



International
OCD
Foundation

OCD and Related Disorders Clinic Profile

McLean Hospital OCD Institute

Clinic/Program Director: Diane Davey, RN, MBA; & Dr. Darin Dougherty, MD

Name of Intake Coordinator: Liz Finegan

Phone Number: (617) 855-3271

Fax Number: (617) 855-2583

E-mail: ocdiadmissions@partners.org

www.mcleanhospital.org/ocdi

115 Mill Street
Belmont, MA 02478

Payment Options:

Medicaid

Medicare

Private Insurance

Self-pay

Populations Served:

Adults

Treatment Strategies Offered:

Acceptance and Commitment Therapy (ACT)

Cognitive Behavioral Therapy (CBT)

Exposure and Response Prevention (ERP)

Family Therapy

Group Therapy

Habit Reversal

Prescribe Medication

Skills Training

Treatment for Co-occurring Conditions

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

Body Dysmorphic Disorder (BDD)

Hoarding Disorder

Perfectionism

Scrupulosity

Skin Picking

Tics/Tourettes

Trichotillomania

Violent/Sexual Obsessions

Summary of our services:

Since opening our doors in 1997 as the country's first residential treatment program for this condition, the Obsessive Compulsive Disorder Institute (OCDI) has served as a renowned leader in the advancement of clinical care and research for obsessive compulsive and related disorders. Covered by most health insurance providers, our program is most appropriate for individuals ages 16 and older with moderate to severe or treatment-resistant OCD and its most common co-occurring disorders such as major depression and anxiety disorders.

With an average length of stay between 30 and 90 days, we offer two levels of care- an intensive residential program for those who require 24-hour care and a partial hospital (day) program for individuals who need more intensive care than is offered through outpatient services but are able to manage their symptoms while living at home. Patients come from across the country and all over the world for treatment at the OCDI.

Treatment Planning Process

Treatment planning begins immediately upon admission. On the patient's first day of admission, the patient and his/her family meet with the social worker on his or her 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 symptoms and begin drafting an exposure hierarchy for exposure and response prevention work. Behavior therapists prescribe topic-specific groups for the patient to attend along with general groups 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 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.

Core Treatment Components

The core treatment components of our program include:

- 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.
- Medication – Program psychiatrists meet with patients weekly (and more frequently if required) to evaluate and update each patient's medication plan.
- 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. Based

on feedback from staff and other patients, each patient 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 or she 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.

- 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 work with the patient around discharge and aftercare planning.

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

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. Involving others also gives patients and loved ones an opportunity 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, allow family members to effectively help the patient both while the patient is in treatment as well as when the patient returns home.

Treatment of Co-Morbid Disorders

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, all of which we also treat in our program, often in conjunction with their primary diagnosis of OCD.

Individual Therapy

On average, patients meet with their behavior therapist 2-3 times a week, their social worker 1-2 times a week (including 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 15-45 minutes depending on phase of treatment. Each patient also works with our team of community resident counselors daily. Patients are assigned to a contact counselor each shift with for individual check-ins. There are no set session times for patient's work with the counselors as their interactions are in the milieu throughout the day.

Length of Stay

There is an initial two-week assessment period in our program. Once a patient is admitted to the program, it is expected that he or she will attend the program daily Monday-Sunday if they are a resident and Monday-Friday if he or she is a partial hospital patient. The average length of stay is 1-3 months. Flexibility in extending someone's stay varies on a case-by-case basis.

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

Census for this program is 28 residential patients and 10 partial patients.