



# STAR-Center LINK

On the web at: [www.wpic.pltt.edu/research/star](http://www.wpic.pltt.edu/research/star)

Summer 2006

With the summer months upon us, STAR-Center would like to thank all of our readers for your continued support throughout the past year. We have many exciting plans for the fall but until then, we would like to offer you some summer reading suggestions! This brief newsletter features an update on valuable internet resources as well as a piece on Obsessive Compulsive Disorder. The article offers readers a glimpse of what one Pittsburgh clinic is doing to help patients who suffer from the disorder and provides facts and useful information for people across the state.

STAR-Center's sister website, <http://www.moodykids.org>, is a great source of valuable information for families, clinicians and researchers who are interested in child and adolescent mental health issues. This website serves as a national resource for youth with mood and anxiety disorders by developing and testing innovative treatments and disseminating these innovations to patients, families, and practitioners.

Moodykids is in the process of redesigning and adding to their site. However, some new updates are already available. On this site, you are now able to download all of STAR-Center's manuals, free of charge. You can view the manuals, and/or print them from your computer, or you can still order a bound copy for the minimal cost of \$10 per manual.

You can also download several presentations from the moodykids site. STAR-Center's Director, Dr. David Brent, has already made several of his talks available on this site, and be sure to check back regularly because more are sure to be added.

Please continue to visit STAR-Center's website throughout the course of the summer as we are constantly updating the site with new information and additional resources.

Have a safe and restful summer.

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*by*

*Andrew Gilbert, MD,*

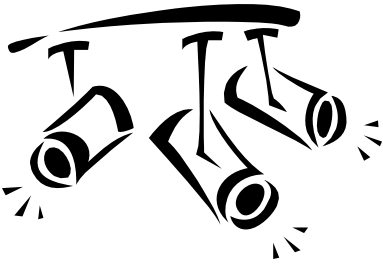
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*Outpatient Program*

*Western Psychiatric Institute & Clinic*

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# S ervices for T eens A t R isk



## Obsessive Compulsive Disorder: A History and Treatment Option

Andrew Gilbert, MD,

Child and Adolescent OCD Intensive Outpatient Program

Western Psychiatric Institute & Clinic

In July 2005, the Obsessive-Compulsive Disorder (OCD) Intensive Outpatient Program (IOP) for Children and Adolescents opened its doors.

Located in the Franklin Building at 1011 Bingham Street on the Southside, the IOP is one of only seven programs in the country that provide specialized treatment for children and adolescents with a primary diagnosis of OCD.

OCD is a disabling anxiety disorder with a prevalence rate in childhood and adolescence of approximately 1-2% (Rapoport 2000). OCD is char-

acterized by obsessions (repetitive, intrusive thoughts or images that are very anxiety-provoking) and compulsions (ritualistic behaviors that are anxiety-reducing). For example, children and adolescents with OCD may have contamination obsessions, which are repetitive thoughts that they may be contaminated with germs. They may spend many hours/day worrying about these thoughts, and suffer from considerable anxiety. In order to reduce their anxiety, they might engage in compulsive hand washing rituals, which could take up much of their time and possibly injure their hands. There are several other categories of OCD symptoms (we call these "symptom dimensions") which include symmetry/

ordering (obsessions that things have to be "just right" and compulsions that involve ordering and arranging things), aggressive/checking (aggressive or violent obsessions and compulsions that involve checking rituals), and hoarding (obsessions about the need to collect and keep items and compulsions characterized by an inability to throw things away).

OCD can lead to substantial problems during childhood and adolescence and places children at risk for later morbidity (Piacentini 2003; Hanna 1995; Bolton 1995).

Many children and adolescents with OCD also suffer from other disorders, such as ADHD, tic disorders, other anxiety disorders, and mood disorders. Fortunately, studies have

found that both psychotherapy and pharmacotherapy can be very effective in reducing the frequency and severity of OCD symptoms.

