

CHRONIC CARE MANAGEMENT PLAN OBSESSIVE COMPULSIVE DISORDER (OCD) OVERVIEW

What is OCD?

OCD is characterized by persistent, uncontrollable, and unwanted feelings or thoughts (obsessions) and routines or rituals to prevent or stop these feelings or thoughts (compulsions). Examples of common compulsions include hand washing and excessive cleaning for fear of germs, concerns about evenness or symmetry, or checking locks, doors, windows, or stove, as well as checking over work repeatedly for errors.

Obsessions are defined as follows:

1. Recurrent and persistent thoughts, impulses, or images that are experienced, at some time during the disturbance, as intrusive and inappropriate and that cause marked anxiety or distress
2. The thoughts, impulses, or images are not simply excessive worries about real-life problems
3. The person attempts to ignore or suppress such thoughts, impulses, or images, or to neutralize them with some other thought or action
4. The person recognizes that the obsessional thoughts, impulses, or images are a product of his or her own mind in that the thoughts do not represent a psychotic process or delusional thinking. In other words, the person knows the thoughts are irrational

Compulsions are defined as follows:

- Repetitive behaviors such as hand washing, ordering, or mental acts such as praying or counting, that the person feels driven to perform in response to an obsession, or according to rules that must be applied rigidly
- The behaviors or mental acts are aimed at preventing or reducing distress or preventing some dreaded event or situation; however, these behaviors or mental acts either are not connected in a realistic way with what they are designed to neutralize or prevent, or are clearly excessive

At some point during the course of the disorder, the person has recognized that the obsessions or compulsions are excessive or unreasonable. These obsessions or compulsions cause marked distress and are time-consuming (over an hour a day) or significantly interfere with the person's normal routine, occupation, academic, or social functioning.

Treatment

Good prognosis is indicated by a good social and occupational adjustment, the presence of a precipitating event, and an episodic nature in the symptoms. The treatment of choice is first exposure/response prevention, which is a form of cognitive behavioral therapy (CBT). If that is not effective, then medication is often added to the treatment regimen. Exposure/response prevention is a CBT therapy that has shown evidenced-based efficacy and at the present time is considered to be the most effective non-medication treatment modality.

Applicant Name: _____

Date: _____

**CHRONIC CARE MANAGEMENT PLAN
OBSESSIVE-COMPULSIVE DISORDER (OCD)**

OUTREACH AND ADMISSIONS PERIOD

Please provide us with the following information regarding the applicant's self-disclosed diagnosis of OCD. [To be obtained from applicant's physician or other health provider.]

1. Classification of Obsessive-Compulsive Disorder

- _____ Mild intermittent—symptoms absent with Cognitive Behavioral Therapy or medication, and no pressure
- _____ Mild persistent—symptoms more than twice a week, less than daily
- _____ Moderate persistent—daily symptoms, but can usually ignore
- _____ Severe, persistent—continual symptoms, even with compliance

2. Date of diagnosis: _____

3. Age of onset: _____

4. What are the current symptoms?

5. List current (within the past 6 months) self-harm behaviors, if applicable.

6. List current medications and/or treatment, including dosage and frequency.

7. Has applicant been compliant with medications and treatment? If no, explain.

8. List past hospitalizations for OCD, including dates, reason admitted, and discharge summary.

9. What is the current status?

10. What is the applicant's prognosis with treatment and/or medication?

10a. What is the applicant's prognosis **without** treatment and/or medication?

11. When was last appointment? _____

12. Will applicant need to continue follow-up under your care? If yes, please list date and/or frequency of follow-up appointments.

Applicant Name: _____

Date: _____

13. In your opinion, will the applicant be able to self-manage his/her medications unsupervised and participate in a non-mental health residential vocational training program? If no, explain.

14. In your opinion, will the applicant be appropriate to reside in a non-mental health dormitory-style residence with minimal supervision? If no, please explain.

15. Are there any restrictions or limitations related to this specific illness?

16. List any precipitants that could induce increased symptoms.

17. List any environmental features that might trigger worsening symptoms (e.g., noisy room, crowded room with strangers, family gatherings, etc.).

Please sign below and return the form in the attached addressed envelope.

Print Name and Title

Signature

Phone

Date

For any questions, please call

Admissions Counselor/Health and Wellness Staff

Phone

Name: _____

Student ID#: _____

DOB: _____

**CHRONIC CARE MANAGEMENT PLAN
OBSESSIVE COMPULSIVE DISORDER (OCD)**

Goals:

1. Enhance employability by optimizing control of symptoms
2. Educate the student regarding recognition of symptoms and self-management
3. Reduce environmental triggers, which might set off increased symptoms
4. Optimize pharmacotherapy, based on student's past and current experience
5. Help student develop outline of plans to arrange for optimal care after graduation

This care management plan includes suggested clinical activities and accommodations that are not mandatory for any particular student. In keeping with the importance of individualized care, please choose those that are most appropriate for this particular student's care plan, considering the specific presentation of the problem and needs of the student. The overall goal is to develop a care plan that supports the student's goal toward employability.

