



UNSW



INTENSIVE EXPOSURE WITH RESPONSE PREVENTION FOR PAEDIATRIC OCD:

A COMMUNITY ALTERNATIVE TO INPATIENT ADMISSION

DR KATELYN DYASON, PhD (Clinical Psychology)

SCHN Clinical Psychologist (Registrar) & UNSW Conjoint Lecturer
katelyn.dyason@health.nsw.gov.au



SLIDE REDACTED

PREVALENCE AND DURATION

200,000

Australian Children

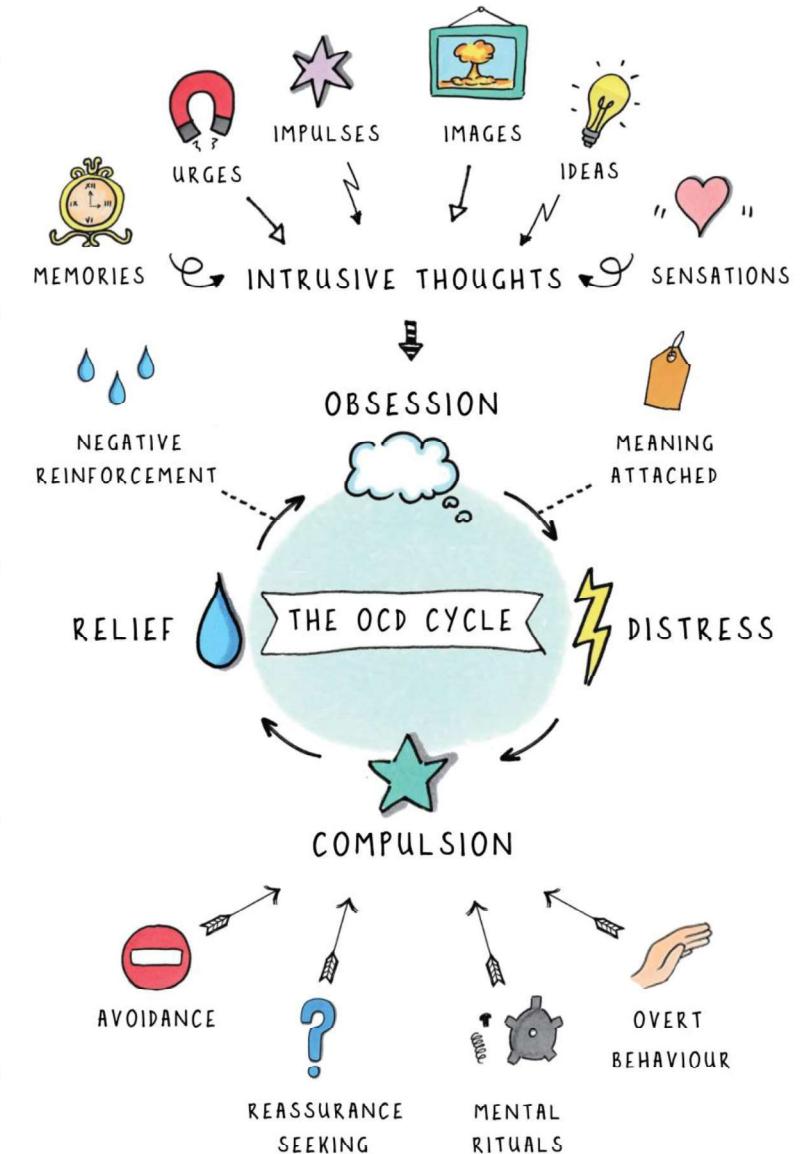
75%

Onset Before 25 years old

7-20 years

Of illness

(1) Artwork by Laura Johnson; (2) American Psychiatric Association, 2013, (3) Geller, 2006. (4) Geller et al., 2021; Solmi et al., 2022; Taylor et al., 2011, (5) Perris et al., 2023; Altamura et al., 2010.



