

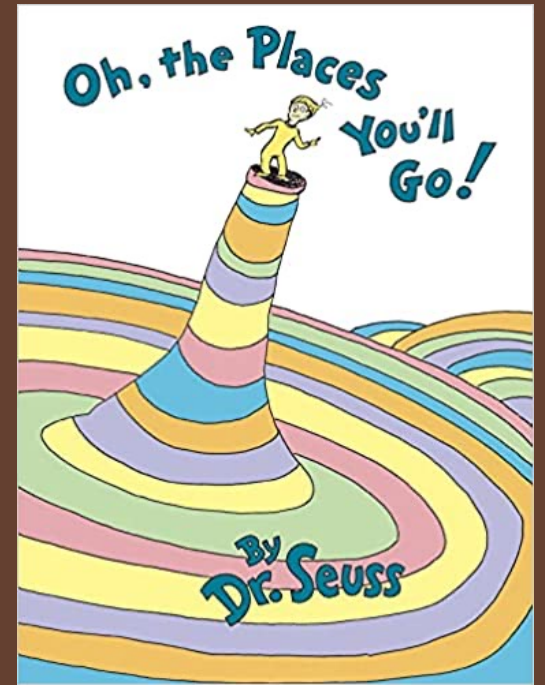


Treatment for Kids with OCD and What Comes Next?

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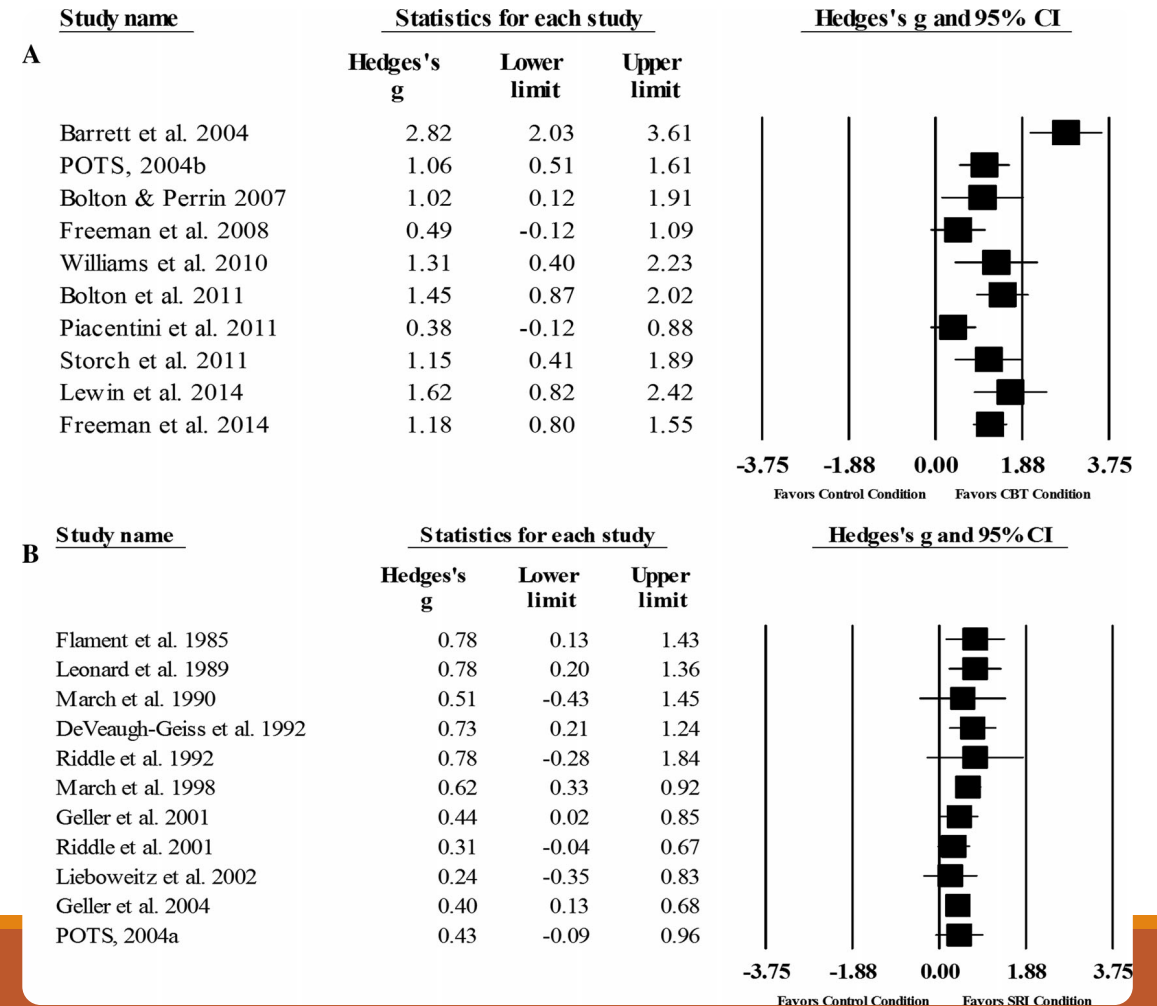
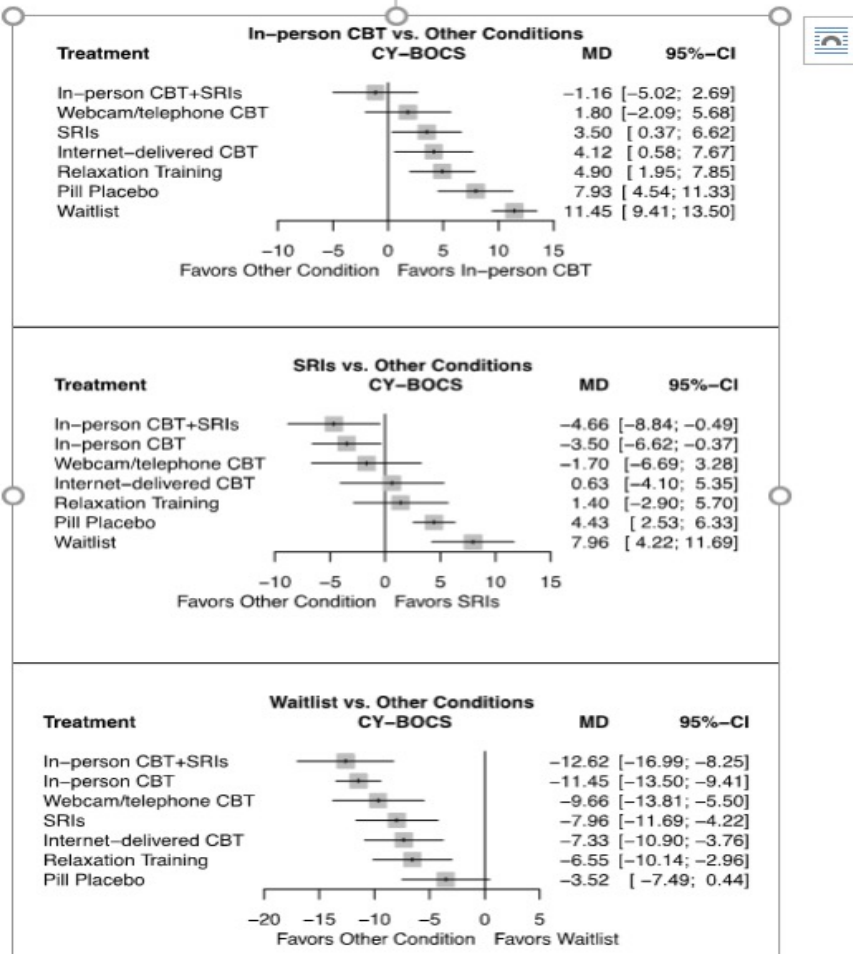
Establishing what works for kids with OCD



