

Family Referral

Dear Family,

Thank you for your interest in the OCD Institute of Texas. Our program focuses on evidence-based, behaviorally-oriented treatment, primarily using exposure and response prevention (ERP). Each patient works with a dedicated treatment team, which includes:

- A psychiatrist who manages medications and psychiatric care
- A behavioral therapist who develops and oversees the ERP plan
- A family therapist who engages with the patient and family regularly

The typical length of stay in our program is between 10-12 weeks, depending on the patient's progress, engagement, and adherence to our policies. While we specialize in treating severe and treatment-resistant cases, including those with comorbid psychiatric conditions, we may not be the right fit for every patient. Our admissions process includes a thorough assessment, incorporating self-reports from both the patient and family to determine if our program is appropriate.

Patients who tend to do well in our program are those who are willing to actively engage in treatment, have severe symptoms that require more intensive care than outpatient services can provide, and are committed to the process. Our goal is to help patients reach a level of functioning that allows them to benefit from outpatient care. Full symptom remission is not always our target outcome.

Patients who do not succeed in our program typically struggle with the intensity of treatment or have other underlying conditions that interfere with their ability to participate in ERP or behavioral treatment. These conditions should be addressed before considering our program. Additionally, patients must have a stable living situation to return to post-discharge.

To be eligible for our program, patients must have a primary diagnosis of OCD or an anxiety disorder, with these symptoms being the primary barrier to their functioning. We may not be able to treat individuals with active or recent psychosis, substance use disorders, self-harm behaviors, or active eating disorders.

To participate, patients must be capable of engaging in both group and individual therapy daily, completing daily living activities (with support if necessary), and must not be disruptive to the larger patient community.

The most helpful information for our assessment is included in the form below, which can be faxed or emailed directly to our admissions director. Please note that all communication during the admission process will be directed through the patient. It is the patient's responsibility to keep their family informed about any updates or changes. If a family member calls for an update, we will contact the patient directly to remind them of this policy.

Please submit the completed form via fax to 346-509-3696 or email it to admissions@houstonocd.org.

Thank you for your understanding and cooperation.

Sincerely, The OCDI Team



| 1. | Tell us why you believe your loved one would benefit from treatment at OCDI? |
|----|--|
| | |
| | |
| 2. | Describe what types of OCD treatment your loved one has had in the past. How would you describe the outcome of that care? |
| | |
| | |
| 3. | What are your goals for your loved one in treatment? |
| | |
| | |
| 4. | If treatment were successful, what would life look like for upon discharge for your loved one? What OCE behaviors would need to be addressed for the treatment to be considered a success? |
| | |
| | |



| 5. | What is your relationship with your loved one like? How do they interact with others? |
|----|--|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 6. | Describe the support you provide to your loved one around their OCD and/or anxiety? When you provide |
| | this support, what is the impact on your loved one and their OCD? |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 7. | When conflict or disagreement arises, how does your loved one respond? What tends to lead to conflict? |
| | How is it resolved in the family system or social group? |
| | |
| | |
| | |
| | |
| | |
| | |
| | |



| 8. | Describe your loved one's current ability to engage independently in activities of daily living (preparing meals, showering, maintaining a schedule, etc.)? Has that ability been different in the past or when the OCD was less severe? |
|-----|--|
| | |
| | |
| 9. | Why is your loved one choosing intensive treatment? |
| | |
| | |
| | |
| | |
| 10. | Are there any other important things we should know about your loved one? |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |