

**Intensive Treatment Program Interview with Dr. David Wall of
Remuda Ranch in Wickenburg, Arizona
February 2009**

1. When did you open your program?

We began our intensive inpatient program for adolescents/children in February 2008; for adults in November 2008.

2. Please describe the staff that work at your program in terms of their backgrounds, credentials and experience.

We have five (5) key staff working with patients in the Anxiety Program. A brief bio for each of the five appears below.

(1) A. David Wall, PhD, is the Corporate Director of Psychology and Anxiety Programs at Remuda. He received his PhD in clinical psychology from the California School of Professional Psychology and completed his pre-doctoral internship at the University of California at Berkeley. Dr. Wall completed a weeklong anxiety workshop w/ David Barlow. Dr. Wall served as a family therapist at a hospital-based inpatient substance abuse program in Central California. His experience also includes treatment of chronic pain, including the use of biofeedback. Dr. Wall assisted in the development of the California School of Professional Psychology Anxiety and Stress Disorder Treatment Center in Fresno, CA. This program primarily treated Obsessive Compulsive Disorder (OCD) and OCD spectrum disorders, utilizing exposure with response prevention (ERP). In addition to treating patients directly, he supervised interns in the behavioral treatment of anxiety disorders. Upon joining the staff at Remuda, he provided education and training to clinical staff on the use of ERP with eating disorder patients who had comorbid OCD and/or whose eating disorder had strong obsessive compulsive components. He has presented on the topic of Obsessive Compulsive Spectrum Disorders at the Symposium of the International Association of Eating Disorders. His presentations have included discussion of eating disorders as an OC Spectrum Disorder with treatment implications involving ERP. Dr. Wall has authored peer-reviewed journal articles and presented at many professional conferences on eating and anxiety disorder topics. He has appeared on numerous television and radio programs discussing eating and anxiety disorders. His primary professional interest is OCD in eating disorders.

(2) Jennifer Lafferty O'Connor, PhD, has been with Remuda Programs since 2004. She is a licensed psychologist in the state of Arizona. She attended college at Georgetown University and received her PhD at Alliant International University. She trained at Children's Hospital Los Angeles before coming to work at Remuda. She has been in the mental health field for nine years. Dr. O'Connor has presented on anxiety disorders at the International Association for Eating Disorder Professionals (IAEDP) Annual Conference, the American Association of Christian Counselors (AACC) World Conference, the Christian Association of Psychological Studies (CAPS) Annual Conference, and (March 2009) at the Anxiety Disorders Association of America Annual Conference. Dr. O'Connor has been an active participant in the OC Foundation conference attending workshops and trainings by senior people in the field including Edna Foa, Sabine Wilhelm, Gail Steketee, Randy Frost, Katherine Phillips, Charles Mansueto, Marty

Franklin, David Tolin, Throstur Bjorkvinsson, and Aureen Pinto Wagner. Recently, Dr. O'Connor was invited by the American Psychological Association to co-author a book review related to anxiety disorders.

(3) Edward J. Cumella, Ph.D., is Executive Director at Remuda Programs. Dr. Cumella has published many scientific articles, presented scientific findings internationally and led workshops at more than 50 conferences focusing on assessment and treatment outcomes. Dr. Cumella has been interviewed as a mental health expert on national television, radio, and in many newspapers, including ABC, FOX News, the Discovery Channel, *The New York Times*, and *Reader's Digest*. Dr. Cumella is a licensed psychologist in Arizona and Virginia, a Registered Psychologist with the National Register of Health Service Providers in Psychology (NRHSPP), and a Certified Eating Disorders Specialist (CEDs). He has been a practitioner in the mental health field for 20 years, and has specialized in the assessment of adults and adolescents with eating and anxiety disorders. Prior to his tenure at Remuda Ranch, Dr. Cumella taught a range of psychology courses for the University of North Carolina at Chapel Hill, Great Basin College, and Mesa College. Before assuming his current responsibilities at Remuda, during a 12-year clinical career Dr. Cumella has been Director of Psychological Services for Remuda Ranch; Clinical Director of the Open Gate Counseling Center in Mesa, Arizona; and Director of Mental Health Services at a US Public Health Service Hospital overseeing the mental healthcare of all Native Americans in the State of Nevada. Dr. Cumella received a Bachelor of Arts degree from Harvard University, and a Masters Degree and PhD in Clinical Psychology from the University of North Carolina at Chapel Hill. He is a long-time member of the American Psychological Association, the Arizona Psychological Association, AED, IAEDP, the Christian Association for Psychological Studies, the American Association of Christian Counselors, and recently joined the Obsessive-Compulsive Foundation. He serves on the boards of several charitable organizations dedicated to the provision of mental health care to underserved populations and is listed in *Who's Who in Science and Engineering* and *Who's Who in America*.