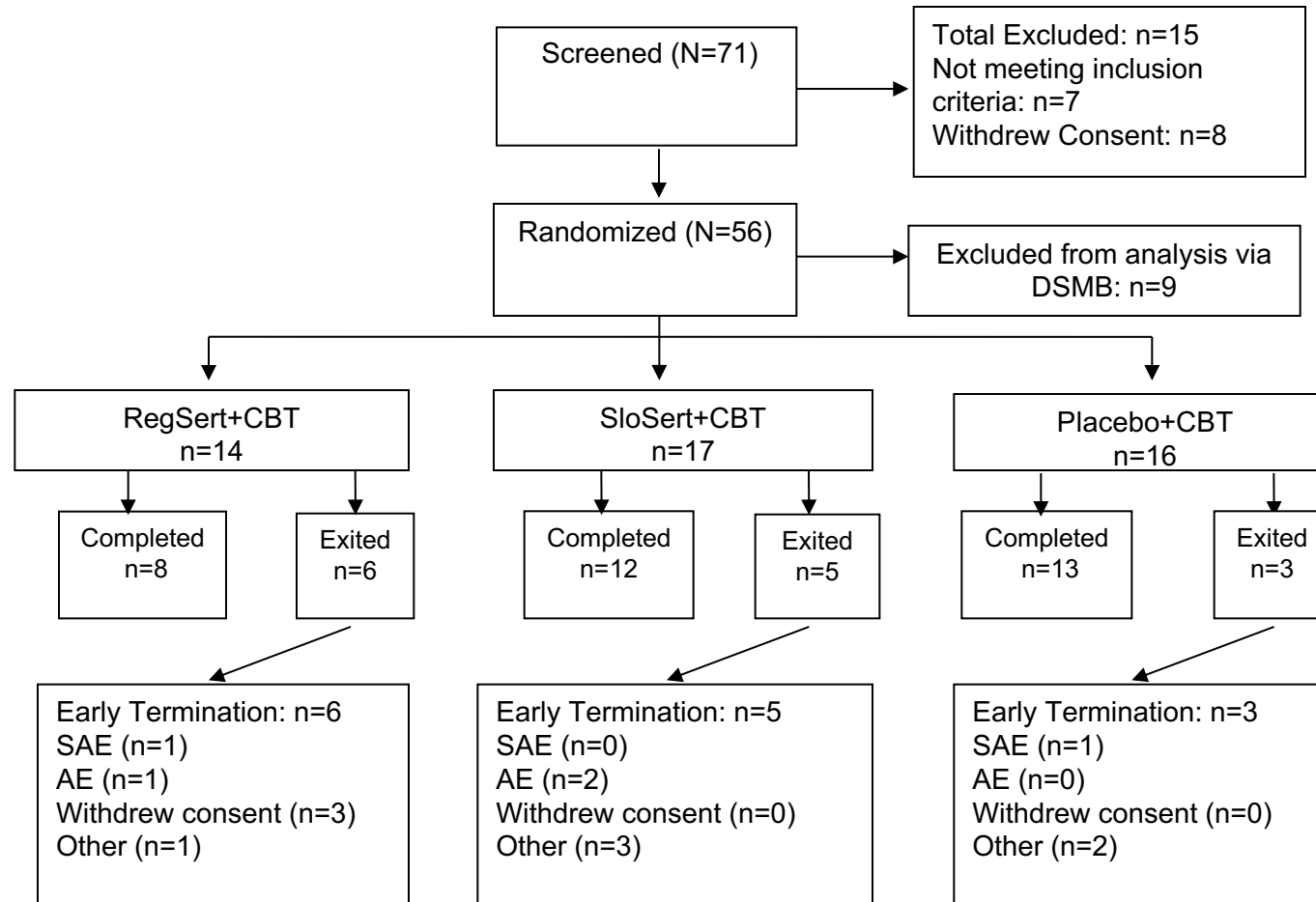
Efficacy of ERP and SRIs

Cervin et al. 2022; McGuire et al., 2015

Figure 2. Effect comparisons for in-person CBT (top panel), SRIs (middle panel), and waitlist (bottom panel) for the CY-BOCS at post-intervention.



