

Thompson Centre Intensive Treatment Program – Physician Referral Information Sheet

Dear Referring Provider:

Thank you for referring your patient to the Frederick W. Thompson Anxiety Disorders Centre at Sunnybrook Health Sciences Centre. The attached form will assist us in determining eligibility and appropriateness of your patient for the Intensive Residential/Day Treatment for adults with severe obsessive compulsive disorder (OCD).

The Thompson Centre's Intensive OCD Treatment Program model integrates psychological and psychopharmacology interventions to provide a comprehensive approach to care for people with severe and impairing OCD. The model includes medication management, individual CBT and group treatment. The key modality is Exposure and Response (or Ritual) Prevention (ERP), the gold standard for treatment of OCD, which will occupy a significant portion of treatment time each day. Additionally, participants in the program will benefit from occupational therapy, family therapy, recreational activities and comprehensive discharge planning.

Services are delivered by a highly skilled multi-disciplinary team at a satellite site with excellent facilities including a well-equipped gym, laundry, kitchen and living areas. The average length of stay in the program is 8-10 weeks, but can be up to 12 weeks or more and is determined by the patient's progress, engagement in the program, and adherence to program policies/guidelines.

Not all patients are suited for this type of treatment program. To determine if either the residential and/or day treatment programs will meet a patient's needs, we conduct a thorough assessment including patient and family self-reports, and Physician's referral package. Patients coming to the program must have a primary diagnosis of OCD, and these symptoms should be what most interfere with their functioning. Patients who tend to do well in our program are those who show a willingness and ability to engage in treatment, but whose symptoms are significantly severe such that outpatient treatment is not sufficient. Conversely, patients who tend not to do well in our program are often unable or unwilling to participate in an active, intensive treatment setting.

We recommend that patients who have comorbidities which will interfere with their ability to do CBT should have those conditions treated first. For this reason, 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 (with assistance), be able to take care of their activities of daily living (ADLs) at least with coaching, and cannot be disruptive to the patient milieu such that they are interfering with others' care. We also require that patients have a stable living situation to which they can return after discharge to support the gains that they have made within the treatment program. **(Please note that this is not an inpatient setting and patients must be able to manage in the residential setting with limited supervision at night.)**

Please complete the physician referral form, to be submitted with the other referral package documents. 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. We look to our patient's outpatient provider for information that will assist us in their care. We also ask that you, or an identified provider, confirm that you will follow the patient closely upon their return from the treatment program to support their transition back, and to ensure their gains are consolidated. Once all materials are received (including those from the patient) and reviewed, our intake coordinator will contact the patient for a telephone screen. It may take up to 4 weeks for an admission decision to be finalized.

We look forward to a collaborative relationship with you including contact throughout the patients' stay and at discharge to ensure optimal transfer of care. If you have any further comments or concerns regarding the appropriateness of your patient for our intensive group therapy milieu, please do not hesitate to contact us.

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