

The Bergen 4-day treatment: At the core of Bergen Center for Brain PLasticity

Professor Gerd Kvale

Bergen Center for Brain Plasticity , Klinikk for 4-dagers behandling , Haukeland
Universitetssykehus
og Institutt for Klinisk psykologi, Universitetet I Bergen



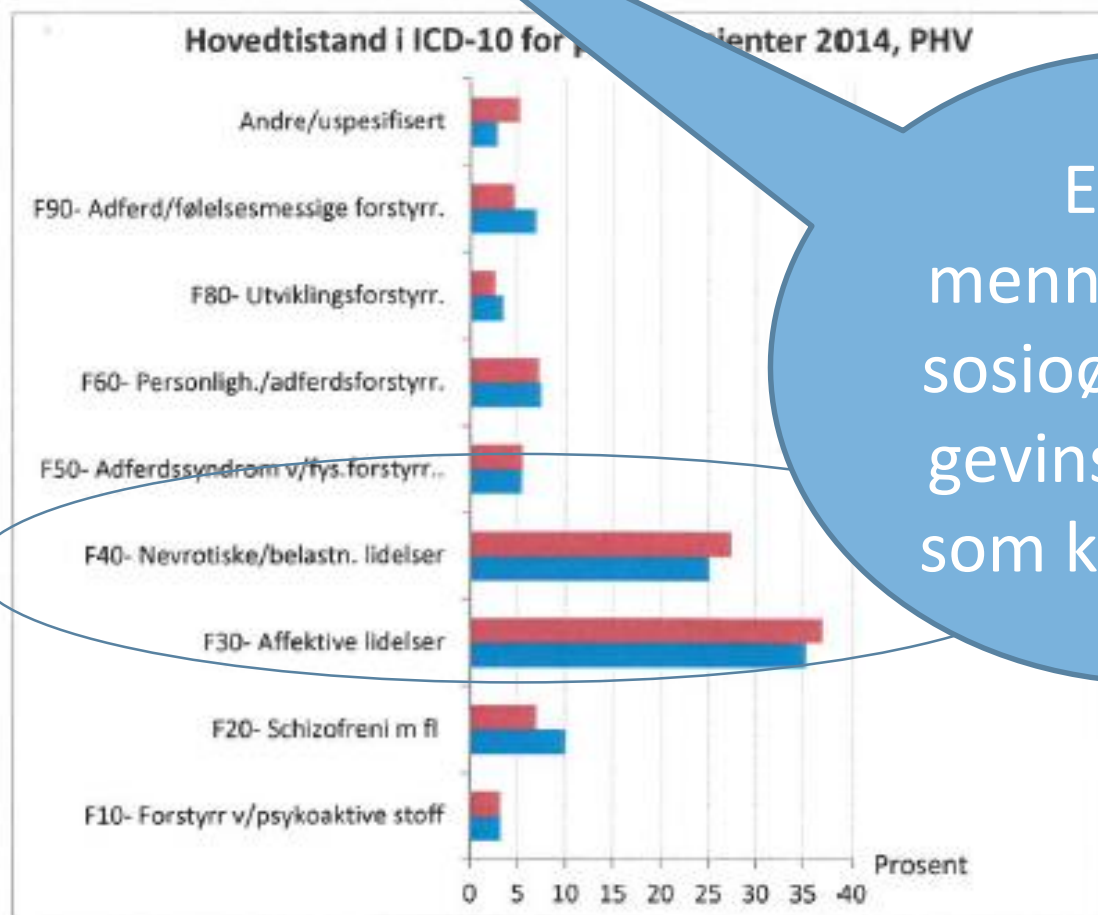
Haukeland University Hospital





De mest frekvente, de mest ressurskrevende

«De unges lidelse»



Enorm menneskelig og sosioøkonomisk gevinst for hver som kan hjelpes





Jenter i alderen 15–20 år har økt forekomst av diagnoser for psykiske lidelser de siste fem årene, i motsetning til resten av befolkningen. Forskerne er ikke sikre på hvorfor. (Foto: Thomas Brun, NTB scanpix)

Tenåringsjenter med psykiske lidelser øker med 40 prosent

Andelen jenter i alderen 15 til 17 år som får hjelp for blant annet depresjon, angst og spiseforstyrrelser har økt fra 5 til 7 prosent på fem år.

NTB



**HVORDAN ER DETTE
MULIG?**

Aftenposten

A-magasinet

Osloby

Sport

Meninger

Gerd

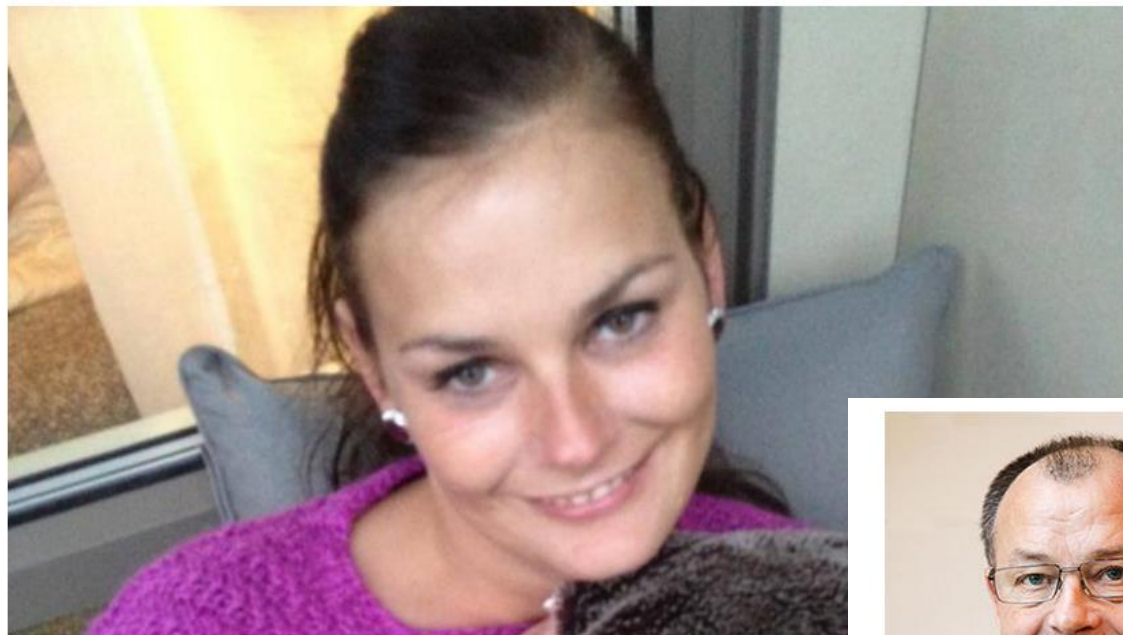
Meny

Stadig flere unge på trygd på grunn av psykisk lidelse

Over halvparten av nordmenn i 30-årene som blir uføretrygdet, blir det på grunn av psykiske lidelser. FHI-forsker mener Norge sender unge syke i trygdefellen.

