

Intensive Treatment Program Description: NeuroBehavioral Institute in Weston, Florida

July 2009

1. When did you open your program?

Our program started in 1998 as a pediatric Obsessive Compulsive Disorder and Related Conditions program at the Miami Children's Hospital Dan Marino Center in Weston, Florida. The program expanded to assist adults in 2000. NeuroBehavioral Institute is still associated with the Dan Marino Center.

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

Our Intensive Treatment Program staff is comprised of licensed clinical psychologists who are trained in the treatment of OCD and related conditions. Dr. Hoffman and Dr. Moritz are the Clinical Directors at NBI. Combined, they have over 40 years of experience treating children, adolescents, and adults with pre-morbid to severe OCD. Dr. Spielman and Dr. Cugnetto also provide services for our intensive treatment programs. Dr. Gisondo specializes in the treatment of adults and often provides marital therapy or individual therapy for parents of children and adolescents who receive treatment at NBI. In addition, NBI offers a wide range of assessments and consultation services. Developmental, psycho-educational, and neuropsychological assessments are completed by Dr. Gonzalez and Dr. Cassel, while Ms. Rickel offers educational consultation services. Not only does our staff offer services for individuals with OCD, they also specialize in the treatment of Autism Spectrum Disorders, Tic Disorders, other Anxiety Disorders, working memory deficits, AD(H)D, and Mood Disorders. You can read more about each member of our team below or on our website www.nbiweston.com.

Jonathan H. Hoffman, Ph.D. is a licensed Psychologist in Florida and New York. He is the Clinical Director at NeuroBehavioral Institute in Weston, FL. Dr. Hoffman holds a doctoral degree in Clinical and School Psychology from Hofstra University in New York. He is also associated with the Dan Marino Center, Miami Children's Hospital. His areas of expertise are Obsessive-Compulsive Disorders and Related Conditions, Autism Spectrum Disorders, Anxiety Disorders, Tic Disorders, and other psychological entities including AD(H)D and Mood Disorders. He has lectured widely on topics such as Obsessive-Compulsive Disorders and other Anxiety Disorders, Autistic Spectrum Conditions, Tourette's Disorder, Parenting, and Stress Management. Among other publications, he is the author of "Understanding Obsessive Compulsive Disorder and Addiction" (Hazelden Educational Materials). He participates in facilitating OCD and Tourette's Syndrome support groups along with his colleagues at NBI.

E. Katia Moritz, Ph.D., is a licensed psychologist in Florida and is the Clinical Director at NeuroBehavioral Institute. She received her first degree as a psychologist at the Catholic University of Rio de Janeiro, Brazil. In 1991, she became a visiting professional at the Albert Ellis Institute, where she received her training in cognitive therapy. Pursuing her interest in Obsessive Compulsive Disorder (OCD), she trained at a specialized center in New York where she participated in many research protocols and published articles nationally and internationally.

In conjunction with this work, she received her Ph.D. in Clinical and School Psychology from Hofstra University in New York. Upon moving to South Florida, Dr. Moritz established the anxiety disorders program at the Miami Children's Hospital, Dan Marino Center and at the Neurobehavioral Institute. She also founded the first pediatric OCD support group in South Florida. Her research led to the development of manualized treatment programs utilizing innovative approaches for the treatment of childhood OCD. She is the author of "Working with Obsessive Compulsive Disorder in Children" (Audio and Video Training Program), "Forms for Helping Children with OCD" and "Blink, Blink, Clop, Clop, Why Do I Do Things I Can't Stop," published in August 2001. Dr. Moritz has provided professionals and families with numerous training programs and workshops series. Furthermore, she is dedicated to educating school personnel on early detection and management of on anxiety and related disorders. Her current research interests involve empirical validation of creative methods to implement Behavioral Therapy in the treatment of pediatric OCD as well as intensive behavioral treatments protocols.

