

**Team-based Exposure Treatment for
Adults with OCD:
An Open Trial Implemented in a
Community Mental Health Center**

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Background

- OCD is chronic, often disabling disorder.
- Exposure-based treatments are most effective psychosocial treatments available for anxiety disorders
 - 65-85% of treatment completers are very much or much improved
 - effective with or without concurrent SRI medication
- Ex/RP is underutilized outside of specialty centers
 - 25% of patients in OP mental health settings receive min dose
 - 5% of patients with disabling symptoms receive min dose
 - Low-income individuals cannot access Ex/RP
 - CMHCs provide meds and support for the most severe patients

Research Aims

- Adapt Ex/RP for Implementation in CMHC
 - Qualitative study to determine local barriers and necessary modifications
 - Develop training program for staff, tx manual, and fidelity measures
 - Open trial to evaluate feasibility, acceptability and preliminary efficacy of program
 - Pilot RCT to compare program to standard care

Barriers to Ex/RP in CMHC

- Therapist-level
 - Lack of training
 - Large caseloads – difficult to see patients weekly
 - Low base rate of OCD- few opportunities for Ex/RP
 - Attitudes towards Ex/RP
- Patient-level
 - Fears regarding Ex/RP
 - Therapy-interfering symptoms
 - “Incompleteness” symptoms- difficult to tx
 - Difficulty with Ex/RP in home environment

Modifications to Group Ex/RP

	Gold Standard Ex/RP	Team Ex/RP
Modality	Individual	Group Ex/RP + coaching
Frequency	Twice-weekly	Twice-weekly: grp+coach
Session duration	90-120 minutes	60-90 minutes
Comorbidity	Exclude most SMI	SMI stable for 1+ month
Therapeutic contact in natural environment	Phone calls, home visit	10 concurrent ind sessions with case manager in home

Method: Participants

- Inclusion Criteria
 - Primary DSM-IV OCD, YBOCS > 16
 - Age 18-65
 - Low-income
 - Stable medication regimen for 10 weeks
 - No previous course of EX/RP
- Exclusion Criteria
 - Prominent SI, Mania, SUD, Psychosis in past month
 - Cognitive Impairment

Recruitment

- Patients:
 - 12 patients initially screened
 - 11 met study criteria and enrolled
 - 1 dropped out due to social anxiety re: group1
 - 1 d/c due to hospitalization for medical condition
 - 9 entered treatment
- Agency leaders selected staff members
 - Interest in learning Ex/RP
 - Likely to be at agency for next two years

Staff characteristics: Therapists

Age	Sex	Degree	Yrs MH	Yrs Individ	Yrs Grp	Prev CBT train
55	Fem	MA-LMHC	14	5	0	Grad course
38	Fem	MA-LMHC	11	7	5	Grad course, DBT trained
30	Fem	MSW	6	4	4	Workshop, Intern

Staff Characteristics: Case Managers

- 6 case managers
- 4 female, 2 male
- Ages 24-64 (Mn = 38.6±14.6)
- 5 BA-level and 1 MA-level (theology)
- Years of providing MH care =6 mos to 30 (Mn=11.0±10)
- None had formal training in CBT

Training Program

- Two-day training workshop
- Reading of treatment manual
- Behavioral rehearsal of key skills
- “Hands-on” learning experiences
- Weekly supervision, feedback on taped sessions
- Self-rated adherence after every session

Procedure

- Treatment
 - 2 individual pretherapy sessions
 - 12 weeks of active treatment (group +ind coach)
 - 2 monthly booster sessions
- All sessions audio or videotaped
- Fidelity ratings (Therapist and coach)
- Weekly team supervision

Measures

- OCD Database
- SCID-P for DSM-IV
- Yale Brown Obsessive Compulsive Scale
- Client Satisfaction Questionnaire
- Compliance: attendance, hw ratings
- Patients completed assessments at baseline, midtx, post-tx, 3month fu.

