

Study finds family-based exposure therapy effective treatment for young children with OCD

May 5 2014

A new study from the Bradley Hasbro Children's Research Center has found that family-based cognitive behavioral therapy (CBT) is beneficial to young children between the ages of five and eight with Obsessive-Compulsive Disorder (OCD). The study, now published online in *JAMA Psychiatry*, found developmentally sensitive family-based CBT that included exposure/response prevention (EX/RP) was more effective in reducing OCD symptoms and functional impairment in this age group than a similarly structured relaxation program.

Jennifer Freeman, Ph.D., a staff psychologist at the Bradley Hasbro Children's Research Center and clinical co-director of the Intensive Program for OCD at Bradley Hospital, led the study. "CBT has been established as an effective form of OCD [treatment](#) in older children and adolescents, but its effect on young children has not been thoroughly examined," said Freeman. "These findings have significant public health implications, as they support the idea that very young children with emerging OCD can benefit from behavioral treatment."

During the 14-week randomized, controlled trial, which was conducted at three academic medical centers over a five-year period, the team studied 127 children between the ages of five and eight with a primary diagnosis of OCD. Each child received either family-based CBT with EX/RP or family-based relaxation therapy.

The family-based CBT focused on providing the child and parent "tools" to understand, manage and reduce OCD symptoms. This includes psychoeducation, parenting strategies, and family-based exposure treatment, so children can gradually practice facing feared situations while learning to tolerate anxious feelings. The family-based relaxation therapy focused on learning about feelings and implementing muscle relaxation strategies aimed at lowering the child's anxiety. At the end of the trial period, 72 percent of children receiving CBT with EX/RP were rated as "much improved" or "very much improved" on the Clinical Global Impression-Improvement scale, versus 41 percent of children receiving the family-based relaxation therapy.

According to Freeman, the traditional approach for children this young presenting with OCD symptoms has been to watch and wait. "This study has shown that children with early onset OCD are very much able to benefit from a treatment approach that is uniquely tailored to their developmental needs and family context," said Freeman. "Family-based EX/RP treatment is effective, tolerable and acceptable to young children and their families."

Freeman hopes that the family-based CBT model will become the first-line choice for young children with OCD in community mental health clinics where they first present for treatment. Earlier intervention may better address the chronic issues many children have with OCD, as well as the impact the debilitating illness can have on their overall development. "We use this family-based CBT model for treating children in this age range in both our Pediatric Anxiety Research Clinic and our Intensive Outpatient Program with much success," said Freeman. "My hope is that others will utilize this treatment model to the benefit of young children at the onset of their illness."

"The findings from this study support extending downward the age range that can benefit from CBT with EX/RP for pediatric OCD treatment,"

said Freeman. "With appropriate parental support, [young children](#) with OCD can make significant gains beyond what can be expected from having parents attempt to teach relaxation strategies to their children with OCD."

Provided by Lifespan

Citation: Study finds family-based exposure therapy effective treatment for young children with OCD (2014, May 5) retrieved 27 April 2024 from <https://medicalxpress.com/news/2014-05-family-based-exposure-therapy-effective-treatment.html>

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