(4) Margaret Swank, PhD, ABPP, is Assistant Clinical Director at Remuda Programs. She received her BA in psychology from the University of Arizona and PhD from the Uniformed Services University of the Health Sciences. She completed a postgraduate fellowship in Pediatric Psychology and Behavioral Medicine at Harvard Medical School and Massachusetts General Hospital. Her anxiety training has included work with Norman B. Schmidt, PhD, in panic disorder; Robert McCullah, PhD and Marvin Podd, PhD, in CBT for anxiety disorders; Bruce Masek, PhD in biofeedback for anxiety; and John Piacentini, PhD for OCD treatment. Dr. Swank is a licensed psychologist in Virginia and Alabama, a Diplomate in Child and Adolescent Clinical Psychology, and is a Registered Psychologist with the National Register of Health Service Providers in Psychology. She is a member of APA, ABCT, and recently joined the OC Foundation. Dr. Swank has been in mental health for 10 years, practicing within a cognitive-behavioral model. A primary professional interest is in children with anxiety disorders. She has multiple professional publications related to anxiety disorders.

(5) Shona Shewmaker, PhD, graduated from the University of Arkansas with a doctoral degree in clinical psychology. The program model was scientist-practitioner and course instruction adhered to cognitive and behavioral principles. Research areas included cognitive distortions among women with childhood trauma and developing a multidimensional model of intimacy that

would predict psychological symptomatology. At Arkansas, Dr. Shewmaker was trained in anxiety treatment by Dr. Jeff Lohr. Dr. Shewmaker completed her predoctoral internship at West Virginia University School of Medicine in 2006. This internship consisted of a 12-month rotation in eating disorders assessment and treatment using interpersonal and cognitive-behavioral treatment modalities under Dr. Scott Mizes. She also completed a 12-month rotation with the Anxiety Disorders Clinic under Drs. Amy Combs-Lane and Kevin Larkin, well-published anxiety disorders researchers. At Remuda Programs, Dr. Shewmaker has been working with eating and anxiety disorders for nearly three years, assessing and treating both eating and anxiety disorders using American Psychological Association Division 12 recommendations for empirically validated treatments. These modalities include cognitive-behavioral therapy and exposure with response prevention, the latter being used to treat obsessive-compulsive disorder, social phobia, and panic disorder with agoraphobia. Dr. Shewmaker also maintains an involvement with anxiety research, has conducted staff training on anxiety reduction skills, and leads an anxiety reduction group. Dr. Shewmaker has presented three papers on trauma at the Association for Behavioral and Cognitive Therapies. Dr. Shewmaker maintains professional memberships in the American Psychological Association, 2002-2009; Association for Behavioral and Cognitive Therapies, 2004-2009; Academy for Eating Disorders, 2006-2009; and the National Register of Health Service Providers in Psychology, 2008-2009.

3. Is this program devoted entirely to treating individuals with OCD or will other OCD spectrum disorders or anxiety disorders also be addressed?

Our intensive inpatient program is designed for individuals with OCD as well as OC Spectrum and Anxiety Disorders (excluding trauma when it is the primary diagnosis). The modalities used are individualized based on the diagnosis and needs of each patient.

4. Please describe the core treatment components of your program (e.g., use of medication, ERP, group therapy, etc.).

Cognitive Behavioral Therapy. Cognitive Behavioral Therapy (CBT) forms the core of Remuda's curriculum. Remuda's program relies on Exposure with Response Prevention (ERP) as the primary CBT intervention for OCD and OCD spectrum disorders. ERP involves direct exposure to feared situations plus prevention of ineffective behaviors such as compulsions or avoidance.

Prior to ERP, patients receive extensive psycho-education, facilitating insights into their thinking and behavior. ERP then commences and consists of 4 hours per day (2 hours of group ERP and 2 hours of individual ERP), 5 days a week, with a licensed psychologist, plus additional hours of ERP with either the psychologist or a behavioral health professional working collaboratively with the psychologist.

