

OCD Institute for Children and Adolescents (OCDI Jr.)

Provider Referral Form

Dear Treatment Provider:

Thank you for referring your patient to the OCD Institute for Children and Adolescents, a residential hospital program for young people aged 10-18 with obsessive compulsive disorder (OCD). We are a behaviorally oriented program using a variety of CBT interventions, mainly exposure and response prevention (ERP) therapy. We have a treatment team model: each person in the program is assigned to a psychiatrist who assesses and monitors medications, and a behavioral therapist who develops the behavioral plan/ERP plan and meets with the patient and family regularly. The average length of stay in the program is 6-8 weeks, but can be up to 16 weeks. The length of stay is determined by the patient's progress, engagement in the program, and adherence to program policies/guidelines. Insurance authorizations and/or non-approvals can also influence length of stay.

While we consider ourselves a program for severe and treatment-resistant patients, including those patients who have coexisting 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, as well as information from you, the treating clinician, 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 co-occurring diagnoses which interfere with their ability to do ERP/behavioral treatment should have those conditions treated first. Patients also need to have a stable family situation to which they can return after discharge. Patients coming to the program must have a primary diagnosis of OCD, and these symptoms should be the ones most interfering with their functioning.

Patients with active or recent psychosis, aggressive/destructive behaviors, active substance use disorders, self-injurious behaviors, active eating disorders, or intellectual disabilities may not be appropriate. People coming to the program must be able to participate in both group and individual therapy daily (with assistance), be able to take care of their ADLs 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 online form provided, which can be faxed or mailed to our admission staff. If you prefer to write a separate report, please include the answers to the questions outlined. Please do not send us handwritten office notes, as these do not provide the history and level of detail required to make an adequate assessment.

This form is a fillable PDF that you can type in directly. Download the form to fill it out then submit via fax to OCDI Admissions at **774.419.1194**. Alternatively, you may mail the completed form to:

McLean Hospital SouthEast
OCD Institute for Children and Adolescents
Attn: OCDI Jr. Admissions
23 Isaac Street
Middleborough, MA 02346

We look to our patients' outpatient providers for information that will assist us in their care. Once all materials are received, and a referral packet is complete, we will review and decide on admission as soon as possible.

We hope to have a collaborative relationship with you so that the patient can return to you with improved symptoms and a plan to prevent relapse. We look forward to working with you and thank you for the referral of your patient!

Sincerely,
Mark Picciotto, PhD
Program Director, OCDI Jr.

OCDI Jr. Provider Referral Form

Provider Name:

Patient Name:

1. Please provide a brief psychosocial history of this patient:

2. Please list current/past OCD symptoms:

10. What would you like to see addressed in residential treatment that has been difficult to address on an outpatient basis?

11. What do you identify as barriers to this patient's ability to access treatment?

12. Does this patient act on impulsive or self-injurious urges? If so, what behaviors? What coping skills has he/she learned to try to manage the urges?

13. Are you and the patient/the patient's family in agreement that treatment at the OCDI is an appropriate action at this time?

14. Is this patient quickly able to grasp skills/concepts you are trying to teach?

15. If you are doing exposure/response prevention with the patient, how much time is spent with your patient on ERP tasks (doing them, assigning them, discussing them)? How much experience does the patient have doing exposure therapy, either with you or another clinician? How compliant are they with exposure tasks/homework? If you are not doing ERP, what has been the treatment modality used?

16. Can you identify any secondary gain the patient may receive because of his/her struggle with OCD?

17. Can you please provide your email address so that we can easily contact you? If not, please let us know the best way to contact you.

Please submit this form via fax to **774.419.1194** or via postal mail to the address on the cover page. If you need more space, feel free to submit additional sheets.

Once all materials are received, it usually takes about two weeks for an admission decision to be finalized.

Please contact OCDI Jr. Admissions at ocdi jr@partners.org or 774.419.1182 with any questions.