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Intensive Treatment Program Interviews

Alec Pollard, Ph.D. is the director of Saint Louis Behavioral Medicine Institute's Anxiety Disorders Center as well as a member of the Obsessive Compulsive Foundation's Scientific Advisory Board and the clinical director of the OCF Behavior Therapy Institute program. The following is an interview with Dr. Pollard about the treatment programs for OCD and the Spectrum Disorders available at the Anxiety Disorders Center in St. Louis, Missouri

Newsletter: What treatment modalities are available at the Anxiety Disorders Center for treating Obsessive Compulsive Disorder and the Spectrum Disorders?

Pollard: Cognitive behavior therapy (CBT) with exposure and response prevention (E&RP) is the primary treatment at the Anxiety Disorders Center (ADC). Pharmacotherapy, family counseling, access to community support groups and our peer support program, other psychosocial therapies for any additional problems, consultation with a variety of specialists, phone evaluations and consultations, and a treatment-readiness program are also incorporated into treatment as needed.



Newsletter: Does ADC offer an intensive behavior therapy program? What is intensive behavior therapy? What differentiates it from regular CBT?

Pollard: Yes, an intensive program is one level of service available at ADC. The word "intensive" refers to therapist-supervised treatment provided more than a couple of hours a week. An intensive program is appropriate for patients who could benefit from a higher dose of CBT or more structure than the usual outpatient service can provide. Patients attend therapy during the day and return home at night. Patients from out of town stay at extended stay hotels of their choice. They can receive two to six hours a day of therapy and can attend up to six days a week. This level of intensity is usually sufficient, but residential or inpatient options may need to be considered in some cases.

Newsletter: How long is your typical program?

Pollard: There is no set length of treatment. Duration of care is dictated by many factors and treatment is tailored to each individual. For example, we have found that patients differ in their level of readiness to engage in therapy and that some may need more preparation before beginning treatment than others. For out-of-town patients, another factor is the level of recovery the patient wants to reach before returning home. Thus, length of treatment is influenced by several factors that are continually assessed by our therapists. We provide a range of 2 to 8 weeks as an estimate for people who contact us before we have sufficient clinical information.

Newsletter: What does your program include?

Pollard: The heart of the program is individualized daily supervised Exposure and Response Prevention sessions. Patients can attend up to three 2 hour sessions a day if needed. Patients meet several times a week with their primary therapist and attend daily small group meetings with other patients. Individuals receiving medication meet with our psychiatrist. Some patients attend support group meetings held in our building and at several other locations in the greater St. Louis area. Family education and counseling is provided by the patient's primary therapist or during family workshops provided by our staff. Other groups conducted at the Saint Louis Behavioral Medicine Institute can address specific issues (e.g., social anxiety, skill development, etc.) are available also for our patients when needed. In addition to a variety of mental health specialists, the Institute has two internists, a physical therapist, a dietician, a nurse, spiritual counselors, and other healthcare specialists on staff available for consultation, if needed.

Newsletter: Is medication part of the program? Can someone participate in the Center's program if s/he is on medication? Can someone be evaluated and prescribed medication through the Center's program?

Pollard: Medication is a very important part of our program. Usually, patients are followed by one of our team psychiatrists, but some local patients continue to see their own physician while in the program. Some individuals elect to try CBT without drug therapy. We educate patients about their treatment options and let them decide.

Newsletter: What alternatives does someone have if s/he hasn't achieved a satisfactory remission of symptoms at the end of the program?

Pollard: I would not consider such a patient "at the end of" our program. We would continue to explore treatment options, which could include a medication adjustment, greater family involvement, a higher level of care (e.g., inpatient treatment) or other strategies. In some cases, poor response to treatment is due to a failure to address some other problem interfering with the individual's ability to succeed in treatment. We have developed a special track in our program that addresses these additional problems that can sometimes prevent successful treatment outcomes.

Newsletter: Because it is a chronic illness, relapse is a big issue in OCD. How does your program deal with it?

Pollard: Relapse prevention training begins the first

day of treatment. Patients are taught to be prepared for and identify early signs of setbacks and to take positive steps as early in the process as possible. Sometimes family members are involved as well. The goal is to keep temporary setbacks from developing into more serious and enduring relapse.