Patients also learn about cognitive distortions common in anxiety disorders: over-estimation of harm, risk, and danger; over-estimation of responsibility; intolerance of uncertainty; magical and all-or-nothing thinking. Cognizant of their thought distortions, patients learn to "CCC"—catch, challenge, and change—these thoughts as they occur throughout the day.

Dialectical Behavior Therapy. Patients receive training in Dialectical Behavior Therapy (DBT). Through twice-weekly DBT groups, they develop a strong repertoire of emotion regulation, distress tolerance, and interpersonal effectiveness skills that allow them to manage distressing situations more effectively.

Group Therapy. Anxiety Disorders often isolate victims from social contexts, such as friends and family. Reintegration is important in recovery from debilitating anxiety disorders. With social phobia, reintegration is particularly crucial. Remuda provides patients with frequent opportunities for exposure to social interaction. For those with social phobia, exposure is more gradual to allow time for habituation. Some patients need social skills training due to delays in social development related to their anxiety disorders. Each patient has an individualized plan for social reintegration through participation in group therapy, recreation, and off-site outings with peers.

Biological and Medical Components of Treatment. All patients at Remuda's Anxiety Disorders Program are carefully evaluated by a primary care provider and a psychiatric provider upon admission to assess for medical issues that may be associated with the anxiety disorder. If deemed appropriate, patients are provided with the opportunity to utilize psychotropic medications to manage their specific symptoms. Each patient is seen on a daily basis by a psychiatric provider so that the effects of medications can be carefully monitored and assessed on an on-going basis.

Family Work. All patients and their families engage in a week of intensive family therapy, focused on teaching the family how to help the person with OCD by engaging them in psychoeducation and ERP sessions.

Christian Context. Remuda's treatment occurs in a milieu of non-denominational Christianity. Patients attend 30-40 minute chapels each morning to start the day, with messages about grace, forgiveness, and love that are accessible to people of any faith. Staff are available, such as a chaplain, to pray with patients and discuss issues related to their spiritual growth. Remuda treats patients from all faith backgrounds, and patients from across backgrounds report equally high levels of satisfaction with our program and positive outcomes using psychometrically reliable and valid questionnaires.

5. Please describe the treatment planning process at your program.

Treatment planning begins before the individual decides whether to come to Remuda. An admissions counselor conducts a lengthy telephone screening process with the patient and key family members, which is then reviewed by a psychiatrist. We obtain records from previous hospitalizations, other intensive treatments, and outpatient providers. We then contact the individual with our recommendations as to whether this treatment is right for them.

Once the patient arrives, Remuda relies on a multi-disciplinary team to address the complex and varied needs of each patient. Each patient is evaluated by a master's or doctoral level therapist,

licensed psychologist, psychiatric provider, registered dietician, primary care provider, and registered nurse upon admission to identify treatment goals specific to each discipline. The multi-disciplinary team meets on a weekly basis throughout the remainder of the length of stay in order to assess progress towards each goal identified in the treatment plan. Patients are provided with opportunities to add input regarding their personal treatment goals.

A licensed psychologist experienced in conceptualizing and treating anxiety disorders will carefully assess the unique anxiety symptoms of each patient and will design an individualized behavioral therapy plan to address anxiety symptoms including obsessions, compulsions, and avoidance behaviors. The evaluation includes a detailed interview with patient and family members, and a battery of valid and reliable psychometric tests to obtain objective data for use in treatment planning. At various intervals, patients retake tests to assess changes in symptom severity and allow adjustments to treatment plans in cases of less than optimal progress.

Discharge planning begins before the person arrives and continues throughout their stay, culminating in a detailed plan with first outpatient appointments set before the patient leaves inpatient treatment at Remuda. Each member of the patient's treatment team speaks by phone with their counterpart on the outpatient team, if any, and records of inpatient treatment are sent in a timely manner.

6. If someone has a co-morbid condition, can he or she participate in your program? Will there be treatment for the co-morbid condition? If so, can you give an example?

Yes, individuals with co-morbid conditions that do not interfere appreciably with the anxiety/OCD treatment are welcome. Each patient has a team of professionals who not only treat the anxiety disorder, but address co-occurring issues such as depression and substance use. Patients have the opportunity to participate in specialized group sessions to address co-occurring conditions. Specialized groups include Substance Abuse Group, Body Image Group, and Trauma Recovery Group. Co-morbid conditions are also addressed on an individual basis by the primary therapist, psychiatric provider, psychologist, registered dietician, or primary care provider throughout the course of treatment. Patients with co-morbid eating disorders are often co-enrolled in our anxiety and eating disorders programs.