Ble kvitt tvangstankene på fire dager

Et nytt norsk behandlingstilbud gjorde at Linn-Tove brått ble frisk. – Jeg har bare ett ord: Magisk, sier hun.



Etter å ha prøvd mange forskjellige typer behandlinger, fikk Linn-Tove den hjelp Kronstad distriktpsykiatriske senter i Bergen.



Hans Ola Hevrøy
Journalist



Anne Synnevåg
Journalist



| Arne Strand, leder for Norsk OCD forening, Ananke og Inger-Lise Nordanger.

- Jeg fikk et helt nytt liv

TVANGSLIDELSE I ti år led Inger-Lise Nordanger (18) av tvangslidelser. Da hun endelig fikk riktig behandling ble hun frisk i løpet seks uker. Nå har hun fått en mye lettere og helt normal hverdag.

Behandling av OCD – hva er kunnskapsstatus?

- Eksponeringsbaserte behandlinger: Svært effektive
- KAT=KT=ERP > medisiner
- Robust i en rekke ulike format



Cognitive behavioral treatments of obsessive-compulsive disorder. A systematic review and meta-analysis of studies published 1993–2014

Lars-Göran Öst^{a,b,c,d,e}, Audun Havnen^{c,f}, Bjarne Hansen^{c,g}, Gerd Kvale^{c,h}

^a Department of Clinical Neuroscience, Karolinska Institute, Stockholm, Sweden
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^c Department of Clinical Psychology, University of Bergen, Norway
^d Haukeland University Hospital, OCD team, SØT Bergen, Norway

HIGHLIGHTS

- CBT yielded very large effect sizes compared to wait list and placebo.
- CBT was significantly better than antidepressants.
- The addition of antidepressants did not potentiate the effect of CBT.
- There was no significant difference between ERP and cognitive therapy.
- There was no significant difference between individual and group treatment.

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ABSTRACT

Obsessive-compulsive disorder is ranked by the WHO as among the 10 most debilitating disorders and tends to be chronic without adequate treatment. The only psychological treatment that has been found effective is cognitive behavioral therapy (CBT). This meta-analysis includes all RCTs (N = 37) of CBT for OCD using the interview-based Yalo-Brown Obsessive Compulsive Scale, published 1993 to 2014. The effect sizes for comparisons of CBT with waiting-list (1.31), and placebo conditions (1.33) were very large, whereas those for comparisons between



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Review

Cognitive behavioral and pharmacological treatments of OCD in children: A systematic review and meta-analysis

Lars-Göran Öst^{a, b, c, d, e}, Eili N. Riise^{c, d}, Gro Janne Wergeland^d, Bjarne Hansen^{c, d}, Gerd Kvale^{c, d}

[Show more](#)

<http://dx.doi.org/10.1016/j.janxdis.2016.08.003>

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Highlights

- CBT yielded very large effect sizes compared to wait list and placebo.
- SRIs yielded a moderate effect size compared to placebo.
- The addition of SRIs did not potentiate the effect of CBT.
- CBT had higher response and remission rate than SRI.
- Methodological quality was positively related to the CBT effect size.





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MODIFICATION OF EXPECTATIONS IN CASES WITH OBSESSIONAL RITUALS

V. MEYER

Academic Department of Psychiatry Middlesex Hospital Medical School, London

(Received 6 May 1966)

Summary—Some theoretical issues in relation to the nature of obsessional rituals and the most commonly adopted method of behaviour therapy for this disorder are critically considered. On the basis of these considerations, a different method—“modification of expectations” or “reality testing” is put forward and its successful application to two patients described and discussed.



ENDRING

SKAL DU KNEKKE KODEN MÅ DU HA HELE KOMBINASJONEN

- Kunnskapsbasert behandling
- Infrastruktur
- Kompetente terapeuter
- Kvalitetssikring



Med utgangspunkt i
kunnskapsbasert
behandling har vi
gått løs på
kodelåsen



Basert på evidensbasert behandling har vi satt sammen 4-dagers formatet

- Den behandlingen vi skulle ønsket våre nærmeste hadde fått
- “kombinere de beste elementene uten å kompromisse på Kvalitet eller la infrastruktur være et hinder”
- Undersøke om det virker
- Trene opp terapeuter til å levere det med høy kvalitet



TYDELIG SKILLE MELLOM ULIKE FASER

Forberede

Fjerne hindre for
endring

Snu

Skreddersydd og
terapeutassistert

Konsolidere

Integrere
endringen i
hverdagslivet

Hvorfor 4 på følgende dager?

- Lengre sesjoner
- Tettere innpå pasienten mens de skal ta valgene og bryte med lidelsen
- De to midterste dagene fungerer som én lang sesjon fokusert på endring.



Individuell behandling i et gruppeformat

- 1:1 ratio mellom pasienter og terapeuter
- Terapeutene jobber som team
- Mer relevant
- Ideell opplæringsarena



Noen av **Innvendingene**

- “Dere kommer aldri til å kunne endre taktsystemet”
- «Pasientene vil ikke like det»
- “Pasientene kommer ikke til å tale det”
- “Terapeutene vil ikke like det”
- “Endringen kommer bare til å være overflatisk”
- “Forandringen vil ikke vare”
- “Det er ikke mulig for de komplekse sakene”
- “Det er ikke etisk å gi folk håp om å kunne legge OCD'en bak seg”



Så hva er resultatene?

INTENSIVE GROUP TREATMENT OF OBSESSIVE-COMPULSIVE DISORDER

Audun Havnes

Abstract

Objective: Obsessive-compulsive disorder (OCD) treatment choice is exposure and response prevention (ERP) or cognitive behavioral therapy (CBT). The aim of this study was to evaluate the acceptability of individually delivered ERP compared to a novel approach as compared to CBT.
Method: Six consecutively treated adolescents with OCD and early teens. The treatment was designed as one long session. The study was a randomized controlled trial.
Results: All patients expressed high satisfaction. The mean score at pre-treatment was 23.5 and at post-treatment was 10.5.
Conclusions: Intensive group treatment of OCD is warranted.

Key words: obsessive-compulsive disorder, intensive group treatment, acceptability, adolescents, early teens.



