



International
OCD
Foundation

OCD and Related Disorders Clinic Profile

UCLA Child & Adolescent OCD Intensive Outpatient Treatment Program

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300 UCLA Medical Plaza, Suite 1315
Los Angeles, CA 90095

Payment Options:

Private Insurance
Self-pay

Populations Served:

Adolescents
Children

Treatment Strategies Offered:

Cognitive Behavioral Therapy (CBT)
Exposure and Response Prevention (ERP)
Family Therapy
Group Therapy
Prescribe Medication

Summary of our services:

The UCLA Child and Adolescent OCD Intensive Outpatient Treatment Program officially opened in July 2009. We operate within the comprehensive child and adolescent OCD, Anxiety, and Tic Disorders treatment and research program at UCLA. Our core staff consists of clinical child psychologists and child and adolescent psychiatrists. All lead therapists are recognized specialists in the treatment of childhood OCD and have extensive training in cognitive behavior therapy and exposure and response prevention techniques. Dr. Bergman joined the UCLA Child OCD program at its inception and has been involved in all aspects of training, supervision, treatment, and research during the last 13 years. She meets with all families in the intensive program and directly supervises all clinical activities. Medication treatment is managed or supervised by Dr. James McCracken, the chief of the child and adolescent psychiatry division at UCLA and an internationally known expert in the area of child

OCD. As UCLA is a top ranked teaching university, we are also fortunate to include doctoral interns and child psychiatry fellows specializing in the treatment of anxiety disorders.

While treatment is individualized for each participant, the group context is also a very helpful aspect of our program. Children and adolescents often benefit from meeting other children in their age group with OCD and can use the group for both support and encouragement in reaching their treatment goals. Individual and group rewards are also utilized to increase motivation and provide positive reinforcement toward meeting and maintaining treatment goals.

Treatment Planning Process

At the start of treatment, a collaborative treatment plan is established between the patient, parents, and the primary therapist, with consultation from the entire treatment team and referring treatment providers as applicable. When relevant, the treatment planning process includes reviewing past treatment attempts in an attempt to identify both the specific beneficial and unsuccessful elements from these efforts. Before beginning treatment, each patient will complete a comprehensive assessment that includes a diagnostic interview and specific symptom assessment using the Children's Yale-Brown Obsessive Compulsive Scale (CY-BOCS). The information from the CY-BOCS helps us create an initial hierarchy and specific individualized exposure plans to include in the initial treatment plan. Treatment plans are reviewed after every 3 sessions to assess the client's progress in achieving the stated goals and to revise the treatment goals as indicated.

Core Treatment Components

The primary mode of intervention in this program is exposure and response prevention (ERP) treatment. ERP is practiced individually and in groups each day the program meets. In addition, patients will participate in groups designed to provide additional techniques for coping with OCD symptoms such as cognitive restructuring, relaxation, mindfulness, and problem solving. We consider ERP as the core treatment because our goal is for all patients in our program to engage in ERP. However, as empirical literature suggests, a combination of CBT and SSRI medication is an effective and safe treatment option. We offer psychiatric medication consultation and treatment when clinically indicated typically for children and adolescents with more moderate to severe symptoms.

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

As previously noted, at the start of treatment, a collaborative treatment plan is established between the patient, parents, and the primary therapist, with consultation from the entire treatment team and referring treatment providers as applicable. As such, the parents are considered an integral part of treatment.

Treatment of Co-Morbid Disorders

This program is devoted to the treatment of OCD. While patients with other OCD spectrum or anxiety disorders will not be excluded, the extent to which other conditions will be specifically targeted is limited by whether they also respond to the core treatment components of the program (i.e., CBT and medication).

Individual Therapy

Patients typically meet with staff individually throughout their time in the program to work on specific exposure goals or to meet support needs. These sessions typically last between 20-50 minutes, and are provided as indicated to ensure treatment success. These decisions about frequency and duration of the sessions are made by the treatment team and are included in the treatment plan in collaboration with the patient and his or her parents.

Length of Stay

Patients are asked to attend the program three hours per day Monday through Thursday for a minimum of two weeks. During the second week of treatment, the treatment team will decide if additional time in the program will likely be of benefit. These recommendations will then be discussed with the patient and family. The average length of stay is 6-12 weeks.

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

Full census for this program is 4.