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Core belief inclusive protocol in NHS Talking Therapies: helping obsessive compulsive disorder

Submission date
01/04/2026

Recruitment status
Not yet recruiting

Registration date
01/04/2026

Overall study status
Ongoing

Last Edited
01/04/2026

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 common mental health difficulty that can significantly affect daily life. Current psychological treatment within NHS Talking Therapies usually involves cognitive behavioural therapy (CBT), which helps individuals gradually face feared situations and reduce compulsive behaviours.
Research suggests that focusing more directly on a person's core self-beliefs (deeply held beliefs about the self) may improve therapy outcomes for some individuals. However, current OCD treatments do not consistently include structured techniques specifically targeting core self-beliefs.
This study aims to investigate whether an enhanced CBT approach that explicitly addresses self-based core beliefs can be delivered within NHS Talking Therapies and whether it shows potential to improve treatment outcomes. The study also evaluates whether the enhanced approach is acceptable to both participants and therapists.
This is a feasibility study, meaning the main aim is to determine whether the enhanced treatment can be delivered successfully in routine NHS services and whether it shows promise for future research.

Who can participate?
Adults aged 18 to 65 who are receiving treatment for Obsessive-Compulsive Disorder through NHS Talking Therapies.

What does the study involve?
Participants are randomly allocated (by computer) to one of three groups:
A) Waiting list group (participants wait a short period before receiving treatment as usual)
B) Treatment as usual (standard CBT provided within NHS Talking Therapies)
C) Augmented CBT including additional techniques focusing on core self-beliefs
Participants in the two therapy groups attend approximately twelve weekly therapy sessions, each lasting around 60 minutes, followed by a follow-up appointment. The waiting list group waits for a shorter period than typical NHS waiting times before beginning treatment outside of the study.

Participants complete questionnaires at several time points during therapy and at follow-up. Some of these questionnaires are routinely used in NHS Talking Therapies, while others are included for research purposes. Participants may also be invited to provide feedback about their experience of therapy.

The information collected helps researchers understand whether the enhanced treatment can be delivered successfully and whether it may improve treatment outcomes for OCD.

What are the possible benefits and risks of participating?
Participants may benefit from receiving psychological therapy for OCD. The augmented therapy may help improve understanding of self-beliefs that contribute to OCD symptoms. However, improvement cannot be guaranteed.
As with all psychological therapies, discussing personal experiences and confronting feared situations may sometimes lead to temporary emotional discomfort. This level of discomfort is expected to be similar to standard psychological treatment. Therapists monitor wellbeing throughout therapy and provide support where needed.
Taking part in the study helps researchers improve understanding of OCD treatment and may contribute to improving future NHS psychological therapies.

Where is the study run from?
The study is conducted within NHS Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) Talking Therapies services in collaboration with Anglia Ruskin University.

When is the study starting and how long is it expected to run for?
Recruitment is expected to begin in Spring 2026. Participation lasts for the duration of therapy (approximately 12 sessions) and includes a follow-up appointment approximately 6 months after treatment.
The overall study is expected to run for the duration of the doctoral research project, until March 2028.

Who is funding the study?
The study forms part of a PhD research project sponsored by Anglia Ruskin University.

Who is the main contact?
Chief Investigator: Laura Laken, lcl121@pgr.aru.ac.uk (Laura Laken)

Contact information

Type(s)
Principal investigator, Scientific, Public

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Integrated Research Application System (IRAS)
341182

Cambridgeshire and Peterborough NHS Foundation Trust Research and Development Department local reference number
M001155

Study information

Scientific Title
Core belief–inclusive cognitive behavioural protocol versus treatment as usual for obsessive–compulsive disorder in NHS Talking Therapies: a feasibility study

Study objectives
Applied with CONSORT guidelines:
Primary Objective
To evaluate the feasibility and acceptability of delivering a core belief–involved cognitive behavioural therapy (CBT) augmentation for adults experiencing Obsessive-Compulsive Disorder (OCD) within NHS Talking Therapies services.

Feasibility will be assessed through recruitment rates from routine service pathways, participant retention across treatment and follow-up timepoints, treatment adherence and session attendance, therapist protocol fidelity,
therapist-reported confidence, usability, and perceived clinical coherence of the intervention, and
participant-reported acceptability, engagement, and perceived relevance of treatment.

Feasibility hypotheses
The CBT augmentation will demonstrate acceptable feasibility within NHS Talking Therapies, indicated by recruitment, retention, adherence, and fidelity parameters comparable to treatment as usual.
Therapists delivering the augmented CBT protocol will report acceptable levels of confidence, usability, and perceived clinical coherence, indicating that the intervention can be implemented within routine clinical practice.

Secondary Objective
To obtain preliminary estimates of change in OCD symptom severity across treatment conditions in order to inform the design of a full powered future trial .

Clinical hypotheses
Participants receiving augmented CBT will show greater reductions in OCD symptom severity from baseline to post-treatment and follow-up compared with participants allocated to the waiting-list arm.

There will be a difference in OCD symptom change between participants receiving augmented CBT and those receiving treatment as usual.

Exploration Objectives (Mechanisms of Change)
To explore whether changes in self-based core belief process are associated with changes in OCD symptom severity across the course of therapy.

Mechanism hypotheses
Participants receiving augmented CBT will show greater reductions in negative self-based core beliefs compared with participants receiving treatment as usual.
Participants receiving augmented CBT will show greater reductions in self-ambivalence compared with participants receiving treatment as usual.
Reductions in negative self-based core beliefs will be associated with reductions in OCD symptom severity across the treatment period.

Acceptability and Engagement Objectives
To evaluate participant engagement with the intervention and perceived relevance of the therapeutic approach.

Acceptability hypotheses
Participants allocated to the augmented CBT condition will demonstrate withdrawal rates comparable to or lower than those in the treatment as usual group.
Participants receiving augmented CBT will report acceptable levels of engagement and perceived relevance of treatment, as reflected in post-treatment feedback and sessional measures.

Ethics approval required
Ethics approval required

Ethics approval(s)
approved 06/03/2026, North West - Greater Manchester Central Research Ethics Committee (2 Redman Place Stratford, London, E20 1JQ, United Kingdom; +44 0207 104 8000; gmcentral.rec@hra.nhs.uk), ref: -

Primary study design
Interventional

Allocation
Randomized controlled trial

Masking
Open (masking not used)

Control
Dose comparison

Assignment
Parallel

Purpose
Health services research, Treatment

Study type(s)

Health condition(s) or problem(s) studied
Obsessive-Compulsive Disorder (OCD) in adults receiving psychological treatment within NHS Talking Therapies services.

Interventions
Participants are randomly allocated to one of three study arms:
Waiting list control (A)
Participants allocated to the waiting list receive no active psychological treatment for Obsessive-Compulsive Disorder during the waiting period but continue to have access to usual service support. Participants are offered treatment following completion of the waiting period in accordance with NHS Talking Therapies procedures.

Treatment as usual (B)
Participants receive standard exposure response prevention CBT for Obsessive-Compulsive Disorder as delivered within NHS Talking Therapies services. Treatment is delivered by qualified therapists following routine service protocols of 12 sessions, typically involving weekly individual therapy sessions.

Arm C: Core belief–involved CBT (augmented intervention)
Arm C retains a fundamental CBT approach with the mentioned psychometrics, same mode, frequency, duration of contact and episode. However, the difference between B and C will be the psychological application of cognitive therapy and techniques directly including core beliefs within and between all sessions. This will involve early identification of an unhealthy and a healthier alternative core belief, connection to historical predisposing and perpetuating factors, psychoeducation on core beliefs, and core belief modification interventions within and between sessions.

Therapy is delivered individually by trained NHS Talking Therapies clinicians across twelve sessions, followed by a follow-up appointment (for arm B and C). Participants complete outcome measures at multiple time points across the treatment period to evaluate feasibility of repeated measurement and preliminary clinical indicators.

Participants are randomly allocated to study arms using computer-generated randomisation procedures.

The target sample size (n=131) was granted in the ethics approval. The sample size selected allows estimation of feasibility parameters (recruitment, retention, adherence) and provides preliminary estimates of effect size to inform a future fully powered trial. It also allows for expected attrition across repeated measurement time points.

Intervention Type
Behavioural

Primary outcome(s)
1. Clinically significant recovery measured using the Yale-Brown Obsessive Compulsive Scale Second Edition score at pre-test to post-test and (for Arms B and C) follow-up

2. Clinical recovery measured using the Obsessive Compulsive Inventory Revised score at pre-test to post-test and (for Arms B and C) follow-up

3. Acceptability and Retention Reflections measured using patient and research facilitating therapist qualitative feedback and study retention, at end of treatment, follow up sessions, and monthly supervision of research facilitating therapists.

Key secondary outcome(s))
1. Reliable change measured using the Negative Core Beliefs Inventory at pre-test to post-test and (for Arms B and C) follow-up

2. Reliable change measured using the Rosenberg Self-Esteem Scale at pre-test to post-test and (for Arms B and C) follow-up

3. Reliable change measured using Self-Ambivalence Measure at pre-test to post-test and (for Arms B and C) follow-up

Completion date
31/03/2028

Eligibility

Key inclusion criteria
1. Completed referral and assessment from NHS Talking Therapies and indicated 'Yes' to contact for research participation.
2. OCD working diagnosis confirmed via structured clinical assessment routinely used within NHS Talking Therapies.
3. All participants must be aged 18 to 65 specifically experiencing symptoms and goals indicating Obsessive Compulsive Disorder requiring treatment with a Therapist.
4. Any prescribed medication is GP concordant and has been stable for three months, to control for psychopharmacological effects.
4. Amenable to either webcam or in-person treatment.
5. To attend individual therapy sessions at a reasonable and regular frequency e.g., weekly.
6. To complete therapy in English without the aid of translation services.
7. Comorbid affective disorders e.g., major depressive disorder, are secondary to OCD. OCD to be the clear dominant pathology and the reason for seeking treatment.

Healthy volunteers allowed
No

Age group
Mixed

Lower age limit
18 years

Upper age limit
65 years

Sex
All

Total final enrolment

0

Key exclusion criteria
1. Individuals not meeting NHS Talking Therapies suitability criteria for outpatient psychological therapy.
2. Awaiting diagnosis of learning disability.
3. Current or pending diagnosis of neurodevelopmental condition e.g., ADHD, where treatment adaptation would be required beyond the scope of the study protocol.
4. Current significant alcohol or drug misuse.
5. Simultaneously being under the care of other mental health services or on waiting list for alternative psychotherapeutic service.

Date of first enrolment
30/04/2026

Date of final enrolment
31/12/2027

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
Cambridgeshire and Peterborough Mental Health Partnership Tr Hq
Elizabeth House, Fulbourn Hospital
Cambridge Road
Fulbourn
Cambridge
England
CB21 5EF

Sponsor information

Organisation
Anglia Ruskin University

ROR
https://ror.org/0009t4v78

Funder(s)

Funder type

Funder Name
Investigator initiated and funded

Funder Name
National Institute for Health and Care Research

Alternative Name(s)
National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Data sharing statement to be made available at a later date