



International
OCD
Foundation

OCD and Related Disorders Clinic Profile

Western Psychiatric Institute and Clinic Pediatric OCD Program

Medical Director: Dr. Shoshanna Shear
Program Supervisor: Kelsi Libfraind
Name of Intake Coordinator: Cary Truly
Phone Number: (724) 934-4110

<https://www.upmc.com/services/behavioral-health/ocd/about>

11279 Perry Hwy, Suite 400
Wexford, PA 15090

Treatment Providers:

Kelsi Libfraind, MSW, LCSW
Dylan McKessy, MSW, LSW
Sara Cahn, MSW, LCSW
Maria Nicholas, MSW, LCSW
Shelby Flynn, MSW, LSW
Sharon Nuss, BSN, RN

Payment Options:

Medicaid
Private Insurance

Populations Served:

Adolescents
Children

Treatment Strategies Offered:

Acceptance on Commitment Therapy (ACT)
Cognitive Behavioral Therapy (CBT)
Exposure and Response Prevention (ERP)
Family Therapy
Group Therapy
Habit Reversal
Prescribe Medication

Specialty Areas (in addition to general OCD):

Body Dysmorphic Disorder (BDD)
Perfectionism
Scrupulosity

Violent/Sexual Obsessions
Hoarding Disorder
PANDAS/PANS
Skin Picking
Treatment of Co-occurring Disorders

Summary of our services:

The WPIC Pediatric OCD Program began as a specialty outpatient clinic in 2004 with the IOP opening its doors in 2005. In 2015, IOP services were expanded to offer both a morning and afternoon/evening IOP to meet the expressed needs of children/adolescents and families in the community. The Pediatric OCD Program is currently staffed by five full time licensed therapists all of whom deliver ERP in both the outpatient and IOP levels of care. There are two psychiatrists and a psychiatric nurse that provide medication management services associated with the Pediatric OCD Program. The Pediatric OCD Program also utilizes interns from graduate, doctoral, and post-graduate programs in social work, counseling, and psychology as well as psychiatry residents and child/adolescent psychiatry fellows as WPIC is a teaching hospital.

Treatment Planning Process

Children/adolescents and family members are a vital part of the collaborative treatment planning process utilized by the Pediatric OCD Program. Initial treatment readiness sessions allow children/adolescents and family members to have an overview of OCD treatment and to begin constructing fear ladders, which serve as a roadmap to treatment.

Core Treatment Components

At the outpatient level of care, therapy sessions typically occur weekly or biweekly based on assessed needs. Medication management services are also offered through the Western Psychiatric Institute and Clinic's Center for Children and Families for those in the outpatient level of care. At the IOP level of care, children/adolescents attend group therapy for nine hours/week over the course of three days. IOP children/adolescents and families are also seen at least biweekly by the family therapist and psychiatrists working with the Pediatric OCD Program.

All treatment provided is focused on providing CBT/ERP treatment for OCD, with other treatment modalities to augment as needed (e.g. DBT to address possible co-occurring disorders).

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

Parents, family members, friends, teachers, etc. are included to varying extents by Pediatric OCD Program staff in treatment dependent upon case presentation/needs of the consumer. The Pediatric OCD Program staff also has a weekly treatment team meeting to engage in treatment planning, supervision and ongoing education.

Treatment of Co-Morbid Disorders

The primary diagnosis for children and adolescents seen within the Pediatric OCD Program is most often OCD, however a wide range of other related disorders (Hair Pulling Disorder, Skin

Picking Disorder, Tics/Tourette's, Body Dysmorphic Disorder, PANDAS/PANS) are also seen within the IOP and broader outpatient clinic. Other co-occurring disorders, such as depression, autism, or more generalized anxiety can also be addressed within the Pediatric OCD Program.

Individual Therapy

Clients meet with staff individually at intake, discharge, and periodically during treatment as appropriate. Outpatient sessions are 60 minutes in length and are typically individually focused, although in some cases family members may be asked to participate when clinically relevant. IOP sessions are three hours/day over three days/week, totaling nine hours of treatment and are facilitated by a group therapist; clients can request individual time with this therapist as needed. During the IOP, clients/families see their psychiatrist at least biweekly, with children typically getting weekly individual time with the psychiatrist. A family therapist is also available for families on an at least biweekly basis. The psychiatric nurse on a weekly basis facilitates a parent support group.

Length of Stay

Length of stay is determined on an individual basis based upon progress and continued treatment needs. The average length of stay in the IOP is between 2 to 4 months.

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

IOP groups are generally considered "full" when there are 10 clients in the group (each group is staffed by two therapists, so the ration is typically 1:5). However, based on taper plans and admission of new clients, census can also be higher.

School Facilities

School facilities are not available, however Pediatric OCD Program staff make every effort to collaborate with schools as needed to insure that educational needs are adequately addressed, and to assist clients/families in communicating with schools about how OCD may be impacting education.

Other Resources

Medication management is filtered through another WPIC Clinic, but is most often provided or supervised by the psychiatrists from the Pediatric OCD Program.