QUALITY STANDARDS

Placemat for Obsessive–Compulsive Disorder

This document is a resource for health care providers and summarizes content from the ***Obsessive–Compulsive Disorder*** (OCD) quality standard. It can be used to support health care providers in the provision of care, but does not override their responsibility to make decisions with patients, after considering each patient's unique circumstances.

Identification and Assessment

Quality Statement (QS) 1: Identification

People with suspected OCD are identified early using recognized screening questions and validated severity-rating scales.

To identify people who might have OCD and would benefit from further comprehensive assessment and appropriate treatment, use recognized screening questions (e.g., MACSCREEN, **Diagnostic Assessment Research Tool (DART) Questionnaire)** and validated severity-rating scales (e.g., **Obsessive–Compulsive Inventory Revised [OCI-R], Yale-Brown Obsessive Compulsive Scale [Y-BOCS]).**

QS 2: Comprehensive Assessment

People with suspected OCD, or who have had a positive screening result for OCD, receive a timely comprehensive assessment to determine whether they have OCD, the severity of their symptoms, whether they have any comorbid conditions, and whether they have any associated functional impairment.

Assess people suspected of having OCD within 4 to 8 weeks of the first point of contact. Use the DSM-5 diagnostic criteria and a validated severity-rating scale to accurately diagnose people with suspected OCD. A comprehensive assessment includes determining the severity of symptoms, comorbid conditions, and any associated functional impairment.

Support for Patients, Families, and Caregivers

QS 3: Support for Family

People with OCD are encouraged to involve their family during their assessment and treatment, considering individual needs and preferences. Family members are connected to available resources and supports and provided with psychoeducation that includes how to avoid accommodation behaviours.

Ensure that families receive psychoeducation about OCD, including resources and supports for education on why and how to avoid accommodation behaviours. Families should be included in care and treatment planning according to the wishes of the person with OCD.

Treatment and Management

QS 4: Stepped-Care Approach for OCD

People with OCD receive treatment that follows a stepped-care approach, providing the least intensive, most effective intervention first, based on symptom severity, level of functional impairment, and individual needs and preferences.

Collaborate with people with OCD to determine the most effective interventions based on the severity of their disorder and their individual needs and preferences and then use a stepped-care approach, offering the least intensive, most effective treatment option first. Although every person suspected to have OCD should complete step 1, a person with OCD can move to a higher step without completing the previous step. If symptoms don't improve, a person with OCD can be offered the next most appropriate step.

Step 1: For all people with known or suspected OCD: identification and assessment, education about OCD and treatment options, and ongoing monitoring of symptoms.

Step 2: For people diagnosed with mild to moderate OCD that has not improved after education and ongoing monitoring of symptoms: self-help, psychoeducation, involvement of family, and low-intensity psychological

treatment or pharmacological treatment with a selective serotonin reuptake inhibitor (SSRI).

Step 3: For people with moderate to severe OCD, an inadequate response to the interventions in step 2, or marked functional impairment: higher-intensity psychological treatment (cognitive behavioral therapy [CBT] with exposure and response prevention) and/or pharmacological treatments, or combined treatments.

Step 4: For people with severe OCD, an inadequate response to interventions in steps 2 or 3, or marked functional impairment: more intensive treatment (psychological [CBT with exposure and response prevention] and/or pharmacological interventions); consider augmentation strategies; and interprofessional care. Consultation with or referral to a health care professional with specialized expertise in OCD.

Step 5: For people with severe OCD, an inadequate response to interventions in steps 2, 3, or 4, or very marked functional impairment: initiate consultation with or referral to intensive treatment services for OCD; consider inpatient care.

QS 5: Self-Help

People with OCD are informed about and supported in accessing self-help resources, such as self-help books, Internet-based educational resources, and support groups, considering their individual needs and preferences and in alignment with a stepped-care approach.

Offer people education and information about OCD. Connect people with recommended self-help resources, including books, Internet resources, and support groups.

QS 6: Cognitive Behavioural Therapy for OCD

People with OCD have timely access to cognitive behavioural therapy with exposure and response prevention, considering their individual needs and preferences and in alignment with a stepped-care approach. Cognitive behavioural therapy with exposure and response prevention is delivered by a health care professional with expertise in OCD.

Offer people CBT with exposure and response prevention from a health care professional who has expertise in OCD within 4 to 6 weeks of their comprehensive assessment.

QS 7: OCD-Specific Pharmacological Treatment

People with moderate to severe OCD, or people who are not responding to psychological treatment, are offered a selective serotonin reuptake inhibitor (SSRI) at an OCD-specific dose and duration, considering their individual needs and preferences and in alignment with a stepped-care approach.

For people who have moderate to severe OCD or who are not responding to psychological treatment, offer an SSRI at an evidence-based, OCD-specific dosage and duration.

QS 10: Intensive Treatment

When psychological or pharmacological treatment is not working, or in cases of severe OCD, people are referred for intensive treatment, in alignment with a stepped-care approach.

Ensure that people with severe OCD or who are not responding to conventional psychological or pharmacological treatments are referred to receive specialized intensive treatment.

Follow Up and Transitions in Care

QS 8: Monitoring

People with OCD have their response to treatment (effectiveness and tolerability) monitored regularly over the course of treatment using validated tools in conjunction with an assessment of their clinical presentation.

Monitor the effectiveness and tolerability of treatment. Monitoring should take place at each session for psychotherapy and at least monthly for pharmacotherapy until the person's condition is stabilized. Carefully monitor people on SSRIs who are under the age of 30 for risk of suicidal thinking and self-harm.

QS 9: Support During Initial Treatment Response

People with OCD are informed about what to expect and supported during their initial treatment response. When initial treatment is not working, people with OCD are reassessed. They are offered other treatment options, considering their individual needs and preferences and in alignment with a stepped-care approach.

Inform people about what to expect and provide support. Ensure that people who are not responding to initial treatment receive a comprehensive reassessment. Offer the next-step treatment based on the stepped care approach (see QS 4).

QS 11: Relapse Prevention

People with OCD who are receiving treatment are provided with information and education about how to prevent relapse and manage symptoms if they reemerge.

To prevent relapse, discuss the nature of OCD, what to expect when treatment ends, the appropriate interval for follow-up with the health care team, strategies to manage symptoms, and how to access mental health services if they need more support.

QS 12: Transitions in Care

People with OCD are given appropriate care throughout their lifespan and experience seamless transitions between services and health care professionals, including between care settings and from child and adolescent services to adult services.

Ensure that people moving between health care professionals and services experience coordinated and seamless transitions, including providing age-appropriate care across the lifespan and facilitating communication between settings and other related processes.

Resources

- *Obsessive-Compulsive Disorder* quality standard and guide for patients and families bit.ly/3or2I6y
- BounceBack: Reclaim Your Health bounceBackontario.ca
- Canadian Mental Health Association: Mental Health Help cmha.ca/find-help
- ConnexOntario connexontario.ca
- Mental health wellness and addictions support bit.ly/3LbecCL
- Ontario Structured Psychotherapy Program bit.ly/3LtF2qf
- Youth Wellness Hubs Ontario youthhubs.ca

Additional tools and resources are on Quorum bit.ly/41Fa05v

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