



International
OCD
Foundation

OCD and Related Disorders Clinic Profile

Behavioral Sciences of Alabama Intensive Outpatient Program (IOP)

Clinic/Program Director: David L. Barnhart, EdD
Name of Intake Coordinator: David L. Barnhart, EdD
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810 Shoney Drive, Suite 120
Huntsville, AL 35801

Treatment Providers:

David L. Barnhart, EdD
Lindsay Burleson, MEd
Paul Bakke, LPC

Payment Options:

Self-pay

Populations Served:

Adults
Adolescents
Children

Treatment Strategies Offered:

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

Summary of our services:

Dr. Barnhart, director of the intensive outpatient program, is a licensed counselor-supervisor and certified clinical mental health counselor certified by the National Board of Certified Counselors. He has been treating OCD for fifteen years using CBT on an outpatient basis working in the practice's offices, in patient homes, and in the community to conduct exposure and response prevention. Three IOCDF Behavior Therapy Training Institute (BTTI) trained counselors also work with the director, another BTTI graduate, and have been treating OCD as a team for three years. The formal intensive outpatient program opened in May 2012 and includes individual, group, and family support. We also offer participation in our OCD support

group. We can also send copies of the relapse prevention plan and a treatment summary to the regular treatment provider. Of note, services are available for children as young as 4 years old.

Treatment Planning Process

Upon completion of the clinical interviews and history, assessments (YBOCS, CYBOCS, BDI, BAI, and others as needed) and after the patient's treatment goals have been defined, the treatment team meets in collaboration with the patient to target obsessions, compulsions, and avoidance. Interventions are planned with consideration to the patient's observed capacity to tolerate discomfort. Treatment generally begins by focusing on triggers that evoke at least moderate levels of anxiety and working up the hierarchy. A plan is laid out that begins with psychoeducation to prepare the patient for the approach and methods used for learning to habituate to triggers and tolerate anxiety. Medication consultations may be a part of this process, but generally we prefer to take the patient as they are to avoid changing too many variables at one time.

Core Treatment Components

ERP (including in home and community), cognitive behavior therapy including cognitive restructuring, group therapy (including psychoeducational components), family support groups, and medication consultation as needed.

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

Family members participate in psychoeducation and family support group. Family members may be enlisted to help with homework, especially in the area of ERP. Children always have a behavior modification component that includes reinforcement and contingency management.

Treatment of Co-Morbid Disorders

OCD spectrum disorders and phobic disorders may also be addressed. We do have a separate program for individuals with OCD.

Individual Therapy

Individual sessions are usually 90 minutes or more each day. Patients work individually with a staff therapist each day during the work week. Staff will usually participate engage in ERP with the patient in the community for two hours or more daily until the patient begins to carry out exposure with friends, family or independently.

Length of Stay

Average length of stay for this program is 3-6 weeks.

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

Full census is 15