Randomized, Placebo- Controlled Trial of CBT Alone or Combined with Sertraline in the Treatment of Pediatric OCD



1R01MH078594

Comparing Types of CBT: Intensive versus weekly

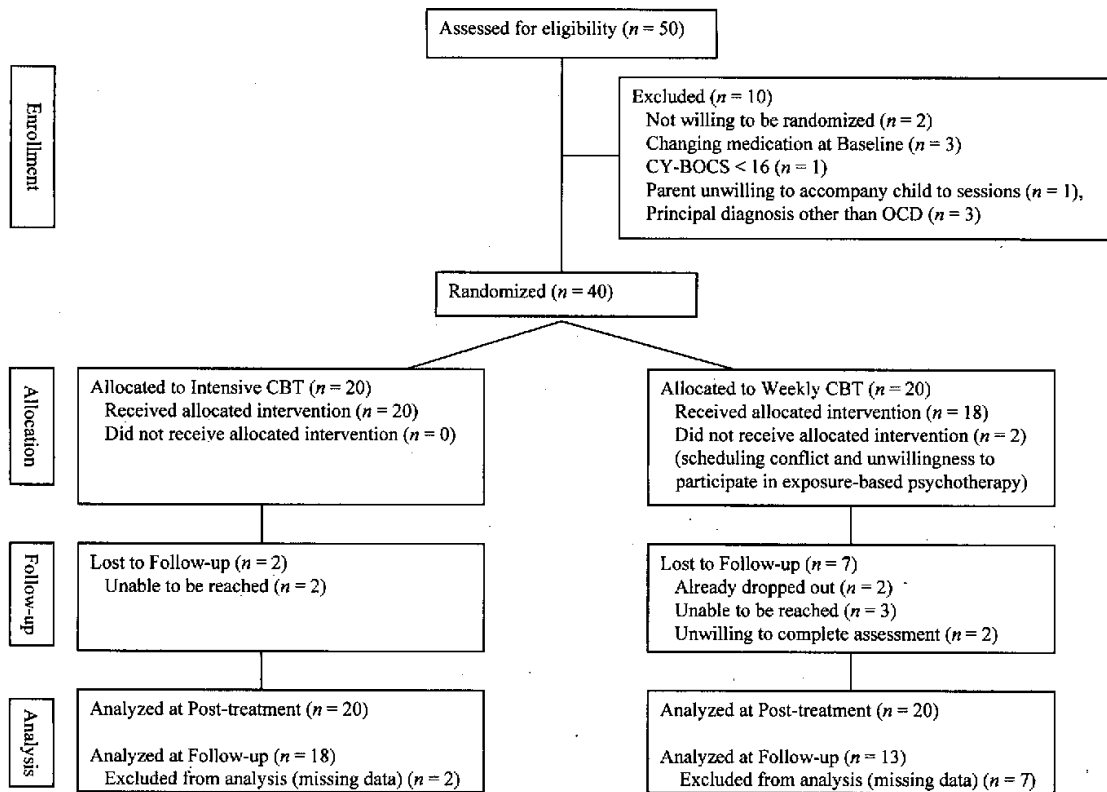


Fig. 1 Study flowchart. CY-BOCS = Children's Yale-Brown Obsessive-Compulsive Scale; OCD = obsessive-compulsive disorder; CBT = cognitive-behavioral

Scale	Baseline, Mean (SD)		Posttreatment, Mean (SD)		p	Follow-up, Mean (SD)		p	Posttreatment Effect Size ^a	Follow-up Effect Size ^b
	Intensive	Weekly	Intensive	Weekly		Intensive	Weekly		Intensive, Weekly	Intensive, Weekly
CY-BOCS	25.9 (5.6)	25.4 (5.8)	9.5 (6.9)	12.8 (8.8)	.151	10.2 (8.7)	9.8 (7.6)	.422	2.62, 1.73	2.20, 2.33
CGI-S	4.2 (0.8)	3.5 (0.8)	1.4 (0.9)	1.9 (1.1)	.004	1.4 (1.0)	1.3 (1.0)	.546	3.29, 1.68	3.11, 2.44
COIS-P	44.2 (25.9)	39.1 (29.8)	18.2 (14.2)	25.9 (28.8)	.075	9.9 (10.4)	23.5 (24.7)	.069	1.30, 0.45	1.89, 0.57
CDI	11.3 (8.9)	13.1 (6.2)	7.8 (9.0)	8.6 (6.2)	.606	6.5 (7.4)	8.7 (5.9)	.127	0.40, 0.74	0.60, 0.75
MASC	50.1 (18.4)	39.4 (14.6)	34.8 (17.3)	34.3 (13.1)	.063	33.1 (15.7)	32.6 (15.8)	.620	0.86, 0.37	1.00, 0.45
FAS	24.2 (10.0)	16.3 (10.4)	10.7 (9.1)	11.5 (8.2)	.036	13.0 (7.9)	13.7 (6.1)	.716	1.41, 0.52	1.24, 0.32

Note: Raw scores were used for all variables in this table. CY-BOCS = Children's Yale-Brown Obsessive-Compulsive Scale; CGI-S = Clinical Global Impressions-Severity; COIS-P = Child Obsessive Compulsive Impact Scale-Parent Rated; CDI = Children's Depression Inventory; MASC = Multidimensional Anxiety Scale for Children; FAS = Family Accommodation Scale.

^a Based on pre- and posttreatment differences.