Concentrated exposure and response prevention (ERP) for adolescents with obsessive-compulsive disorder (OCD)

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2000+ pasienter har fått behandling

Ulike steder
Ny kultur

Voksne/ barn og ungdom
Randomisert trial

Publisert resultater på ca. 400

Concentrated exposure and response prevention (ERP) for adolescents with obsessive-compulsive disorder (OCD). Twenty-two adolescents with OCD were delivered to 2-3 patients and their parents simultaneously as part of standard health care. Post-treatment, 3- and 6-month follow-up. The results showed a significant reduction in OCD-symptoms from pre- to post-treatment and at 3- and 6-month follow-up. The results showed that 74% of the patients were classified as responders at post-treatment, 74% at 3-month follow-up and 68% at 6-month follow-up.

Concentrated exposure and response prevention (ERP) for adolescents with obsessive-compulsive disorder (OCD). Twenty-two adolescents with OCD were delivered to 2-3 patients and their parents simultaneously as part of standard health care. Post-treatment, 3- and 6-month follow-up. The results showed a significant reduction in OCD-symptoms from pre- to post-treatment and at 3- and 6-month follow-up. The results showed that 74% of the patients were classified as responders at post-treatment, 74% at 3-month follow-up and 68% at 6-month follow-up.



Replication Study

Concentrated exposure and response prevention (ERP) for adolescents with obsessive-compulsive disorder (OCD) patients. The aim of this study was to evaluate the treatment results for a replication study described by the developers of the treatment. Treatment was delivered by the developers of the treatment. The results showed a significant reduction in OCD-symptoms from pre-treatment to post-treatment, 74% of the sample was remitted; at 6-month follow-up, 74% of the sample was remitted. The results showed a high degree of overall treatment satisfaction. The results showed that the same results were obtained in the previous study. The analyses showed that the results were equal application of treatment. The outcome measures showed that the primary and secondary outcome measures were equal in a new patient sample treated by different therapists. The results showed that ERP is well accepted by the patients, and the potential for



KOMORBIDITET ER IKKE ET EKSKLUSJONSKRITERIE

Men pasienter tilbys ikke behandling hvis de er:

- Suicidale
- Bipolar lidelse i manisk fase
- Substansmisbruker
- Psykotisk
- For lav BMI til å kunne gjøre seg nytte av psykologisk behandling
- Ikke villig til å avstå fra angstdempende medikamenter de fire dagene

Virket det?

Behavioural and Cognitive Psychotherapy | BABCP

- Virker for ungdom og voksne
- 90% respons
- 70% recovered 4 år senere (voksne)
- Endringer i depresjon og angst
- Får folk tilbake i arbeid
- Høy akseptans
- Mindre enn 2% dropout
- Svært høy tilfredshet

Article Full-text available

Intensive group treatment of obsessive-compulsive disorder: A pilot study

January 2013

Audun Havnen, Bjarne Hansen, Elisabeth T. Haug, Show all 5 authors

Overview Stats Comments Citations (11) References

Abstract and figures

Objective: Obsessive-compulsive disorder (OCD) is a disabling anxiety disorder. An established treatment of choice is exposure and response prevention (ERP). It has been demonstrated that ERP is effective across a range of different treatments. The aim of the present pilot study was to evaluate the effectiveness and acceptability of individually delivered ERP in a group setting. In the current study, we describe the main features of this novel approach as compared to standard ERP and other group approaches. **Method:** Six consecutively referred OCD patients (aged 23–59) were included. Five with OCD since childhood or early teens were run four successive days, with prolonged exposure training on Day 4–5, and three designed as one long session. This procedure was partly modeled after a session approach to treatment of specific phobias. **Results:** All patients accepted the treatment procedures, content and format. Mean Y-BOCS pre-treatment was 23.5 points, at post-treatment 5.7 points and at six months 6.3 points. **Conclusions:** Intensive group ERP appears to be a promising treatment format and future larger scale studies are warranted.

Outcome	Pre-treatment	Post-treatment	6 months	12 months
Y-BOCS	23.5	5.7	6.3	6.3
OCI-R	22.9	4.4	4.4	4.4
OCI-CR	12.2	4.4	4.4	4.4
OCI-SR	21.7	4.4	4.4	4.4

Concentrated ERP for adolescents with obsessive-compulsive disorder: An effectiveness study

2016 - Journal of Obsessive-Compulsive and Related Disorders 11

10.1016/j.jocrd.2016.07.004

Elli N. Riise, Gerd Kvale, Lars-Göran Öst, Show all 6 authors, Bjarne Hansen

Overview Stats Comments Citations (1) References (43) Related research

Abstract

This study evaluated the effectiveness of a concentrated exposure and response prevention (ERP) treatment for adolescents with obsessive-compulsive disorder (OCD). Twenty-two adolescents with OCD (range 11–17 years) received therapist-assisted ERP during four consecutive days, followed by a three week period of self-administered ERP. Treatment was delivered to 2–3 patients and their parents simultaneously at an inpatient clinic for child and adolescent psychiatry as part of standard health care. Symptoms were assessed at pre-treatment, post-treatment, 3- and 6-month follow-up. The results demonstrated that patients had significant reduction in OCD-symptoms in pre- to post-treatment and the gains were maintained at follow-up. 91% (n=20) were classified as responders at post-treatment, and 77% (n=17) at six-month follow-up. Remission rates were 72% (n=16) at post-treatment and 68% (n=15) at six-month follow-up. OCD-related impairment and symptoms of anxiety and depression were significantly reduced at post-treatment and follow-up. The results suggest that concentrated ERP is a promising treatment for adolescents with OCD.

Journal of Obsessive-Compulsive and Related Disorders 13 (2016) 15–22

Contents lists available at ScienceDirect

Journal of Obsessive-Compulsive and Related Disorders

journal homepage: www.elsevier.com/locate/jocrd

Concentrated ERP delivered in a group setting: An effectiveness study

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ABSTRACT

There are few long-term follow-up studies on psychological treatment

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Concentrated exposure and response prevention for adolescents with obsessive-compulsive disorder: A replication study

Elli N. Riise^{a,b,*}, Gerd Kvale^{a,b}, Lars-Göran Öst^{b,c,d,e}, Solvei Harila Skjold^{b,c}, Bjarne Hansen^{a,b}

^aHaukeland University Hospital, OCD-team, Bergen, Norway; ^bDepartment of Clinical Psychology, University of Bergen, Norway; ^cDepartment of Psychiatry, Molde Hospital, Molde, Norway; ^dDepartment of Psychiatry, St. Olav's University Hospital, Trondheim, Norway; ^eDepartment of Psychology, Stockholm University, Sweden



Hva med pasienter med særlige utfordringer?

Følgende er IKKE prediktorer

- Alvorlighetsgraden eller hvor lenge de har hatt lidelsen
- Komorbiditet
- Indikasjoner på personlighetsforstyrrelser
- Søvnproblemer
- Høysensitivitet
- Høy familietilpassing

COGNITIVE BEHAVIOUR THERAPY
https://doi.org/10.1080/16506007.2018.1479447

The Bergen 4-day treatment concentrated ERP in a clinic

Bjarne Hansen ¹, Gerd Kvale ², Kristin Lary-Göran Öst ³

¹Haukeland University Hospital, OCD team, Bergen, Norway; ²Department of Psychiatry, M. St. Clara's University Hospital, Trondheim, Norway; ³Sweden

ABSTRACT
There are few long-term follow-up studies on

PREVALENCE OF PERSONALITY DISORDER OUTCOME.

