

**Intensive Treatment Program Description:
OCD and Anxiety Treatment Center in New Port Richey, FL
August 2009**

1. When did you open your program?

The program was opened in July of 2009. I have long been concerned about the lack of access that many OCD patients have to evidenced-based care and my hope is that this program will contribute to meeting the needs of this underserved population.

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

The intensive program is a service offered through Dr. Steven Pence's private therapy practice. Dr. Pence specializes in the cognitive-behavioral treatment of childhood and adult OCD, as well as other OCD spectrum disorders and anxiety disorders. He earned his Ph.D. in Counseling Psychology from Michigan State University in 2006. In addition, Dr. Pence completed a postdoctoral fellowship at the University of Florida where he was a member of their OCD Program. Prior to opening this new clinic, he was an Assistant Professor of Psychology in Pediatrics at the University of South Florida where he was actively involved in their OCD Program.

He has extensive experience in working with both children and adults with OCD and he has had considerable success in working with patients with severe and refractory OCD. He also has significant experience in working with body dysmorphic disorder and trichotillomania. Moreover, he has published articles on a variety of OCD-related topics. His primary research focus is on examining variables that may impact treatment response, including psychiatric comorbidity, patient insight, the working alliance, and perfectionism. In addition to this interest, Dr. Pence is also concerned about the limited access that patients and their families have to evidence-based treatments for OCD. Consequently, he is interested in exploring the role that alternative delivery models (e.g., intensive cognitive-behavior therapy) can play in facilitating patient access to empirically supported treatments.

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

Although the program is geared towards the treatment of OCD and related disorders (such as trichotillomania and body dysmorphic disorder), it is open to serve all children and adults with anxiety disorders.

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

Available scientific evidence supports cognitive-behavior therapy with exposure and response prevention as the first line treatment for both children and adults. The intensive outpatient program, therefore, is geared towards providing daily individual cognitive-

behavior therapy. Dr. Pence, however, strongly believes in an integrated and evidenced-based treatment approach tailored to the unique needs of each patient. He has relationships with psychiatrists who understand the roles of both pharmacotherapy and CBT in treating people with OCD that he can refer to when clinically appropriate.

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

An extensive assessment is conducted prior to treatment. This assessment includes a clinical interview with Dr. Pence, structured diagnostic interview, and relevant measures. When possible, information is gathered from multiple informants, including the patient, his/her spouse, parents, and other significant relations. Based on a comprehensive assessment, an individualized treatment plan is developed for each patient entering the program.

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?

Patients with co-morbid conditions are accepted for treatment. In fact, available scientific evidence suggests that, when it comes to OCD, co-morbidity is the rule rather than the exception. Dr. Pence believes strongly in treating the whole person and specifically addresses co-morbid conditions in treatment. For example, some conditions like severe depression may need to be addressed prior to treatment (e.g., medication management), whereas other conditions can be treated concurrently in treatment (e.g., habit reversal training for skin-picking).

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

Dr. Pence has been profoundly influenced by the research conducted by Dr. Eric Storch at the University of South Florida, which emphasizes heavy family involvement throughout the treatment process. Consequently, in the treatment of children, parents and other family members are educated about the theory, nature, and treatment of OCD. This education begins during the first session and continues throughout treatment. Similarly, in the treatment of adults, spouses and other family members are given extensive education about OCD and its treatment.

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

Patients in the intensive outpatient program meet daily with Dr. Pence for 90-minute 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?

Patients entering the intensive outpatient program are generally scheduled for 3 weeks. On occasion patients progress more rapidly and complete the program early. In contrast, other patients need additional time. The program is flexible to accommodate both scenario and treatment decisions are based on individual patient needs.

10. Is there a homework or “self directed” component to the treatment?

Homework figures prominently in this treatment approach. In addition to the regularly scheduled sessions, patients are given daily homework assignments that can generally be completed in 60 to 90 minutes. Practicing the skills learned in therapy between sessions is thought to be critical to generalizing the learning that occurs during intensive treatment.

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

All patients who undergo intensive treatment are encouraged to obtain follow-up care. Much thoughtful planning goes into aftercare planning, with the hopes of preventing relapse. With that said, a central goal of treatment is to teach patients to be their own therapists. This is done through providing patients and their families with extensive psychoeducation about OCD and through having the patients practice the skills learned in therapy between sessions. Patients who leave the intensive program are taught to anticipate and identify future challenges and to recognize signs of relapse. In short, patients leave the intensive program with a set of tools that will help them to manage their OCD and to recognize when they need outside assistance.

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)?

From a treatment standpoint, it is not enough to simply get patients better, but to devise a plan to keep them better. Consequently, all patients who undergo intensive treatment are encouraged to follow-up with weekly CBT following completion of the program. Patients who live in the area can continue with treatment on a more intermittent basis (e.g., weekly). Patients coming from greater distances are encouraged to follow-up with a CBT practitioner in their area. Patients who complete the program are assisted in locating a qualified OCD expert in their area. Patients who do not have access to evidenced-based care are followed through phone contact or can return for “booster sessions” as needed.

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

Most patients with insurance coverage are able to get some reimbursement for the intensive program by submitting the appropriate paperwork. While there is no sliding scale fee, Dr. Pence is committed to keeping the costs of treatment reasonable and affordable.

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)?

The program is designed to meet the needs of patients from all across the United States and internationally. Patients coming from long distances are provided with help in securing housing. While many patients stay in nearby extended stay facilities, other patients opt to rent homes or stay in hotels on one of the areas many beautiful beaches.

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.

A unique aspect of this intensive program is the personal nature of the care received. In contrast to much larger programs, you will work with only 1 provider and you won't be working with students and other trainees. What you can expect is compassionate and specialized care from a provider dedicated to providing evidenced-based interventions.