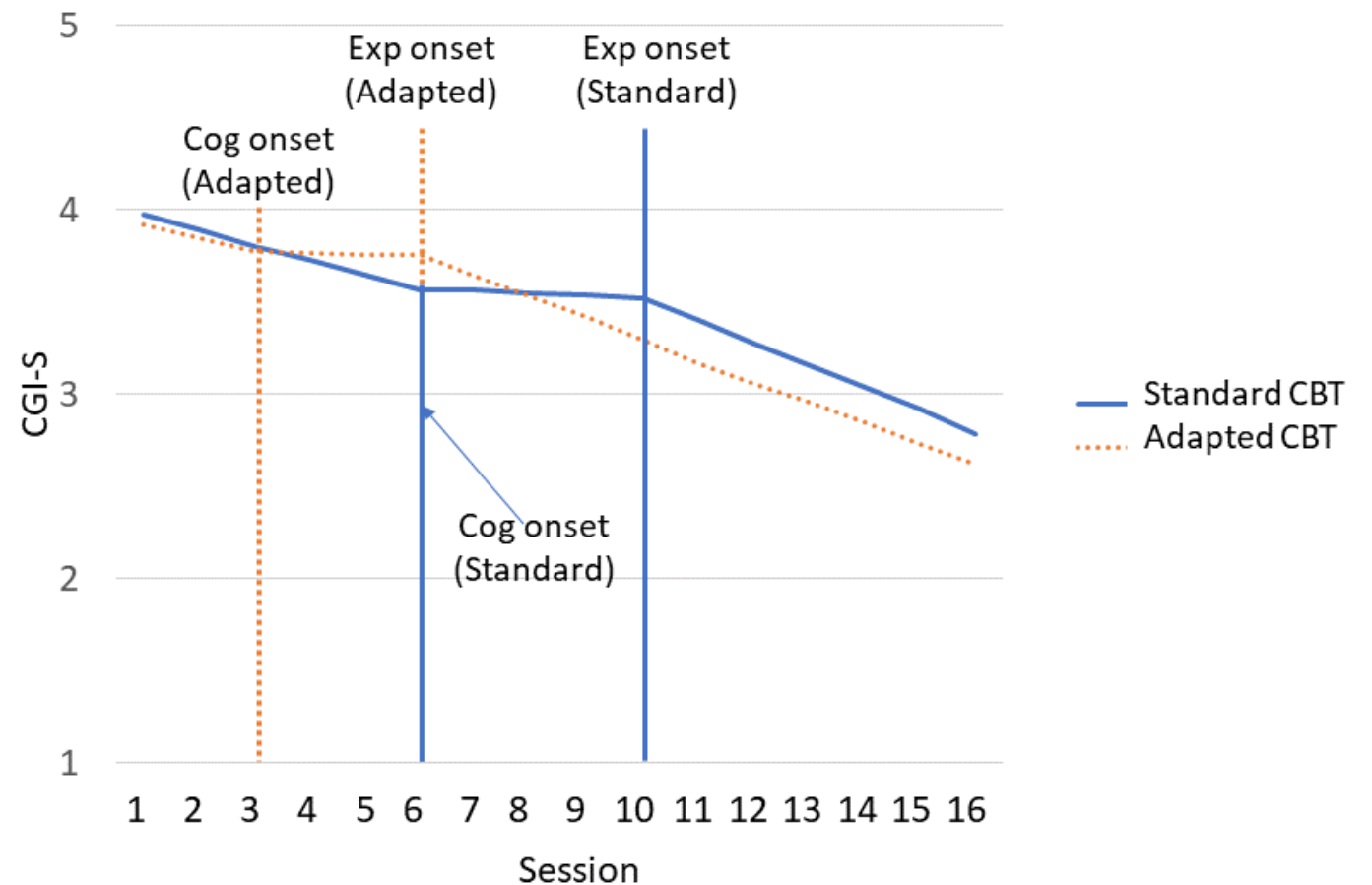
^b Based on pre- and follow-up difference.

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Why does it work?
And, how does this translate to the
real-world?

