Journal of Obsessive-Compulsive and Related Disorders 3 (2014) 102–108

Contents lists available at ScienceDirect

Journal of Obsessive-Compulsive and Related Disorders

journal homepage: www.elsevier.com/locate/jocrd

Self-guided internet administered treatment for obsessive-compulsive disorder: Results from two open trials

Bethany M. Wootton [a,b,*], Blake F. Dear [a], Luke Johnston [a], Matthew D. Terides [a], Nickolai Titov [a]

[a] eCentreClinic, The Centre for Emotional Health, Department of Psychology, Macquarie University, Sydney, NSW 2109, Australia
[b] The University of Tasmania, Department of Psychology, Locked Bag 30, Hobart, Tasmania 7001, Australia

ARTICLE INFO

Article history:
Received 12 October 2013
Received in revised form
25 February 2014
Accepted 3 March 2014
Available online 18 March 2014

Keywords:
Internet
Treatment
Obsessive-compulsive

ABSTRACT

Effective treatments for obsessive-compulsive disorder (OCD) exist, however, many patients experience barriers to treatment. Internet-administered cognitive-behavioral therapy (iCBT), which has the potential to reduce these barriers, has recently been shown to be efficacious in the treatment of OCD. To date, only therapist-guided iCBT interventions have been studied for OCD. Self-guided iCBT, administered without a therapist, may help to further reduce barriers to treatment, particularly for those concerned about stigma or who are unlikely to engage in treatment with a therapist. The present article describes the results of two open-trial feasibility studies that examined the acceptability and preliminary efficacy of fully self-guided iCBT for symptoms of OCD. In both trials scores on the Yale–Brown Obsessive Compulsive Inventory-Self-Report and the Dimensional Obsessive Compulsive Scale reduced significantly over time and moderate to large effect sizes were obtained. In trial 1, 29% met criteria for clinically significant change at 3-month follow-up and in trial 2, 32% met criteria for clinically significant change at 3-month follow-up. These results indicate that self-guided iCBT may be an acceptable and effective treatment for some individuals with obsessive-compulsive symptoms.

1. Introduction

Obsessive-compulsive disorder (OCD) is a common disorder characterized by unwanted obsessive thoughts, images or urges and repetitive, time-consuming compulsions (American Psychiatric Association, 2013). Effective cognitive-behavioral therapy (CBT) interventions exist, however, many patients experience barriers to accessing treatments, including direct and indirect costs of treatment, a lack of trained mental health professionals and stigma (Baer & Minichiello, 2008; Belloch, del Valle, Morillo, Carrió, & Cabedo, 2009; Goodwin, Koenen, Hellman, Guardino, & Struening, 2002; Marques et al. 2010; Wootton, Titov, Dear, Spence, & Kemp, 2011). One way to reduce these barriers is to provide remote CBT delivered via the Internet, or internet-delivered CBT (iCBT). In recent years two open trials and two randomized controlled trials (RCTs) have demonstrated the efficacy of this treatment approach (Andersson et al. 2012, 2011; Wootton, Dear, Johnston, Terides, & Titov, 2013; Wootton et al., 2011).

In the largest trial conducted to date, 101 participants were randomly allocated to a 10-week therapist-guided iCBT or to a control condition (online supportive therapy) (Andersson et al., 2012). The iCBT condition produced a large within-group effect size ($d=1.55$) on the YBOCS, compared to a medium effect size ($d=0.47$) for the Control Group. The between group effect size was also large ($d=1.12$). Additionally, 60% of participants in the iCBT condition met the Jacobson and Truax (1991) criteria for clinically significant change, compared with 6% in the control condition. Similar results were demonstrated in a pilot study by the same authors, which utilized an open trial design and reported that 48% of participants no longer met criteria for OCD at post-treatment (Andersson et al., 2011).

In the other RCT published to date, participants were randomly allocated to receive either therapist-guided iCBT, therapist-guided bibliotherapy using the same treatment materials as the iCBT condition (bCBT), or to a waitlist control group. Results indicated that both iCBT and bCBT were effective compared with the control condition (between-group effect sizes of $d=1.57$ and 1.40, respectively) and 40% of participants in the bCBT group and 47% of participants in the iCBT groups met the Jacobson and Truax (1991) criteria for clinically significant reduction in symptoms at post-treatment (Wootton et al., 2013). The same research group also

* Corresponding author at: University of Tasmania, Department of Psychology, Private Bag 30, Hobart, Tasmania 7001, Australia.
E-mail address: bethany.wootton@utas.edu.au (B.M. Wootton).

http://dx.doi.org/10.1016/j.jocrd.2014.03.001
2211-3649/

demonstrated similar efficacy in an earlier open trial of therapist-guided iCBT (Wootton et al., 2011).

In addition to internet-administered treatment, other remote treatments for OCD, such as bibliotherapy (Moritz, Jelinek, Hauschildt, & Naber, 2010; Tolin, Diefenbach, Maltby, & Hannan, 2005; Tolin et al., 2007; Wootton et al., 2013) have also been investigated. Effect sizes (d) for bibliotherapy approaches range from 0.65 to 1.65 (Moritz et al., 2010; Tolin et al., 2007; Tolin et al., 2005; Wootton et al., 2013) suggesting that these are a promising treatment approach. Internet-administered treatments extend on principles of bibliotherapy but offer additional advantages including that: (1) the delivery of the therapeutic content is able to be controlled and paced; (2) prompts and reminders may be programmed automatically, and; (3) internet administered programs are generally more visually engaging than bibliotherapy approaches, which are generally presented in the form of text on a page.

