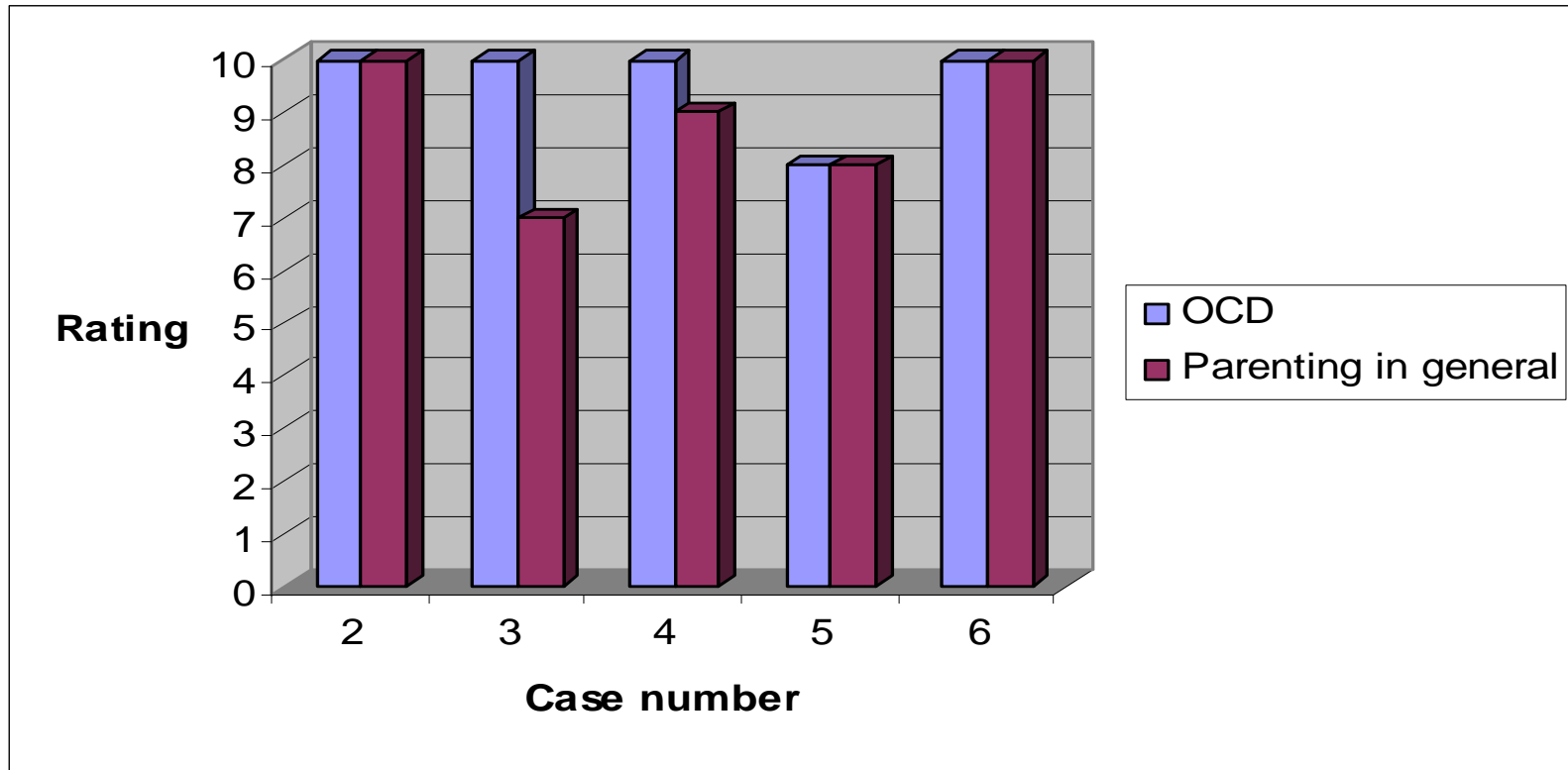
# CASE SERIES: TREATMENT OUTCOME OCI SCORES



