

Intensive Treatment Program Description:
The Bio-Behavioral Institute in Great Neck, New York
January 2009

1. When did you open your program?

Bio Behavioral Institute was established in 1979 and has been on the forefront of innovative and clinically proven service delivery since its inception. We are the oldest outpatient intensive and second oldest inpatient intensive treatment program in the United States for OCD Spectrum Disorders. We have earned the reputation across local, state-wide, and international communities as continuously providing effective and meaningful treatment for numerous individuals suffering in the OCD community.

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

Our professional and caring staff is dedicated to providing the most comprehensive and up-to-date treatment possible for our patients. Our staff consists of numerous psychologists, two psychiatrists, a D.S.W. level social worker with over 30 years of experience in marital and family therapy, post-doctoral fellows, psychology interns, and research assistants. All of our staff members are thoroughly versed in Cognitive-Behavioral theory and application for child, adolescent, and adult population, with some holding a certificate in school psychology as well as clinical psychology, thus familiarizing them with learning issues and school problems. They possess a variety of specialty and advanced training in areas such as Dialectical Behavior Therapy, Acceptance and Commitment Therapy, as well as specialty training in the OCD Spectrum Disorders such as Body Dysmorphic Disorder, Hoarding, Hypochondriasis, Depersonalization Disorder, Tourette Syndrome and Eating Disorders. Our psychologists are involved in ongoing research and writing within their areas of interest and frequently present at local organizations, schools, other mental health facilities, and at conferences locally and worldwide.

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

In addition to all of the OCD Spectrum Disorders, at Bio-Behavioral we also treat Anxiety Disorders (such as Panic Disorder, Social Phobia, Post-traumatic Stress Disorder and Generalized Anxiety Disorder), Depression, Bipolar disorder, Self-injurious behavior, and Personality Disorders. At least a third of our current patient population is children and adolescents so we also offer treatment for many childhood conditions, including ADHD, Asperger's Syndrome, Tourette's Syndrome, Mood Disorders, school refusal, and Oppositional Defiant Disorder. Many of our patients have co-morbid conditions, so we incorporate treatment for all of the conditions.

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

At the Bio Behavioral Institute, we believe in an integrated approach to treatment, stressing a combination of both conservative psychopharmacological treatment and psychological modalities. Our psychological services are built primarily on a strong Cognitive Behavioral foundation, with specialization in exposure and response prevention (ERP) techniques. Our treatment approach to OCD is based on the most current clinically proven techniques in reducing symptoms and enhancing the individual's quality of life. A significant strength of our program is that we are able to provide and create opportunities for individuals to practice ERP in "real" situations that they encounter in their daily lives therefore allowing patients to generalize and maintain their treatment gains. Moreover, due to the nature of our program we are capable of individually assisting patients in carrying out their ERP exercises, as opposed to self-guided or predominately group based exposure. Furthermore, where possible, we are actually able to carry out treatment in the individual's home environment. We have found home visits to be extremely helpful in facilitating treatment in such conditions as Hoarding and where OCD and other OCD Spectrum Disorders have unfortunately rendered an individual homebound. In addition to traditional treatment strategies for OCD, we do employ other techniques for concomitant problems, such as, Assertiveness Training, Exposure treatment for those with an abuse history, Dialectical Behavior Therapy for Borderline Personality Disorder, Cognitive Therapy for Depression, Anger Management, and a combination of treatments for self-injury. We also have staff members trained in Acceptance and Commitment Therapy (ACT), which is beneficial for patients who have a high overvalued ideation and/or are having difficulty tolerating ERP. Because we treat OCD Spectrum Disorders, such as, Body Dysmorphic Disorder, Trichotillomania, Tourette's Syndrome, and Hypochondriasis, we emphasize different treatment modalities appropriate for these disorders. For example, habit reversal for trichotillomania or Tourette's Syndrome. For some of the OCD Spectrum Disorders, medications are more appropriate than for others. We have ongoing research on OCD Spectrum Disorders and have specific, research-based guidelines in terms of what treatments to use for what disorders. We have a longstanding, free OCD support group and offer a variety of therapy groups on a short-term basis. We have offered a variety of groups, including ones for Hoarding, social skills groups (which assist patients with dating and job skills), Body Dysmorphic Disorder, Cognitive Therapy, and ACT for patients and family members. We also have a marital and family therapist who sees many of our families both for cognitive-behavioral family therapy and family psychoeducation because our research has shown that patients often make more progress if family members are involved.