Mark each item with an **X** that is part of the student's case management plan.

OUTREACH AND ADMISSIONS	
<input type="checkbox"/>	Conduct clinical file review
<input type="checkbox"/>	Request additional health and educational information for file review, if needed
<input type="checkbox"/>	Refer and participate with IDT team for accommodation planning

CAREER PREPARATION PERIOD	
<input type="checkbox"/>	Evaluate presence of co-occurring disorders such as Depression, Tourette's, and ADHD
<input type="checkbox"/>	Establish a symptom action plan for current or returning symptoms
<input type="checkbox"/>	Evaluate need for brief on-center treatment
<input type="checkbox"/>	Evaluate need for outside mental health resources. If intensive outpatient therapy is necessary, locate a therapist who specializes in anxiety disorders, and focuses on exposure/response prevention
<input type="checkbox"/>	Arrange for continued off-center appointments with physician and/or therapist
<input type="checkbox"/>	Discuss vocational training match
<input type="checkbox"/>	Develop safety/behavior plan with student
<input type="checkbox"/>	Review center emergency response plan
<input type="checkbox"/>	Refer to center physician or consulting psychiatrist for medication evaluation if indicated
<input type="checkbox"/>	Consult with center physician or consulting psychiatrist to provide a written schedule of medications and calendar of compliance
<input type="checkbox"/>	Consult with center physician or consulting psychiatrist to provide a written description of possible medication side effects
<input type="checkbox"/>	Consult with oral health and wellness staff about the effects of psychotropic medications on oral care, if applicable. Reduced saliva (dry mouth), a side effect from some medications, can cause oral health care problems
<input type="checkbox"/>	Refer to TEAP
<input type="checkbox"/>	Provide student with sleep hygiene brochure (http://jchealth.jobcorps.gov/health-topics/gh/gh-docs/)
<input type="checkbox"/>	Refer to anger and/or stress management group
<input type="checkbox"/>	Refer to TUPP/smoking cessation enrollment
<input type="checkbox"/>	Refer to recreation to practice social and group recreation skills
<input type="checkbox"/>	Educate student about self-care plans to monitor and cope with symptoms of OCD: <ul style="list-style-type: none">• Understanding stressful events and/or emotions that might trigger obsessions and compulsions• Coping skills to reduce obsessions or compulsive behavior• Coping with teasing• Medication compliance if needed• Compliance with therapy and/or medical appointments• Managing symptoms of OCD in the employment setting• Refer to Web site http://www.ocfoundation.org for support with OCD management
<input type="checkbox"/>	Document weekly or agreed-upon case management review with counselors

I agree with the care management plan for the Career Preparation Period:

Student signature: _____ Date: _____

Name: _____

Student ID#: _____

DOB: _____

CAREER DEVELOPMENT PERIOD	
	Monitor adherence issues: <ul style="list-style-type: none">• Regular counseling planned and kept on or off center, if applicable• Participation in groups on center• Self-monitoring, asking for assistance when needed• Medication regimen, including anticipate getting refills• Rest, exercise, nutrition• Address any tobacco, alcohol, drug use
	If off-center treatment is sought, assure communication with treatment provider is documented
	Encourage active participation in CSS and social skills training. Standards that could be particularly helpful are Workplace Relationships and Ethics, Communications, Interpersonal Skills, and Independent Living
	Participate in review of accommodations with the disability coordinator
	Document weekly or agreed-upon case management review with counselors

I agree with the care management plan for the Career Development Period.

Student signature: _____ Date: _____

CAREER TRANSITION PERIOD	
	Conduct a health and wellness center exit interview approximately 4 weeks before program completion and review self management skills
	Work with the career transition specialist to identify potential sources of mental health care, and specialty care if needed, in the work community
	Work with the HWM to obtain signed HIPAA authorizations for the transfer of student health records to identified health care providers
	Work with the HWM and career transition specialist in assisting the student in enrolling or maintaining enrollment in a public or private health insurance program
	Provide student with copy of SF-93, SF-88, and management plan, including sleep and mood charts, if any
	Work with HWM and/or center physician to provide student with adequate supply of medication(s) at departure
	Consult with the disability coordinator and review accommodation needs for future employment, and give student a written description of ideas to be reviewed with providers in the work community

I agree with the care management plan for the Career Transition Period:

Student signature: _____ Date: _____

SUGGESTED TRAINING AND ACCOMMODATION ACTIVITIES	
	Provide opportunities for short breaks out of the classroom
	Shorten tests and assignments if the student is hampered by compulsions that can interfere with concentration, comprehension, and the actual writing required on a test
	Continue education of other students who come into contact with the student with OCD. Some people with OCD are very open about it and provide education, while others feel very uncomfortable or embarrassed in talking about it. Get agreement from student prior to any class discussion of OCD
	Student should be followed by mental health if symptoms are causing impairments in social, vocational, or academic functioning, for continued evaluation and support. If student with OCD is coping well, then there is no need for mental health follow-up