

**Intensive Treatment Program Description:**  
**UCLA Child & Adolescent OCD Intensive Outpatient Treatment Program**  
**Los Angeles, California**  
September 2009

**1. When did you open your program?**

We began admitting a small number of youngsters in December of 2008 to develop our treatment plans and materials and our program officially opened in July 2009. We operate within the comprehensive child and adolescent OCD, Anxiety, and Tic Disorders treatment and research program at UCLA which has been in operation for over 10 years. It has been clear for a number of years that there is a need in the Los Angeles area for a specialized pediatric intensive program and we are fortunate to have recently been given the opportunity to develop this program.

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

Our core staff consists of clinical child psychologists and child and adolescent psychiatrists. All lead therapists are recognized specialists in the treatment of childhood OCD and have extensive training in Cognitive Behavior Therapy and Exposure and Response Prevention Techniques. Dr. Bergman joined the UCLA Child OCD program at its inception and has been involved in all aspects of training, supervision, treatment, and research during the last 13 years. She meets with all families in the intensive program and directly supervises all clinical activities. Medication treatment is managed or supervised by Dr. James McCracken who is the Chief of the Child and Adolescent Psychiatry Division at UCLA and an internationally known expert in the area of child OCD. As UCLA is a top ranked teaching University, we are also fortunate to include doctoral interns and child psychiatry fellows who are specializing in the treatment of anxiety disorders.

Together, our group has published over 100 papers related to child OCD in the last several years and has received funding for treatment related research from a number of external agencies such as the National Institute of Mental Health and the International OCD Foundation.

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

This program is devoted to the treatment of OCD. While patients with other OCD spectrum or anxiety disorders will not be excluded, the extent to which these other conditions will be specifically targeted is limited by the extent to which the primary treatment modalities used in the program (CBT and medication) are effective treatments for these other conditions.

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

The primary mode of intervention in this program is Exposure and Response Prevention (ERP) Treatment. ERP is practiced individually and in groups each day the program meets. In addition, patients will participate in groups designed to provide additional techniques for coping with OCD symptoms such as cognitive restructuring, relaxation, mindfulness, and problem solving. We consider ERP as the core treatment because our goal is for all youngsters in our program to engage in ERP. However, as the empirical literature suggests, the combination of CBT and SSRI medication is an effective and safe treatment option. We offer psychiatric medication consultation and treatment when clinically indicated; typically for the youngster with more moderate to severe symptoms.

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

At the start of treatment, a collaborative treatment plan is established between the patient, parents, and the primary therapist, with consultation from the entire treatment team and referring treatment providers as applicable. When relevant, the treatment planning process includes reviewing past treatment attempts in an attempt to identify the specific beneficial and less helpful elements from these efforts. Before beginning treatment, each youngster will have completed a comprehensive assessment that included a diagnostic interview and specific symptom assessment using the Children's Yale-Brown Obsessive Compulsive Scale (CY-BOCS). The information from the CY-BOCS helps us create an initial hierarchy and specific individualized exposure plans to include in the initial treatment plan. Treatment plans are reviewed after every 3 sessions to assess the client's progress in achieving the stated goals, and to revise the treatment goals as indicated.

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

Decisions about the participation of individuals with a comorbid condition, and the extent to which this condition may be treated in this program, are made on a case-by-case basis. In cases for which the comorbid condition would interfere with OCD treatment or for whom a different type of treatment might be medically indicated (e.g. severe depression, extremely low weight due to anorexia nervosa, or borderline intellectual functioning, profound autism), patients might be referred to alternative treatment, or could be asked to first seek treatment for the comorbid condition before enrolling in this program. In other cases, the comorbid condition could be simultaneously address and the interventions targeting OCD symptoms may also be beneficial in reducing symptoms of the comorbid condition (i.e. targeting symptoms or social for separation anxiety with exposure therapy and cognitive coping skills). Finally, some patients may find a reduction in symptoms related to comorbid conditions simply by receiving effective treatment for OCD (i.e.

symptoms of depression or separation anxiety may be reduced once the patient is less bothered by OCD).

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

Parents are actively involved in the treatment program in several ways, though the extent of parent participation is somewhat dictated by the age and needs of the child. Parents sometimes participate in treatment session with the child in order to learn and understand the treatment model, the skills being provided to the child, and what specific coping skills or exposure targets the child is working on. Parents are asked to support the child in applying these skills and completing exposure practices outside of the program. Parent-only sessions are also a part of the program to provide support, education about OCD and its treatment, and specific parent-training skills to facilitate the treatment process. Other family members, such as siblings, grandparents or other relatives, may be included as needed. The treatment team may also communicate with teachers or other outside support people, with permission from the parents and client, if indicated to facilitate the treatment process (i.e. informing teachers about exposure practices the child may be asked to do while at school).

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

Patients typically meet with staff individually throughout their time in the program to work on specific exposure goals or to meet support needs. These sessions typically last between 20-50 minutes, and are provided as indicated to ensure treatment success. These decisions are made by the treatment team, and are included in the treatment plan, in collaboration with the patient and parents.

**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?**

Patients are asked to attend the program three hours per day, Monday through Thursday, for a minimum of two weeks. During the second week of treatment, the treatment team will decide if additional time in the program is indicated and these recommendations will be discussed with the patient and family.

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

Yes. Typically, exposures that are practiced while in the program should often be repeated at home for maximum benefit. In addition, patients will be instructed to apply the coping strategies they learn in the program to the symptoms they experience in their day-to-day life.

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

Relapse prevention strategies are an integral part of the treatment program. Relapse prevention involves education about the course of OCD and the likelihood of return of symptoms as well as discussions of situations and stressors that may trigger relapse for individual patients. Techniques for recognizing and responding to signs of relapse are practiced and discussed with the patient and the family. Finally, for many patients, near the end of treatment we recommend a treatment session schedule consisting of titrated sessions several days apart during which the patient and family begin to manage remaining OCD symptoms without daily professional support. This can help avoid a relapse that can occur if intense treatment and support is abruptly withdrawn.

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

When a patient enrolls in our program, it is required that an outpatient clinician (for continued therapy and/or medication management) for continued care after discharge has been identified. If a youngster does not have an outpatient therapist at the time of enrollment, our staff works with them at this time to identify a clinician who will be available to begin work with them at the time of discharge from IOP. Patients will have an appointment with this clinician in place when it comes time for discharge in our program to ensure continuity of care and decrease risk of relapse. Staff in our program can consult with the outpatient providers so the work that was being done in the program can continue after discharge.

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

Unfortunately, we do not have an endowment that would allow us to provide a sliding scale fee or scholarships, however we have found that many insurance plans provide coverage for our program when justification for treatment is provided. In addition, the Medical Center provides a discount for self-pay patients.

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

People come from all over the world to attend this program. Patients who are not local to the Los Angeles area typically stay with relatives or in a hotel that is close in proximity to UCLA. A list of local hotels can be provided, however our program cannot cover the cost of accommodations.

**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.**

In addition to providing the highest quality, empirically supported interventions for OCD, our experienced team seeks to foster an environment that feels safe, friendly and fun for youth of all ages. While treatment is individualized for each participant, the group context is also a very helpful aspect of our program. Children and adolescents often benefit from meeting other children in their age group with OCD, and can use the group for both support and encouragement in reaching their treatment goals. Individual and group rewards are also utilized to increase motivation and provide positive reinforcement towards meeting and maintaining treatment goals.