

**Family Referral** 

## Dear Family:

Thank you for your interest in the OCD Institute | Texas, partial hospital program for adults with obsessive compulsive disorder (OCD). We are a behaviorally-oriented program using a variety of CBT interventions, mainly exposure and response prevention (ERP). We have a treatment team model: Each person in the program is assigned to a psychiatrist who assesses and monitors medications, a behavioral therapist who develops the behavioral plan/ERP plan, and a family therapist who meets with the patient and family regularly. The average length of stay in the program is 6 - 10 weeks. The length of stay is determined by the patient's progress, engagement in the program, and adherence to program policies/guidelines.

While we consider ourselves a program for severe and treatment resistant patients, which often includes patients who have comorbid psychiatric conditions, we may not be able to treat all patients successfully. We do a thorough assessment of all patients, which includes patient and family self-reports to determine whether patients are a good fit for our treatment program. Patients who tend to do well in our program are those who show a willingness to engage in treatment, but whose symptoms are significantly severe such that outpatient treatment is not sufficient. Our goal is to get patients functioning at a level where they will be able to take advantage of their outpatient care, which may not mean full remission of symptoms.

Patients who do not do well in our program are often unable or unwilling to participate in an active, intensive treatment setting where much is expected of them. Patients who have comorbidities which interfere with their ability to do ERP/behavioral treatment should have those conditions treated first. Patients also need to have a stable living situation to which they can return after discharge. Patients coming to the program must have a primary diagnosis of OCD, or an anxiety disorder and these symptoms should be the ones most interfering with their functioning.

Patients with active or recent psychosis, active substance use disorders, self-injurious behaviors, or active eating disorders may not be appropriate. People coming to the program must be able to participate in both group and individual therapy daily, must be capable of engaging in daily living activities such as showering, cooking, etc. at least with coaching, and cannot be disruptive to a large patient milieu such that they are interfering with the care of others.

The information you can provide that would be the most helpful is included in the form provided, which can be faxed or mailed to our admission staff. All communication during the admission process will go directly through the patient, and it is the patient's responsibility to communicate any updates/changes during the admission process to their parents/family. OCD Institute | Texas is not responsible for communicating these changes to a patient's parents/family. In addition, if a parent/family member calls OCD Institute | Texas about admission updates for a patient, the patient will be contacted, rather than the parent/family member, and reminded of this policy.

Submit via fax to Admissions at 713-526-3226. Alternatively, you may mail the completed form to:

OCD Institute | Texas Attn: Admissions 708 E 19th Street Houston, TX 77008



1. Tell us why you believe your loved one would benefit from treatment at our program?

2. Describe what type of OCD treatment they have had in the past. How you would describe the outcome of that care.

3. What are your goals for your loved one in treatment with us?

4. If treatment were successful what would life look like upon discharge for your loved one? What are specific things you believe they would be doing in life that are hard to do right now and what OCD behaviors would need to be addressed for these things to be achievable?

5. What is your relationship with your loved one like? How do they interact with others in their life?



6. Describe the support you provide to your loved one around their OCD/Anxiety. When you provide this support, what is the impact on your loved on and their OCD?

7. When conflict or disagreement arises, how does your loved one respond? What tends to lead to conflicts? How is it resolved in the family system or social group?

8. Describe their current ability to engage independently in activities of daily living such as preparing meals, showering, maintaining a schedule, etc. Has that ability been different in the past or when their OCD was less severe?



9. Why are they choosing this level of care?

10. Are there any other important things we should know about your loved one's treatment or care?