



International
OCD
Foundation

OCD and Related Disorders Clinic Profile

Houston OCD Program

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708 East 19th Street
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Payment Options:

Private Insurance

Self-pay

Scholarships available

Populations Served:

Adults

Adolescents

Children

Treatment Strategies Offered:

Cognitive Behavioral Therapy (CBT)

Exposure and Response Prevention (ERP)

Family Therapy

Group Therapy

Prescribe Medication

Areas of Specialty (in addition to OCD in general):

Body Dysmorphic Disorder (BDD)

Skin Picking (Excoriation Disorder)

Tics/Tourettes

Trichotillomania (Hair Pulling Disorder)

Summary of our services:

In September 2000 we opened a residential treatment program for OCD at The Menninger Clinic in Topeka, Kansas. In May 2003, the program moved to Houston, Texas and was closed in December 2008. Shortly thereafter in February 2009, the former Menninger OCD Program clinical team formed The Houston OCD Program to provide residential treatment, an intensive outpatient program, outpatient therapy and diagnostic evaluations. A multidisciplinary treatment team is assembled for each patient. A cognitive behavioral therapist, psychiatrist, and mental

health counselor compose the foundation of the team.

We offer a full continuum of care from residential treatment to outpatient treatment. Patients can elect to stay in the residential program and access our 7-day per week programming, or they can stay at any of the several hotels in the area and attend the 5-day per week intensive outpatient program. We recently began working on a scholarship program. We are currently accepting donations to our scholarship funds and are outlining procedures to assess the process and criteria through which individuals will have access to this fund.

Treatment Planning Process

Individualized treatment plans are negotiated between the patient and the treatment team and re-evaluated on a weekly basis. The core of the treatment contract is the behavior treatment plan which delineates core problems, specific obsessions, compulsions, avoidances, goals, and specific interventions. This contract builds on a hierarchy that is designed with patients to address the unique opportunities that residential care provides. This includes having specific information on the behavior treatment plan about ways to assist patients through their morning and evening routines with minimal rituals and, most importantly, how to implement staff-assisted exposure and response prevention sessions. The Behavior Treatment Plan is evaluated weekly and is a collaborative endeavor. Patients are active in designing and deciding what OCD triggers to address in each given week. In order to further inform treatment and program development, patients participate in routine weekly data collection about treatment response and symptom severity.

Core Treatment Components

The cornerstone of the Houston OCD Program is the behavior treatment plan that specifies the daily exposure and response prevention (ERP) group sessions (two hours) as well as daily staff-supported/self-directed ERP sessions (SDE). Additionally, patients design a treatment contract that they review weekly with peers and staff. Our patients report that this is a valuable group experience for them that helps them stay on track with treatment. All other groups in the program are designed to complement the evidence-based ERP sessions and build patients' skill sets and resilience as well as foster support and opportunity to practice what they have learned. Treatment interventions and group work are naturally based on the diagnosis and symptoms that each patient presents. Additionally, we utilize psychopharmacological treatment modalities as indicated.

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

Throughout treatment staff members provide psychoeducation about OCD and the impact it has on family relationships. They also coach family members on how to work with loved ones to fight the illness and boost recovery from symptoms. It is especially important in the work with patients who live at home to include the family in the treatment. Therefore, the cognitive-behavioral therapist has at least one therapy session either face-to-face or via phone with both the family and patients each week.

Treatment of Co-Morbid Disorders

We treat anxiety disorders such as obsessive compulsive disorder, social phobia, generalized anxiety disorder, panic disorder with/without agoraphobia, specific phobia, and posttraumatic stress disorder. In addition, we also treat depression and obsessive compulsive spectrum disorders such as body dysmorphic disorder (BDD), health anxiety/hypochondriasis, Tourettes Syndrome and other tic disorders, trichotillomania and compulsive skin picking.

Individual Therapy

The cognitive behavioral therapist – a licensed therapist in the state of Texas or a supervised postdoctoral fellow – designs the individual treatment plan with the patient and provides initial assessments and evaluations. They will also conduct individual behavior therapy sessions at least twice weekly for 50 minutes and family therapy sessions as needed.

Length of Stay

The estimated length of stay at the outset of treatment is approximately 6 to 8 weeks. Each individual presents with unique struggles. Residential patients attend treatment seven days a week while patients enrolled in the intensive outpatient program generally attend five days a week. However, we are able to provide flexibility in scheduling for patients who only need to attend 2 to 3 days a week or for patients who need a step down from more intensive treatment.

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

Census is 6 residential clients and 5 intensive outpatient clients.