Intensive Treatment Program Description:
Westwood Institute for Anxiety Disorders in Los Angeles, California
March 2009

1. When did you open your program?

The Westwood Institute for Anxiety Disorders, Inc. was founded in response to the lack of expertise and successful treatment of Obsessive-Compulsive Disorder (OCD). In 1994, upon completing her training with Dr. Edna Foa, an internationally renowned authority on the psychopathology and treatment of anxiety, Dr. Gorbis began using Dr. Foa's intensive method involving prolonged and repeated exposures and response prevention (ERP) for treating OCD.

Dr. Gorbis established the Westwood Institute for Anxiety Disorders, Inc. in 1997 to better serve the community. Since then, Dr. Gorbis has successfully treated numerous patients from many parts of the world suffering from severe OCD, and has trained many clinicians from the United States and across the world on her intensive integrated method.

2. Please describe the staff that works at your program in terms of their backgrounds, credentials and experience.

Eda Gorbis, PhD, MFT: Founder and Director
Dr. Gorbis joined Dr. Edna Foa, an internationally recognized authority who pioneered the protocols for ERP, in 1994 and received extensive training in the field of OCD treatment. In 1996, she began working with Dr. Schwartz at UCLA, where she integrated Dr. Foa's ERP methods. Over the past seven years, she has treated more than 150 in- and out-patients with OCD while working closely with their families. Dr. Gorbis also serves on the Scientific Advisory Board for the Obsessive-Compulsive Foundation

Jenny C. Yip, PsyD: Director of Education
In 2000, Dr. Yip joined Dr. Charles Mansueto, Director of the Behavior Therapy Center of Greater Washington, and gained intensive training and understanding in the treatment of OCD. During her years working with OCD patients and their families, she received mentoring from Dr. Cloe Madanes, Co-Founder of the Strategic Approach to Family Therapy, on the use of paradoxical techniques and its application with resistant patients and families. In 2004, she began training with Dr. Eda Gorbis, to further develop her skills in treating OCD and the family.

Joseph O'Neill, PhD: Research Director
Dr. O'Neill is Assistant Professor of Child Psychiatry at the UCLA Neuropsychiatric Institute (NPI). He has 10 years research and clinical experience with MRI and MRS in neurologic and psychiatric disorders. He collaborates day-to-day with the co-investigators on OCD research at the NPI and Westwood Institute for Anxiety Disorders, Inc.

James Sterner, MFT: Psychotherapist & Research Assistant
James Sterner, MFT, received his Master's Degree in Marriage and Family Therapy from Phillips Graduate Institute in Los Angeles, CA. He has been trained under the direct supervision of Dr. Eda Gorbis. Mr. Sterner’s clinical experience includes providing Cognitive-Behavioral Therapy

(CBT) for individuals and groups with mood disorders and disruptive behavior disorders, including OCD, Phobias, Panic Disorder, and ADHD.

Sanjaya Saxena, MD: Research Consultant

Dr. Saxena does research, clinical practice, and teaching at UCSD and the San Diego Veterans Affairs Medical Center. From 1996-2005, he was on the faculty of the Department of Psychiatry and Biobehavioral Sciences at the UCLA Neuropsychiatric Institute. His research focuses on the neurobiology (brain abnormalities) and treatment of obsessive-compulsive disorder (OCD) and related mood and anxiety disorders. He has authored or co-authored over 40 scientific articles and book chapters and has presented his work at many major national and international scientific meetings. Dr. Saxena serves on the Scientific Advisory Board for the Obsessive-Compulsive Foundation. He also served as the psychiatric consultant for the motion picture, "As Good As It Gets" (Sony Pictures, 1997), in which the lead character, played by Jack Nicholson, suffered from OCD.

3. **Is this program devoted entirely to treating individuals with OCD or will other OCD spectrum disorders or anxiety disorders also be addressed?**

While OCD is the primary treatment target, we also address BDD, other anxiety disorders (Social Phobia, Specific Phobia, Generalized Anxiety Disorder, PTSD), and Eating Disorders.