# CASE SERIES RESULTS

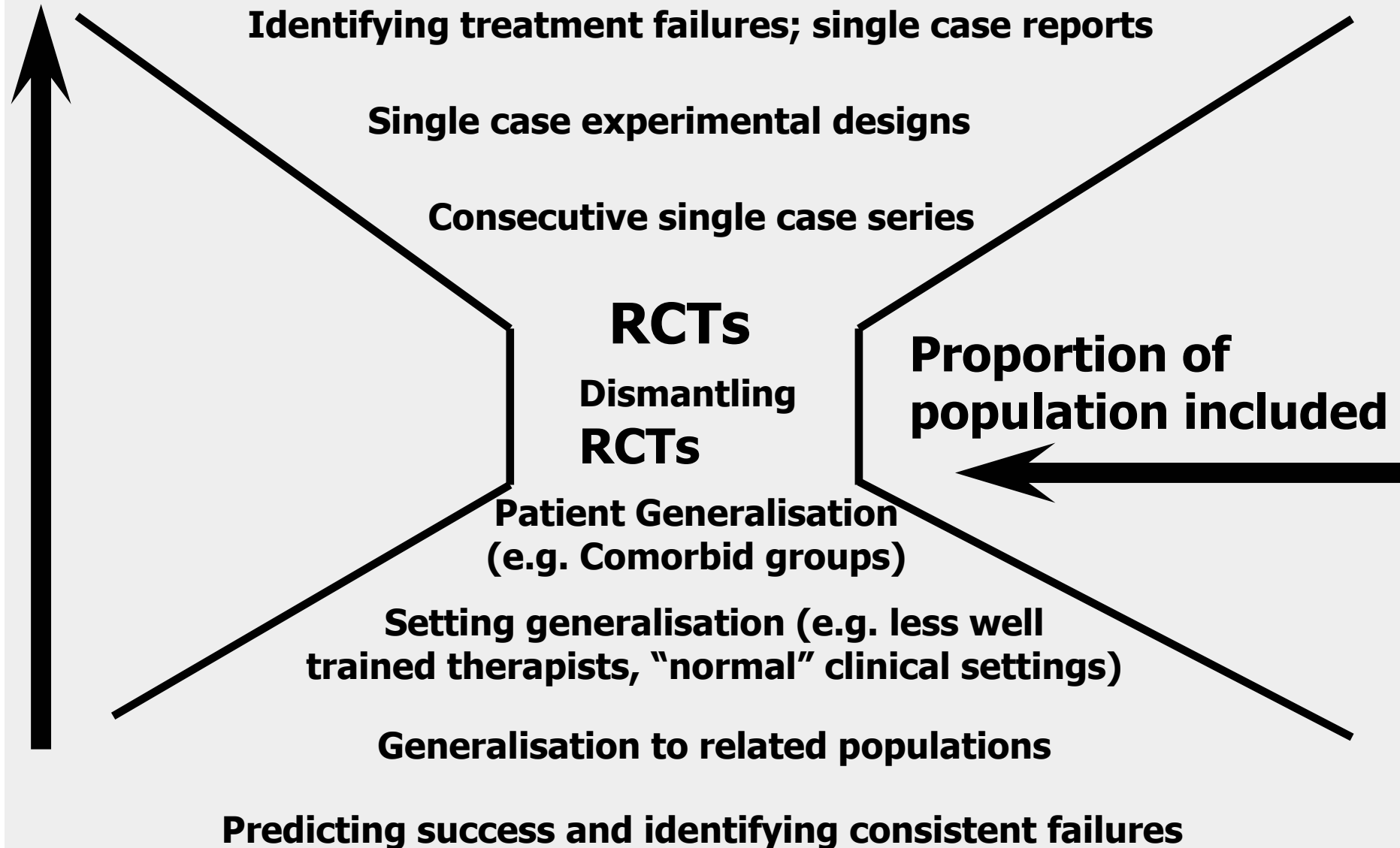
- Treatment effective in reducing maternal symptoms in all cases, maintained at 1m follow –up
- Intensive CBT highly acceptable to mothers
- Mothers reported it helped both with OCD and *general* parenting skills

# Client ratings of therapy value





# DEVELOPING PSYCHOLOGICAL TREATMENT: THE HOURGLASS MODEL OF RESEARCH EVOLUTION



# Combination treatments?

- Serotonin active medication...what does it do?

# Combination treatments?

- Serotonin active medication....what does it do?
- What is going on with relapse?
- Interesting implications....

*Randomized, Placebo-Controlled Trial of Exposure and Ritual Prevention, Clomipramine, and Their Combination in the Treatment of Obsessive-Compulsive Disorder*

Edna B. Foa, Ph.D., Michael R. Liebowitz, M.D., Michael J. Kozak, Ph.D., Sharon Davies, R.N., Rafael Campeas, M.D., Martin E. Franklin, Ph.D., Jonathan D. Huppert, Ph.D., Kevin Kjernisted, M.D., Vivienne Rowan, Ph.D., Andrew B. Schmidt, C.S.W., H. Blair Simpson, M.D., Ph.D., and Xin Tu, Ph.D. American Journal of Psychiatry, 2005

