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# Can CBT work for OCD with minimal therapist contact? Meta-analysis of low intensity CBT trials

Davide Dèttore, Andrea Pozza

*Department of Health Sciences, University of Florence  
Miller Institute, Genoa/Florence*

Paolo Antonelli

*Miller Institute, Genoa/Florence*

Gerhard Andersson

*Department of Behavioural Sciences and Learning, Linköping University,  
Department of Clinical Neuroscience, Psychiatry Section, Karolinska Institutet,  
Stockholm*

## ABSTRACT

**Background.** Therapist-administered Cognitive-Behavioural Therapy (CBT) is an effective treatment for Obsessive-Compulsive Disorder (OCD). However, patients' access to CBT is limited by factors including geographic limitations, and lack of CBT services. Some evidence suggests that Low Intensity Cognitive-Behavioural Treatments (LI-CBTs) could be an effective strategy to improve patients' access to CBT. To date a meta-analysis on LI-CBTs for OCD has not been conducted yet.

**Aims.** The current study used meta-analytic techniques to summarize data on the effectiveness of LI-CBTs for OCD, and investigate the role of potential outcome moderators, including socio-demographic characteristics of participants, OCD severity, treatment duration, and type of LI-CBTs.

**Method.** Treatments were defined as LI-CBTs if including evidence-based CBT active ingredients for OCD (psychoeducation, exposure with response prevention, cognitive restructuring), delivered through self-help books (bibliotherapy) or devices like CD-Roms, DVDs, telephones, computerized software packages or the internet (computer-delivered CBT). Studies were included if they evaluated LI-CBTs for patients with a

primary OCD and validated outcome measures for OCD. Fifteen studies ( $N= 655$ ) met inclusion criteria.

**Results.** LI-CBTs for OCD seemed to be effective across outcomes at post-test ( $d= 0.96, p < .05$ ). LI-CBTs were more effective for participants with lower age. Computer-delivered CBTs were significantly more effective than bibliotherapy ( $Q= 4.16, p < .05$ ). OCD severity and treatment duration were not significantly associated with outcome.

**Conclusions.** Implications for practice and directions in terms of policy-making are discussed. Large randomized controlled trials are required to compare LI-CBTs with CBT, and also examine which types of patients benefit most from CBT and which from LI-CBTs. To examine treatment gains maintenance, further studies with follow-up assessment are needed.

*Keywords: Low intensity cognitive-behavioural treatments, Obsessive-compulsive disorder, Cognitive-behavioural therapy, Meta-analysis.*