

Intensive Treatment Program Interview with Diane Davey, RN, MBA of
The OCD Institute at McLean Hospital in Belmont, Massachusetts
February 2009

1. When did you open your program?

The OCD Institute opened in 1997 as the country's first - and at that time - only residential treatment program for individuals with OCD.

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

Our Medical Director, Dr. Michael Jenike, is an internationally recognized expert in the treatment of OCD and currently serves as the Chair of the Obsessive Compulsive Foundation's (OCF) Scientific Advisory Board. Our Program Director, Diane Davey, RN, MBA has been with the Institute since its inception and currently serves as the President of the Board for the OCF.

We have a large, multidisciplinary staff of over 30 members and several of our staff members have been working here since the opening of the program. Many of our senior staff have had extensive training in behavior therapy in their graduate or post-graduate work prior to coming to the Institute and/or 10 or more years of experience treating OCD. We very much value a team approach and each patient admitted to our program is assigned a behavior therapist (licensed psychologist or social worker), a psychiatrist, and a family therapist/case manager who are in regular consultation with each other. In addition, we have several psychiatric nurses, master's level therapists and a large staff of mental health counselors. Opportunities for ongoing education, training, and research are built into the day-to-day running of the Institute.

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

We treat OCD as well as OCD spectrum disorders including Body Dysmorphic Disorder, Trichotillomania, compulsive skin picking, and Tic disorders. Many of our patients also have anxiety disorders such as panic disorders, social anxiety, and generalized anxiety, which we also treat in our program often in conjunction with their primary diagnosis of OCD.

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

The core treatment components of our program include the following:

- a. Behavior Therapy - Each patient is assigned a behavior therapist who meets with the patient individually several times each week. The behavior therapist is responsible for devising an individually tailored Exposure and Response Prevention (ERP) treatment plan for each patient, and in some cases one-on-one behavioral skills training

- (examples: interpersonal skills, problem solving skills, etc.). In addition to individual meetings with the behavior therapist, the patient also engages in daily, two-hour ERP exercises with the direct care staff, both individually and in groups.
- b. Medication - Michael Jenike, MD, the program's Medical Director, oversees the treatment of all patients. He and the other program psychiatrists meet with patients weekly, and more frequently if required, to evaluate and update each patient's medication plan.
 - c. Group and Milieu Therapy - The milieu (the patient community) is designed to stress active patient involvement in the treatment process—the patient is viewed as a collaborator in his or her own treatment, rather than simply a passive recipient. Each patient, based on feedback from staff and other patients, completes a weekly therapeutic contract detailing his or her treatment plan for the upcoming week. At the end of the week, the patient receives feedback once again from staff and other patients on the progress and effort he has made. Patients complete regular objective measures of improvement, and attend five to six therapy groups per day. Group therapy targets increasing motivation and compliance, decreasing behavioral symptoms, increasing normalized family, work and social functioning, and providing education and support.
 - d. Family Therapy and Case Management - Each patient is assigned to one of the program's social workers, who meets with the patient weekly to provide case management, conduct family therapy as needed and works with the patient around discharge and aftercare planning.

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

Treatment planning begins immediately upon admission. On the patient's first day of admission, the patient and his/her family meets with the social worker on the team. Education for family members is provided, as well as plans for how family members can best provide support for the patient rather than accommodate the OCD symptoms. Patients then meet with their behavior therapists who assess their symptoms and begin drafting their exposure hierarchy for exposure and response prevention work. Behavior therapists prescribe topic specific groups for the patient to attend along with general groups, which all patients are expected to attend. Psychiatrists meet with patients weekly to discuss plans for medication. Treatment targets will shift during the course of the treatment based on the phase of treatment for that individual patient (i.e., pre-treatment, active treatment, generalization of gains, relapse prevention). All members of the treatment team exchange information during and in-between clinical rounds to make sure everyone is on board with the treatment plan, including the patient, throughout the course of the treatment. Patients also fill out a comprehensive set of questionnaires prior to admission, at admission, each month while in the program and at discharge. Information from these questionnaires is factored into each patient's treatment plan.

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?

