

Intensive Treatment Program Interview with Dr. Jennifer O'Connor and Dr. A. David Wall
of Remuda Ranch in Wickenburg, Arizona

April, 2010

1. When did you open your program?

We began our intensive inpatient program for adolescents/children in February 2008; for adults in November 2008.

2. Please describe the staff that work at your program in terms of their backgrounds, credentials and experience.

Dr. Jennifer O'Connor is the director of the program. She personally trains all staff who work in the anxiety program as well as playing a central role in the development of the program. She also directly supervises all anxiety staff and is directly involved in the development and oversight of the individualized treatment plans.

Jennifer Lafferty O'Connor is a Licensed Psychologist in Arizona specializing in the treatment of children, adolescents, and adults with treatment refractory anxiety and eating disorders. Dr. O'Connor has worked at Remuda Ranch Treatment Programs since 2004. Dr. O'Connor helped to create, and currently oversees all clinical aspects of Remuda's Anxiety Disorders Program, which opened its doors in 2008. She trains and supervises all anxiety program staff, and she is directly involved in the development and oversight of the individualized treatment plans. Dr. O'Connor presents regularly at conferences, and provides trainings and workshops on the treatment of anxiety and eating disorders. She has made several TV and radio show appearances to provide expertise in the area of anxiety disorders among children and teens.

Dr. Ken Littlefield assists Dr. O'Connor in the comprehensive psychological assessment of anxiety patients and provides consultation to Dr. O'Connor and the anxiety treatment team.

Dr. Littlefield earned in Psy.D at George Fox University in Oregon and has worked with eating disordered patients at Remuda Ranch suffering from a co-morbid OCD since 1999. He has been instrumental in developing the specific ERP based behavioral approaches we use to help these patients. His innovative work includes methods of explaining OCD and Exposure with Response Prevention to younger patients. Patients often gain a new understanding of their disorder and learn how ERP helps them win the battle over OCD. Dr. Littlefield has presented at several national conferences including The Anxiety Disorders Association of America (ADAA) Annual Conference. He has also attended numerous conferences and trainings in the area of anxiety disorders and OCD, including the International Obsessive Compulsive Disorder Foundation's (IOCDF) Behavior Therapy Training Institute (BTI) in 2009 and The Menninger Clinic Conference on Treating OCD in Children and Adolescents in 2000.

Dr. A. David Wall helped to develop the program and serves as clinical and program consultant and, along with Dr. O'Connor, *Dr. Wall is a spokesperson for the program.* He began working using ERP with OCD patients in 1992. He has attended multiple

conferences and workshops on OCD and Anxiety Disorders, including IOCDF's Behavior Therapy Institute.

Patients are also seen at least 6 times per week by their psychiatric provider. These providers have been trained in the latest psychopharmacological medications for OCD and other anxiety disorders. Pharmacological interventions are only used when indicated. All psychiatric providers are supervised by Dr. Kevin Wandler, MD. Dr. Wandler is board certified by the American Board of Psychiatry and Neurology in General Psychiatry and has Added Qualifications in Addiction Psychiatry. Dr. Wandler has been treating anxiety patients for over 20 years. He was named one of Arizona's best doctors by Phoenix Magazine.

3. Is this program devoted entirely to treating individuals with OCD or will other OCD spectrum disorders or anxiety disorders also be addressed?

Our intensive inpatient program is designed for individuals with OCD as well as OC Spectrum and Anxiety Disorders. The modalities are individualized based on the diagnosis and needs of each patient.

4. Please describe the core treatment components of your program (e.g., use of medication, ERP, group therapy, etc.).

Cognitive Behavioral Therapy. Cognitive Behavioral Therapy (CBT) forms the core of Remuda Ranch's treatment curriculum. Remuda's program relies on Exposure with Response Prevention (ERP) as the primary CBT intervention for OCD and OCD spectrum disorders. ERP involves direct exposure to feared situations plus prevention of ineffective behaviors such as compulsions or avoidance.

Prior to ERP, patients receive extensive psycho-education, facilitating insights into their thinking and behavior. ERP then commences on an individualized basis depending upon the specific anxiety issues.

Patients also learn about cognitive distortions common in anxiety disorders: over-estimation of harm, risk, and danger; over-estimation of responsibility; intolerance of uncertainty; magical and all-or-nothing thinking. Cognizant of their thought distortions, patients learn to "CCC"—catch, challenge, and change—these thoughts as they occur throughout the day.

Supplemental Therapies. ERP is the primary and essential aspect in the successful treatment of OCD and related anxiety disorders. Historically, stress reduction and other forms of therapy have often been inappropriately used as primary interventions in the treatment of OCD and OC related disorders. Relaxation and other techniques are typically not effective with these types of disorders. However, as with any condition, stress typically exacerbates symptoms of the primary disorder (even purely physiological disorders such as diabetes). Lowering "background" stress; that is, the everyday stress of our lives, as opposed to OCD/Anxiety Disorder specific stress, indirectly helps to alleviate the anxiety disorder problems and, in general, improves the overall quality of life.