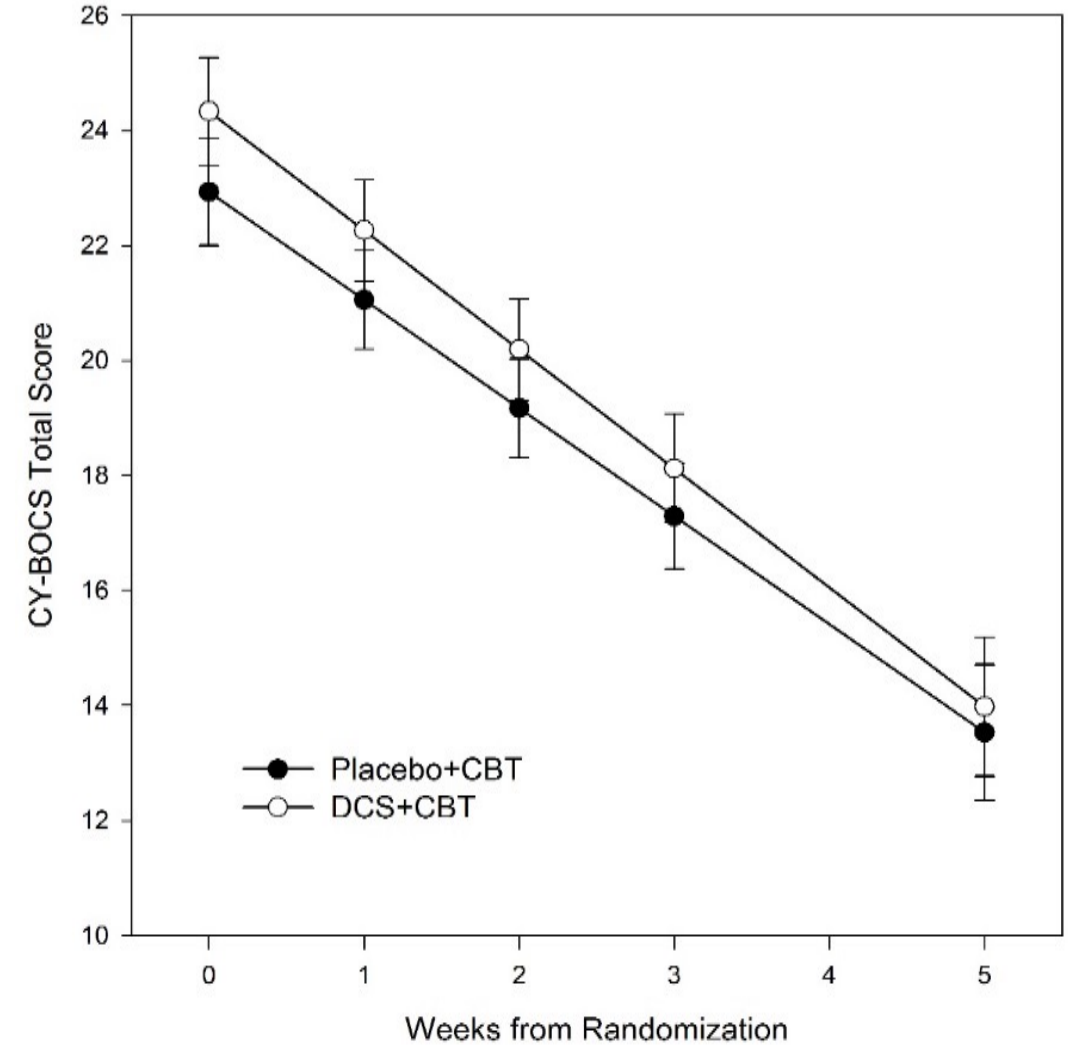
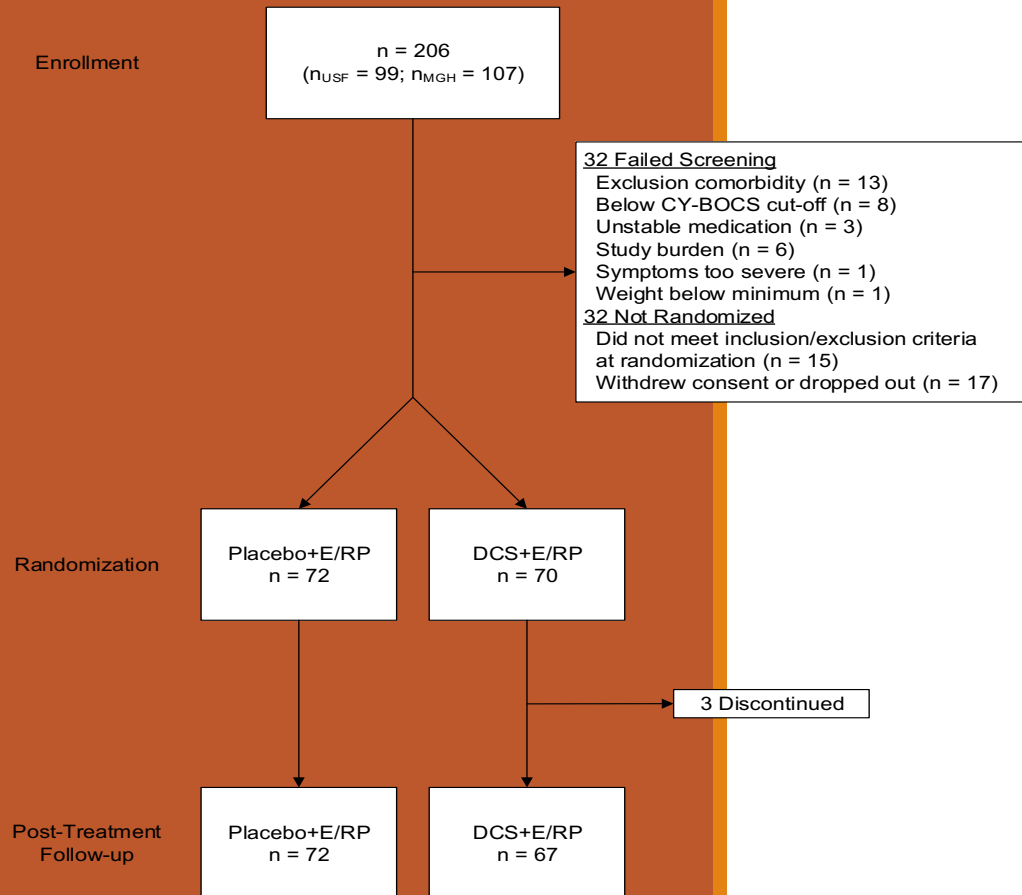
Second look at progress during the Treatment of Anxiety/OCD in ASD trial

- It's all about exposure!



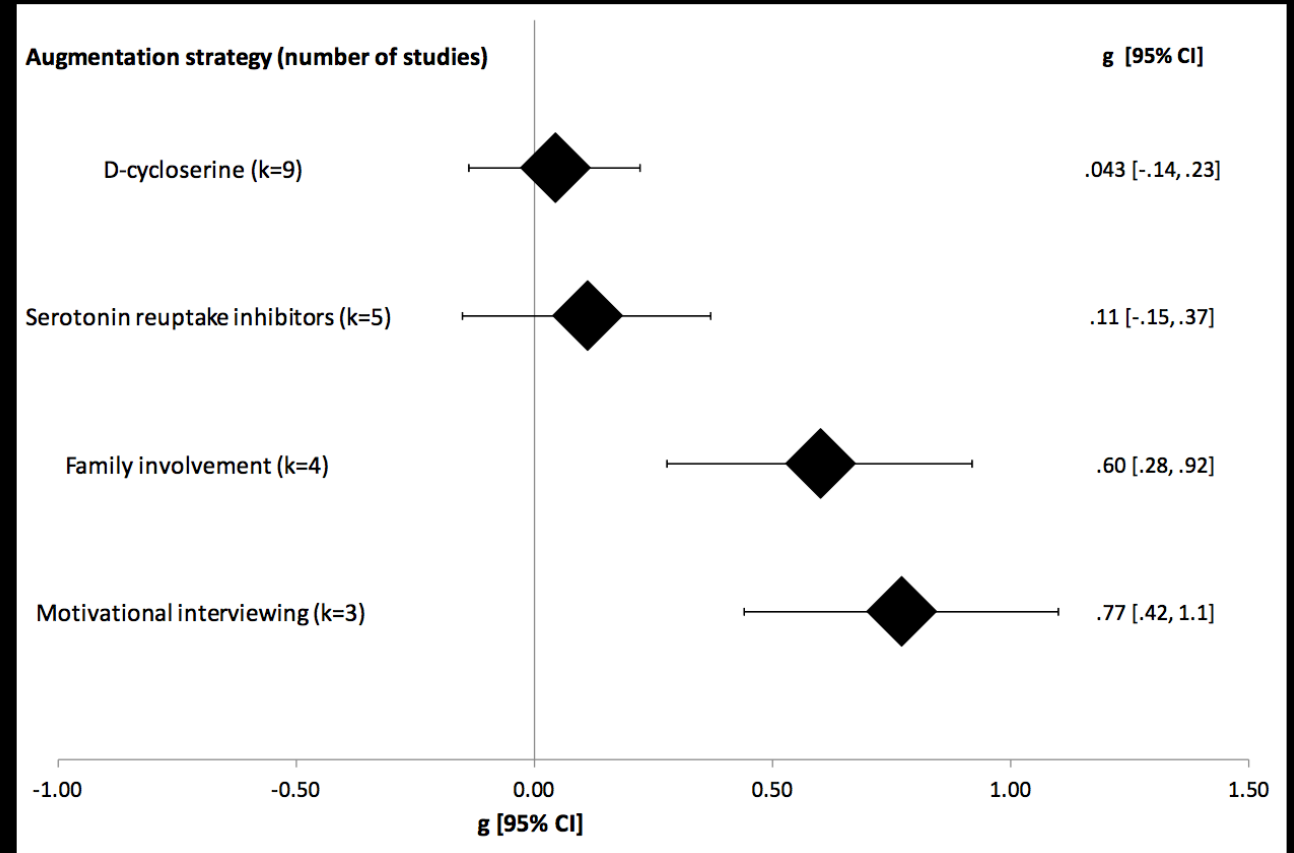
Note: “Cog” = cognitive skills; “Exp” = Exposure therapy