To date, all of the studies evaluating iCBT treatment for OCD have been delivered with regular therapist contact. In these studies participants have been contacted by a therapist between two and four times per week via telephone or email (Andersson et al., 2012, 2011; Wootton et al., 2013; Wootton, Titov, Dear, Spence, Andrews, et al., 2011). In our recent RCT (Wootton et al., 2013), we reduced the amount of therapist contact for the control group when they entered treatment to once per week and found large pre-post within-group effect sizes ($d = 1.11$ and 1.13 on the YBOCS and DOCS, respectively) and found that at post-treatment 33% met criteria for clinically significant change according to the Jacobson and Truax (1991) criteria (Wootton et al., 2013). Moreover, this treatment was associated with high levels of acceptability, despite the reduced contact (Wootton et al., 2013).

To our knowledge, there have been no studies demonstrating the acceptability or efficacy of a self-guided iCBT intervention for OCD. However, self-guided iCBT interventions have been demonstrated to be efficacious in other disorders including social phobia (Berger et al. 2011; Boettcher, Berger, & Renneberg, 2012; Titov, Andrews, Choi, Schwencke, & Johnston, 2009), depression (Berger, Hämmerli, Gubser, Andersson, & Caspar, 2011) insomnia (Lancee, Van Den Bout, Van Straten, & Spoormaker, 2013) and for adults with comorbid anxiety and depression (Titov et al. 2013). However, little is known about what makes self-guided Courses effective, or who benefits from these types of treatment, although there is some evidence that automatic emails may facilitate outcomes (Titov et al., 2013).

While remote treatment interventions help to reduce many barriers to treatment, guided interventions still require people

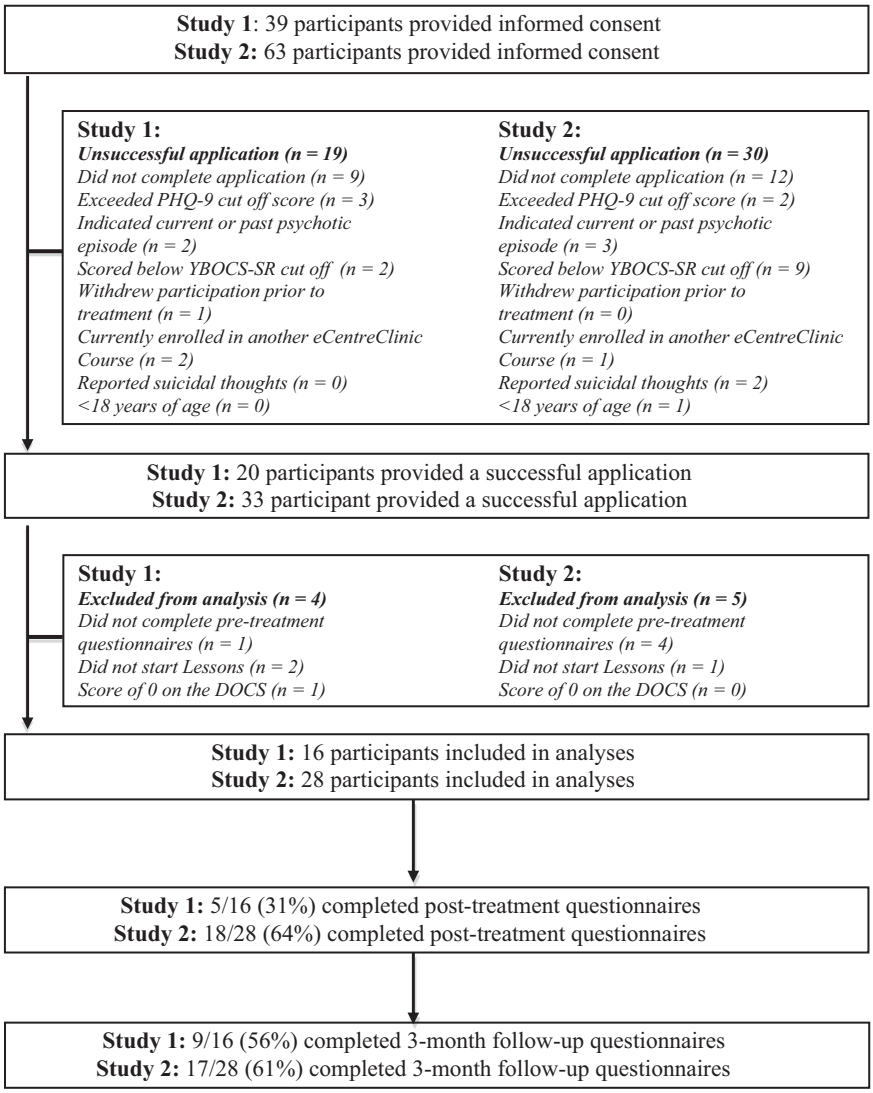

Fig. 1. Participant flow. PHQ-9: Patient Health Questionnaire 9-Item; YBOCS-SR: Yale–Brown Obsessive Compulsive Scale – Self-Report.