



International
OCD
Foundation

OCD and Related Disorders Clinic Profile

Archways Centre for CBT

Clinic/Program Director: Joanna McBride, MA
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460 Springbank Dr
Suite 205
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Canada

Treatment Providers:

Joanna McBride, MA
Kerry Collins, PhD
Cheryl Miller, MA

Payment Options:

Self-pay
Private insurance

Populations Served:

Adults
Adolescents
Children

Treatment Strategies Offered:

Acceptance and Commitment Therapy (ACT)
Cognitive Behavioral Therapy (CBT)
Exposure and Response Prevention (ERP)
Group Therapy
Family Therapy
Habit Reversal
Skills Training
Teletherapy

Areas of Specialty

Obsessive Compulsive Disorder (OCD)
Perfectionism
Scrupulosity

Violent/Sexual Obsessions
Body Dysmorphic Disorder
Hoarding Disorder
PANDAS/PANS
Skin Picking
Trichotillomania (Hair pulling disorder)
Treatment of Co-occurring Disorders

Summary of our services:

Archways Centre for CBT is an outpatient clinic that specializes in cognitive-behaviour therapy (CBT). Our OCD Clinic provides 'gold standard' treatment for OCD and related conditions.

We offer:

- Diagnostic evaluation and opinion
- CBT formulation-based assessment
- Individualized treatment plans
- Evidence-based therapies: CBT, exposure with response prevention (ERP), acceptance and commitment therapy (ACT)
- Evidence-based therapies for related and co-occurring conditions, e.g. body dysmorphic disorder (BDD), hoarding, trichotillomania, skin picking, anxiety disorders, mood disorders, PTSD
- Out-of-office exposures via virtual therapy
- Maintenance therapy and relapse prevention
- Psychoeducation for family members
- Supervision and training for early career psychologists

Archways is a private clinic with 3 seasoned psychologists who specialize in OCD. They have all worked in hospital-based programs offering groups for OCD and BFRBs.

Joanna McBride, Director of Archways, has been working with OCD, BDD and BFRBs for 20+ years. She has been an active member of IOCDF for 20+ years and is certified as a Cognitive-Behavioural Therapist by the Academy of Cognitive and Behavioural Therapies (ACT) and the Canadian Association of Cognitive and Behavioural Therapies (CACBT). She provides supervision in OCD assessment and treatment, and is passionate about OCD advocacy.

Treatment Planning Process

Prior to the initial appointment, new clients are emailed a self-report YBOCS checklist for completion. The initial appointment involves a general clinical assessment, followed by a more detailed OCD assessment using a behavioural formulation approach. Obsessions, compulsions (behavioural and mental), and avoidance strategies are analyzed. Based on a combination of the client's goals and the clinician's impressions, short-term and long-term treatment goals start to develop. Pre and post measures given, usually YBOCS and/or Obsessive Compulsive Inventory. Other measures are given depending on the themes of the obsessions. Psychoeducational materials are also provided to orientate the clients to the function of compulsions, as a basis of understanding ERP.

Core Treatment Components

Our psychologists are trained in providing exposure with response prevention (ERP). Woven into this may be components of other approaches. For example:

- Cognitive therapy (to explore the meaning attached to the obsessions)
- Comprehensive behavioural therapy ComB (for comorbid BFRBs)
- Values assessment (acceptance and commitment therapy)
- Behavioural activation (for comorbid depression)
- Problem-solving (to manage other life issues)

We do not have prescribing privileges but can refer to psychiatrists when it is evident that medication would assist with the treatment goals. We are hoping to offer OCD groups in the future.

Parents, Family Members, Friends, Teachers, etc. Involvement

For child clients, parents are always involved in the treatment, to address issues of accommodation, and generally learn how to support their child. Siblings may be included (if indicated) as well as teacher's and any other important figures in the child's life. For adult clients, it is not unusual for one or two sessions to include a spouse or significant person in the client's life. It is always useful to have an ally at home with the client, who understands the importance of not accommodating the OCD, and instead to encourage the client to engage in ERP.

Treatment of Co-Morbid Disorders

Co-occurring disorders are common with OCD. We mostly see concurrent depression, generalized anxiety, sleeping problems and BFRBs. Our OCD psychologists are trained to work with any co-morbid conditions, so long as CBT is indicated. If a client has a significant addictions problem, we would refer them to a suitable program if it was indicated.

Our OCD Clinic treats OCD, BFRBs, BDD and Hoarding Disorder. The OCD Clinic is part of a larger clinic called Archways Centre for CBT. Archways has built an incredible reputation for offering evidence-based therapies for anxiety disorders and OCD. The 3 Clinics that fall under the umbrella of Archways Centre for CBT are: Anxiety Clinic, OCD Clinic and First Responder Program. In all there are 8 psychologists at Archways, however only 3 psychologists work in the OCD clinic. When a client is referred or self-referred for OCD, they will be assigned to one of these 3 psychologists. Joanna McBride (Archways Director) only works with OCD and BFRBs. She trains and supervises new graduates to work in this area.

Length of Stay

We are a private clinic where clients rely on self-funding or insurance benefits to cover the costs of treatment. Since these plans vary, a client might be able to only attend 3 sessions (which we supplement with workbooks). Other more serious cases of OCD may require 50+ sessions. We do not cap the length of treatment as long as the client is progressing. If they are not progressing, we will consider doubling the dosage of therapy (i.e. increasing frequency of sessions) or referring them for a medication review.

“Census” (i.e., the maximum number of clients seen at any given time)

Because we are a private clinic, we have no restrictions on the number of clients we are permitted to see. Typically each psychologist determines the volume of the caseloads based on their own self-care to avoid burn-out. We would typically each work with approximately 15-25 clients per week.

Additional Resources

We are in the process of developing a monthly OCD maintenance group (virtual) for those having completed a course of ERP, and looking for ongoing maintenance support. This idea came in response to a growing need for follow-up care for individuals discharged from the OCD inpatient program (Sunnybrook Hospital, Toronto). Discussion ongoing with Dr. Peggy Richter.

School Facilities

One of our three OCD psychologists works with children and adolescents. These clients are typically well enough to attend the public school system. If they are more severe and needing an accommodated school facility, we would refer them to our local Child & Adolescent hospital-based program.