RCT of D-Cycloserine versus Placebo Augmentation of CBT for Pediatric OCD



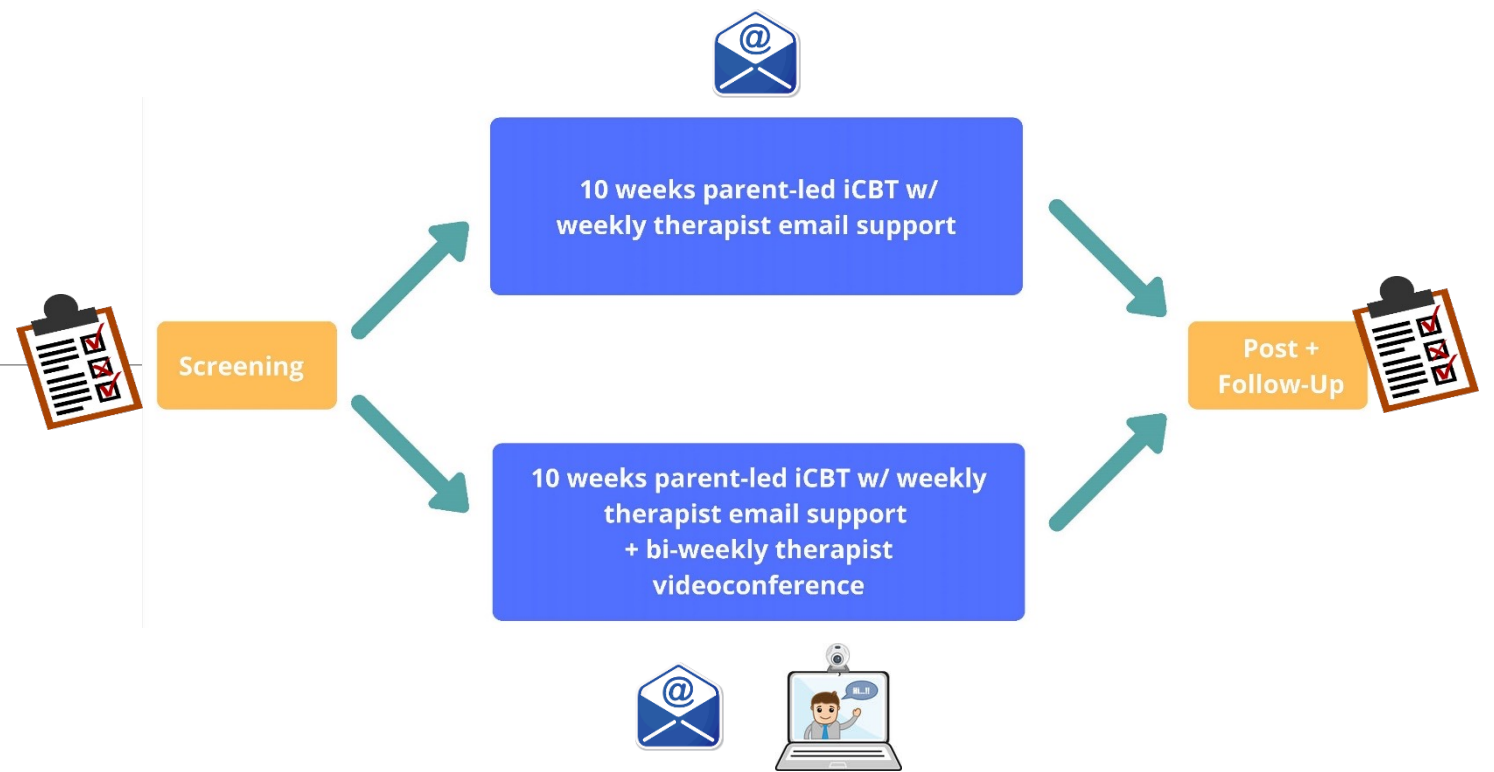
Storch, E. A., Wilhelm, S., Sprich, S., Henin, A., Micco, J., Small, B. J., McGuire, J., Mutch, P.J., Lewin, A.B., Murphy, T.K., & Geller, D. A. (2016). Efficacy of augmentation of cognitive behavior therapy with weight-adjusted D-cycloserine vs placebo in pediatric obsessive-compulsive disorder: A randomized clinical trial. *JAMA psychiatry*, 73(8), 779-788.
<https://doi:10.1001/jamapsychiatry.2016.1128>

How do we optimize CBT?