Jason R. Spielman, Psy.D., is a Florida Licensed Clinical Psychologist. He holds a doctoral degree in Clinical Psychology from Carlos Albizu University in Miami, FL. This program focused on a multi-cultural therapeutic practical treatment approach. Dr. Spielman is the Director of Program Services at NeuroBehavioral Institute, in Weston, Florida. Dr. Spielman is also associated with the Dan Marino Center, Miami Children's Hospital. For almost ten years, Dr. Spielman has helped individuals and families with psychological problems, specializing in the treatment of Obsessive Compulsive Disorders, Autistic Spectrum Disorders, and ADHD. He also conducts psychoeducational assessments to help in academic placement for families and schools. Additionally, Dr. Spielman teaches in the Department of Behavioral Sciences at Nova Southeastern University. He has lectured about topics such as Obsessive Compulsive Disorders, Autistic Spectrum Conditions, Parenting, and School. He participates in facilitating OCD adult and children's support groups along with his colleagues at NBI.

Joseph Gisondo, Ph.D., received his doctoral degree in clinical and community psychology from Hofstra University in New York. Since that time he has received additional training and experience at the post-doctoral level in clinical theory and practice as well as organizational consultation. Having worked at the senior level of management for over thirty years, he brings expertise to individual and couple's psychotherapy in addition to specializations in clinical applications within organizations and behavioral healthcare consulting. He is licensed as a psychologist in New York and Florida.

Marilyn L. Cugnetto, PhD, received her doctoral degree in Clinical Psychology with a specialization in Health Psychology from the University of Miami. Dr. Cugnetto is licensed as a psychologist in the state of Florida. She is the Associate Director of Clinical Research a NeuroBehavioral Institute in Weston, FL. Dr. Cugnetto provides clinical services to individuals who are diagnosed with Obsessive Compulsive Disorder, Anxiety Disorders, working memory deficits, and Autism Spectrum Disorders. Along with her colleagues at NBI, she facilitates support groups for children and adults with OCD and Tourette's Disorder. Dr. Cugnetto has attended the Obsessive Compulsive Foundation's Behavior Therapy Training Institute and has received specialty training in a working memory training program known as CogmedTM. Dr. Cugnetto has also received specialty training in Behavioral Medicine. Aside from her clinical duties, Dr. Cugnetto collaborates with her colleagues at NBI in applying for grants, developing

and executing research projects, and applying and preparing presentations for local and national conferences. Dr. Cugnetto has presented and published her research in the area of Behavioral Medicine.

Ketty Patiño González, PhD, is a clinical psychologist licensed in the state of Florida since 1998. She is a graduate of the University of Miami's Clinical Psychology program, Child and Family Track. Dr. Patiño González worked in various faculty positions at the University of Miami from 1995 until June 2007, when she decided to dedicate all her time to private practice. At the University of Miami, she taught graduate courses in psychological assessments and, for twelve years, supervised all the Clinical Psychology doctoral students in their assessment practica. During her stay at University of Miami, she started an assessment clinic that established a very strong reputation for its psychoeducational and developmental evaluations of children, adolescents, and adults. In addition, seeing a need in the community, in 2002, she established the Autism Spectrum Assessment Clinic (ASAC) to evaluate children with developmental disabilities who might be in the autism spectrum. Dr. Patiño González has supervised or conducted approximately 3000 evaluations of children, adolescents, and adults.

Tricia D. Cassel, PhD, received her doctoral degree from the University of Miami's clinical psychology program, Child and Family Track, in August 2008 and joined as a psychology resident under the supervision of Dr. Patiño González in September 2008. She completed her pre-doctoral internship at Franciscan Hospital for Children in Boston, the largest pediatric rehabilitative facility in the northeast. Dr. Cassel worked closely under the supervision of Dr. Patiño González at the University of Miami. In her five years at UM she worked in the Autism Spectrum Assessment Clinic (ASAC) evaluating children for autism spectrum disorders, completed psychoeducational evaluations with children ranging in age from toddlers to young adults, completed developmental evaluations with infants and young children, and also completed similar evaluations for toddlers and children at risk for autism as part of a research study. In addition to her assessment experience, Dr. Cassel has a wide range of experience with behavioral, cognitive-behavioral, and family therapies.

