

Interview with Dr. Paul Munford of  
The Cognitive Behavior Therapy Center for OCD & Anxiety in  
San Rafael, California  
May 2009

**1. When did you open your program?**

Drs. Paul and Arna Munford opened The Cognitive Behavior Therapy Center for OCD & Anxiety in San Rafael, California in February 2006. It is a replication of his development and direction of the CBT component of UCLA's OCD intensive treatment program -- the first of its type in the nation -- where he was Adjunct Professor of Psychiatry.

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

The Director, Dr. Paul Munford, a clinical psychologist and internationally recognized expert in OCD and anxiety disorders, developed and directs the program. He has treated hundreds of patients, trained scores of psychology interns, psychiatry residents, and other trainees at UCLA and later at UC Davis. He has published over 30 scientific journal articles, book chapters, and two self-help books: *Overcoming Compulsive Checking: Free Your Mind from OCD* and *Overcoming Compulsive Washing: Free Your Mind from OCD*, both from New Harbinger Publications.

The Co-Director, Dr. Arna Munford, a clinical psychologist, has used Behavior Therapy and CBT since her CBT postdoctoral training 28 years ago to treat patients from children to older adults. She has developed and directed programs, provided consultation, assessment and psychotherapy for OCD, other anxiety disorders, depression, and psychological symptoms associated with serious physical health conditions as an Assistant Clinical Professor, Department of Anesthesiology and Department of Psychiatry, UCLA School of Medicine, Director of Psychological Services at Cedars-Sinai Medical Center's cardiac rehabilitation program and therapist at Kaiser Permanente in Sacramento. She has conducted research and published her findings in professional journals, and presented them in medical forums.

In addition, we employ licensed therapists with clinical experience who receive advanced training in the application of behavior therapy techniques to anxiety disorders in children and adults.

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

Many of our patients have OCD only. However, we treat people with OCD spectrum disorders and other anxiety disorders as well.

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

The core treatment is exposure and response prevention (ERP) used either separately or in combination with medications. All exposure activities are developed mutually between the therapist and the patient who is never coerced to engage in activities he or she does not wish to do. Similarly we never ask patients to make contact with any potentially dangerous or unnecessary activities such as those they may have seen on television or read about (e.g. having physical contact with public garbage cans and public bathroom floors).

We also provide education about OCD and training in problem solving, social skills, assertiveness, relaxation, and stress management.

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

All those seeking treatment are interviewed in our facility or by telephone, if they do not live locally, to determine whether we provide the treatment they require. Patients who are admitted receive an in depth evaluation by means of interviews and written assessments. This includes completing the Survey of Obsessions and Compulsions for OCD (SOC-OCD) (copyright by Paul R. Munford, Ph.D.) and the Yale-Brown Obsessive Compulsive Scale (Y-BOCS) Severity Ratings. Screening for other mental disorders is completed by administering the Brief Symptom Inventory (BSI). Adults' personal and family histories are obtained by administering the Personal History Checklist for Adults. And finally, the patient or parent completes a form that provides information on their educational and/or vocational status, medical history, and current family and social relationships. Data from these and other instruments and interviews are used to identify the content of the patients' obsessions and identify triggers for them so exposure and ritual prevention exercises can be developed. Assessment and evaluation continue daily throughout the program to guide treatment and assess progress.

**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?**

People with co-morbid conditions can participate in our program. For example, we have made the initial diagnosis and successfully treated a number of OCD patients with Asperger's Syndrome and ADHD. Following significant reduction in their OCD symptoms we referred them to appropriate resources to address their other disorders. We have also found that social anxiety disorder is a frequent co-morbid condition with OCD. We address this condition by means of social skills training, assertiveness training, and gradual exposure to the social situations that trigger avoidance and anxiety.

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

We encourage patients to consent to having family members and significant others involved in their treatment. We teach family how to reinforce their loved ones completion of exposure exercises by praising their efforts while refraining from the use of coercion to eliminate any practices that maintain OCD symptoms such as accommodating the patient to avoid triggers for obsessions or assisting them with rituals. In most cases, patients repeatedly ask others for reassurance that their obsessional fears will not materialize.

These incessant requests become rituals and thereby block exposure. Thus we instruct all the parties involved to stop this maladaptive form of support and instead provide praise for the hard work that the patient is doing. In cases where the patient's OCD symptoms are a source of conflict within the family we provide family counseling to resolve these interpersonal problems.

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

Patients meet with staff individually on an ongoing basis throughout each day, except when a patient is practicing ERP alone after practicing exposure with the therapist. During our three to four hour program, patients usually have individual staff contact for about three hours.

**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 the program. However patients are informed that it usually takes from four to six weeks to reach their goals of reducing their symptoms to mild or low - moderate levels of severity for discharge to outpatient treatment. If additional time is needed, it will be provided. Some patients reach their goal in less time and are discharged sooner.

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

Yes, daily homework is an important component of the treatment because it allows the patient to practice self directed ERP in their home and community, thus generalizing the desensitization they experience in the Center to triggers for OCD found in everyday life.

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

As treatment progresses patients assume more input in designing the exposure exercises. If symptoms intensify or return after discharge, they will know how to set up exposure exercises as needed. In addition, given that stress can trigger the return of symptoms or exacerbate them, we provide information on stress management techniques, relaxation training, and the necessity for engaging in pleasant events.

**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)?**

Some patients will be followed up by our staff by means of weekly outpatient treatment sessions to consolidate the gains they have made during their intensive treatment. For those returning to their referring providers, we offer them information on the patient's intensive treatment and consultation on their continued outpatient treatment if it is requested. For those without an outpatient therapist, we provide referrals to competent OCD therapists. Patients are also encouraged to contact us at any time if they have any

questions or concerns, or just to let us know how they're doing, which many of them do.

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

We do not currently offer a sliding fee scale or scholarships because it is not fiscally possible. We already spend many hours outside of clinic time at no fee working with insurance companies to cover treatment costs and finding community resources to promote patients' continued progress after discharge from our program.

**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)?**

Our program works with individuals who live locally and farther away. We help those who live beyond commuting distance to find nearby lodging that suits their budget and lifestyle. Because our program is an outpatient program, we feel it is ethically important for housing arrangements to be provided by business entities completely separate from our Center in order to avoid any conflict of interests or dual relationships.

**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.**

- As a result of the Mental Health Parity Act we are able to contract with most insurance companies to cover most or all of the cost of our treatment
- The Center is in beautiful downtown San Rafael, California (just 20 minutes north of San Francisco) which offers many nearby opportunities for exposure therapy exercises and for recreation. We are close to public transportation which offers easy access to many San Francisco Bay attractions. The Center itself is tastefully decorated and has large rooms with views of the surrounding hills that engender feelings of serenity. We are frequently complimented on our supportive, comfortable, attractive environment.
- To evaluate the effectiveness of our treatment program, we used the Yale-Brown Obsessive Compulsive Scale (Y-BOCS) Severity Ratings to compare the severity of 30 OCD patients' symptoms before treatment and at the end of treatment, which generally took four weeks. The average score before treatment was 27, which is in the severe range of intensity. After treatment, their average score was 13, which is in the mild range. This change means that our treatment resulted in an average decrease in symptom intensity of 52%, which is progress enough to allow them to function normally. Also, 83% of patients who completed the Brief Symptom Inventory rated their general psychological distress in the severe range before treatment and within normal limits after treatment.
- The improvements shown by the changes in pre and post treatment data are gratifying.

However, our greatest reward is from patients who tell us they have achieved clarity of mind and freedom from rituals, and from their family and friends who thank us for giving them back their loved ones.