What's Next for Kids?

Dissemination of ERP



iCBT Randomized Control Trial



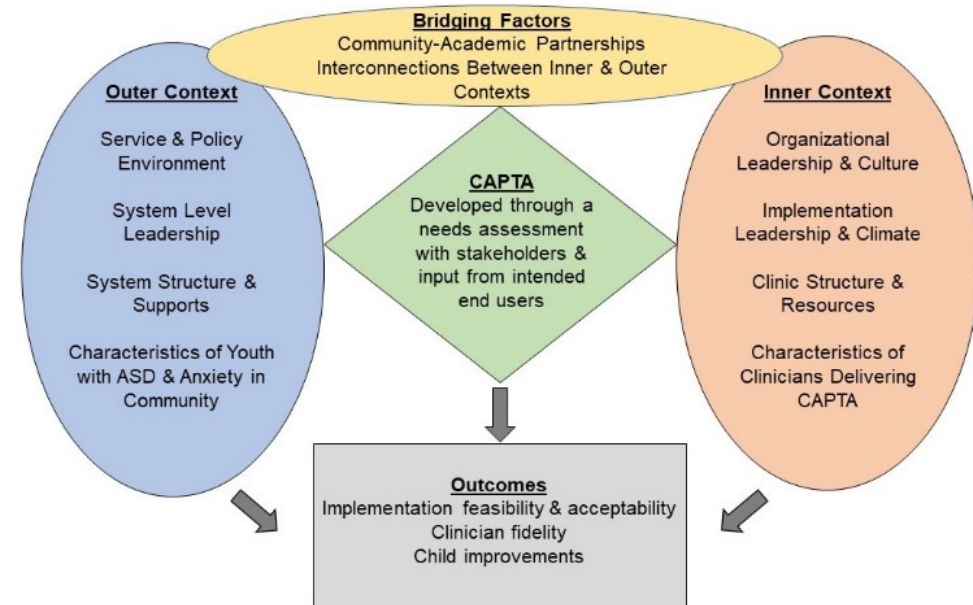
Community Mental Health Center-Based CBT for Anxiety in Youth ASD

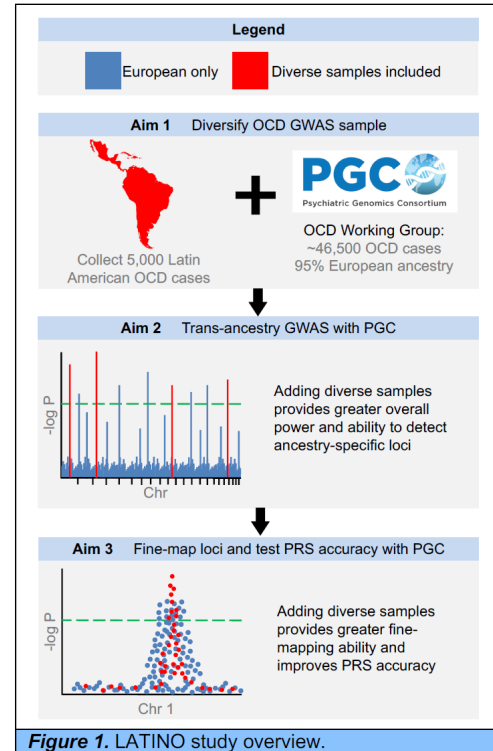
PIs: Maddox (UNC) & Storch (BCM); Co-Is: Guzick (BCM), Brookman-Frazee (UCSD), Tomaszewski (UNC)

Phase 1: Stakeholder-informed CBT development

Phase 2: Train community therapists and pilot test

Phase 3: RCT compared with usual care





TRANS-ANCESTRY GENOMIC ANALYSIS OF OCD U01MH125062-01A1 (Storch & Crowley)

Improving Assessment

R01 MH125958-01

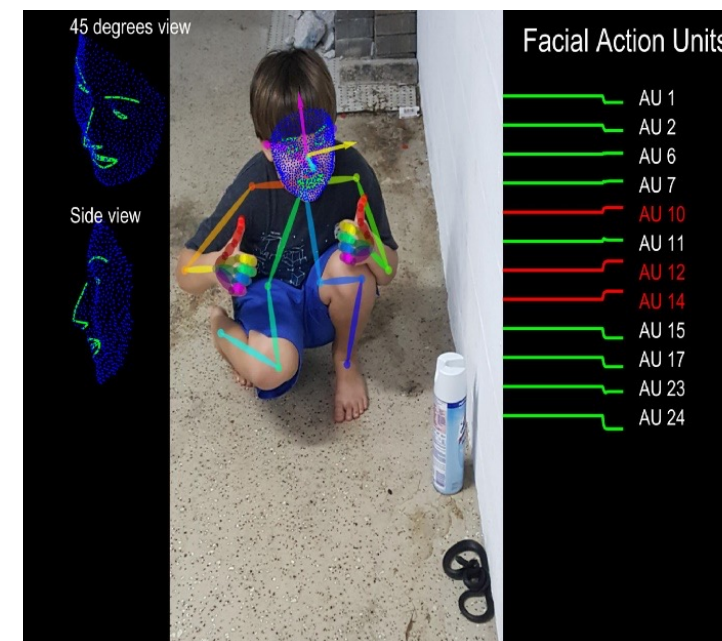
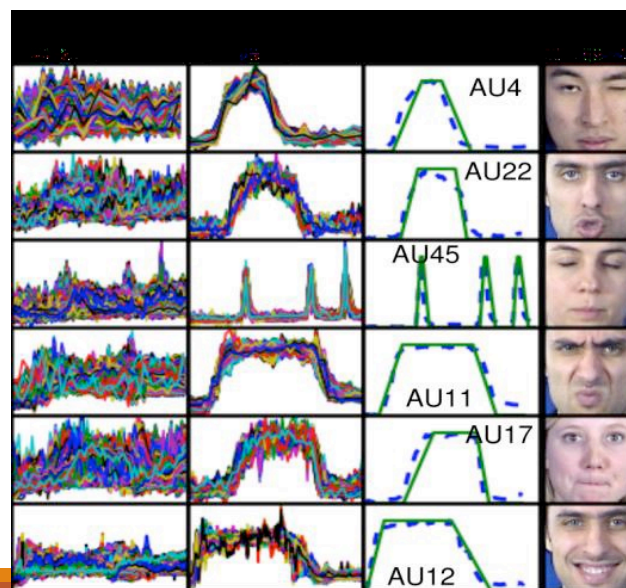
Generate and validate objective, transdiagnostic, behavior-based Social Processing and Negative Affect measures using facial expressions (i.e., face valence, facial expression synchrony) and vocal behavior.

