

McLean OCD Institute for Children and Adolescents (OCDI Jr.)

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Treatment Providers:

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Payment Options:

Private Insurance
Self-pay

Populations Served:

Adolescents
Children

Treatment Strategies Offered:

Acceptance and Commitment Therapy (ACT)
Exposure and Response Prevention (ERP)
Prescribe Medication
Skills Training

Summary of our services:

The Child and Adolescent OCD Institute (OCDI Jr.) provides structured 24-hour mental health treatment in a secure, voluntary setting for children and adolescents who require specialized residential care for Obsessive Compulsive Disorder (OCD) and other moderate to severe anxiety disorders. The program offers a full range of services in cognitive behavioral treatment including Exposure and Response Prevention (ERP) and Acceptance and Commitment Therapy (ACT), individual, family and group therapy, education services, and psychiatric medication consultation. The program assists families in the transition of their child to the appropriate outpatient and community services.

Treatment Planning Process

At OCDI Jr. we value a collaborative approach with children and families taking an active role as members of the treatment team. Upon admission, each child is assigned a behavior therapist and psychiatrist who are in regular consultation with one another and our broader clinical

team. In addition, our staff includes a full-time psychiatric nurse, several licensed clinical social workers, and a large staff of highly trained exposure and response prevention coaches called community residence counselors. Our twelve-bed facility allows children to live on the premise and receive intensive treatment in both individual and group settings. This program is ideal for children with moderate to severe OCD and comorbid conditions who may not have had access to evidence-based care for OCD, and who have had limited success with past treatment.

Core Treatment Components

Based on evidence-based cognitive-behavioral approaches including ERP and ACT, the program emphasizes behavioral strategies that help individuals to cope with their anxiety/discomfort in order to engage in more meaningful, valued activities and relationships. Residents learn about effective strategies for addressing anxiety, to develop attainable goals, and develop a skill set that they will build upon in their community. Through a strong partnership with treatment providers, the resident determines the most effective strategies and behaviors for themselves. The overarching goal is help them work towards the goal of re-engaging in their daily life outside of the residential program.

Parents, Family Members, Friends, Teachers, etc. Involvement

Family members are identified as members of the child's treatment team and often collaborate with clinicians and staff. Collaboration also occurs with the child's school, as well as any other outside treatment providers. This is done to ensure a continuum of care across settings and provide the best possible treatment and discharge planning.

Treatment of Co-Morbid Disorders

OCDI Jr. treats individuals with OCD, anxiety, and body focused repetitive behavior (BFRB) disorders. Co-occurring disorders such as depression and high-functioning autism spectrum disorders are also treated alongside OCD symptoms.

Individual Therapy

Residents meet with a behavioral therapist as needed during the week for individual and exposure therapy. Behavior therapists also have regular meetings with parents in person or by phone or using an online video platform. Residents also meet with a psychiatrist 1-2 times per week. Towards the end of a resident's stay, parents are invited to stay in the area to participate in observational and in vivo ERP coaching practice to facilitate generalization and maintenance of treatment gains. The treatment team collaborates with the family to ensure continuity of care by finding appropriate providers post-discharge.

Length of Stay

Our program evaluation data suggest that the average length of stay at OCDI Jr. is 58 days; duration of treatment, however, is flexible and depends on the severity of symptoms and the resident's willingness to engage in treatment. We encourage a partial hospitalization step-down to facilitate generalization post-residential care; this ranges from 1-4 weeks.

“Census” (i.e., the maximum number of clients seen at any given time)

We are a twelve-bed, co-ed facility.