

**Intensive Treatment Program Description:  
OCD and Related Anxiety Disorders Program at  
Alexian Brothers Behavioral Health Hospital,  
Hoffman Estates, Illinois**

February 2009

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

The program was opened in January of 2006. However, a version of this program was actually opened at another hospital in the Chicago in 2003. The program was moved from that hospital to Alexian Brothers Behavioral Health Hospital, along with the staff that had worked for me there, so our team has been together for almost 5 years now.

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

Patrick B. McGrath, Ph.D. is the Director of the Anxiety and OCD program. He received his Doctorate in Clinical Psychology in 1999 from Northern Illinois University and then did a 2 year postdoctoral fellowship in anxiety disorders at the St. Louis Behavioral Medicine Institute under the direction of Alec Pollard, Ph.D.

Adrienne Ahlquist, L.C.S.W. received her Masters in Social work from the University of Illinois at Chicago in Social Work in 2000. Ms. Ahlquist is the Clinical Supervisor for the program, and has worked with Dr. McGrath for 5 years.

Simon Jencius, M.S., received his Master's in Clinical Psychology from Illinois Benedictine University in 2006. Mr. Jencius did a year practicum study under the supervision of Dr. McGrath and then joined the team after his graduation.

Isabella Gambino, M.S., received her Master's in Clinical Counseling from the Chicago School of Professional Psychology in 2006. Ms. Gambino has worked for the program for the last two years and has trained under the direction of Dr. McGrath for those two years.

Shannon Wood, M.S., received her Master's Degree in Education, with an emphasis in Human Services and Counseling from DePaul University in 2008.

We also have numerous students who train with us in the program as well from graduate schools across the Chicago area.

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

This program is devoted to treating individuals with all anxiety disorders. If individuals with OCD come in with a pure OCD diagnosis, we can treat them, as well as individuals

coming in with other anxiety disorders, Major Depression, or OCD Spectrum Disorders. Further, our hospital has many specialty programs that are available to patients, such as Eating Disorders, Self-Injury, and Chemical Dependency. We also have general mental health programs for children through older adults. Therefore, we are able to “crosstrack” patients into other programs as appropriate if it appears that services in those other programs may be necessary as well as their treatment for OCD.

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

The core treatment components of the program are Cognitive Behavioral Therapy and Exposure and Response Prevention. The CBT occurs in both group sessions and in individual sessions. The ERP occurs mostly in individual sessions, with an average of 2 to 3 hours of ERP occurring daily. Each clinician is assigned to work with one to three patients during their ERP time, and rotates between those patients for up to three hours of ERP per day.

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

Treatment planning occurs in several ways. There are weekly team meetings that occur where we review the cases in the program. There are also weekly staffings with all staff and a psychiatrist to review all cases. In addition, all patients are met with individually and family therapy sessions are available to get input on treatment from patients and their family members.

**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?**

Individuals with co-morbid conditions are more than welcome into the program. Alexian Brothers Behavioral Health Hospital is uniquely able to deal with a great deal of co-morbid conditions. Individuals with Chemical Dependency, Self Injury, and Eating Disorders may participate in specialty programs for those disorders. If the other co-morbid problems are mood disorder based, then patients may “crosstrack” in our adolescent, adult, or older adult programs.

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

We encourage the participation of all people that may be involved in the patient’s life to have a role in treatment, but it is always up to the patient to decide whom they would like to include in their treatment. We encourage family meetings and have even brought family members into the hospital to assist with ERP if necessary.

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

Patients meet with staff individually on a daily basis. The length of meetings depends upon what is being worked on in ERP that day (A therapist is typically assigned to work with one to three patients for a two or three hour period in the afternoon to do ERP, so each patient typically gets an hour of time with a therapist to do their ERP and discuss any treatment concerns).

**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 no set time period for the program – the program runs as long as the patient needs assistance and is making progress. The program is a daily program that runs either 3 hours each day in our Intensive Outpatient Program or 6 hours each day in our Partial Hospital Program. Modified schedules can be accommodated as needed.

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

There is homework that is given each day. This is an integral part of treatment. There is also a self directed component of the program. A therapist will work with each patient to get exposures set up and will typically do them with the patient the first few times. They will then be expected to do the exposures on their own.

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

Relapse prevention involves attempting to go beyond the highest levels on the hierarchy. The philosophy is that if we go to just the highest level, and there is a relapse, then a person ends up lower than their goals for treatment. However, if we can go beyond the highest levels of fear and there is a relapse, the person will typically still be beyond where they had wanted to be at the beginning of treatment. We want people to recognize that they can handle the typical ups and downs of life and the stressors that it brings. Therefore, having people do homework and exposures outside of the hospital is also an important way to help decrease the chances of relapse.

**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)?**

Some of our patients continue to work with us in our aftercare programs which are offered weekly. We have two program aftercare nights a months (just for people who have been in the program) and a family night (open to all who have been in the program and their families). Further, we have a monthly support group for individuals with anxiety disorders which is open to former patients and member of the local community. We also maintain a treatment provider list so that we may refer patients to therapists in the community. Further, some of the staff at the Program also have some availability to do private practice and will meet with people after the program is completed.

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

All financial agreements are worked out with our billing/registration department. Any and all financial agreements are made through them on a case by case 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)?**

We do have people who come in from out of town and stay at local hotels or extended stay residences. We have worked out financial arrangements with these hotels to get our patients excellent rates.

**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.**

We recognize the devastating effects that OCD can have on a person's life. Therefore, we want to address the entire environment from which a patient comes. Family members are encouraged to be a part of treatment. Humor is encouraged, as we attempt to get patients to experience a full range of emotions instead of just fear and anxiety. Daily interaction with other patients helps to increase socialization. Also, our location is an asset. Being located at a psychiatric hospital makes it easier for many individuals with OCD to enter our building on the first few days of treatment, as there is little chance for encountering medical waste or serious medical problems. However, there are hospitals close by if those types of exposures are appropriate. Also, there are malls and shopping centers within walking or driving distance that we often use for exposures. For individuals coming from out of town, we are located close to O'Hare airport and we have several hotels that are within half a mile of the hospital.