Results: Patient Characteristics

- Mostly white females (n=8)
- Ages 28-61 (Mn=43.6)
- Childhood-onset of OCD (Mn=13.6)
- Single and living alone (n=7)
- All on disability for psychiatric condition
- Concurrent Axis I dx (n=8)
- Comorbid personality disorder (n=8)
- All on psych meds, 7 on an SRI

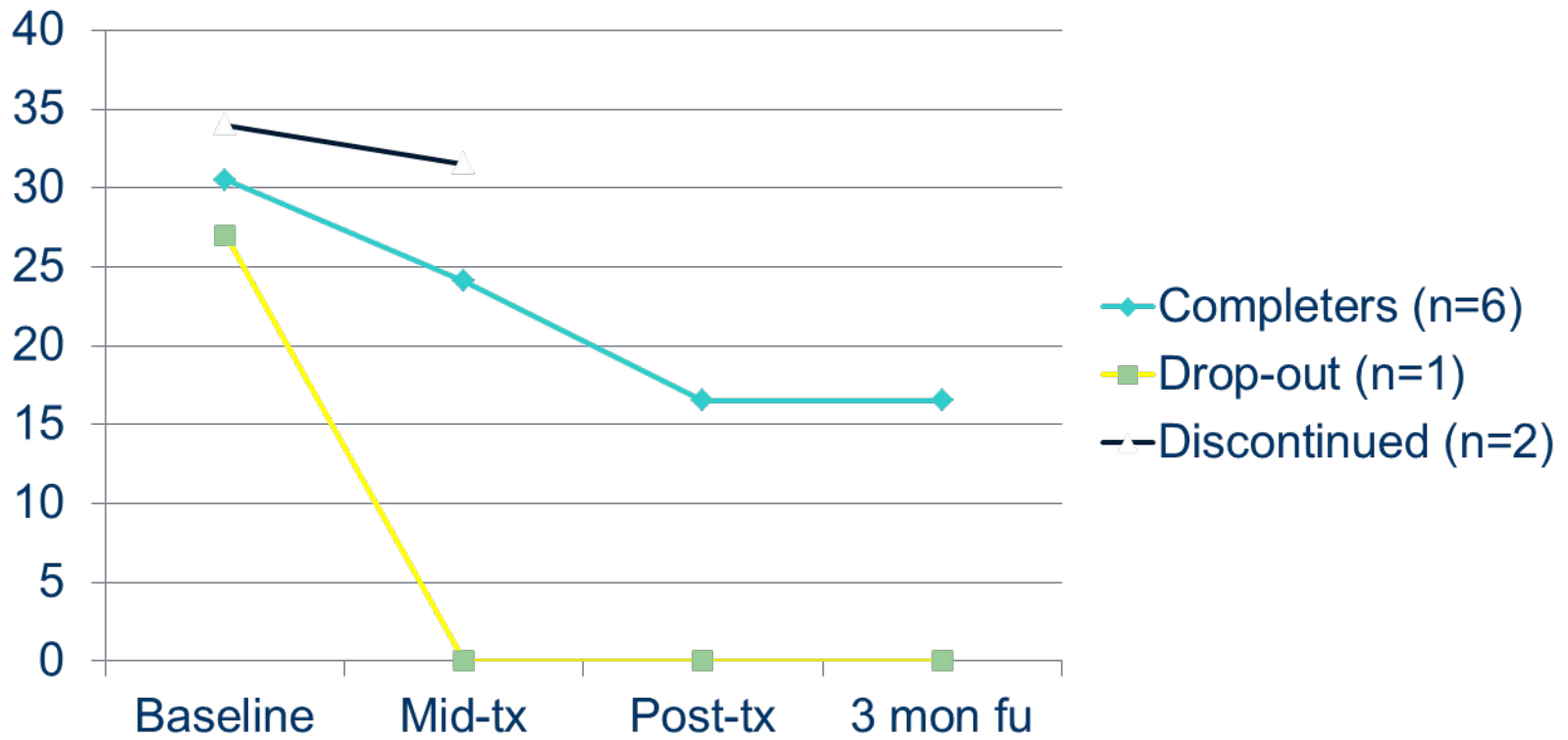
Results: Client Attendance

Treatment Component	All ^a (n=9)	Completers ^b (n=6)
Group therapy (12 sessions)		
Percent of sessions, Range	0-100%	67-100%
Percent of sessions, Mean	63%	86%
Individual coaching (10 sessions)		
Percent of sessions, Range	0-100%	40-100%
Percent of sessions, Mean	62%	80%

^a2 discontinued from tx due to exacerbation of comorbid dx (pre-group, 4 wks)
1 dropped out after four sessions, improved sx

