

Variability in Group Cognitive-Behavioral Therapy for Obsessive-Compulsive Disorder: A Scoping Review

Introduction

Cognitive-behavioral therapy (CBT) is an effective treatment for obsessive-compulsive disorder (OCD), but access is often limited due to a shortage of therapists and high costs. Group CBT has been proposed as a cost-effective alternative for the treatment of OCD that reduces symptoms, enhances adherence, and mitigates social isolation through peer support. However, group CBT exhibits considerable variability, and standardized treatment protocols are currently lacking. This study aimed to systematically review the literature to elucidate the diverse approaches of group CBT and contribute to the standardization of treatment approaches.

Method

Based on our previous study protocol, a literature review was performed across multiple databases, including PubMed, Web of Science, Scopus, Cochrane, CINAHL, PsycINFO, Open Access Theses and Dissertations, WHO International Clinical Trials Registry Platform, MedNar, and Google Scholar, using predefined search strategies. After removing duplicates, two independent reviewers screened titles and abstracts, followed by a full-text review. Extracted data included patient characteristics, study design, country of implementation, number of sessions, session frequency and duration, treatment format, group size, program components, provider profession, and the number of providers per group. Descriptive statistics were used to summarize the results, offering an overview of the diverse approaches of group CBT.

Results

A total of 6342 studies were identified, with 3293 remaining after duplicate removal. Following screening, 88 studies met the inclusion criteria, covering 97 group CBT programs. The most common study designs were uncontrolled trials ($n = 40$), randomized controlled trials ($n = 28$), and non-randomized controlled trials ($n = 15$). The studies were conducted in 21 countries, with the United Kingdom, Brazil, and the United States reporting the highest numbers. Most interventions were outpatient-based and conducted face-to-face. The most common formats were 12 sessions ($n = 42$), 10 sessions ($n = 12$), and four sessions ($n = 10$). Weekly sessions with a session duration of 1.5 to 2 hours were the most common format. Average group sizes of five to nine participants ($n = 55$) were the most common. Providers were primarily psychologists ($n = 38$) and psychiatrists ($n = 16$). The main treatment components included psychoeducation, exposure and response prevention, cognitive therapy, and relapse prevention.

Discussion

The findings indicate substantial variability in group CBT for OCD. Programs were categorized into short-, medium-, and long-term formats. Short-term programs typically involved four consecutive days of one-on-one therapist-patient sessions. Medium-term programs commonly comprised 12 weekly sessions with groups of six to nine participants, led by one or two therapists. Long-term programs showed a wide diversity in formats. Identifying commonly used formats is essential for developing standardized treatment protocols. However, many studies did not clearly report essential structural components, such as group size, provider profession, and the number of providers per group. This raises concerns about whether the reported data accurately reflect real-world practice. Moreover, variations in study design must be carefully considered when interpreting our findings. Standardizing reporting guidelines may enhance the quality of clinical research and its application to practice.

Variability in Group Cognitive-Behavioral Therapy for Obsessive-Compulsive Disorder: A Scoping Review



Makeoto Kawahito¹⁾, Keitaro Murayama²⁾, Hirofumi Tomiyama²⁾, Kenta Kato²⁾, Nami Nishida¹⁾, Kou Matsukuma¹⁾, Kenta Sashikata³⁾, Kang Mingi¹⁾, Ayaka Shuto¹⁾, Tomohiro Nakao¹⁾

1) Department of Neuropsychiatry, Graduate School of Medical Sciences, Kyushu University 2) Department of Neuropsychiatry, Kyushu University Hospital 3) Faculty of education, Hokkaido University

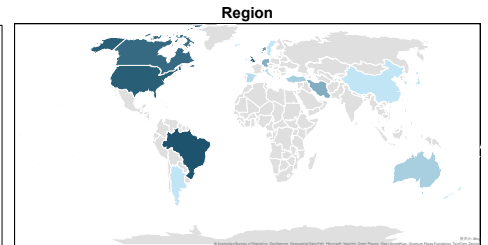
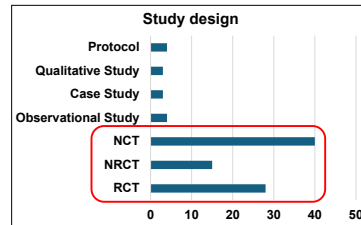
Aim

To conduct a scoping review to map how group CBT for OCD is delivered and to identify reporting gaps.

