

Intensive Treatment Program Description:
University of North Carolina Anxiety and Stress Disorders Clinic in
Chapel Hill, North Carolina
March 2009

1. When did you open your program?

We started this program in 2007.

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

Our staff ranges from advanced graduate students in clinical psychology (with Masters Degrees) to PhD level therapists with 10 years+ experience.

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 treats individuals with OCD and also body dysmorphic disorder and hypochondriasis, as well as those with other anxiety and stress disorders.

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

The core components are exposure and response prevention and cognitive therapy. Therapists are specifically trained and supervised in the delivery of this treatment and receive supervision by Dr. Abramowitz who has conducted numerous research studies and written several books on this treatment approach. We do not provide medication on site, but work with psychiatrists at nearby locations who can provide such services. All treatment is individual therapy (no group therapy at this time).

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

Patients initially have a telephone screening to make sure they are appropriate for the program. Next, there is a consultation in which a more thorough assessment of OCD and related problems is conducted, and feedback and recommendations are provided. After an assessment and a description of the treatment program, patients who are a good match, and who agree to begin treatment are scheduled for the therapy.

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?

This needs to be decided on a case-by-case basis. If it is determined that the co-morbid condition will not unfavorably impact the treatment of OCD, he or she will be invited to participate. If it is

determined that the comorbid problems are likely to interfere with the treatment of OCD, a referral will be made for treatment for the co-morbid condition before beginning OCD treatment.

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

Parents and family members are welcome to be included in treatment (primarily as “coaches” and “cheerleaders”) under two conditions: (a) the patient must give permission for this, and (b) the therapist must feel that the family member(s) can learn to contribute constructively to therapy. We frequently treat couples in which one partner has OCD, helping the non-affected partner to learn how to help with therapy and assist at home with overcoming OCD.

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

Typically the treatment program is between 12-20 sessions (average is 16 sessions). The sessions might occur weekly, twice-weekly, or more frequently (e.g., if someone is coming from out of town). Therapy sessions typically last from 1 to 2 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—rather, we evaluate after about 16 sessions and determine whether additional therapy would be beneficial. Patients from out of town typically stay for 3 weeks and see their therapist Monday-Friday. Local patients see the therapist weekly or twice-weekly.

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

Self-directed exposure and response prevention is an important component to our program. Typically, this involves patients practicing on their own the same skills they practiced in the most recent session with the therapist.

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

Toward the end of therapy, the therapist helps the patient plan for aftercare. This may include a referral for services in the patient’s hometown, suggestions for self-help books, as well as any number of plans for continuing with self-directed exposure therapy after the program is over.

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 are always willing to consult with regular treatment providers, and are happy to email or discuss over the phone any difficulties our patients may be having after therapy is over. Patients are also welcome to schedule booster sessions to follow-up.

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

We offer a sliding scale fee for patients willing to be treated by non-licensed therapists (i.e., an advanced graduate student) under the supervision of Dr. Abramowitz.

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 are happy to work with patients from out of town and can recommend nearby hotels and restaurants that offer reduced fees for our patients.