Jill Rickel, M.S., has been working with students with learning disabilities for 23 years as a tutor, mental health counselor, college admissions coordinator, national director of college admissions, and educational consultant. She has extensive experience in placing students with learning disabilities, attention deficit hyperactivity disorder, and special needs into appropriate college and post-secondary settings. After working as a mental health counselor, Jill began a career as a private math and statistics tutor, specializing in students with learning disabilities and adults in graduate school programs. In 1998, Jill began a career in post-secondary LD support as the Director of Admissions for a well-known residential program for students with learning differences and emotional/behavioral issues. After 4 years, Jill became the National Director of Admissions, responsible for all admissions, recruitment, and admissions offices nationwide. Having a desire to get back to frontline work with students and families, Jill is now in private practice and works exclusively with post-secondary students with LD, AD/HD, PDD, NLD, and emotional/behavioral/social issues, for the purpose of college or transitional/therapeutic placement.

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

At NeuroBehavioral Institute, individuals can seek treatment for all OCD Spectrum Disorders, including Tourette's Disorder, Trichotillomania, Body Dysmorphic Disorder, Hoarding, and Body-focused Repetitive Behavior Disorders. In addition, we offer services for Autism Spectrum Disorders, a variety of Anxiety Disorders such as Panic Disorder and Generalized Anxiety Disorder, other neurobiologically-based conditions such as Attention Deficit (Hyperactivity) Disorder, and childhood conditions such as Oppositional Defiant Disorder. More importantly, NeuroBehavioral Institute emphasizes the early identification and treatment of children with signs of neurobiologically-based conditions such as OCD.

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

Our practice emphasizes evidence-based treatments tailored to the specific needs of each patient. In the case of our intensive treatment program for OCD, treatment is designed based on the Complete Clinical Diagnostic Evaluation (description below). Treatment regularly includes individual CBT sessions, psycho-education, Exposure and Response Prevention (ER/P) training, ER/P in game format, parent training, family therapy, ER/P in naturalistic settings, coping skills training, and relapse prevention. When possible, sessions are scheduled with other patients and their parents in order to enhance treatment gains and to provide a network of support. Due to the nature of OCD and many other neurobiologically based conditions, medication assessments are often warranted. We have developed a strong working relationship with many psychiatrists and neurologists in the area that specialize in OCD and Related Conditions.

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

The treatment planning process for a general referral to NBI begins with a Psychological Consultation and Evaluation that entails an initial meeting(s) with a licensed psychologist for the purpose of obtaining a professional opinion and recommendations for the adult or child's presenting issues. The core of the process is a semi-structured clinical interview that reviews the current situation in detail, past or present treatments, medical and psychiatric history of the identified patient and their family, developmental history, psychosocial history, and patient and/or family goals. In addition, the Consultation and Evaluation involves a readiness for change evaluation. NBI psychologists will also gather information with formal assessments, and refer for full psychological test batteries when appropriate. Based on the findings of this process, the psychologist will provide the patient with feedback as well as any diagnostic or prognostic impressions. Treatment recommendations may include referrals for intensive therapy, individual psychotherapy, group psychotherapy, home visits, home and/or school behavioral observations, support groups, psychological testing, or consultation with another health professional (e.g. psychiatrist, neurologist, occupational therapist, physical therapist, placement specialist). For complex cases or for intensive therapy candidates, NBI clinical staff meets as a treatment team to discuss and plan an individualized treatment program. Throughout the course of treatment, progress is tracked by self-report and often with objective measures. As needed, treatment modality may vary throughout treatment with the addition of services such as home visits.

The treatment planning process for an intensive treatment program begins with a Complete Clinical Diagnostic Evaluation that entails initial meetings with two licensed psychologists, home/natural environment observations, parenting assessment, videotape review, objective assessments, and review of medical and psychological records. Based on this information, a report and recommendations for care for the intensive program and after will be provided.

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?

Yes. It has been our experience that co-morbid conditions are often the norm, not the exception when it comes to individuals with OCD and related conditions. Our intensive program is individually tailored in order to address a patient's full symptom profile. NBI's clinical staff is trained in the provision of evidence-based treatment strategies in order to properly address a number of common co-morbid conditions. In the case that there is a co-morbid condition that necessitates specialized care outside of our expertise, then an appropriate referral will be made and follow-up care offered.