Introduction

- Cognitive-behavioral therapy (CBT) is effective in treating obsessive-compulsive disorder (OCD)
- Access is limited by workforce shortages and high costs
- **Group CBT** offers a scalable, **cost-effective** option that can:
 - **reduce symptoms**
 - **improve adherence**
 - **provide peer support and reduce social isolation**
- However, delivery formats vary and standardized treatment protocols are lacking

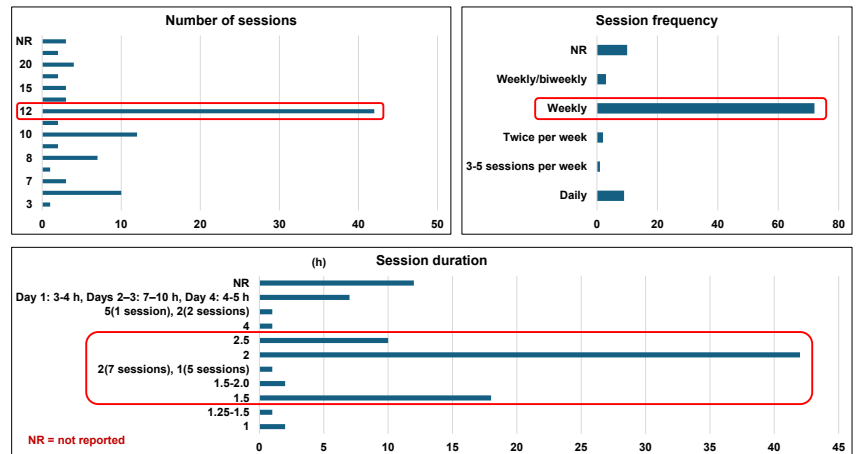
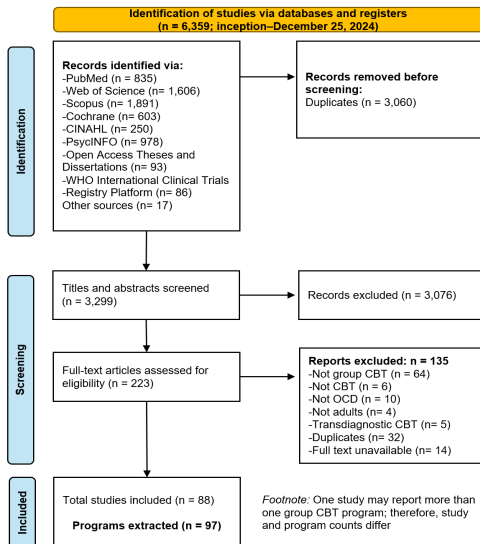
Results



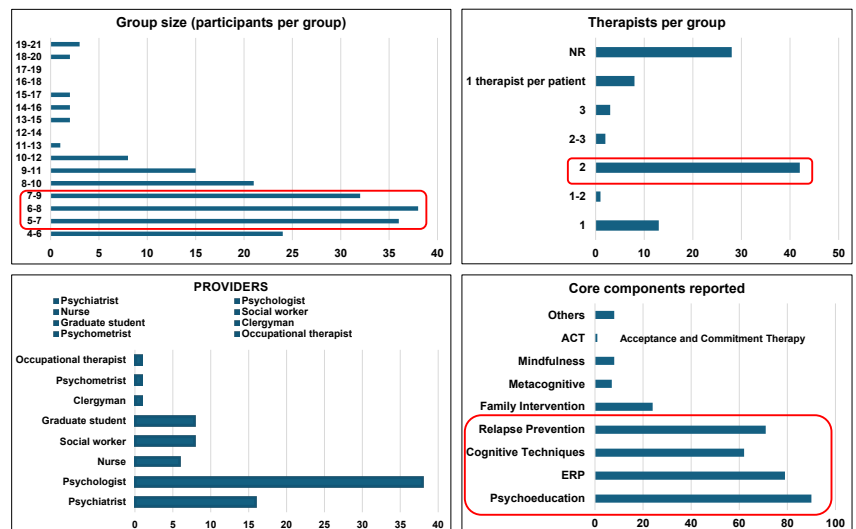
- **Study designs.** The most common designs were **uncontrolled trials** (NCTs; n = 40), **randomized controlled trials** (RCTs; n = 28), and **non-randomized controlled trials** (NRCTs; n = 15).
- **Regions.** Studies were conducted in **21 countries**, with the **United Kingdom**, **Brazil**, and the **United States** contributing the most studies.
- **Setting & modality.** Most programs were **outpatient** and delivered **face-to-face**.

Methods

Design	Scoping review (JBI; PRISMA-ScR)
Languages	English/Japanese
Population	Adults (≥18) with primary OCD
Concept	Group CBT (≥2 participants per therapist)
Context	Any setting (outpatient/inpatient; face-to-face/online)
Process	Two reviewers independently screened/extracted



- **Formats.** The most common formats were **12 sessions** (n = 42), **10 sessions** (n = 12), and **4 sessions** (n = 10). **Weekly delivery with 1.5-2.5 h per session** was typical when reported.



