

Program description: The OCD Center is a 28-bed residential treatment facility for adults diagnosed with obsessive-compulsive disorder (OCD), OC-spectrum disorders and anxiety disorders. Residents receive intensive cognitive behavioral therapy (CBT) with primary emphasis on exposure and ritual prevention (ERP). In addition to ERP, cognitive restructuring strategies are also taught. Primary treatment goals are to significantly reduce symptoms to a manageable level and address obstacles affecting long-term recovery.

Do residents improve?

Treatment outcomes: Two well-established assessments were used, the Yale-Brown Obsessive Compulsive Scale self-report (Y-BOCS-SR) to measure severity of OCD, and the Beck Depression Inventory-II (BDI-II) to measure the severity of depression. Statistical analysis used paired *t* test for sample means (admission versus discharge); a $p < 0.05$ was considered statistically significant.

Population analyzed: Data are from 400 adults with a primary diagnosis of OCD admitted to the OCD Center during the last 12 years. Demographics show a population with an average of 32 years (SD=12; range: 18-70 years), 51% males, 92% Caucasian, 32% married. Average length of stay was 64 days (SD=37; range: 5-284 days) of treatment.

Changes from admission to discharge: The outcome results showed statistically and clinically significant changes from admission to discharge for the two surveys used. Obsessive-compulsive behaviors decreased from an average admission score of 28.3, indicative of severe OCD symptoms, to a score of 16.1 at discharge, indicative of low moderate symptoms. Depression decreased from an admission score of 27.9 in the BDI, indicative of high moderate, to a mean score of 12.8 at discharge, indicative of minimal depression. All changes were significant at $p < .001$. Statistics for each of these measures are presented in Figures 1 and 2.

Figure 1: Y-BOCS-SR Scores (n=400)

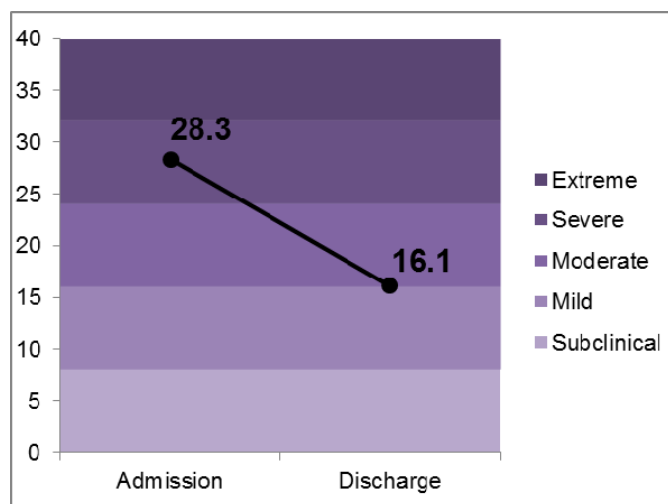
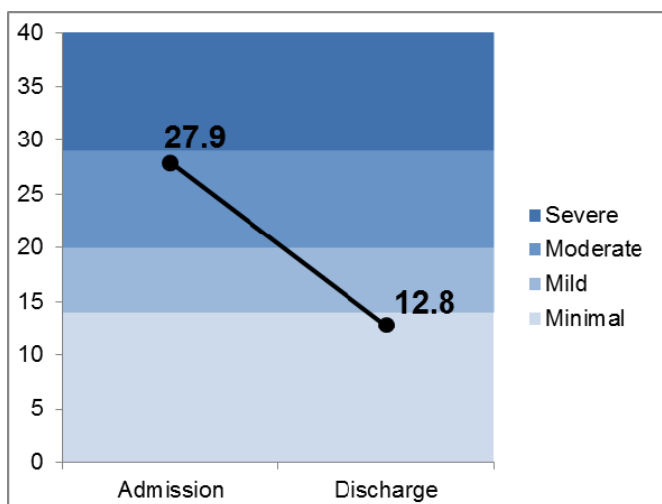


Figure 2: BDI-II Scores (n=400)



Is their improvement sustainable?

Changes from admission to discharge and follow-up: A group of 56 residents – all adults – completed the same two assessments (Y-BOCS-SR and BDI-II) an average of 16 months (477 days) after discharge from residential treatment. Statistics for each of these measures is presented in Figures 3 and 4. Analysis of variance was used to compare the mean scores at admission, discharge and follow-up; a $p < 0.05$ was considered statistically significant. The follow-up results show that OCD symptoms decreased from severe (27.7) at admission to mild (13.8) at discharge and remained mild (13.9) for more than a year after the end of residential treatment. Similarly, depression improved from high moderate (25.4) to mild (11.4) during treatment and remained mild (13.4) at follow-up. These combined results show that residential treatment is an effective approach to treat OCD and related disorders and the improvements remain for at least 16 months post discharge.

Figure 3: Y-BOCS-SR Scores (n=56)

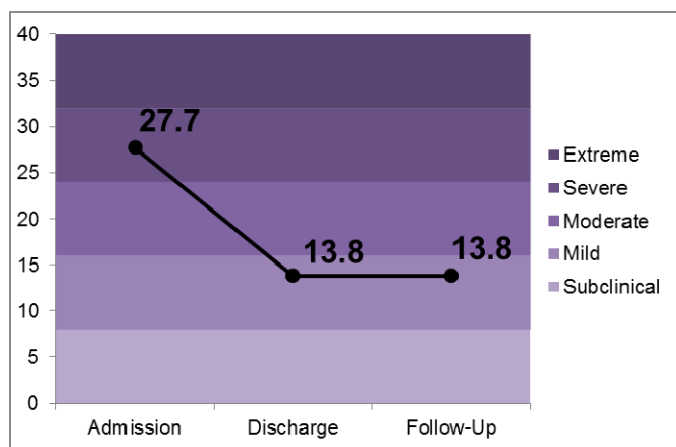
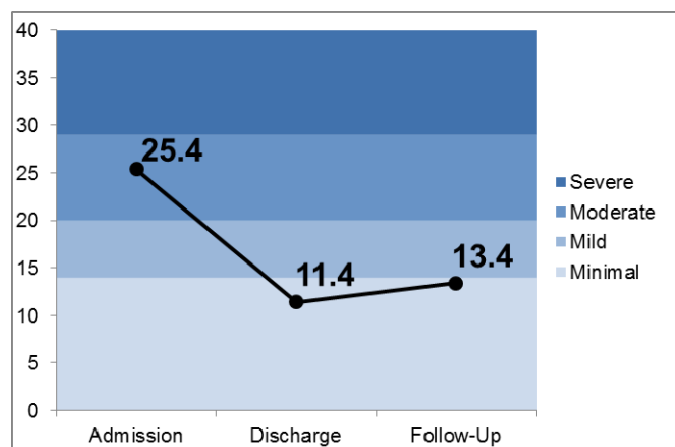


Figure 4: BDI-II Scores (n=56)



Rogers Memorial Hospital is nationally known for its specialized residential treatment programs, part of a comprehensive continuum of behavioral health services for children, adolescents and adults with OCD and anxiety disorders, depression and other mood disorders, eating disorders and addiction. This outcome study was conducted under the direction of Pamela Bean, PhD, MBA, executive director of research. (Revised 05-30-14)

Rogers Memorial Hospital is a private not-for-profit hospital within the Rogers Behavioral Health System. It is licensed as a psychiatric hospital by the State of Wisconsin and is accredited by the Joint Commission.