BURDEN

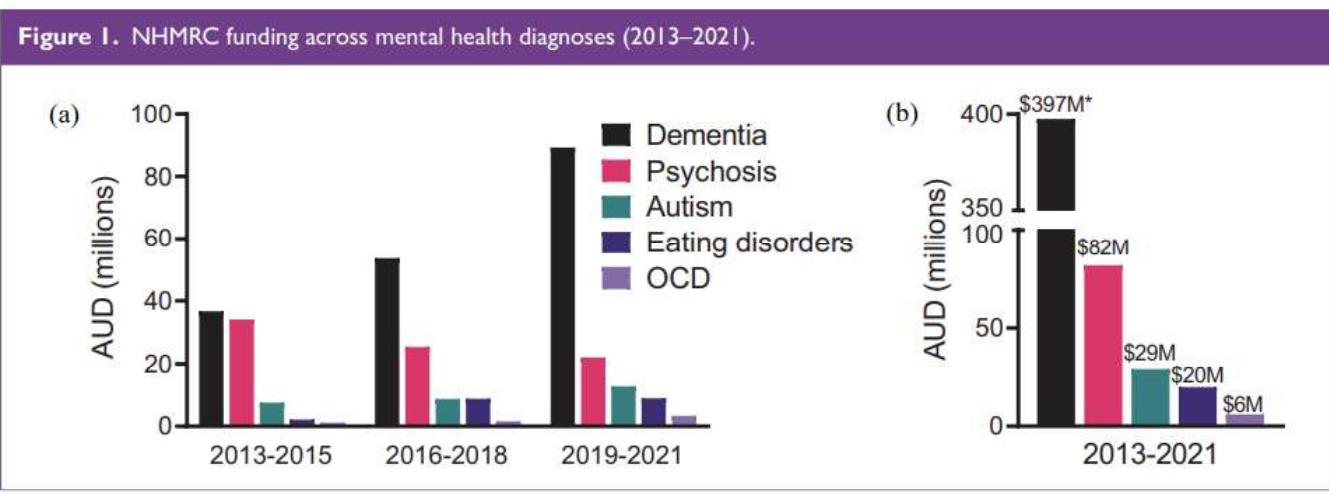
14 days

Absent From School

\$3.4 billion

Annual Economic Loss

Figure 1. NHMRC funding across mental health diagnoses (2013–2021).



Note: National Health and Medical Research Council (NHMRC) funding from Project/Ideas grants, Fellowships/Investigator grants and the Medical Research Future Fund (since 2018) in 3-year increments (panel A). *Panel B includes a further \$218 million specifically allocated to dementia through Centres for Excellence/Synergy grants, Boosting Dementia and ARC-NHMRC schemes; the total (2013–2021) for dementia was \$397 million.

(1) Piacentini et al., 2003, (2) Lawrence et al., 2016, (3) McCallum et al., 2019, (4) Dyason et al., 2022.

TREATMENT

Exposure with Response Prevention

60-70% response rates

Medications

50% response rates

20-30%

Of clinicians offer ERP

Longer duration of untreated illness = poorer response to treatment

(1) Farrell et al., 2023; McGuire et al., 2015; Ost et al., 2016., (2) McGuire et al., 2015; Ost et al., 2016; (3) Moritz et al., 2019; Reid et al., 2018,
(4) Reid et al., 2019, (5) Perris et al., 2023, Fineberg et al., 2019.

