Intensive Treatment Program Interview with Dr. Mirela Adina Aldea of the Anxiety Disorders Treatment Center

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

   The program opened in May 2010. This is a small private practice centering on individualized care and patient-tailored treatment plans.

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

   The intensive program is a service offered through Dr. Mirela Adina Aldea's private practice. Her background includes a Ph.D. from the University of Florida. She completed a postdoctoral fellowship focusing on the treatment of OCD and other anxiety disorders in the Department of Psychiatry at the University of Florida. She then joined the faculty at the Department of Pediatrics, University of South Florida where she focused on the clinical treatment of, and research on obsessive compulsive spectrum disorders.

   Dr. Aldea is a licensed psychologist who specializes in the treatment of adult and childhood anxiety disorders using cognitive-behavioral therapy. Dr. Aldea has worked with clients with a wide range of presentations, including obsessive compulsive disorder (OCD), trichotillomania, phobias, panic disorder, body dysmorphic disorder (BDD), tics, and posttraumatic stress disorder (PTSD). She worked in a variety of settings ranging from psychiatric hospitals to university counseling centers and outpatient clinics, and in different modalities, including individual and group therapy.

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

   The program focuses on the treatment of OCD, OCD spectrum disorders (e.g., body dysmorphic disorder, trichotillomania, tics, hypochondriasis), as well as other anxiety disorders (e.g., specific phobias, PTSD, generalized anxiety disorder).

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

   Cognitive Behavioral Therapy (CBT) with specific emphasis on Exposure and Response Prevention (ERP) is based on the scientifically proven principle that anxiety, distress, and discomfort (obsessions) are overcome when someone confronts their fear or distress rather than avoiding it or neutralizing it with ritualistic behaviors (compulsions). Each patient meets individually with Dr. Aldea who is responsible for developing an individually tailored Exposure and Response Prevention (ERP) treatment plan for each patient; if necessary and based on the patient's needs, one-on-one behavioral skills training (examples: interpersonal skills, problem solving skills, etc.) are incorporated.

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

   Following a very brief phone assessment, the patient participates in a face to face intake/initial evaluation to gather detailed information on the individual's presenting concerns, history, prior treatment etc; this helps with diagnosing and informs treatment recommendations. Patient's treatment goals are identified; the treatment and its rationale are explained in detail and the patient's questions are answered; the patient has an active role in the treatment process (e.g., through homework assignment completion, development of the hierarchy of exposures, establishing treatment goals). Sources: the intensive behavior therapy program originated by Edna B. Foa, Ph.D. and described in manual form by Kozak and Foa (1997), and the Lewin et al. (2005) treatment manual adapted for intensive intervention from the CBT protocol used in Pediatric Obsessive-Compulsive Disorder Treatment Study Team (2004). Thus, psychoeducation, cognitive training, and exposure with response prevention are essential in the treatment 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?**

   As comorbid conditions are not uncommon, patient's presenting with comorbid disorders such as tics, depression, GAD, acting out (children) are accepted into the program. However, patients with a history of and/or current psychosis, pervasive developmental disorder, bipolar disorder are not accepted into the program.

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

   Family members, especially when the patient is a child, are included in treatment to facilitate understanding of treatment principles, to reduce accommodation of OCD symptoms, to encourage optimal effort by the patient during in-session exposures and homework assignments, and to assist with generalization of treatment gains by enlisting the family member as an at-home coach.

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

   Intensive treatment (i.e., daily sessions) is available primarily for patients who are not local; these sessions are typically 90-minutes long. Depending on the patient's needs, more 'traditional' (e.g., 1-2 times per week, 60-min long) schedules are also available.

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?**

   Although the average length of treatment is 3 weeks, we understand that patients are different and respond to treatment on their own pace. The treatment is tailored to the patient's needs and goals and that includes flexible duration.

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

    Homework assignments are an integral part of the treatment process, viewed as crucial for the generalization and maintenance of the therapy gains.

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

    Parts of the final sessions are used to prepare the patient to manage symptoms independently. For example, potential barriers and problematic situations are reviewed accompanied by a discussion of the appropriate action. In addition, weekly follow-up and “booster” sessions are made available after the completion of the program, either in person (for local patients) or by phone or video-conference for those living far away.

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)?**

    After the completion of the program, the following will be available to patients: follow-up individual sessions, phone consultation, video conference, contact with patient’s other providers (granted patient’s consent).

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

    A sliding fee scale is available.

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)?**

    Treatment in this program is available to local patients and to patients who are not local and do not have access to specialized treatment in their area. A list of a wide range of lodging/accommodations in the proximity of the treatment center is made available to patients, some offering discounted prices for extended stay.

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.**

    This is a small private practice where patients receive very close, individualized care. Unlike larger programs, patients work with one provider only and no students, other trainees, or paraprofessionals are involved in the treatment process.