© Goodman, Ramussen, Price, & Storch, 2011

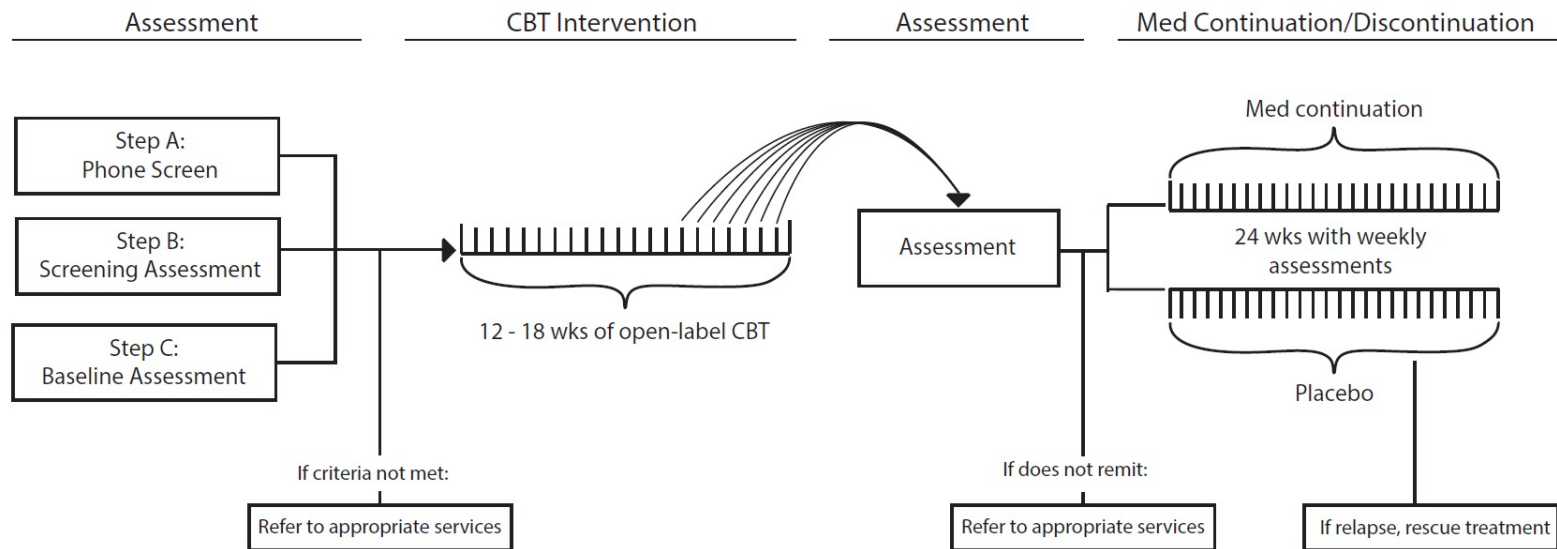
Children's Yale-Brown Obsessive Compulsive Scale-II

PATIENT NAME: _____ DATE: _____ CY-BOCS-II Total
 PATIENT ID: _____ Add items: _____
 CAREGIVER RESPONDENT: _____ 1 to 10

	None	Mild	Moderate	Severe	Very Severe	Extreme
	0	1	2	3	4	5
1. TIME SPENT ON OBSESSIONS	Uninterrupted No thoughts	Long 1-2 hrs	Moderate 3-4 hrs	Short 1-1.5 hrs	Very Short minutes < 1 hr	None constant
2. OBSESSION-FREE INTERVAL	Complete control	Black control	Moderate control	Some control	Minimal control	No control
3. CONTROL OVER OBSESSIONS	None	Mild slight disturbing	Moderate moderate disturbing	Severe severe disturbing	Very Severe severe disturbing	Extreme severe disturbing
4. DISTRESS OF OBSESSIONS	None	Mild	Moderate	Severe	Very Severe	Extreme
5. INTERFERENCE FROM OBSESSIONS*	None	Mild	Moderate	Severe	Very Severe	Extreme
Obsession Subtotal (add items 1-5)						
6. TIME SPENT ON COMPULSIONS*	None	Mild	Moderate	Severe	Very Severe	Extreme
7. RESISTANCE TO COMPULSIONS	Always resists or no need to resist	Resists most of the time	Moderate effort to resist	Some effort to resist	Unable to resist	Completely unable to resist
8. CONTROL OVER COMPULSIONS	Complete control	Black control	Moderate control	Some control	Minimal control	No control
9. DISTRESS IF COMPULSIONS PREVENTED*	None	Mild	Moderate	Severe	Very Severe	Extreme
10. INTERFERENCE FROM COMPULSIONS*	None	Mild	Moderate	Severe	Very Severe	Extreme
Compulsion Subtotal (add items 6-10)						
*CONSIDER MEDIATING ROLE OF AVOIDANCE						
11. INSIGHT	Excellent	Good some insight	Fair many insights	Poor overlook ideas	Almost oblivious	



Discontinuing SRIs through CBT addition





Novel Therapeutics

- Exciting advances in neurostimulation and new molecules
- Standard therapies still work very well
- Consider acceptability
- Ethical application



Summary

- We know what what works
- Better at understanding why it works
- Still more room to optimize interventions
- Much more is needed to get treatment to the masses
- Balance as new therapies are evaluated

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