• **Source:** *Clinical Neuropsychiatry* - Dec 2018, Issue 8.
• **Author(s):** Othman, Elyse; Frankfort, Maritien, A.
• **Abstract Objective:** As a rule of thumb 30-40% of patients with comorbid personality disorder (PD) might be persons (17 males) treated concentrated exposure therapy. Symptoms were assessed with Yale-Brown Obsessive Compulsive Symptom Scale (YBOCS) and Personality Assessment Inventory (PAI). There were no differences between patients with or without PD. It is possible that some patients with PD might benefit from treatment. *Clinical Neuropsychiatry is the property of EBSCO Information Services. This abstract may be used for individual use. The abstract may be used for individual use.*

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Accommodation Predict Outcome of Exposure and Response Prevention for

and Human Development
0898-1

Lars-Göran Öst · [Show all 5 authors](#) · Bjarne Hansen

[Comments](#) [Citations](#) [References \(51\)](#) [Related research](#)

Increased levels of family accommodation are associated with a poor outcome in obsessive-compulsive disorder (OCD). A concentrated Bergen 4-day treatment (B4DT), has previously demonstrated a treatment of adolescents with OCD. The present paper investigated whether family accommodation and investigated whether family accommodation predicted outcome, in a sample of 43 adolescents (age range 11–18) with OCD. There were significant reductions on CY-BOCS and FAS from

Også i storskala og flere kulturer

Kvale et al. *BMC Psychiatry* (2018) 18:323
<https://doi.org/10.1186/s12888-018-1887-4>

BMC Psychiatry

RESEARCH ARTICLE

Open Access

Successfully treated
obsessive com
days: the Berg

Gerd Kvale^{1,2}, Bjarne Hansen^{1,2},
Unn Beate Kristensen⁷, Gunvor
Odile A. van den Heuvel^{1,11} and

- Kan skaleres opp
- Kan leveres ved nye team

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¹Serlandet Sykehus, Kristiansand, Norway

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³OCD-Team, Haukeland University Hospital, Bergen, Norway

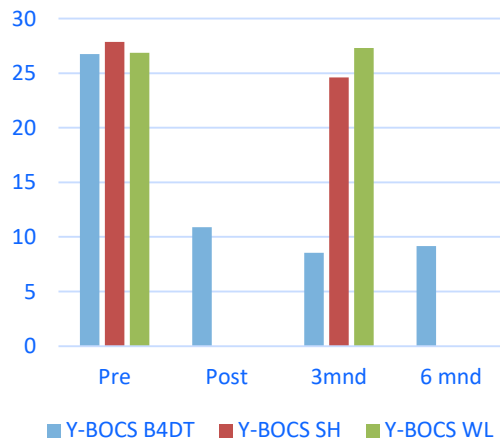


Første RCT på formatet (OCD) (in press)

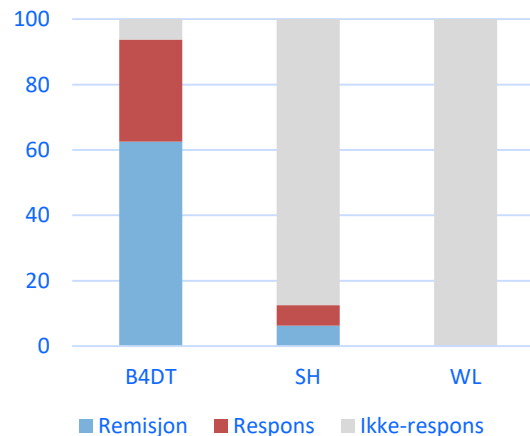
A randomized controlled trial of concentrated ERP for obsessive-compulsive disorder: The Bergen 4-day treatment.

Gunvor Launes^{1,2}, Kristen Hagen^{3,4}, Tor Sunde¹, Lars-Göran Öst^{5,4}, Ingrid Klovning¹, Inger-Lill Laukvik^{1,4}, Joseph A. Himle⁶, Stian Solem^{7,4}, Sigurd W. Hystad⁸, Bjarne Hansen^{8,4}, Gerd Kvale^{6,9}

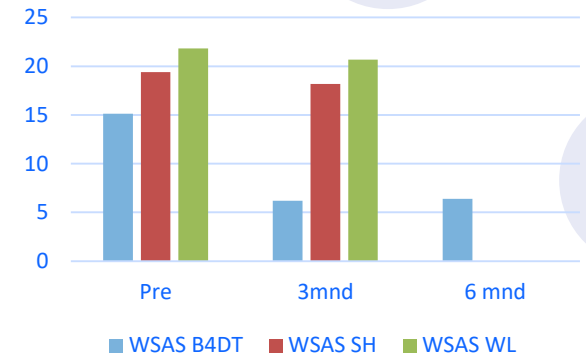
Alvorlighetsgrad OCD



Utfall etter betingelse

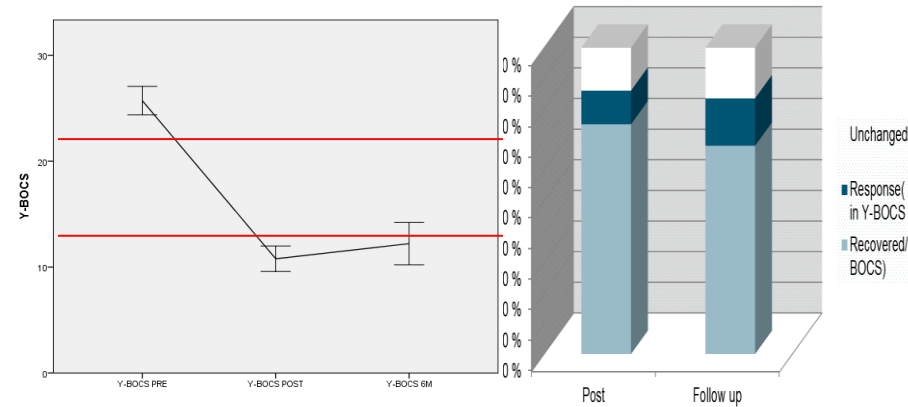


Funksjonsnivå- arbeid og sosialt



«Gi kunnskapsbasert behandling på best mulig måte og sjekk om det virker»

- Hviler på mer enn 50 års forskning
- Utviklet for de alvorlige lidelsene
- Praktisk talt ikke frafall
- Slår gullstandard i effekt
- Virker inn på depresjon
- Får folk tilbake i arbeid



Før lynkuren måtte Stine (15) vaske seg i to timer hver kveld

Nå er metoden som hjalp henne å bli kvitt tvangstankene i ferd med å bli en norsk eksportvare.

