

Intensive Treatment Program Interview with Dr. Jamie Feusner of the
UCLA Obsessive Compulsive Disorder Intensive Treatment Program,
Los Angeles, California
February 2009

1. When did you open your program?

We opened our program in June, 1990.

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

Our program has three part-time therapists who come from diverse disciplines (psychologist, MFT, nurse), but who are all experienced in cognitive-behavioral therapy. There are also two physicians who manage patients' medications.

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

This program treats OCD, OCD spectrum disorders and other disorders related to OCD.

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

The core treatment in this program is cognitive-behavioral therapy, specifically exposure and response prevention (ERP). This comprises about 75% of program time. In addition the program provides medication management and 1 hour per day of group therapy.

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

The patient's therapist will design a treatment plan in collaboration with the patient, the patient's family (if the patient wishes) and the patient's medicating doctor. The treatment team meets every week in a multidisciplinary format to review treatment and give input on each patient's treatment plan.

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?

Co-morbid conditions may be treated in the program. Each patient's situation is evaluated on a case-by-case basis. In some cases if a person's co-morbid condition is likely to substantially interfere with treatment of the OCD, then that person will be asked to address the co-morbid issue before entering the program. For example if someone has co-morbid anorexia nervosa and their body weight is so low that it affects their cognitive functioning or is causing medical problems, we would suggest an optimal, minimal body weight for that person to achieve before they begin work on their OCD. Sometimes a co-morbid condition can be addressed

simultaneously with OCD. For example someone with mild to moderate depression may find that they can do the OCD therapy and also see improvement in their depression. We assess each case individually.

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

Family members, loved ones and other members of the patient's treatment team are included in the treatment plan with the patient's permission. Family members and loved ones often need support and education. Although supportive, they frequently need guidance on how to disengage from enabling the patient. They need to know about prognosis and a reasonable time frame for treatment. We also contact patients' outpatient psychiatrists and therapists in order to obtain additional information at the beginning of treatment. We consult with them throughout the treatment period in order to provide continuity of care.

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

Patients meet with their therapist every day (Monday through Friday) for at least one hour.

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?

This program is 6 weeks long. That is, it is a total of 30 treatment days. Occasionally, if a patient needs more time their stay can be extended. However, it is often preferable to keep the time frame to 6 weeks. If someone needs additional therapy beyond this, we often recommend they be discharged to outpatient care where they can practice the gains they have made, then return to the program after several months (if needed) to complete the next phase of treatment. Patients find this to best help them integrate back into their daily lives.

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

Absolutely! Patients first do all exposures with their therapist in the program. When this becomes easier, they will do the exposure on their own within the program. The next step is to do the exposure on their own at home. Patients may also have homework assignments to do things that may not be directly connected to their OCD but are designed to improve their quality of life.

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

Relapse prevention education starts in the first week of treatment with weekly Relapse Prevention groups. Patients learn how to recognize vulnerable areas for relapse and identify strategies to prevent it. Patients' therapists will also expand upon their individualized relapse prevention programs.

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)?

All patients will have an outpatient therapy appointment in place before they leave the program in order to facilitate good continuity of care and reduce risk of relapse. Likewise, patients will be referred (or return) to an outpatient psychiatrist for management of medications. All members of staff are happy to consult with outpatient treatment providers.

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

Sadly, no. We do not have the funds to support scholarships or sliding scale.

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)?

People from all over the world attend our program. Patients from out of the area typically stay in hotels that are within walking distance to the program. We have a list of local hotels that range in price from moderate to expensive (unfortunately, nothing is cheap in Los Angeles).

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.

The UCLA OCD Intensive Treatment Program is a highly individualized program that provides up to 3 hours per day of cognitive-behavioral therapy. We have provided the highest quality of care to the OCD community for the past 19 years. Our goal is to help each person become functional in their lives, such as returning to work or school or having a volunteer position by the time of discharge. We have a small program of no more than 6 people at one time. This allows for an intimate and supportive environment where patients develop into a cohesive group and that frequently results in close friendships.