INPATIENT ADMISSIONS FOR SEVERE OCD

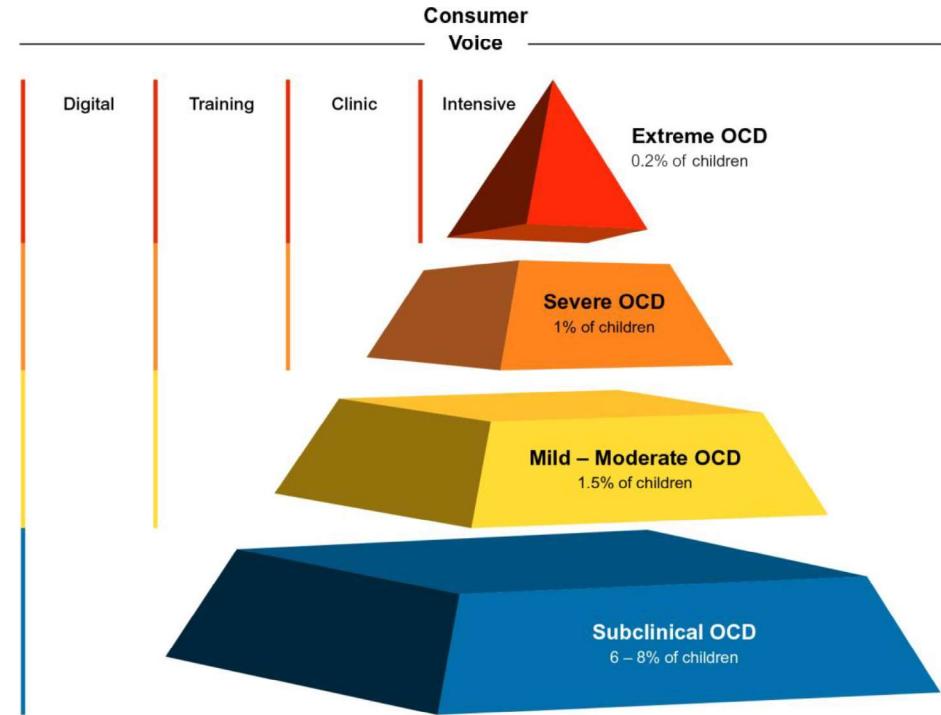
AT THE SYDNEY CHILDREN'S
HOSPITALS NETWORK

- 2016 - 2022
- 9% of mental health admissions
- 15% of bed days
- Highest proportion of voluntary admissions, second highest referrals from community teams
- Second longest length of stay and admission cost
- \$4 mil for primary OCD; \$11 mil including non-primary OCD
- Second highest readmission rate

Dyason, K. M., Ozkul, B., Knight, K., Sara, G., Brakoulias, V., Farrell, L. J., Grisham, J. R., & Perkes, I. E. (2023). Hospital admission characteristics for children and adolescents with OCD in Sydney, Australia. *General Hospital Psychiatry*.
<https://doi.org/10.1016/j.genhosppsych.2023.09.008>