In keeping with our philosophy of treating the whole person, we often incorporate interventions such as Acceptance Commitment Therapy (ACT) and, Dialectic Behavior

Therapy (DBT). ACT helps the individual to understand and deal with the fact that a certain amount of anxiety is inevitable for all of us. In the words of C.S. Lewis, "Try to exclude the possibility of suffering [anxiety]...and you find that you have excluded life itself." However, ACT is not simply passive-acceptance; rather ACT combines acceptance and awareness with behavioral change strategies as a means of increasing psychological and social flexibility (i.e., living a fuller life). Through DBT, patients develop a strong repertoire of emotion regulation, distress tolerance, and interpersonal effectiveness skills that allow them to manage distressing more effectively.

Group Therapy. Anxiety Disorders often isolate victims from social contexts, such as friends and family. Reintegration is important in recovery from debilitating anxiety disorders. With social phobia, reintegration is particularly crucial. Remuda provides patients with frequent opportunities for exposure to social interaction. For those with social phobia, exposure is more gradual to allow time for habituation. Some patients need social skills training due to delays in social development related to their anxiety disorders. Each patient has an individualized plan for social reintegration through participation in group therapy, recreation, and off-site outings with peers.

Biological and Medical Components of Treatment. All patients at Remuda's Anxiety Disorders Program are carefully evaluated by a primary care provider and a psychiatric provider upon admission to assess for medical issues that may be associated with the anxiety disorder. If deemed appropriate, patients are provided with the opportunity to utilize psychotropic medications to manage their specific symptoms. Each patient is seen on at least 6 times per week by a psychiatric provider so that the effects of medications can be carefully monitored and assessed on an on-going basis.

Family Work. Once again, our patients are not "OCD", they are individuals who have OCD. Maintaining healthy family relationships and communication has become more and more difficult in our high pressure society. OCD and other Anxiety Disorders can significantly intensify family problems. All patients and their families engage in a period of intensive family therapy focused on teaching the family how to support the person with OCD in the process of recovery. Families are provided with psychoeducation to help them understand the symptoms of their loved one's anxiety disorder, as well as the purposes and methods of ERP treatment. Family members are provided with support in recognizing ways that they may be accommodating or enabling their loved one's unhealthy coping behaviors, and a plan is established to prevent relapse upon return to the home/family environment. Families are also provided with opportunities to improve communication skills, resolve conflicts, and engage in the process of forgiveness with one another.

Christian Context. Remuda's treatment occurs in a milieu of non-denominational Christianity. Patients attend 30-40 minute chapels 6 days per week with messages about grace, forgiveness, and love that are accessible to people of any faith. Staff members are available, such as a chaplain, to pray with patients and discuss issues related to their spiritual growth. Remuda treats patients from all faith backgrounds, and patients from different faith backgrounds, or no religious background, report equally high levels of satisfaction with our program and obtain positive outcomes.

5. Please describe the treatment planning process at your program.

Treatment planning begins before the individual decides whether to come to Remuda. An admissions counselor conducts a lengthy telephone screening process with the patient and key family members, which is then reviewed by a psychiatrist. We obtain records from previous hospitalizations, other intensive treatments, and outpatient providers. We then contact the individual with our recommendations as to whether this treatment is right for them.

Once the patient arrives, Remuda relies on a multi-disciplinary team to address the complex and varied needs of each patient. Each patient is evaluated by a master's or doctoral level therapist, licensed psychologist, psychiatric provider, registered dietician, primary care provider, and registered nurse upon admission to identify treatment goals specific to each discipline. The multi-disciplinary team meets on a regular basis throughout the remainder of the length of stay in order to assess progress towards each goal identified in the treatment plan. Patients are provided with opportunities to add input regarding their personal treatment goals.

A licensed psychologist experienced in conceptualizing and treating anxiety disorders will carefully assess the unique anxiety symptoms of each patient and will design an individualized behavioral therapy plan to address anxiety symptoms including obsessions, compulsions, and avoidance behaviors. The evaluation includes a detailed interview with patient, and a battery of valid and reliable psychometric tests to obtain objective data for use in treatment planning. At various intervals, patients retake tests to assess changes in symptom severity and allow adjustments to treatment plans in cases of less than optimal progress.

Discharge planning begins before the person arrives and continues throughout their stay, culminating in a detailed plan with first outpatient appointments set before the patient leaves inpatient treatment at Remuda. Each member of the patient's treatment team communicates with their counterpart on the outpatient team, if any, and records of inpatient treatment are sent in a timely manner.

6. If someone has a co-morbid condition, can he or she participate in your program? Will there be treatment for the co-morbid condition? If so, can you give an example?

Yes. Individuals with co-morbid conditions that do not prohibit the patient's ability to engage in the treatment program and to be a part of a community (group of patients) are more than welcome. Most patients have comorbid diagnoses (e.g., depression). Patients with social phobia are often helped tremendously by the supportive therapeutic community.

