

# Intensive Treatment Program Interview with Dr. Christopher Pittenger of the Yale OCD Research Clinic in New Haven, Connecticut

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

The Yale OCD Research Clinic was founded in the mid-1980s by Wayne Goodman and Dennis Charney. It has been the site of some of the major advances in the biological understanding and pharmacological treatment of OCD, including the development of the Yale-Brown Obsessive Compulsive Scale (Y-BOCS), the first trial of SSRI treatment of OCD, and the first trials of antipsychotic augmentation of SRI treatment. In recent years, since being reinvigorated in 2001 by Vladimir Coric, we have investigated a new class of medications, glutamate-modulating agents, in the hope that they will provide a new treatment option for patients whose symptoms are refractory to proven psychological and pharmacological approaches. Because we are primarily a research clinic, our organization is somewhat unique. We see a substantial number of clinical patients in consultation, but we are not generally able to be patients' primary prescribers or therapists over an extended period of time; rather, patients work with us during their participation in a research protocol and for some appropriate period of time thereafter, but then they return to their previous treaters. Similarly, we are able to treat appropriate patients as inpatients on the Clinical Neuroscience Research Unit here at Yale and the Connecticut Mental Health Center for extended periods, while they are participating in one of our research trials.

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

*Christopher Pittenger, MD, Ph.D.*, is an Assistant Professor of Psychiatry and Director of the Yale OCD Research Clinic. He is also an Attending Psychiatrist at the Connecticut Mental Health Center and an Associate at Yale-New Haven Hospital. *Michael Bloch, MD*, is a Fellow in the Solnit Integrated Program in Child and Adult Psychiatry at Yale University and the Assistant Director of the Yale OCD Research Clinic. *Vladimir Coric, MD* is a Senior Research Scientist and Past Director of the Yale OCD Research Clinic. He is also an Associate Clinical Professor of Psychiatry at Yale University and a member of the OCF Scientific Advisory Board. *Suzanne Wasylink, RN-BC*, is the Nurse Manager and has over 10 ten years of clinical and research experience with patients suffering from OCD. *Eileen Billingslea, MA*, is our Clinic Manager.

In addition to the above, we regularly have residents and fellows working with us for periods of 6 months to 2 years to train, see patients, and become involved to a greater or lesser extent in our research.

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

Our research is focused primarily on OCD. We are in the early phases of expanding our research program into the study and treatment of Trichotillomania.

#### **4. Please describe the core treatment components of your program.**

All patients receive a comprehensive evaluation and consultative recommendations with regard to their psychopharmacological and psychotherapeutic treatment, irrespective of their decision to participate or not to participate in one of our ongoing research trials. Treatment thereafter is individualized, depending on patient needs, appropriateness for various research protocols, and clinic staffing (see below). Patients who are entering a treatment study are seen weekly for at least 3-4 months, during which they receive cognitivebehavioral therapy, psychoeducation and regular assessments of symptoms. Following a treatment study, all patients receive a follow-up medication evaluation and an appropriate referral for ongoing treatment, if necessary.

In some cases patients can participate in a research trial as inpatients. These patients stay on the inpatient unit of the Clinical Neuroscience Research Unit (CNRU), a fully staffed psychiatric unit at the Connecticut Mental Health Center (CMHC) and Yale University that is dedicated to clinical research. We share this unit with several other research clinics; the patient population is therefore mixed and variable. All OCD patients staying on this unit have individualized behavioral plans, therapy several times a week with a psychiatric resident (under the supervision of an expert behavioral therapist), and continuous access to a skilled nursing staff with years of experience working with patients with severe OCD. Patients who chose to participate in other aspects of our research program (brain imaging studies, genetics, etc) will be seen regularly for whatever period they remain involved with our clinic. They receive ongoing medication evaluation and a referral for ongoing treatment, if necessary.

We often remain involved with patients who have been seen in our clinic after their completion of a research studies; we are available, in a consultative role, on an ongoing basis. In some cases, when we have residents or other advanced trainees working with us and are seeking training cases, we are able to offer ongoing outpatient therapy and medication management, usually on a weekly basis, for up to a year. This therapy, like all of our clinical services, is free of charge.

In addition to the above, we run a biweekly patient support group (on the 1st and 3rd Thursday of each month). This is moderated by our Nurse Manager, Suzanne Wasylink, or by our Clinic Coordinator, Eileen Billingslea; but it consists as much as possible of peer support. Anyone with OCD or a related condition is welcome to attend, irrespective of whether we have seen them in consultation and whether they have participated or intend to participate in a research study with us.

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

As detailed above, treatment planning is individualized. As a research-dedicated program, our ongoing involvement with patients is influenced to a large extent by their interest in participating in one of our research studies; but all patients receive a

comprehensive evaluation, irrespective of their participation in a research study, and careful consideration of a referral for ongoing care, when necessary.

**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?**

In most cases, comorbid conditions do not restrict participation in our program. In particular, comorbid mood disorder, trichotillomania, body dysmorphic disorder, other grooming disorder, and other anxiety disorders are common in the patients we treat. We do exclude patients with active substance use or a primary psychotic disorder from most of our research studies.

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

Family members and significant others can be involved in medication consultations and other aspects of treatment to whatever extent patients wish them to be.

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

Patients are seen individually by professional staff at every appointment. Frequency of appointments varies, as described above; patients who are involved in a treatment study are seen weekly, and more frequently if necessary.

**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?**

No; the duration of participation is determined individually. Most of our treatment studies are three months in duration; patients participating in such a study are therefore usually seen for at least 4 months.

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

There is not structured homework as part of our program, though exercises may be assigned on an individual basis, as appropriate.

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

Because our program typically treats patients for a finite time when they are acutely ill, there is not a formalized relapse-prevention component to our program.

**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 provider(s)?**

Follow-up is arranged as necessary, on an individualized basis, following completion of patients' participation in research studies with our clinic. We are available to patients and to their primary clinicians on an ongoing basis for pharmacological consultation.

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

We are funded by donations and research grants (including funding in the past from the OCF); we therefore do not charge for our consultations, clinical work, or research studies. Such consultations are free of charge and not contingent on participation in research; approximately 50% of the patients we see in consultation go on to participate in a research study with us.

**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)?**

We strive to make our research studies available to patients nationally. This is done through several mechanisms. First, as noted above, we are able to admit a limited number of patients to our inpatient unit. This unit is dedicated to psychiatric research and has a mixed population of patients. Patients with OCD staying on the inpatient unit receive daily specialized care by psychiatrists, social workers, and an experienced nursing staff. Some patients who live up to several hours away are also able to come to our clinic as necessary to take advantage of our clinical services and to participate in research studies; this may consist of only a few visits or, for a treatment study, of weekly or biweekly appointments.