TEKST Anette Aasheim FOTO Paul S. Amundsen ILLUSTRASJON Terje Tønnessen

Hva så med behandling av panikklidelse med 4-dagersformatet?



The Bergen 4-Day Treatment for Panic Disorder: A Pilot Study

Bjarne Hansen^{1,2}, Gerd Kvale^{1,2}, Kristen Hagen^{1,3}, Kay M. Hjelle¹, Stian Solem^{1,4}, Beate Bo^{1,5} and Lars-Göran Öst^{1,6}*

¹ OCD-Team, Haukeland University Hospital, Bergen, Norway, ² Department of Clinical Psychology, University of Bergen, Bergen, Norway, ³ Psychiatric Department, Hospital of Molde, Molde, Norway, ⁴ Department of Psychology, Norwegian University of Science and Technology, Trondheim, Norway, ⁵ Kronstad DPS, Haukeland University Hospital, Bergen, Norway, ⁶ Department of Psychology, Stockholm University, Stockholm, Sweden



The Bergen 4-day treatment for Panic Disorder: A pilot study.

Bjarne Hansen^{1,2}, Gerd Kvale^{1,2*}, Kristen Hagen^{1,3}, Kay Morten Hjelle⁴, Stian Solem^{4,1}, Lars-Göran Öst^{1,5}

¹OCD-team, Haukeland University Hospital, Norway, ²Department of Clinical Psychology, University of Bergen, Norway, ³Psychiatric department, Hospital of Molde, Norway, ⁴Norwegian University of Science and Technology, Norway, ⁵Department of Psychology, Stockholm University, Sweden

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 Reviewer 1 | 24 Mar 2018 | 10:20

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no

Q 4 Please provide your detailed review report to the authors:
(annotated pdfs can be sent to the Editorial Office via email)

 Reviewer 1 | 24 Mar 2018 | 10:20

#1

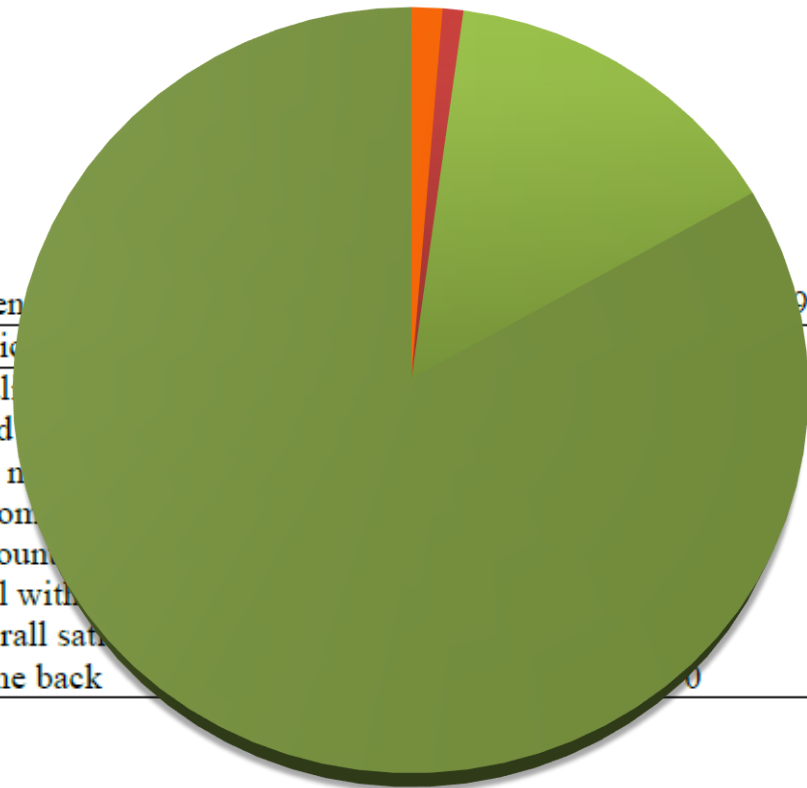
Highly innovative and important study that may change treatment standards world wide if confirmed in larger controlled trials. All the methodological aspects are sound. It is meaningful to start with an uncontrolled pilot trial and to compare it later to no treatment, treatment as usual or competing methods with high therapist allegiance.

What would be interesting to the reader that also does treatment is patients with PD is some more detail about the implementation of the exposure (feared objects or situations) and vignettes with the patient perspective on the treatment (success and failure)



Table 5
Post-treatment

Item	Topic	3	4
1	Qual	5	24
2	Kind	7	22
3	Met n	6	21
4	Recom	0	29
5	Amount	4	23
6	Deal with	4	25
7	Overall sat	5	24
8	Come back	3	25



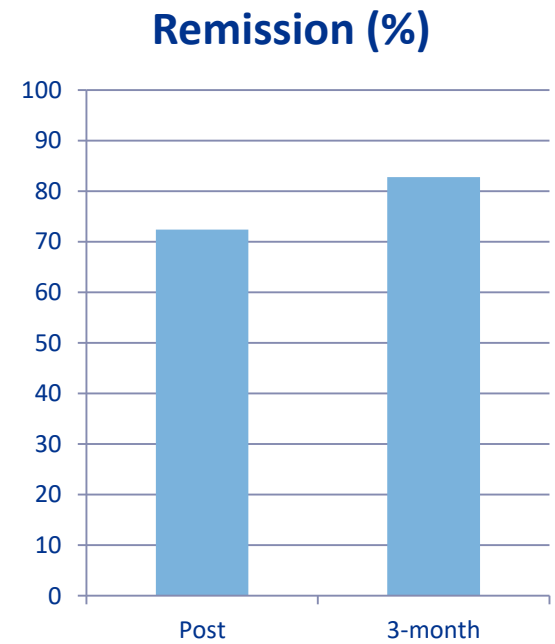
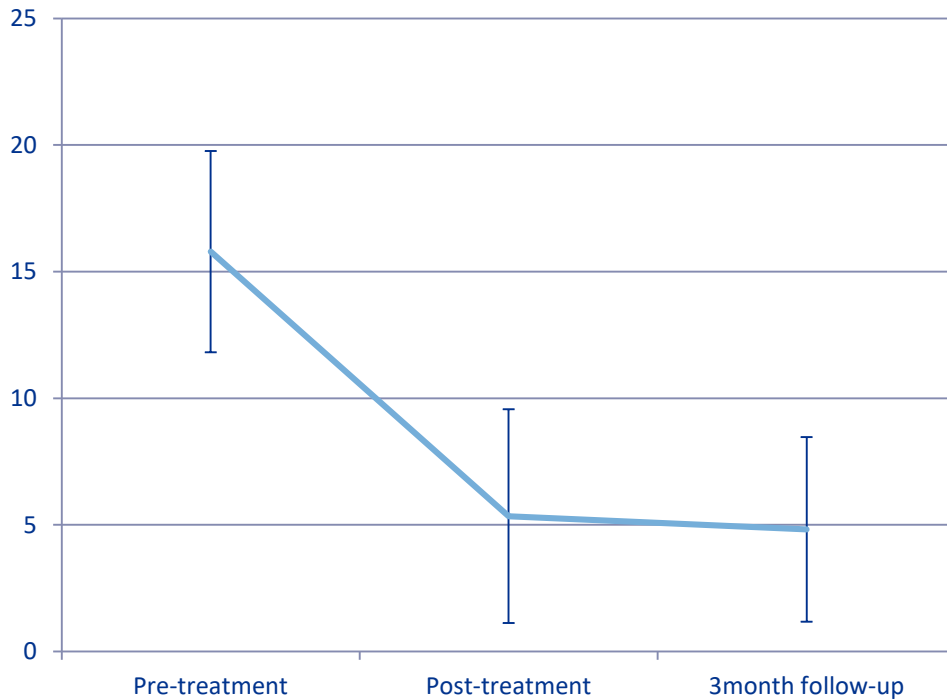
- Veldig uenig
- litt uenig
- ganske enig
- veldig enig