Each patient has a team of professionals who not only treat the anxiety disorder, but address co-occurring issues such as depression and substance use. Patients have the opportunity to participate in specialized group sessions to address co-occurring conditions. Specialized groups include Substance Abuse Group, Body Image Group, and Trauma Recovery Group. Co-morbid conditions are also addressed on an individual basis by the primary therapist, psychiatric provider, psychologist, registered dietician, or primary care provider throughout the course of treatment.

7. Are parents, family members, friends, teachers, etc. included in the treatment? If yes, please describe how.

Family relationships are powerfully impacted by an anxiety disorder. Upon admission to the treatment program, parents are strongly encouraged to meet in person with their child's treatment team to provide detailed information about family relationships and dynamics. Families of child and adolescent patients are asked to participate in weekly teleconference therapy sessions with their child to improve communication between family members and address problematic issues.

Spouses of adult patients, and parents/siblings of child/adolescent patients, attend an on-site Family Experience that involves intensive psycho-education on anxiety disorders, exposure therapy, and relapse prevention. Remuda recognizes the importance of making family members an integral part of the treatment process.

8. How often do patients in the program meet with staff individually? How long are these individual sessions?

Patients are provided meet with a psychiatric provider at least 6 times per week and twice weekly individual therapy sessions with their primary therapist. Patients are provided with daily opportunities to engage in ERP challenges during CBT group and during off-site exposure therapy sessions. They are provided with immediate support from either a Behavioral Health Technician, primary therapist, or psychologist during these ERP sessions.

9. Is there a set time period for a patient's treatment in the program? What is the overall time commitment to the program (for example, attend daily for three weeks)? How much flexibility is there in extending someone's stay if needed?

Our lengths of stay are typically 45 days at the inpatient level. Treatment may be extended if deemed necessary by our treatment team.

10. Is there a homework or "self-directed" component to the treatment?

Patients are always provided with an opportunity to confront fears for the first time with the immediate support of their therapist. However, after developing a sense of mastery over these fears, patients are asked to practice confronting these fears through self-guided exposures throughout the course of their stay. Self-guided exposure therapy is an important component of relapse prevention because it creates a foundation of confidence that allows patients to transition back into their independent life following discharge from the inpatient treatment program.

11. Please describe the relapse prevention strategies you use in your program.

The goal of treatment is to not only help our patients get healthy, but stay healthy. We provide relapse prevention education to prepare for a successful transition into daily life. We educate patients and family members about the importance of maintaining the gains made during treatment through ongoing outpatient care and regular self-guided exposure practice for those with phobias and obsessive compulsive symptoms. We assist each woman and girl in creating a complete aftercare plan prior to discharge.

12. What kind of follow-up do you do for those who complete your program? Will the members or your treatment team be in contact with or willing to consult with the individual's regular treatment provider(s)?

Our follow-up coordinator will contact each patient five times within the first year after treatment. The patient's regular treatment providers will be contacted three times during the course of the inpatient stay and will be provided with detailed records upon the patient's discharge in order to ensure continuity of care. Our team remains available for consultation calls with all aftercare providers. In addition, we contact patients at one and five years post-discharge with outcome questionnaires designed to measure their long-term success.

13. Do you offer a sliding fee scale or scholarships for those who cannot afford your program?

We offer financial assistance in the form of a sliding fee scale and partial scholarships to those who cannot afford the full cost of our program or whose insurance will not cover the program in full.

14. Does your program only work with individuals who are local or are there arrangements for those who come from farther away (for example, lodging arrangements)?

Our inpatient programs are located in Arizona. The majority (greater than 90%) of our patients are not local, but come from every state in the US, Canada, and other countries. Because our programs are inpatient, housing is an included aspect of treatment. Remuda also maintains Family Residences for family members who travel to our campuses for the Family Experience portion of the program.

15. Please add any information you think would be helpful in describing the unique aspects of your program if this has not been covered in the questions above.

Remuda's program is grounded in a holistic philosophy that views each patient as a unique individual with complex needs. Remuda's providers are trained to view patients from a *bio-psycho-social-spiritual* perspective that takes into account the complexity of each individual. ERP can sometimes be a very mechanical type of treatment. We never forget that we are not treating a disorder; we are treating a person who has a disorder. Patients are not viewed as diagnostic labels or as "problems" to be fixed and solved. Rather, each patient is viewed as a whole person who possesses unique strengths, values, beliefs, and goals. In the Remuda model of treatment, the individual patient is guided towards a trajectory of personal growth that is not limited to symptom reduction alone. This is undertaken in an atmosphere of non-denominational Christianity, emphasizing God's love for each person that God has created.

We also utilize a variety of innovative therapies throughout treatment to help our patients with their therapeutic goals and to encourage them to learn how to enjoy life. Experiential therapies which may include:

- Equine
- Art
- Challenge Course & Recreation