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Comparison of focused cognitive behavioural therapy and treatment as usual in the treatment of obsessive compulsive disorder

Submission date
04/05/2026

Recruitment status
Recruiting

Registration date
08/05/2026

Overall study status
Ongoing

Last Edited
05/05/2026

Condition category
Mental and Behavioural Disorders

[X] Prospectively registered
[ ] Protocol
[ ] Statistical analysis plan
[ ] Results
[ ] Individual participant data
[X] Record updated in last year

Plain English summary of protocol

Background and study aims
Obsessive compulsive disorder (OCD) is a severe mental health condition that affects around 2.3% of the population. OCD can cause high levels of distress, make it harder for people to cope in their day-to-day lives, and lead to significant healthcare costs. People with OCD repeatedly experience unwanted and distressing thoughts/images (known as obsessions) and engage in repetitive behaviours (known as compulsions) to reduce their anxiety, which leads to significant distress. Individuals with OCD rarely get better on their own, indicating the need for effective treatments.

The cognitive model of OCD suggests that intrusive thoughts are common to everyone, but in OCD they are appraised as highly threatening and personally significant. Individuals with OCD tend to overestimate responsibility for preventing harm, leading to intense anxiety. Compulsive behaviours are used to neutralise perceived danger and responsibility, but these safety-seeking behaviours prevent learning that the feared outcome would not occur, thereby maintaining OCD symptoms. NICE Guidelines recommend cognitive behavioural therapy (CBT) as the first-line treatment for OCD. Numerous research papers support the use of CBT, with clinical studies indicating that CBT is more effective than no intervention (waitlist control) and drug interventions. Despite the availability of effective treatments, symptoms often go untreated for several years, with only a minority of obsessional patients receiving appropriate CBT.

National Health Service Talking Therapies (NHSTT) services (formerly known as Improving Access to Psychological Therapies (IAPT)) were developed to address health inequalities and increase access to evidence-based psychological interventions in line with NICE recommendations. Through a stepped-care model, patients with ‘mild to moderate’ OCD symptoms are initially offered with Step Two (low-intensity) interventions (computerised (c)CBT) or guided self-help (GSH), while patients with ‘severe’ OCD are offered Step Three (high-intensity) interventions. NHSTT services currently report reliable improvement rates of 53%, with recovery rates likely to be around 30%, which is significantly lower than those reported clinical studies.

This study aims to improve OCD recovery rates by training Psychological Wellbeing Practitioners (PWPs) in two NHSTT services to deliver a new low-intensity intervention for OCD, termed 'focused CBT'. The focused CBT sessions are supported by workbook modules, with treatment involving the development of a shared understanding of their OCD difficulties and the introduction of cognitive and behavioural strategies aimed at addressing factors maintaining OCD symptoms. The secondary aim of the study is to compare groups on general mental health outcomes (anxiety, depression, and general functioning).

Who can participate?
Qualified psychological wellbeing practitioners (PWPs) working at the two participating NHSTT services. Adult patients aged 18 years and over with OCD as their main problem accepted in two NHSTT services.

What does the study involve?
Invites for participation will be sent to the PWPs from the service leads. Therapists will express their interest in the trial and provide informed consent via an online form before being randomly allocated (by chance) to deliver either treatment as usual (TAU) or focused CBT. Those in the focused CBT condition will receive training on how to deliver this treatment.

Patient referrals to the services will be assessed using their standard triage and assessment procedures, where a main problem description is identified by the assessing clinician. Participants (people with OCD as their main difficulty) will be allocated to a treatment condition randomly (by chance) and have treatment sessions with PWPs. Random allocation will be completed on a 1:1 ratio in blocks of four using an online system such as Sealed Envelope.

What are the possible benefits and risks of participating?
The present study may help to improve OCD recovery rates in local NHSTT and psychological treatment for OCD. This could significantly impact the lives of patients accessing NHSTT for OCD. The present trial is not anticipated to cause any harm, with all participants receiving an active intervention (focused CBT or TAU). Services will manage risk (e.g. safeguarding and self-harm concerns) according to standard NHS talking therapy policies. In line with routine clinical care, clinical treatment notes will be recorded on participants' electronic NHS care records, and consent forms will be uploaded.

Where is the study run from?
This study is being conducted at two NHS Talking Therapy services.

When is the study starting and how long is it expected to run for?
June 2026 to September 2027.

Who is funding the study?
Oxford NIHR Biomedical Research Centre, UK.

Who is the main contact?
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Additional identifiers

Integrated Research Application System (IRAS)
357922

Study information

Scientific Title

Randomised parallel trial comparing the efficacy of focused cognitive behavioural therapy versus treatment as usual for obsessive compulsive disorder

Study objectives
The primary aim of the present study is to address the following question: Is there a difference in how much participants' OCD symptoms improve between individuals with OCD who receive focused CBT from trained psychological wellbeing practitioners (PWPs) compared to those who receive treatment as usual (TAU) at two NHS Talking Therapies services? The secondary research question is as follows: Is there a difference in how much participants' general mental health improves (anxiety, depression, and general functioning) between individuals with OCD treated with focused CBT compared to TAU?