- **Group size.** The most frequent range was **5-9 participants** (n = 55).
- **Providers.** Programs were primarily delivered by **psychologists** (n = 38) and **psychiatrists** (n = 16).
- **Core components.** The main treatment components included **psychoeducation** (n = 90), **exposure and response prevention (ERP)** (n = 79), **cognitive therapy** (n = 62), and **relapse prevention** (n = 71).
- **Reporting gaps.** Therapists per group, exact frequency/duration/group size, and sometimes provider profession were **not reported (NR)**.

Discussion

- **Most common pattern:** 12 weekly sessions, 1.5–2.5 h, 5–9 participants, outpatient, face-to-face; psychologists/psychiatrists; psychoeducation, ERP, cognitive techniques, relapse prevention.
- **Marked heterogeneity:** Delivery varied across sessions, frequency, duration, group size, providers, and components.
- **Pragmatic typology:**
 - Short-term** (intensive 4-day group programs with 1:1 ERP)
 - Medium-term** (10-12 weekly, 6–9 participants, 1–2 therapists)
 - Long-term** (highly variable formats).
- **Reporting gaps:** **Group size**, **provider profession**, and **therapists per group** were frequently not reported (NR); frequency and duration were occasionally NR, limiting replication and planning.
- **Limitations & implications:** Heterogeneous designs and item-level NR yield variable denominators and may skew distribution estimates. Clear, itemized reporting would improve replication and help standardize treatment protocols.

発表成果報告書

国際学術交流助成金に採択された方は、学会参加後1か月以内（ただし、助成決定時にすでに発表済みの場合は通知から1か月以内）に以下の資料をご提出ください。

① 発表成果報告書（本様式）、②発表抄録（英文）、③発表実績（ポスターやスライド等の写し）

【発表概要】（400 字程度）

本発表では、強迫症（OCD）に対する集団認知行動療法（GCBT）の多様性を概観することを目的に、網羅的スコーピングレビューを実施した。JBI ガイドラインに準拠し、外来／入院、対面／オンライン、セッション数、頻度、所要時間、提供者の職種、1 グループあたりの参加人数と提供者の人数、プログラムの構成要素（心理教育、曝露反応妨害法、認知再構成、行動実験、家族介入、メタ認知、マインドフルネス、ACT 等）といった報告項目を抽出してグラフを用いて可視化した。結果として、21 か国より 97 種類の GCBT が同定され、最頻パターンは、週 1 回×12 回、1.5–2.5 時間、5–9 名、外来の対面で行われており、心理士／精神科医が担当していた。一方で 1 グループの参加者・治療者の人数、提供者職種の未記載が複数みられ、再現性の阻害要因となっていた。なお本研究のプロトコルは JBI Evid Synth（2025）に公表済みで、方法と評価項目を明確化している。

【参加体験記】（800 字程度）

2025 年 9 月 4 日、英国グラスゴーで開催された EABCT に参加し、ポスターセッションで発表した。演題名は、「Variability in Group Cognitive-Behavioral Therapy for Obsessive-Compulsive Disorder: A Scoping Review」で、GCBT の多様性を整理したスコーピングレビューをもとにポスターを作成した。会場では、GCBT の各項目の分布をグラフで示し、GCBT の設計が多彩であるなかで、報告の未記載も多く、再現性が乏しいという課題について活発な議論が行われた。特に提供者の職種・訓練要件をどの程度まで記載すべきか、セッション回数・頻度・時間が転帰に与える影響はどの程度なのか、併用治療をどう扱うか等の実務的論点が挙がり、やはり、治療内容の明確化を進める必要性を再確認した。積極的な海外の研究者や臨床家が多く、その姿勢はとても勉強になった。また、ポスターがオンラインでも閲覧できる点や多職種・多国籍の参加者と実臨床での工夫や失敗談など率直な意見の交換ができた点は国内学会との相違点で印象的であった。あわせて、関連領域の最新動向を把握するため、強迫症や CBT に関するシンポジウムに参加した際には、機序・臨床応用に関する理解も深まり、ヨーロッパにおける研究や臨床の質や幅の広さに感動した。総じて、本学会では研究の外的妥当性を確認し、報告様式の標準化に向けた具体的改善点の抽出でき、またヨーロッパにおける水準の高い認知行動療法の知見に触れることで強迫症や CBT に対する理解を深めることができた。帰国後は、ポスター発表での議論をもとに、スコーピングレビューの内容を論文化して臨床現場で適用しやすい GCBT 報告様式の提案に繋げる予定である。今後も積極的に海外の学会にも参加したいと考えたようになった。