4. **Please describe the core treatment components of your program (e.g., use of medication, ERP, group therapy, etc.).**

At the beginning of treatment, the client is taught to self-monitor his or her rituals. This involves describing activities or thought that evokes a ritual and the rating of the anxiety and discomfort level from 0 -100. The client is also taught to estimate the number of minutes per day spent in performing the rituals during the time stated. We then move to an ERP model having the client move slowly up their hierarchy of feared situations. We also incorporate writing exercises and Mindfulness-Based Behavioral Treatment form the core of our treatment.

5. **Please describe the treatment planning process at your program.**

We conduct a two to three hour, initial assessment which includes an interview and completion of multiple measures (see below for a list). This step also includes obtaining information about relationships between obsessions and consequences of external and internal cues, inquiry about bodily sensations and patterns of avoidances. When then use the first week of treatment to design a program tailor-made to the individual.

Obsessive-Compulsive Supplement	Y-BOCS
NIMH Global Obsessive-Compulsive Scale	Y-BOCS Symptom Checklist
Rating of Obsessive-Compulsive Fears Scale	OCI-SV Questionnaire
Fixity of Beliefs Questionnaire	Target Symptom List
Hamilton Depression Rating Scale	Hamilton Anxiety Rating Scale
General Functioning Questionnaire (GAF)	Fear Survey Schedule
Brown Assessment of Beliefs Scale (BABS)	Willoughby Questionnaire

6. **If someone has a co-morbid condition, can he or she participate in your program? Will there be treatment for the co-morbid condition? If so, can you give an example?**

Certain co-morbid conditions are not accepted (for example: an active, untreated Bipolar Disorder). We would also not accept a client if they have a current diagnosis of psychosis with active symptoms, an active substance abuse disorder, or a childhood neurodevelopment disorder (for example, mental retardation). We would also screen out clients with poor or little motivation to collaborate in treatment or if OCD is not the primary diagnosis.

7. **Are parents, family members, friends, teachers, etc. included in the treatment? If yes, please describe how.**

Yes. They are encouraged to attend the session to help support the client emotionally, and to help the family members and friends understand their loved one's condition.

8. **How often do patients in the program meet with staff individually? How long are these individual sessions?**

Each day, the duration of the treatment is at least 90 minutes, but they may work in the Day Program for up to 8 hours per day.

9. **Is there a set time period for a patient's treatment in the program? What is the overall time commitment to the program (for example, attend daily for three weeks)? How much flexibility is there in extending someone's stay if needed?**

The time period for a client depends on their need. During our three week intensive Day Program, the client works with a therapist everyday, between 5 and 7 days a week. There is some flexibility, but because of the intensive work, we prefer to get the most out of our time as possible.

10. **Is there a homework or "self directed" component to the treatment?**

Self directed treatment is a major component of our program. The client is exposed to all items on his/her hierarchy in sessions over time, with particular emphasis on the most difficult items. Homework is assigned daily. It consists of practicing with <u>all</u> situations that were introduced during the treatment sessions.

11. **Please describe the relapse prevention strategies you use in your program.**

We emphasize continual work with the tools learned through the program. Clients are encouraged to attend our weekly support group to maintain their gains, and are also encouraged to commit one week during the following year post-treatment to return for treatment to address remaining, or new concerns. The following is the specific relapse prevention protocol we utilize:

1. A rationale for relapse prevention.
2. Description of the relapse-prevention program.
3. Progress and maintenance.
4. Setbacks, relapse preparation.
5. Goal setting (Re-evaluation of life style).
6. Telephone call schedule for therapist.

12. What kind of follow-up do you do for those who complete your program? Will the members or your treatment team be in contact with or willing to consult with the individual's regular treatment provider(s)?

We have an ongoing weekly two hour group that is open to anyone who attended our program.

13. Do you offer a sliding fee scale or scholarships for those who cannot afford your program?

We try to help in situations we can.

14. Does your program only work with individuals who are local or are there arrangements for those who come from farther away (for example, lodging arrangements)?

Clients are welcome to come from all over the world.

15. Please add any information you think would be helpful in describing the unique aspects of your program if this has not been covered in the questions above.

Our program is a highly personalized, intensive program for those with anxiety related disorders. While it is very time consuming and difficult, it is also exhibits a very high level of success with people who have failed, on average 2-3 programs prior to attending ours.