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

Yes. Children and adolescents with OCD are often brought for care when family, friends, and teachers are exacerbated by the individual's OCD symptoms such as when the individual with OCD involves family in their rituals or when their inflexibility causes the family much strife. We believe that everyone involved in the individual's life can and will be (as much as they desire) involved in the individual's treatment in order to support them. Education about OCD is important for the family as OCD affects all concerned. We typically involve parents in sessions with children and often with adolescents as much as they are able and willing to participate. Families can learn specific ways to encourage the person with OCD by supporting the medication regimen and cognitive behavioral therapy. In some instances, family and friends can actually help out as "coaches." In addition, NBI staff has run a free monthly OCD support group for children, adolescents, and their family members since 1998. We also facilitate or co-facilitate free support groups for adults with OCD in Palm Beach County and Miami-Dade County as well as for children and their families with Tourette's Syndrome.

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

All treatment is individualized for each patient. We inform patient's after their initial consultation of the appropriate treatment dosage be it once a week or 5 times a week. Depending on the patient's symptom severity and their schedule, we collaboratively schedule a treatment plan. Individual sessions may run from 45 minutes to hours. For an intensive treatment program, multiple 90 minute sessions are typically scheduled per day with different NBI psychologists.

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 our typical intensive treatment program runs between two to eight weeks, the program is designed to meet each individual's needs which may necessitate additional days or weeks. A typical program is scheduled between three to five days a week for a minimum of 3 hours each day. We discuss at length with each patient and their family the rationale for the recommended length of treatment and expectations for treatment.

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

Yes. There is a homework assigned at the end of each day for the patient to complete between sessions. Homework is an essential component of treatment as it provides an opportunity for generalization of skills learned in session as well as an indicator of future adherence to treatment when the program ends.

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

Relapse prevention is considered from day one. At NBI, we aim for generalization of skills to the patient's day-to-day life and are aware that lapses are an inevitable aspect of normal life. We prepare patients for lapses by providing them with the education, training, and guidance needed for them to design their own exposure exercises and use their cognitive coping skills to address lapses in treatment. Before treatment ends, these skills are practiced. The goal is for the patient to be able to cope with a lapse on their own or identify the need for booster sessions before their lapse becomes a relapse.

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 recommend that patients receive follow-up services in order to maintain treatment gains when they return to a normal schedule. We offer booster sessions (in person or over the phone or via videoconferencing technology) as well as referrals for continued services locally (if available). We work closely with current and future treating professionals.

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

NBI is a fee-for-service clinic. We do assist patients who would like to submit claims to their insurance providers. For those who do not have insurance and whose family income is up to three times the Federal Poverty Level, we provide financial assistance on a sliding scale. The determination to offer financial assistance is based on completion of an application for Financial Assistance and review by NBI staff.

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)?

NBI's Intensive Outpatient Programs were developed to meet the needs of local, out-of-town and international children, adolescents, and adults as an alternative to in-patient treatment. It was designed to provide participants with the level of services and education necessary to address their current symptoms and improve their level of functioning. The program was developed to meet the needs of those who lack access to specialized care where they reside, or whose symptom severity requires intensive care. This program was also designed for those children, adolescents, or adults who have not benefited sufficiently from prior treatment or desire to accelerate their course of treatment. For out-of-town patients, we assist them and their family in planning their stay, including travel and hotel reservations. Several accommodations and restaurants are within walking distance to our office.

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.

Services at NBI are provided by licensed psychologists who have received training in the treatment of OCD as well as for many other OC related conditions. Our treatment programs are customized for each individual, while maintaining integrity to core Cognitive Behavioral Therapy principles. NBI staff work collaboratively, not independently, to provide the best possible treatment to individuals who seek services at NBI. Fully aware that each individual is not a carbon copy of past patients, we seek to tailor services to not only provide symptom relief for the primary referral reason, but also to promote the development of the most fully actualized individual possible (or at least get them on track). Therefore, we refer for adjunctive services that may benefit the whole person as well as add treatment modules to address beliefs or behaviors that may be maladaptive. Treatment does not end when the intensive program ends. We offer patients a number of follow-up services such as booster sessions (in person or via videoconferencing technology) as well as referrals for continued services locally (if available).