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

Initially patients meet with a licensed psychologist for a consultation appointment. During this appointment, the psychologist assesses the needs of each patient individually and offers a recommendation for the intensity of treatment, necessity of psychological testing, family therapy, and benefit of additional services, such as a psychiatric consultation and group therapy. We also determine whether the patient requires home visits and a home and/or school behavioral observation to better assess the problem. This

information is then shared with the patient and treatment sessions are scheduled. Once in treatment, the patient and therapist will work collaboratively in setting up treatment goals and determine the best strategies for meeting these goals. Ongoing assessment of treatment progress and patient feedback in an indispensable part of our planning and treatment approach to insure all our patients receive the highest quality of care. Our staff believes in a collaborative approach and so we meet on a weekly basis to discuss treatment plans for all of our new patients.

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?

Since many of our patients have co-morbid conditions, our treatment plan usually includes a plan for treating the co-morbid disorders. Our staff is fully qualified to treat many other disorders. If, for some reason, we believe we are not equipped to treat a condition, we would make an appropriate referral. For example, in cases where the patient is suffering from a severe co-morbid substance abuse disorder, we recommend concurrent treatment at another facility, such as a substance abuse day treatment program, Alcoholics Anonymous (AA) etc. The treatment planning process includes a determination of whether the co-morbid disorder may need to be addressed prior to the OCD spectrum disorder.

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

At the Bio-Behavioral Institute we strongly believe in including significant others from the patients environment. Starting with the consultation visit, we usually recommend the involvement of family members. Family members can be an excellent source of additional background information, support and motivation. We routinely offer families psychoeducation about the condition and treatment process. With the permission of the patient, we have family members or significant others participate in treatment. This is often accomplished by modeling how to assist patients in applying the skills they are learning in treatment, as well as teaching family members to respond appropriately to patients' requests for involvement in their OCD behavior. Of course, there are times when it is not appropriate. When appropriate, we also recommend either short or long-term family or marital therapy. In the research we have conducted, we have found that when family members are involved in treatment the patient does significantly better than if family members are not involved. In addition, because we service a large number of children and adolescents, we offer ongoing consultation with school personnel to help facilitate the treatment process. This approach often includes such activities as functional behavioral assessments in the actual school environment, collaboratively establishing strategies to reduce symptoms in school, providing psychoeducation for various school personnel, and sitting in on Individual Education Plan (IEP) meetings for our child/adolescent patients when necessary. Simply stated, we will work with whoever else we need to help the patient get better. If a referral comes from an outside psychiatrist or health provider who is looking to have his/her patient be seen for CBT

only we are willing to work with the referral source. This holds true if the referral comes from a psychologist who wants intensive treatment for the patient or just medication consultation. We will work collaboratively with whomever we have to in order to help the patient.

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

All of our treatment is provided on an individual basis. The intensity and frequency of sessions is determined by the severity of the condition and the needs of the patient. Treatment sessions for our intensive program may range anywhere from a minimum of 3 days per week at 90 minute intervals to 6 days a week for 6 hours per day. Treatment at this intensity is often recommended when the individual's OCD significantly interferes across all major life domains and results in such impairments as rendering the patient homebound, unable to work or attend school, and/or participate in satisfying interpersonal relations, and enjoyable activities. Moreover, at times patients have requested an intensive program prior to major life transitions such as college, marriage, or pregnancy. Group therapy, although extremely valuable, is an adjunct treatment modality.

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?

We make every attempt to develop an individualized treatment plan for each and every patient, so there is no set time period for our program. For patients participating in our intensive program, we typically recommend a minimum of four to eight weeks, but some patients participate for much longer periods of time. Some of our intensive patients have returned at a later date for booster sessions or for a maintenance or relapse prevention program. We also have patients who benefit from longer term weekly therapy to continue working on treatment goals or receiving support once they have addressed a majority of their symptoms. Each individual's customized treatment plan is flexible to change based on responsiveness, availability, and unforeseen issues that may arise. Patients' schedules and treatment focus may be adjusted based on the recommendations of our treatment team.