Prior to the start of this program, there were no specialized services available in the community for children and families who suffer from and struggle with OCD. During his residency training at the University of Pittsburgh School of Medicine, Dr. Andrew Gilbert, who also conducts NIH-funded pediatric OCD research, recognized a pressing need for specialized, community-based care for this population. With support from the Division of Child and Adolescent Psychiatry, Dr. Gilbert and several members of the Southside Adolescent Partial Hos-

*...studies have found that both psychotherapy and pharmacotherapy can be very effective in reducing the frequency and severity of OCD symptoms...*

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pitalization/IOP Program, including Program Director Kay Rahuba, RN, MSN, CRNP; social workers Allison Miziniak, LCSW, Lisa Witmer, LCSW, and Jeff Farthing, MSW; and therapists Hilary Zurbuch, MS and Adeline Phelps, MS developed the IOP. At the start of the program, the OCD IOP had a target census of 5-8 children and adolescents. In order to meet the needs of the community, the program has expanded to include an additional 5-8 patients. The OCD IOP has become a cutting-edge treatment facility and placed UPMC on the national and international OCD treatment map.

The IOP provides integrated services for patients (ages 8-18) and their families, including individual, group, and family therapy, with a primary emphasis on evidence-based Cognitive-Behavioral Therapy (CBT). At the IOP, children, adolescents, and their families receive intensive instruction and coaching in a special type of CBT called Exposure with Response Prevention (ERP). The most effective psychotherapy treatment for OCD is Cognitive Behavioral Therapy (CBT) with Exposure and Response Prevention (ERP). CBT with ERP involves learning to “boss back” the OCD. Treatment involves exposing the individual with OCD to the thought or situation that makes them very anxious and then preventing them from carrying out the ritual that they usually carry out in order to reduce their anxiety. Due to the severe anxiety that can be associated with OCD symptoms, ERP is

carried out gradually over a period of time so that patients and their families learn to “boss back” the OCD and gain back control of their lives. Certain medications, called Selective Serotonin Reuptake Inhibitors (SSRI’s) have also been found to be effective treatment for OCD in childhood and adolescence.

Education is a large part of the treatment at the IOP. Patients and their families spend their first week in a process called “Treatment Readiness,” during which they learn about the etiology of the disorder as well as diagnostic and treatment perspectives. During this week, they develop an individualized treatment plan that includes the development of a targeted symptom list, ERP homework assignments, and meetings with the child psychiatrist, social worker, and therapists. When children are considered “treatment ready,” they begin to attend both individual and group therapy sessions. Patients meet weekly with Dr. Gilbert to review their diagnosis, treatment, and prognosis. Each family also has weekly family therapy sessions with a social worker. There is a weekly multidisciplinary treatment team meeting, during which the staff reviews the progress and status of each case.

Each patient is encouraged to attend the program for approximately 2.25 hours per day, 4 days per week for approximately 12-16 weeks. The Franklin Building provides a

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comfortable therapeutic milieu for the children and adolescents, with opportunities for physical activity in a gym/recreation area during daily break time. Parents are strongly encouraged to interact with staff and to actively participate with their children (with staff supervision/guidance) throughout their child's course in the program. Treatment progress is measured by participation in groups, completion of homework assignments (ERP), and a reduction in symptom frequency and severity. The IOP staff also receives help from Melissa Messick, M. Ed, a special education teacher from the partial program, who provides communication and support with the patient's school. Frequently the IOP staff will provide education about OCD to local area schools both by phone as well as in the context of meetings and in-services with school staff members.

For more information about the IOP, please contact Hilary Zurbuch at 412-488-4143. There is a great national organization for individuals with OCD called the Obsessive Compulsive Foundation (OCF). The OCF is a very supportive organization, with information about diagnosis, treatment, and patient advocacy. Every year, the OCF organizes a family-friendly national conference that includes lectures and activities organized by OCD clinicians, researchers, patients, and family members. The Western Pennsylvania community is also fortunate to have a regional OCF organization, the OCFWPA, which has an active membership and website and is a very useful resource. Both the national and regional organizations will provide contact informa-

tion for families who are searching for professional treatment in their area. The best way to connect with the national and regional OCF organizations is to visit their websites at [www.ocfoundation.org](http://www.ocfoundation.org) (OCF) and <http://www.ocfwpa.org/> (OCFWPA).

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