^b1 completed group but felt coaching not necessary

Results: Patient Outcomes

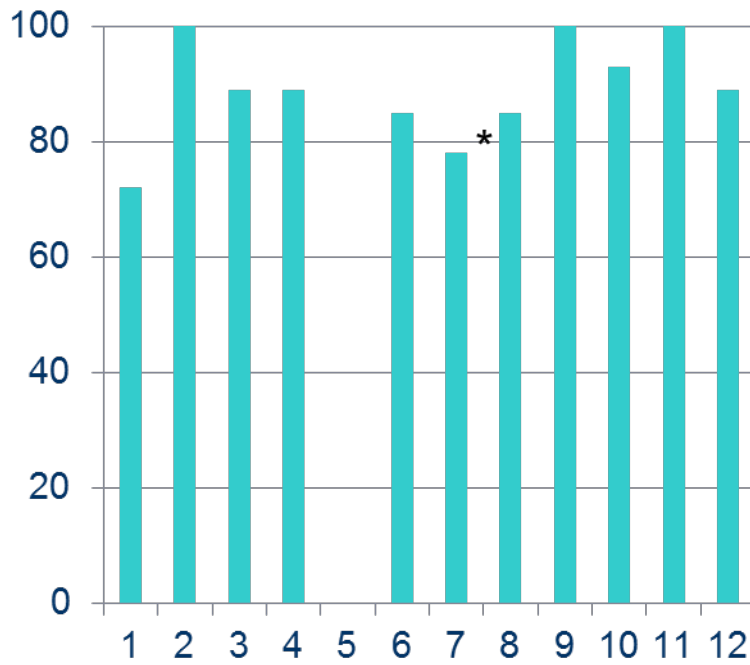


Results: Client Satisfaction

CSQ-8	Range	Mean	Satisfaction
Total Score (4-40)	29-39	35.3	High
Group (1-4)	2-4	3.5	High
Coaching (1-4)	3-4	3.1	High
Helpful for OCD (1-4)	3-4	3.6	High

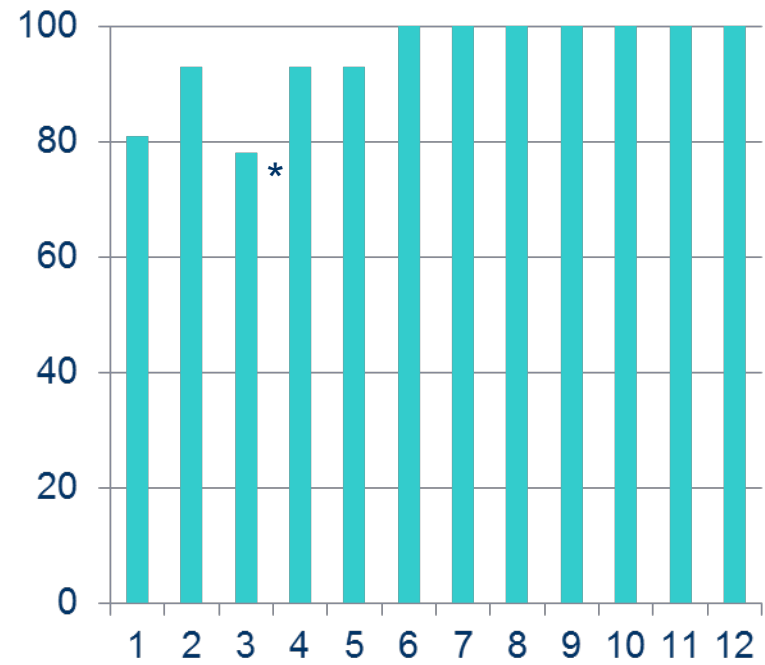
Staff fidelity ratings (Observed)

Therapist 1



Mean=90.0%

Therapist 2



Mean=94.8%

Staff Fidelity Ratings (Observed)

- Coaches
 - Range 83.8 – 100%
 - Overall Mean = 92.4%
 - Coaches found it easier to adhere to Ex/RP with own patients than when new patients
 - Self-monitoring/feedback helpful “stay on track”

Conclusions

- T-ERP acceptable and feasible for CMHCs
- More than half improved significantly
- Staff are trainable and open to fidelity ratings
- Staff tend to “drift” without monitoring
- Further Tx Modifications Needed
 - “Rolling” admission group
 - Motivational interviewing component
 - Expand tx to co-occurring anxiety disorders

Future Directions

- Pilot RCT comparing T-ERP to TAU
- Develop scalable training program and more efficient fidelity monitoring
- Expand to other anxiety disorders
- Identify cost-effective methods of improving patient adherence