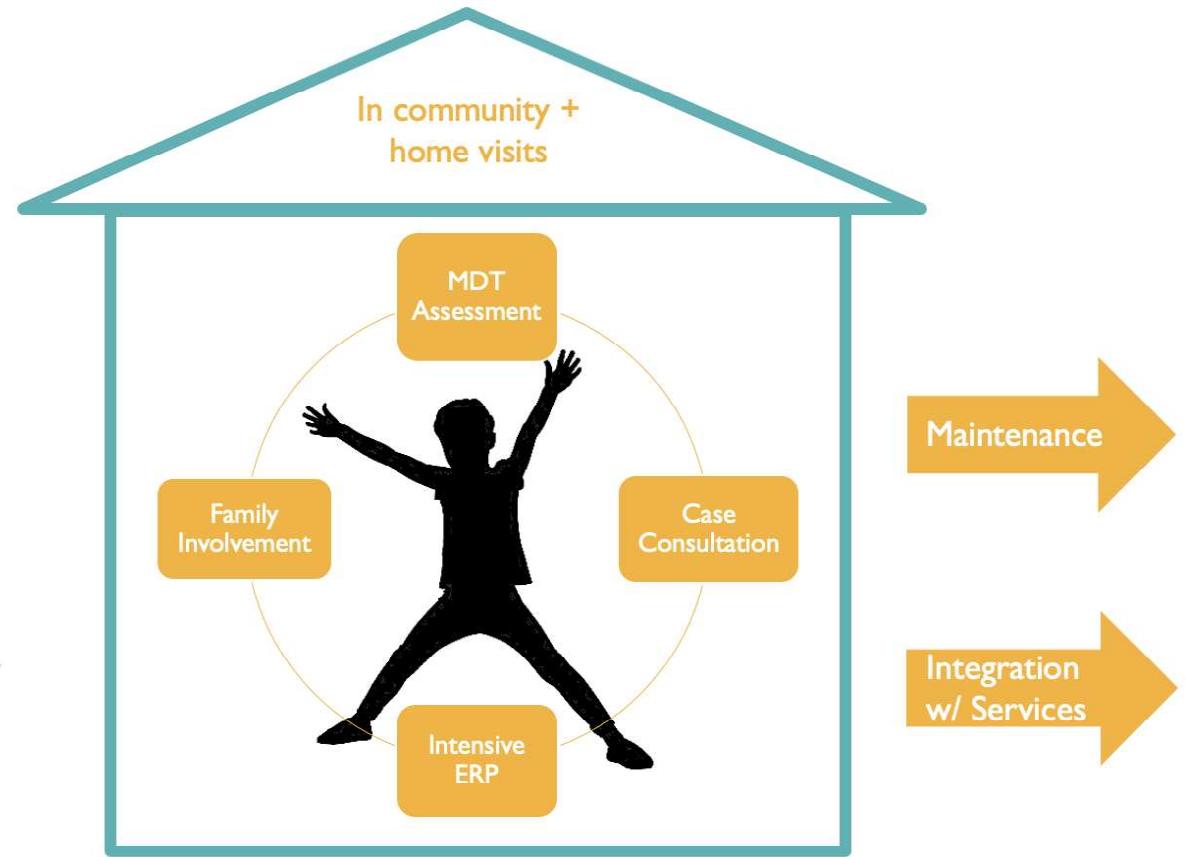
at



WRAP AROUND MODEL OF CARE



at



INTENSIVE PROGRAM FOR SEVERE OCD

**SLIDE REDACTED FOR UNPUBLISHED
DATA**

POLICY IMPLICATIONS

Model of Care



Scalable



Cost Saving



Reduces Risks



Enhanced and value-based clinical care

Ongoing



Sustainability



Aligns with international Standards



Dedicated treatment team & state-wide hub



Capacity-building

(1) Piacentini et al., 2021; Sookman et al., 2021, (2) Piacentini et al., 2021; Reid et al., 2018; Senter et al., 2021



QUESTIONS?

