

# Cognitive Behavior Therapy for Obsessive-Compulsive and Related Disorders



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## KEYWORDS

- OCD • Obsessive-compulsive disorder • CBT • Cognitive behavior therapy
- Exposure therapy

## KEY POINTS

- Behavioral therapies constitute a high-efficacy, minimal risk treatment of obsessive-compulsive disorder (OCD) and related disorders for individuals of all ages.
- Based primarily on the principles of extinction learning, cognitive behavior therapy (CBT) and related therapies (eg, habit reversal training) produce equivalent or superior outcomes to pharmacotherapy for OCD and obsessive-compulsive spectrum disorders with few associated adverse side effects.
- Although flexible in dosing (weekly vs intensively) and format (individual vs group; extent of family involvement), focus on exposure and response prevention therapy is central to improvement.
- Behavioral therapies are highly efficacious, durable, and acceptable interventions for obsessive-compulsive spectrum disorders.

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Abbreviations	
AACAP	American Academy of Child and Adolescent Psychiatry
BDD	Body dysmorphic disorder
CBIT	Comprehensive behavioral intervention for tics
CBT	Cognitive behavior therapy
DCS	D-Cycloserine
ERP	Exposure and response prevention
HRT	Habit reversal training
NMDA	<i>N</i> -Methyl-D-aspartate
OCD	Obsessive-compulsive disorder
POTS	Pediatric OCD Treatment Study
PST	Psychoeducation and supportive therapy
RCTs	Randomized controlled trials
SRI	Serotonin reuptake inhibitors
TTM	Trichotillomania
YBOCS	Yale-Brown Obsessive-Compulsive Scale

## OVERVIEW OF COGNITIVE BEHAVIOR TREATMENT OF OBSESSIVE-COMPULSIVE AND RELATED DISORDERS

Cognitive behavior therapy (CBT) with exposure and response prevention (ERP) for obsessive-compulsive disorder (OCD) is a well-established treatment, supported by randomized clinical trials among adults and youth. CBT is a durable, side effect-free intervention that consistently produces improvement in 60% to 83% of patients.<sup>1,2</sup> Studies consistently identify the efficacy of CBT with ERP, with response rates equivalent to or greater than multimodal treatment with pharmacotherapy.<sup>3</sup> With relapse rates considerably lower<sup>4</sup> and acceptability higher for CBT (compared with pharmacotherapy<sup>5</sup>), behavioral interventions for OCD are (at least in part) the first-line interventions for OCD across the lifespan.<sup>6,7</sup> The key element of CBT for OCD, exposure therapy with response prevention, is based on extinguishing the negative reinforcement paradigm between obsessions and compulsions. Extinction-based treatments for other obsessive-compulsive spectrum disorders, for example Tourette syndrome, are becoming increasingly well tested and part of core treatment recommendations.<sup>8</sup>

### OCD

OCD is a chronic neuropsychiatric illness affecting approximately 2% of the population, with a fluctuating severity course and the potential for marked distress and interference with functioning.<sup>9,10</sup> Beyond individual morbidity, untreated OCD contributes to significant societal cost, estimated at US\$8.4 billion in 1990.<sup>11</sup> OCD is listed among the top 20 contributors toward disability by the World Health Organization.<sup>12</sup> Although untreated OCD is estimated to contribute a negative impact on quality of life that is comparable with schizophrenia,<sup>13</sup> the disparity between those who are estimated to have OCD in contrast with those who receive treatment (57%) is much higher than for other serious mental illnesses.<sup>14</sup> However, 2 evidence-based treatments are available for OCD: pharmacotherapy with serotonin reuptake inhibitors (SRIs) and CBT with ERP.<sup>6,7</sup> Despite the efficacy of the former, concerns about relapse following discontinuation, side effects, and safety limit enthusiasm (especially among parents of minors) and there is significant patient preference for CBT-oriented treatments.<sup>5</sup> Although most CBT outcome research is focused on OCD, an increasing number of well-controlled trials have been conducted for other obsessive-compulsive spectrum disorders (eg, Tourette syndrome, trichotillomania, body dysmorphic disorder [BDD],

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