The Bergen 4-Day Treatment for Panic Disorder: A Pilot Study

Bjarne Hansen^{1,2}, Gerd Kvale^{1,2*}, Kristen Hagen^{1,3}, Kay M. Hjelle¹, Stian Solem^{1,4}, Beate Bø^{1,5} and Lars-Göran Öst^{1,6}

B4DT: HIGHLY EFFECTIVE FOR PANIC DISORDER



«Gjøre virksom behandling tilgjengelig- sikre at pasientene har et likeverdig tilbud uavhengig av geografi »

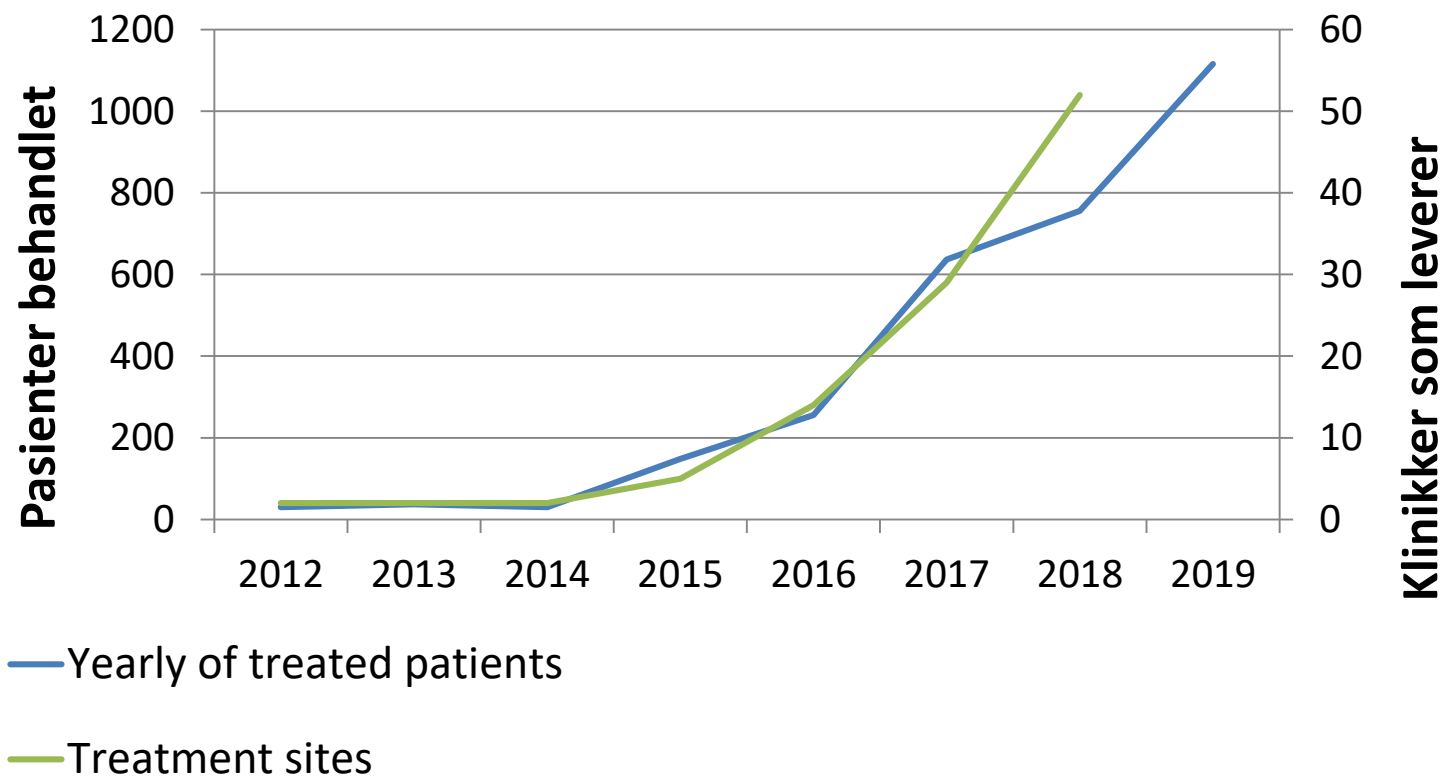
- Mester-svenn opplæring og sertifisering
- Sjekke om det virker
- Benchmarking
- Så lenge som man leverer B4DT er man del av et nettverk

→ Hvis ikke resultatene er som forventet:
Veiledning og resertifisering



På vei:

«Sørg for at den er tilgjengelig med kvaliteten intakt»



MOLDE: B4DT-team

- Inne som samarbeidspartner fra starten - med i alle forskningsprotokollene (to nasjonale studier; RCT mm)
- OCD, Panikklidelse, Sosialangst
- **Leverer pr dato de beste resultatene i landet**
- Innkjøpt for å ha ansvar for kvalitetssikring og samtykkebasert kvalitetsregister –SVÆRT VIKTIG
- Bygger forskningsmiljø – sammen med Bergen
 - Medforfatter på 10+ artikler (fra klinikk til basal)
 - Samarbeid om PhD stipend
 - «Unge kandidater» i artikkelskriving på felles data
 - En rekke artikler på lokale data under utskriving
- (sårbart – få stillinger)

Årets avis Romsdals Budstifte

Store deler av livet til «Camilla» og «Siri» har vært preget av panikk- og tvangslidelser.