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

From early on in our program at Bio-Behavioral we recognized that many patients who suffer from OCD and spectrum disorders struggle with homework-based ERP, for a variety of reasons, including severe anxiety levels, high overvalued ideation, concomitant depression, etc. Many of our patients have already attempted homework based ERP, resulting in only partial symptom relief. For this reason, the foundation of our treatment program rests on therapist-guided exposure exercises with the addition of homework/self directed as patients progress through the treatment program. As a general rule, the amount and degree of homework assignments increase as patients gain a solid

understanding of the tenets of behavioral treatment and can tolerate the in session exercises. We do recognize that long-term treatment gains are partially dependent on the ability to carry out self-directed treatment, so our therapists work with patients to incorporate self-guided work into therapy, with ongoing in session exercises.

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

Research at the Bio-Behavioral Institute has indicated that relapse prevention is extremely important and those who are enrolled in a relapse prevention program after treatment do better long term than those who do not continue in such programs. Therefore, an important component of our treatment is to teach patients about relapse prevention and maintenance of treatment gains. We make every effort to educate our patients about factors that can contribute to relapse during and after intensive treatment. We have a relapse prevention program involving a gradual reduction in the frequency of sessions, an increase in self-guided ERP, booster sessions, follow-up phone sessions for out-of-state individuals, and consultation with other providers. In fact we have published two studies looking at the effect of our relapse prevention program for OCD and body dysmorphic disorder. To date, very few studies have been performed looking at the efficacy of relapse prevention programs; and ours have shown that patients who engage in this post treatment do a lot better in the long run.

12. What kind of follow-up do you do for those who complete your program? Will the members of your treatment team be in contact with or willing to consult with the individual's regular treatment provider(s)?

We strongly advise patients completing our intensive program to continue treatment for at least a year after the initial program. Patients who are out-of-state can continue therapy via telephone and/or transition to their treatment providers near their home. Patients in the local area gradually decrease the frequency of treatment as they achieve treatment goals. We have a relapse prevention program whereby individuals call or come to the office for shorter periods of time after treatment has been terminated. Also patients may come back for booster sessions at any time. We make every effort to involve patients' local treatment providers in the entire treatment process, from gathering information for initial treatment planning to offering updates on patient's progress and consulting later on as needed.

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

We do offer a scholarship program for those who cannot afford treatment and meet certain criteria. We accept Medicare and many of our patients receive partial out-of-network reimbursement based on their private insurance. Some insurance companies will work out plans with us to reimburse patients for intensive outpatient treatment (IOP) as well as for partial hospitalization (payment up to 6 hours a day). It very much depends

on the insurance of the patients and the previous types of treatment they had received. We make every effort to accommodate patients.

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 intensive program can accommodate patients who come from farther away. The Bio-Behavioral Institute is located in a busy suburban area near major highways and easy access via train to New York City. We have many local hotels and extended stay facilities available to patients within a short distance from the clinic. Some of the hotels have special prices for our patients.

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 Bio-Behavioral Institute is a treatment and research center and the staff has published over 12 books, many book chapters and hundreds of scientific papers in the area of OCD and its Spectrum. A neurobiological basis for OCD was first proposed by the medical director, Jose Yaryura-Tobias, MD in 1977 and he and his colleague, Fugen Neziroglu, Ph.D. were pioneers in bringing awareness to OCD when only two pages were devoted in most psychopathology books. They devoted years to have it a recognized disorder and claimed that the prevalence was much higher than the .5% reported in the 1970's. They purported in their first book, *Obsessive Compulsive Disorder: Pathogenesis, Diagnosis and Treatment* (Marcel Dekker, 1980) that many disorders such as Tourette Syndrome, Eating Disorders, Sydenham Chorea, Hypochondriasis and others were related disorders. At that time there was no recognition of spectrum disorders. The Bio-Behavioral Institute is still a pioneer in bringing innovative approaches to OCD and its Spectrum and continues to believe that there is much more to do to bring relief to patients.