

**Interview with Dr. Nader Amir of the
OCD Institute of the Center for Understanding and Treating Anxiety
at San Diego State University
July, 2010**

1. When did you open your program?

August, 2006

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

We have three, full time, Ph.D. level staff clinicians, including the program director, Dr. Nader Amir, and two post-doctoral fellows working under Dr. Amir's supervision. Dr. Amir is a clinical psychologist who has treated individuals with OCD since 1991. He received his training from Dr. Edna Foa and Dr. Richard McNally, two pioneers in the treatment and research on OCD. The post-doctoral fellows in our program have received specialized training in the cognitive-behavioral treatment of OCD and other anxiety disorders, and have been treating individuals with anxiety disorders since 2001. In addition, our staff is actively involved in conducting research on OCD.

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

The OCD Institute is devoted to the treatment of primary OCD and OC spectrum disorders, as well as any secondary diagnoses of comorbid depression or anxiety disorders. The OCD Institute is part of the Center for Understanding and Treating Anxiety and hence patients who present with a primary anxiety disorder other than OCD are assigned to other staff at the Center for Understanding and Treating Anxiety.

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

Each patient is assigned to the clinical care of a Ph.D. level clinician. Following two to three days of treatment planning, we conduct intensive ERP sessions multiple times per week (e.g., daily, 2-hour sessions over three weeks, or 1.5-hour sessions three times a week, depending on the needs of the patient).

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

During a comprehensive diagnostic evaluation using the Y-BOCS we identify the obsessions, compulsions, and avoidance behaviors to target in treatment. Next, we generate, collaboratively with the patient, a hierarchy of feared situations to use as the initial basis for planning in-session and homework exposure exercises. We also assess environmental factors that might exacerbate the OCD symptoms and include significant others and family members in discussions of treatment rationale and process.

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?

The OCD Institute is devoted to the treatment of primary OCD and OC spectrum disorders, as well as any secondary diagnoses of comorbid depression or anxiety disorders (e.g., social phobia).

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

In keeping with a “systems” perspective on the maintenance and treatment of OCD, we include family members and significant others in the initial sessions to assist with treatment planning and implementation, and in the final sessions to assist with relapse prevention.

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

Depending on the specific treatment plan for the patient, program staff may meet with a particular patient twice, three, or five times a week for 1-hr, 1.5-hr, or 2-hr sessions.

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?

There is no set time period for a patient’s treatment in the program. On average, patients are seen for 15-20 sessions, e.g., delivered either 3 times/wk for 5 weeks or daily for 3 weeks.

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

Homework and self-directed exposure exercises are an integral component of our treatment.

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

The final sessions of the treatment program are dedicated to a discussion of relapse prevention strategies: recognizing a lapse in symptoms, importance of focusing on the task at hand instead of ritualizing, and the importance of self-directed exposures if urges to ritualize persist. We also discuss general stress management techniques as well as activity scheduling in order to keep structure in the days following treatment. Finally, we include family and significant others to help as coaches for the exposure exercises at home.

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)?

Upon completing our program, members of our staff are available to consult with the patient's treatment providers whenever necessary.

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

Yes.

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)?

We do not provide lodging arrangements for patients who are not local.

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.

Although certainly not required to, patients who are interested in participating in research studies may take advantage of the numerous research opportunities offered at our institute.