

Intensive Treatment Program Description:  
Child Intensive Outpatient Program at the  
Western Psychiatric Institute and Clinic in  
Pittsburgh, Pennsylvania

May 2009

**1. When did you open your program?**

The pediatric OCD program first opened in 2004 as an outpatient clinic. The IOP (the Obsessive-Compulsive Disorder Intensive Outpatient Program for Children and Adolescents) opened its doors in 2005.

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

The pediatric OCD IOP program is staffed by a Medical Director, Shoshanna Shear, MD, psychiatrist Amy Kelly, MD, and two full-time CBT (Cognitive Behavioral Therapy) therapists, Tamara Heckel, MS, and Kayla Engel, MS. The IOP also employs a part-time family therapist, Amy DeMario, LCSW, and psychiatric nurse, Sharon Nuss, RN. In addition, the pediatric OCD program utilizes clinical psychology interns, psychology PhD students, social work students, psychiatry residents, and child/adolescent psychiatry fellows.

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

The pediatric program treats children and adolescents with a primary diagnosis of OCD and also treats patients with OC spectrum disorders. Many of the patients have comorbid anxiety disorders and OC spectrum disorders.

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

CBT/ERP (Exposure with Response Prevention) in a group setting, pharmacotherapy, family therapy, parent education and a weekly family support group are the primary treatment components. The program operates 4 days a week, 2.25 hrs per day.

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

The entire OCD treatment team staff meets weekly for treatment planning, supervision, and education.

**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?**

Patients with co-morbid conditions, which are very common in pediatric OCD, are able to participate in the program. Treatment for comorbid conditions may include CBT and/or pharmacotherapy for comorbid mood or anxiety disorders. Patients with comorbid tic disorders frequently receive habit reversal therapy and pharmacotherapy.

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

Family sessions and parent education sessions along with a parent support group are held on a weekly basis. Communication with schools is often an essential part of family therapy treatment.

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

Patients meet with staff individually at intake, discharge and periodically during treatment as appropriate. Patients meet individually with a psychiatrist at least once a week for approximately 15 minutes during doctor rounds. Individual meetings with team members can be arranged 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?**

There is not a set time period. The average length of stay is 6-8 weeks. The length of stay is determined on an individual basis based upon progress and continued treatment needs.

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

Daily homework assignments are an inherent and critical component of CBT treatment.

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

Self directed exposures both at home (daily homework assignments) and in the clinic are essential relapse prevention strategies. Appropriate referrals for continued psychotherapeutic and pharmacological management are part of every discharge plan. Upon discharge from the IOP, patients are also offered a maintenance treatment group and continued care through our traditional outpatient pediatric OCD program.

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)?**

Contact with outpatient providers, for consultation and to assure continuity of care are considered part of the treatment plan.

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

Any sliding fee scales are done on an individual basis.

**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)?**

The pediatric program is open to treatment of patients from outside of the local area and we assist families with the arrangement of affordable lodging.

**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.**

The pediatric program meets quarterly with the adult program team in order to share new treatment strategies, discuss challenging cases, review cutting edge research, and to provide a referral source for each program. The pediatric program has a clinical research registry which allows patients and families to volunteer their clinical information into a growing confidential database. Analyses of the registry database, carried out by team members, contribute to our growing understanding of pediatric OCD.