Newsletter: What inpatient facilities does Saint Louis Behavioral Medicine Institute have?

Pollard: For inpatient services we collaborate with an area hospital. We have had an inpatient component to our program since 1982. We do not currently have inpatient services for children or adolescents under 17, but we are exploring the possibility of opening a unit in the future.

Newsletter: If a patient lives too far from the Institute to commute, what accommodations are available?

Pollard: Unless they are in the inpatient program, out-of-town patients stay at area hotels or short-term stay apartments. The Institute provides prospective patients with a list of options which includes information on price, location, transportation and other features.

Newsletter: Does the Anxiety Disorders Center have a less intensive behavior program?

Pollard: Yes, we have a very large outpatient program.

Newsletter: What factors should someone consider when s/he is trying to determine if an intensive behavior therapy program is appropriate?

Pollard: The primary consideration is whether standard outpatient therapy is sufficient for the patient to improve. In some cases, the necessity for intensive treatment may be evident from the start. However, usually the determination is made after the patient has tried standard outpatient CBT. Some outpatient nonresponders do well with an intensive approach. Another reason some patients choose intensive therapy is expediency. Typically, an individual will progress more rapidly with higher doses of CBT. For example, patients who have had to leave work or school because of their OCD may be particularly pressed to recover as quickly as possible.

Newsletter: Are your programs covered by private insurance, Medicare, Medicaid?

Pollard: Most private insurers cover our services and we are listed as providers on most national plans, but it is important to work with patients to maximize their insurance benefits. Because insurance is such an important factor in a patient's decision to seek help, this is one of the first issues that needs to be researched. Some insurance covers a portion or all of the cost and some may not cover anything. The benefits phone number on the back of the patient's insurance card can be called to determine whether an intensive outpatient level of care is covered.

However, managed care companies often require preauthorization, a review process by which services must be determined to be "medically necessary" by

the company before treatment can begin. Patients can call our intake office and we will help them navigate the managed care system once they have decided to attend our program. Medicare covers our services and does not require preauthorization, but it does have its own regulations which must be followed. Medicaid is more complicated because, unlike Medicare, its policies and how it is managed varies from state to state. In some cases, Medicaid systems in some states have paid for our services, but often they do not.

Newsletter: How many staff members are involved in treating OCD at the Anxiety Disorders Center? Do you have a psychiatrist on staff or available to consult about medication?

Pollard: Our medical director, Reed Simpson, M.D., provides psychiatric coverage for most adult patients. We have a child psychiatrist and other adult psychiatrists available as needed. Gary Mitchell, MSW, LCSW, is our assistant director and Jeanne Kehlenbrink, RN, MA, is the program manager of our intensive program. We currently have eight therapists, two postdoctoral fellows and a variety of consultants representing various specialties.

Newsletter: We've talked about the program, now let's talk a little about you. What is your training and background in the treatment of OCD?

Pollard: After completing my Ph.D. in 1981, I moved from California to Philadelphia for a postdoctoral fellowship at the Behavior Therapy Unit at Temple University. The BTU helped pioneer the development of behavioral treatments for many psychiatric disorders, including OCD. I was very fortunate to have the opportunity to work with people like Joseph Wolpe, Edna Foa, Gail Steketee, Jon Grayson, Charles Mansueto and others whose names might be familiar to your readers. In the fall of 1982, I left Philadelphia to accept a faculty appointment at Saint Louis University School of Medicine to develop the program we've been discussing. Our program has been in St. Louis since 1982.

Newsletter: Do you treat children and adolescents at the Center? Can they participate in the intensive behavior therapy program?

Pollard: Yes, we treat children of all ages. Most of our therapists work with children as well as adults. Children and adolescents can participate in our intensive outpatient program. For kids whose OCD does not significantly interfere with school attendance or academic performance, the priority is to minimize disruptions to school. Local kids often attend our after-school program or Saturday morning sessions. Out-of-state kids may try to come during school breaks or to our summer program. However, if OCD is disrupting school, the priority is to get them into treatment as soon as possible.

Newsletter: If someone is interested in more information about the Center's program, who should be contacted?

Pollard: They can call our intake office (877:245-2688) and ask for Paula or they can contact us through our website at <http://www.slbmi.com>.