Løsningen ble å møte sin største frykt

Helse Møre og Romsdal tilbyr et firedagers behandlingstilbud for personer med panikkangst og tvangslidelser - det har hjulpet «Camilla» og «Siri».



Illustrasjon: Marit Wain

<http://www.ostnorge.no/2012/12/17/romsdal-tilbyr-4-dagers-behandlingstilbud-for-personer-med-panikkangst-og-tvangslidelser-det-har-hjulpet-camilla-og-siri/>

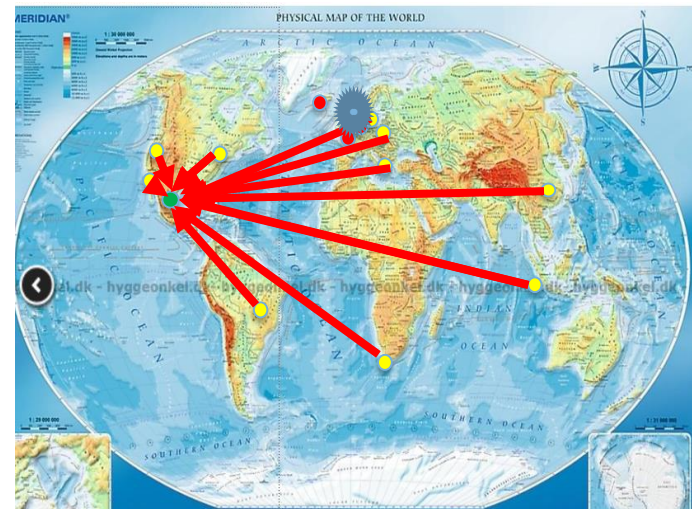
Nidaros DPS: OCD- og angstteam: B4DT en av flere tilnærminger

- Vært med (nesten) siden starten
- Partner i de nasjonale forskingsprosjektene
- Svært gode resultater (nr. 2 i landet)



Internasjonal spredning

- Hands-on opplæring
- Sertifisering av terapeuter og gruppeledere
- Integreert kvalitetssikring
- Benchmarking (deling av resultater)

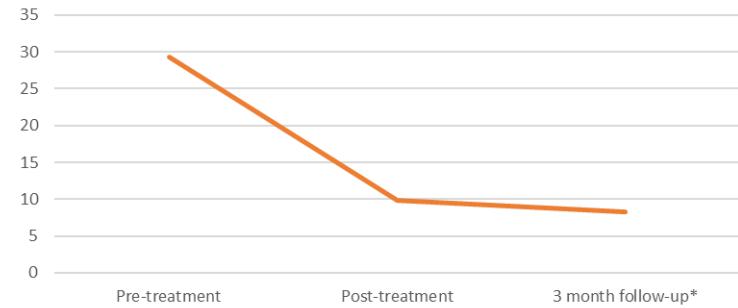
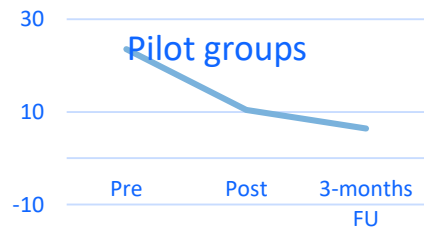




YBOCS



Pilot groups



Fra spredning til forskning



Vi har etablert

1. Et behandlingsformat som virker
2. Ideelt for longitudinell forskning
3. Som klan leveres i stort volum, med høy kvalitet

4. Alle B4DT team er invitert til å være med!

→ En ramme for å bygge opp tilstrekkelig med data for å kunne finne ut hvorfor noen blir hjulpet – og andre ikke

→ Mekanismer for endring



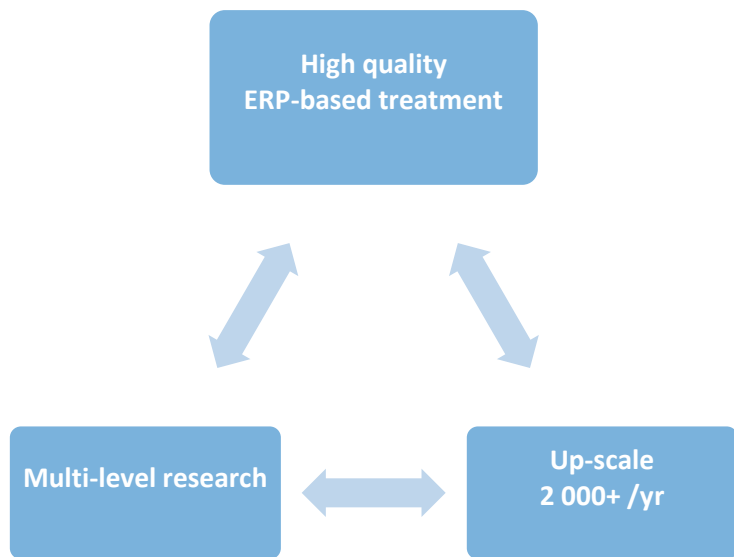
The Bergen Center of Brain Plasticity

“This powerful and highly relevant clinical approach offers a nearly experimental approach where individual clinical responses represent the gateway to describe underlying mechanisms for brain plasticity”

- Kerry Ressler, Harvard Medical School



Bergen Center for Brain Plasticity (BCBP)



7. November 2018

JOINING FORCES FOR NEW MENTAL HEALTH PROJECT



Bergen Research Foundation, the Kavli Trust, Haukeland University Hospital and the University of Bergen are joining forces to provide a total of NOK 111 million for a new mental health research centre in Bergen, Norway

The background for this is that a Bergen-based research team has recently developed a treatment for obsessive-compulsive disorder, with notably good results.

The new research centre will be called the Bergen Center for Brain Plasticity, and the research here will be aimed at understanding the mechanisms behind the effectiveness of the treatment, as well as exploring how this methodology can be used in treatment of other anxiety disorders and how this can be spread internationally.

By developing the intensive treatment called Bergen 4-Day Treatment (B4DT), psychologists Gerd Kvale and Bjarne Hansen have fundamentally changed the treatment of anxiety and obsessive-compulsive disorders.