Ethics approval required
Ethics approval required

Ethics approval(s)
Approved 24/04/2026, London - Riverside Research Ethics Committee (2 Redman Place, Stratford, London, E20 1JQ, United Kingdom; +44 020 7104 8150; riverside.rec@hra.nhs.uk), ref: 26/LO/0107

Primary study design
Interventional

Allocation
Randomized controlled trial

Masking
Open (masking not used)

Control
Active

Assignment
Parallel

Purpose
Treatment

Study type(s)

Health condition(s) or problem(s) studied
Patients with a primary problem descriptor of obsessive compulsive disorder as identified at triage and confirmed at first assessment with therapist.

Interventions
The present randomised control trial aims to compare the efficacy of focused CBT with treatment as usual for OCD at two NHS Talking Therapy services . Focused CBT draws on the methodology outlined by Clark et al. (1999), Aslam et al. (2025), and Johnsen et al. (2025). Focused CBT sessions are supported by workbook modules, with treatment involving the development of a shared understanding of patients' OCD difficulties and the introduction of

cognitive and behavioural strategies aimed at addressing factors maintaining OCD symptoms. Treatment will involve six to eight 30-minute sessions delivered online or face-to-face by psychological wellbeing practitioners.

Treatment as usual at the services includes Guided Self-Help (GSH) and/or computerised CBT (cCBT). Interventions at both services can be delivered via phone, face-to-face, or MS Teams, depending on the individual's preference. Both GSH and cCBT are classified as low- intensity, Step Two interventions. GSH involves a treatment planning session lasting up to 45 minutes, followed by six to eight 30-minute sessions with a PWP. Self-help materials are provided between sessions, with treatment focusing on psychoeducation and cognitive and behavioural skills. Meanwhile, cCBT is an online intervention delivered via the 'SilverCloud' platform. An initial 'set-up' call, lasting up to 20 minutes, is offered to explain the OCD programme. Patients then access the programme online, working through modules independently. Throughout the programme, patients are offered up to six online reviews, lasting up to 15 minutes each.

Patients will be randomly allocated (using sampling without replacement) to either the intervention (focused CBT) or TAU (cCBT or GSH) condition on a 1:1 ratio in blocks of four using an online system called 'Sealed Envelope'. A central randomisation system will be used to ensure allocation concealment, with an independent member of the research team not involved in the consent process, assigning participants to their treatment conditions. Clinical teams will be informed of the participant's intervention condition, with services assigning therapists randomised to the condition. It will not be possible to blind therapists or participants to the intervention.

Intervention Type
Behavioural

Primary outcome(s)
1. Severity of OCD symptoms measured using the Obsessive Compulsive Inventory (OCI) at assessment and every intervention session

Key secondary outcome(s)
1. Severity of depression symptoms measured using the Patient Health Questionnaire (PHQ-9) at assessment and every intervention session

2. Severity of anxiety symptoms measured using the Generalised Anxiety Disorder (GAD-7) Questionnaire at assessment and every intervention session

3. General functioning measured using the Work and Social Adjustment Scale (WSAS) at assessment and every intervention session

Completion date
27/09/2027

Eligibility

Key inclusion criteria
1. Aged 18+
2. Any gender
3. Problem descriptor of OCD both at triage and confirmed at first assessment with their therapist

4. Clinical level OCD symptoms on OCI total and/or subscales
5. Sufficient understanding of English to complete questionnaires and workbooks

Healthy volunteers allowed
No

Age group
Mixed

Lower age limit
18 Years

Upper age limit
120 Years

Sex
All

Total final enrolment
0

Key exclusion criteria
Pre-enrolment exclusion criteria as set by services will be the following:
1. Lack of capacity to consent
2. Alcohol or substance misuse that would impact therapy and which the individual is unwilling to reduce

Trial exclusion criteria will be:
1. Acute suicide or safeguarding risk that cannot be managed
2. Current enrolment in another research study
3. Introduction or altered dose of antidepressant or anti-anxiety medication within the past month
4. Presence of a long-term health condition as their main problem
5. Inability to access study materials (e.g. no access to the internet)

Date of first enrolment
01/06/2026

Date of final enrolment
27/06/2027

Locations

Countries of recruitment
United Kingdom

England

Study participating centre

Oxford Health NHS Foundation Trust
Littlemore Mental Health Centre
Sandford Road
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Sponsor information

Organisation
Oxford Health NHS Foundation Trust

ROR
https://ror.org/04c8bjx39

Funder(s)

Funder type

Funder Name
NIHR Oxford Biomedical Research Centre

Alternative Name(s)
NIHR Biomedical Research Centre, Oxford, OxfordBRC, OxBRC

Funding Body Type
Private sector organisation

Funding Body Subtype
Research institutes and centers

Location
United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not expected to be made available