Typically, co-occurring anxiety disorders are treated within the context of the OCD Institute. Other co-morbid conditions are assessed on a case-by-case basis. For example, if someone has an active substance dependency problem (still using substances while trying to be admitted to the Institute) or an active eating disorder (examples: currently bingeing, purging or restricting), he/she may not be admitted to our program. That is, the co-occurring condition cannot interfere with their OCD treatment or be more prominent than their OCD symptoms. Due to the stress-inducing nature of ERP, any current co-morbid conditions that are not under reasonable control prior to admission to the Institute might result in an exacerbation of those conditions. Due to this, we ask that patients be free of alcohol and other substance use, free from self-harming behaviors such as cutting and burning, etc. for a period of time prior to admission.

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

Yes. Parents, spouses, family members, and significant individuals in the lives of our patients are included in the treatments. With the collaboration of our patients, our social workers invite these individuals to take part in weekly family meetings and/or conference calls. The purpose of doing this is to focus on identifying any family accommodation issues that may exist and to talk about family functioning in general and how it has been affected or changed as a result of the patient's OCD symptoms. Our social workers provide patients and families members with insights and strategies that will help the family system, and more specifically will allow family members to effectively help the patient both while the patient is in treatment as well as when the patient returns home.

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

On average, patients meet with their behavior therapist 2-3 times a week, their social worker 1-2 times a week (this includes a family meeting), and their psychiatrist 1-2 times a week. Sessions with behavior therapists are 50-minutes each but can be longer if the sessions involve exposure work, particularly those that are out in the community. Sessions with social workers are typically 50-minutes each on average. Sessions with psychiatrists can range from 15 to 45 minutes depending on phase of treatment. For example, if the session is for assessment purposes upon admission or for medication management purposes throughout the course of the patient's stay. Each patient works with our team of community resident counselors daily and are assigned to a contact counselor each shift with whom they check in with individually. There are no set session times for patient's work with the counselors as their interactions are in the milieu and are throughout the day.

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?

There is an initial two-week assessment period in our program. Once a patient is admitted to the program, it is expected that they will attend the program daily Monday-Sunday if they are

a resident and Monday-Friday if they are a partial hospital patient. The average length of stay is 1-3 months. Flexibility in extending someone's stay vary on a case-by-case basis.

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

Yes. Each day of the week (Mon-Sun) there is a set 2-hour block of time in the program scheduled for self-directed exposure and response prevention work. Homework assignments are given during many of our topic specific groups (e.g., emotion regulation, motivation, cognitive therapy). Furthermore, patients participate in a daily “Treatment Planning” group where they are expected to set goal(s) for the day. At the end of each day, they meet as a group in “Self-Assessment” to discuss about the progress toward that goal and if that goal was achieved. We strongly believe in helping our patients become active participants in their treatment and to be accountable for their recovery process on a daily basis. Homework and self-directed components of our treatment speak to this value in our program.

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

We have various relapse prevention strategies in our program including our Relapse Prevention group which is mandatory for all patients in the program. We also teach our patients how to set goals on a daily basis and how to track their progress on a daily and weekly basis. We set time for daily self-directed exposure and response prevention time as we know the correlation between daily self-directed exposures and relapse prevention. Furthermore, we talk to family members about ways in which they can help play a helping role in the prevention of relapse. Additionally, discharge planning focuses primarily on the continuation of treatment as well as daily structure, the 2 items in our own research that best predicted better outcomes after discharge from our program.

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)?

Members of our treatment team are often in contact with outpatient provider(s) prior to, during and after admission. Continuity of care is important to us so we always make ourselves available to our patients and their treatment providers. At times, patients have returned to our program to speak to current residents about their recovery process as way to motivate other people who also suffer from OCD.

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

There are no scholarships for our program at this time. For the most part, there are also only limited sliding fee scales for only certain portions of program fees. We do, however, accept a wide range of insurance, including Medicare and Massachusetts Medicaid.

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 program does not limit our services to individuals who are local. We admit patients from all over the world, and the majority of our patients reside in our 20-bed residential program. We also have availability for three patients, who typically live local, to attend the program as Partial Hospital patients from 9am-5pm, Monday through Friday. At intake, some non-local patients have negotiated placement in the Partial Hospital program and arranged their own lodging 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.

The OCD Institute is one of only three residential facilities for OCD in the country. With its broad scope of available treatments, wide array of professional and experienced staff, and access to Harvard-affiliated hospitals and services, it is truly a one-of-a-kind program.