 **OCD BOUNCE**
SCHN-SCH-OCD@
health.nsw.gov.au
www.OCD.org.au

REFERENCES

- American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.).
- Altamura, A. C., Buoli, M., Albano, A., & Dell'Osso, B. (2010). Age at onset and latency to treatment (duration of untreated illness) in patients with mood and anxiety disorders: a naturalistic study. *International clinical psychopharmacology*, 25(3), 172–179. <https://doi.org/10.1097/YIC.0b013e3283384c74>
- Dyason, K.M., Farrell, L.J., Manning, E. E., Grisham, J.R., Perkes, I.E. (2022). Falling through the cracks in science and clinical service – A call to action for people with OCD. *Australian & New Zealand Journal of Psychiatry*, 56, 1213-1216. <https://doi.org/10.1177/0004867422112559>
- Dyason, K. M., Ozkul, B., Knight, K., Sara, G., Brakoulias, V., Farrell, L. J., Grisham, J. R., & Perkes, I. E. (2023). Hospital admission characteristics for children and adolescents with OCD. *General Hospital Psychiatry*, 85, 236-238. <https://doi.org/10.1016/j.genhosppsych.2023.09.008>
- Farrell, L.J., Waters, A.M., Storch, E.A., Simcock, G., Perkes, I. E., Grisham, J. R., Dyason, K. M., & Ollendick, T. (2023). Closing the Gap for Children with OCD: A Staged-Care Model of Cognitive Behavioural Therapy with Exposure and Response Prevention. *Clinical Child and Family Psychology Review*, 26, 642–664. <https://doi.org/10.1007/s10567-023-00439-2>
- Fineberg, N., Dell'Osso, B., Albert, U., Maina, G., Geller, D., Carmi, L., ... Zohar, J. (2019). Early intervention for obsessive compulsive disorder: An expert consensus statement. *European Neuropsychopharmacology*, 29(4), 549–565. <https://doi.org/10.1016/j.euroneuro.2019.02.002>
- Geller, D. A. (2006). Obsessive-compulsive and spectrum disorders in children and adolescents. *Psychiatric Clinics of North America*, 29, 353–370. <https://doi.org/10.1016/j.psc.2006.02.012>
- Geller, D. A., Homayoun, S., & Johnson, G. (2021). Developmental Considerations in Obsessive Compulsive Disorder: Comparing Pediatric and Adult-Onset Cases. *Frontiers in psychiatry*, 12, 678538. <https://doi.org/10.3389/fpsyg.2021.678538>
- Lawrence, D., Johnson, S., Hafekost, J., Boterhoven de Haan, K., Sawyer, M., Ainley, J., & Zubrick, S. R. (2015). The mental health of children and adolescents. Report on the second Australian child and adolescent survey of mental health and wellbeing. Australian Government.
- McCallum, S. M., Batterham, P. J., Calear, A. L., Sunderland, M., & Carragher, N. (2019). Reductions in quality of life and increased economic burden associated with mental disorders in an Australian adult sample. *Australian health review*, 43(6), 644–652. <https://doi.org/10.1071/AH16276>
- McGuire, J.F., Piacentini, J., Lewin, A.B., Brennan, E.A., Murphy, T.K. & Storch, E.A. (2015). A meta-analysis of cognitive behavior therapy and medication for child obsessive-compulsive disorder: Moderators of treatment efficacy, response and remission. *Depression and Anxiety*, 32, 580-593. <https://doi.org/10.1002/da.22389>
- Moritz, S., Külz, A., Voderholzer, U., Hillebrand, T., McKay, D. & Jelinek, L. (2019). "Phobie à deux" and other reasons why clinicians do not apply exposure with response prevention in patients with obsessive-compulsive disorder. *Cognitive Behaviour Therapy*, 48, 162-176, <https://doi.org/10.1080/16506073.2018.1494750>
- Öst, L. G., Riise, E. N., Wergeland, G. J., Hansen, B., & Kvale, G. (2016). Cognitive behavioral and pharmacological treatments of OCD in children: A systematic review and meta-analysis. *Journal of anxiety disorders*, 43, 58–69. <https://doi.org/10.1016/j.janxdis.2016.08.003>
- Piacentini, J., Bergman, R. L., Keller, M., & McCracken, J. (2003). Functional impairment in children and adolescents with obsessive-compulsive disorder. *Journal of Child and Adolescent Psychopharmacology*, 13(1), S61–S69. <https://doi.org/10.1089/104454603322126359>
- Piacentini, J., Wu, M., Rozenman, M., Bennett, S., McGuire, J., Nadeau, J., Lewin, A., Sookman, D., Lindsey Bergman, R., Storch, E., & Peris, T. (2021). Knowledge and competency standards for specialized cognitive behavior therapy for pediatric obsessive-compulsive disorder. *Psychiatry research*, 299, 113854. <https://doi.org/10.1016/j.psychres.2021.113854>
- Perris, F., Cipolla, S., Catapano, P., Sampogna, G., Luciano, M., Giallonardo, V., Del Vecchio, V., et al. (2023). Duration of Untreated Illness in Patients with Obsessive–Compulsive Disorder and Its Impact on Long-Term Outcome: A Systematic Review. *Journal of Personalized Medicine*, 13(10), 1453. <http://dx.doi.org/10.3390/jpm13101453>
- Perkes, I., Grisham, J., Farrell, L., Dyason, K. M., & Racz, J. (2022, October 19). OCD BOUNCE: A Model of Care for Paediatric OCD. Retrieved from osf.io/bhxyz
- Reid, A. M., Guzik, A. G., Fernandez, A. G., Deacon, B., McNamara, J. P. H., Geffken, G. R., McCarty, R., & Striley, C. W. (2018). Exposure therapy for youth with anxiety: Utilization rates and predictors of implementation in a sample of practicing clinicians from across the United States. *Journal of Anxiety Disorders*, 58, 8–17. <https://doi.org/10.1016/j.janxdis.2018.06.002>
- Reid, A. M., & McHugh, R. K. (2019). Going beyond didactic training: How to increase utilization of cognitive-behavioral therapy. In K. S. Dobson & D. J. A. Dozois (Eds.), *Handbook of cognitive-behavioral therapies* (pp. 488–509). The Guilford Press.
- Senter, M. S., Patel, S. R., Dixon, L. B., Myers, R. W., & Simpson, H. B. (2021). Defining and Addressing Gaps in Care for Obsessive-Compulsive Disorder in the United States. *Psychiatric services*, 72, 784–793. <https://doi.org/10.1176/appi.ps.202000296>
- Solmi, M., Radua, J., Olivola, M., Croce, E., Soardo, L., Salazar de Pablo, G., Il Shin, J., Kirkbride, J. B., Jones, P., Kim, J. H., Kim, J. Y., Carvalho, A. F., Seeman, M. V., Correll, C. U., & Fusar-Poli, P. (2022). Age at onset of mental disorders worldwide: large-scale meta-analysis of 192 epidemiological studies. *Molecular psychiatry*, 27(1), 281–295. <https://doi.org/10.1038/s41380-021-01161-7>
- Sookman, D., Phillips, K. A., Anholt, G. E., Bhar, S., Bream, V., Challacombe, F. L., Coughtrey, A., Craske, M. G., Foa, E., Gagné, J. P., Huppert, J. D., Jacobi, D., Lovell, K., McLean, C. P., Neziroglu, F., Pedley, R., Perrin, S., Pinto, A., Pollard, C. A., Radomsky, A. S., ... Veale, D. (2021). Knowledge and competency standards for specialized cognitive behavior therapy for adult obsessive-compulsive disorder. *Psychiatry research*, 303, 113752. <https://doi.org/10.1016/j.psychres.2021.113752>
- Taylor, S. (2011). Early versus late onset obsessive–compulsive disorder: Evidence for distinct subtypes. *Clinical Psychology Review*, 31, 1083–1100. <https://doi.org/10.1016/j.cpr.2011.06.007>