7. Are parents, family members, friends, teachers, etc. included in the treatment? If yes, please describe how.

Family relationships are powerfully impacted by an anxiety disorder. Upon admission to the treatment program, parents are strongly encouraged to meet in person with their child's treatment team to provide detailed information about family relationships and dynamics. Families of child and adolescent patients are asked to participate in weekly teleconference therapy sessions with their child to improve communication between family members and address problematic dynamics. Spouses of adult patients, and parents/siblings of child/adolescent patients, attend an on-site Family Experience that involves intensive psycho-education on anxiety disorders, exposure therapy, and relapse prevention. Remuda recognizes the importance of making family members an integral part of the treatment process.

8. How often do patients in the program meet with staff individually? How long are these individual sessions?

Each patient meets individually with members of their treatment team for a minimum of 10 hours per week; sessions vary in length from 15 minutes with the psychiatrist to 90 minutes with the primary therapist. In addition to this, each patient with an OC Spectrum Disorder has five (5) individual two-hour sessions of ERP per week, plus additional individual ERP per week as needed.

9. Is there a set time period for a patient's treatment in the program? What is the overall time commitment to the program (for example, attend daily for three weeks)? How much flexibility is there in extending someone's stay if needed?

Our lengths of stay are a minimum of 60 days at the inpatient level. Treatment may be extended if deemed necessary by our treatment team.

10. Is there a homework or "self-directed" component to the treatment?

Patients are always provided with an opportunity to confront fears for the first time with the immediate support of their therapist or psychologist. However, after developing a sense of mastery over these fears, patients are asked to practice confronting these fears through self-guided exposures throughout the course of their stay. Self-guided exposure therapy is an important component of relapse prevention because it creates a foundation of confidence that allows patients to transition back into their independent life following discharge from the inpatient treatment program.

11. Please describe the relapse prevention strategies you use in your program.

The goal of treatment is to not only help our patients get healthy, but stay healthy. We provide relapse prevention education to prepare for a successful transition into daily life. We educate patients and family members about the importance of maintaining the gains made during treatment through ongoing outpatient care and regular self-guided exposure practice for those with phobias and obsessive compulsive symptoms. We assist each woman and girl in creating a complete aftercare plan, and if additional aftercare resources are needed, our aftercare counselor is only a phone call away.

12. What kind of follow-up do you do for those who complete your program? Will the members or your treatment team be in contact with or willing to consult with the individual's regular treatment provider(s)?

Our follow-up coordinator will contact each patient five times within the first year after treatment. The patient's regular treatment providers will be contacted three times during the course of the inpatient stay and will be provided with detailed records upon the patient's discharge in order to ensure continuity of care. Our team remains available for consultation calls with all aftercare providers. In addition, we contact patients at one and five years post-discharge with outcome questionnaires designed to measure their long-term success.

13. Do you offer a sliding fee scale or scholarships for those who cannot afford your program?

We offer financial assistance in the form of a sliding fee scale and partial scholarships to those who cannot afford the full cost of our program or whose insurance will not cover the program in full.

14. Does your program only work with individuals who are local or are there arrangements for those who come from farther away (for example, lodging arrangements)?

Our inpatient programs are located in Arizona and Virginia. The majority (greater than 90%) of our patients are not local, but from every state in the US, Canada, and foreign countries. Because our programs are inpatient, housing is an included aspect of treatment. Remuda also maintains Family Residences for family members who travel to our campuses for the Family Experience portion of the program.

15. Please add any information you think would be helpful in describing the unique aspects of your program if this has not been covered in the questions above.

Remuda's program is grounded in a holistic philosophy that views each patient as a unique individual with complex needs. Remuda's providers are trained to view patients from a *bio-psycho-social-spiritual* perspective that takes into account the complexity of each individual. Patients are not viewed as diagnostic labels or as "problems" to be fixed and solved. Rather, each patient is viewed as a whole person who possesses unique strengths, values, beliefs, and goals. In the Remuda model of treatment, the individual patient is guided towards a trajectory of personal growth that is not limited to symptom reduction alone. This is undertaken in an atmosphere of non-denominational Christianity, emphasizing God's love for each person that God has created.

We also utilize a variety of innovative therapies throughout treatment to help our patients with their therapeutic goals and to encourage them to learn how to enjoy life. Experiential therapies include:

- Equine
- Canine
- Movement
- Art
- Challenge Course
- Recreation