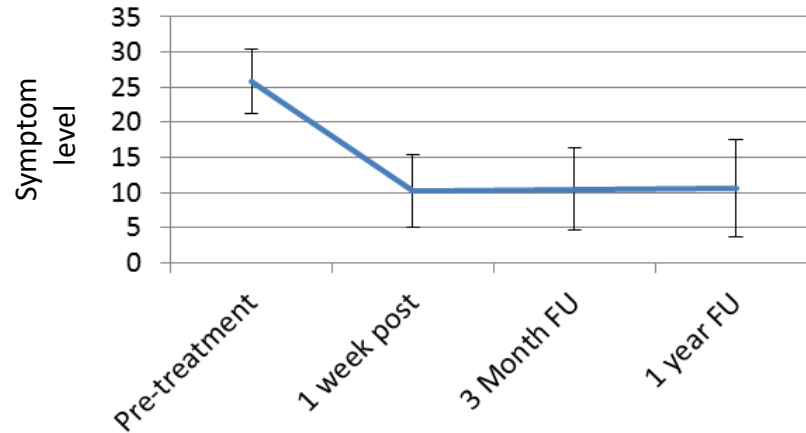
The research duo was recently selected as two of the top 50 most influential people in health care, featured in TIME Magazine's list *The Health Care 50: Fifty people transforming health care in 2018*.

Along with the world's top researchers in epigenetics (the study of how we are shaped by both nature and nurture) on the team, the goal of the centre is to



The B4DT: A game-changer for studying brain plasticity

Effective intervention



1 day before treatment

3 days after treatment

3 months after treatment

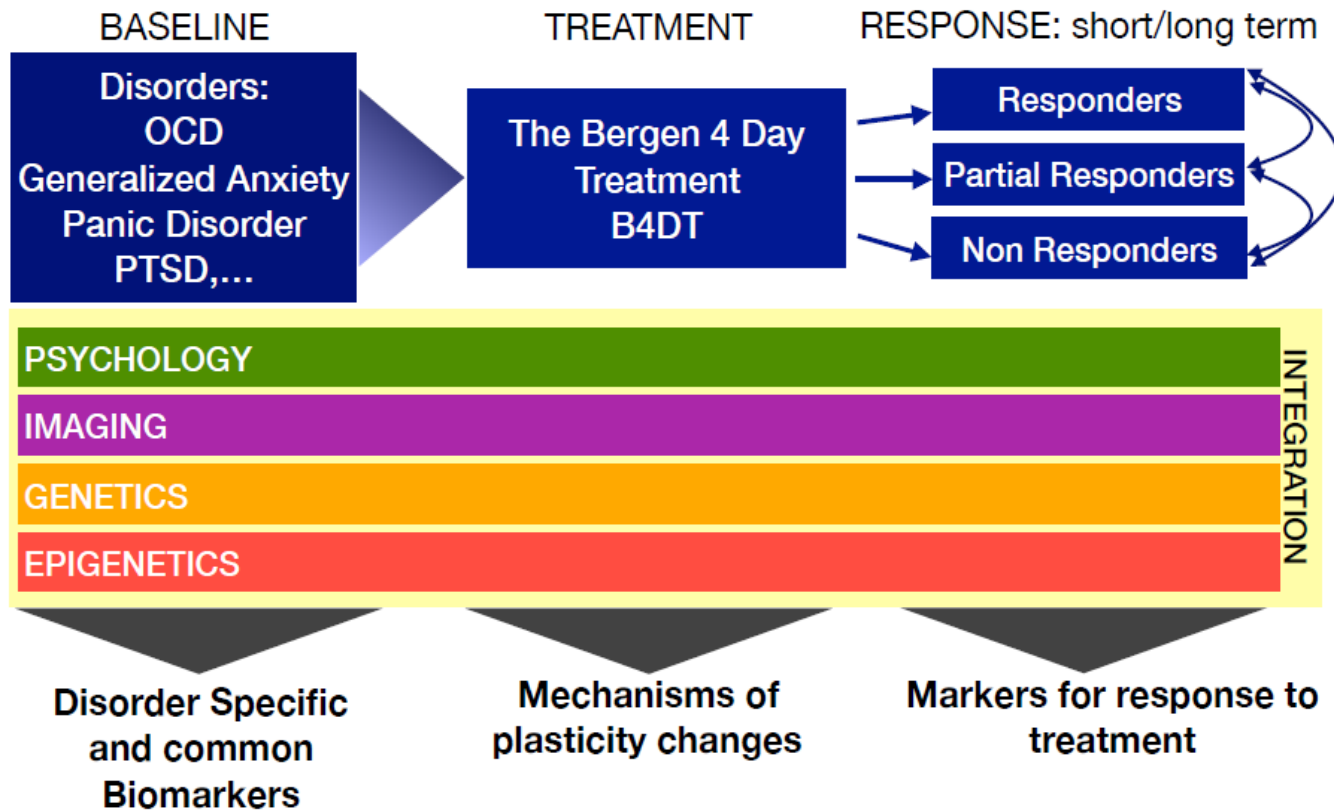
Sensitive measures



«OCD brain»

Immediate
change

Stability and
slower changes



Bergen Center for Brain Plasticity



Initiate large-scale international dissemination of the B4DT. With the quality intact



Identify multilevel mechanisms for brain plasticity relevant for other mental disorders



Internasjonal oppmerksomhet

TIME HEALTH CARE 50

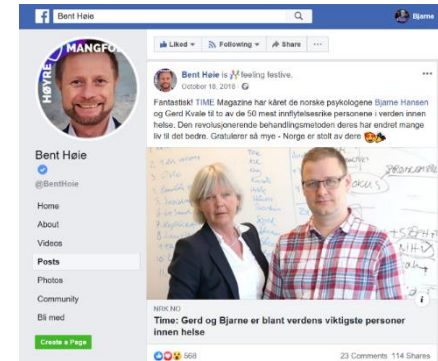


Bjørne Hansen and Gerd Kvale

Speeding Up Therapy

Obsessive-compulsive disorder (OCD) can take months of therapy to treat. But Kvale and Hansen, who are clinical psychologists at Haukeland University Hospital in Bergen, have shown they can treat it in just four days. Treatment by the usual model of therapy—meeting with patients just once or twice a week, with days between sessions to stall progress or give people the chance to slip out—Kvale and Hansen developed a program in which therapists help their patients learn how to deal with anxiety through exercises of exposure therapy. “Patients say it’s hard work and one of the most challenging weeks of their life,” Kvale says. “But the change that they experience through these four days is worth it.”

So far, about 1,200 people with OCD have gone through the intensive regimen; approximately 70% no longer experience symptoms in six months. The study was published in August in the journal *Cognitive Behavioral Therapy*. And very few of them quit. Kvale and Hansen’s pioneering model of concentrated therapy—while the researchers are now testing for genetic factors and social anxiety—has spread to Iceland and Sweden and will soon come available to a private clinic in Houston. —Mindy Oaklander



OCD患者である41歳のKathrine Mydland-aasさんは「4日で荷が軽くなるのだろうか？」と懐疑的になりつつも医師のすすめでプログラムに参加した1人です。Mydland-aasさんは細菌や汚染を恐れて掃除や洗濯、手洗いなどを無限に繰り返してしまい、子供たちの夕食さえ満足に作れずに悩んでいました。しかし、Kvale氏のプログラムに参加することで人生が変わったとのこと。

