



International
OCD
Foundation

OCD and Related Disorders Clinic Profile

Bio Behavioral Institute

Clinic/Program Director: Fugen Neziroglu, PhD

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Treatment Providers:

Fugen Neziroglu, PhD

Sony Khemlani-Patel, PhD

Payment Options:

Medicare

Self-pay

Scholarships available

Populations Served:

Adults

Adolescents

Children

Treatment Strategies Offered:

Acceptance and Commitment Therapy (ACT)

Cognitive Behavioral Therapy (CBT)

Exposure and Response Prevention (ERP)

Family Therapy

Group Therapy

Habit Reversal

Home Visits

Prescribe Medication

Skills Training

Teletherapy

Areas of Specialty (in addition to OCD in general):

Body Dysmorphic Disorder (BDD)

Hoarding Disorder

PANDAS/PANS

Perfectionism
Scrupulosity
Skin Picking (Excoriation Disorder)
Tics/Tourettes
Trichotillomania (Hair Pulling Disorder)
Violent/Sexual Obsessions
Eating Disorders (ED)
Autism Spectrum Disorders (ASD)
Treatment for Co-occurring Conditions

Summary of our services:

Bio Behavioral Institute was established in 1979 and has been at the forefront of clinically proven service delivery and innovative research since its inception. We are the longest running outpatient intensive treatment program in the U.S. for OCD related disorders. Our mission is to provide an integrated approach to treatment by creating treatment plans that meet each patient's unique needs. Our team consists of numerous psychologists, on site psychiatrists, licensed social workers, post- doctoral fellows, externs, and research assistants. Our staff members are thoroughly versed in cognitive behavioral theory and its application for child, adolescent, and adult populations. Institute staff possess a variety of specialty and advanced training in dialectical behavior therapy, acceptance and commitment therapy, and comprehensive behavioral intervention for tics. Our individualized outpatient intensive program consists of one-on-one therapy up to 6 hour a day with the addition of family, marital, and group therapy as appropriate. We also offer intensive treatment for children and adolescents, including our school refusal program for those struggling with school attendance due underlying psychological disorders. We strongly believe in family and community involvement. We believe in in vivo therapy conducted in the natural environment including the home. We collaborate with all outside professionals.

Treatment Planning Process

Initially patients meet with a senior 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 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 determining the best strategies for meeting these goals. Ongoing assessment of treatment progress and patient feedback is an indispensable part of our planning and treatment approach in order to ensure all of our patients receive the highest quality of care. Our staff believes in a collaborative approach and meet on a weekly basis to discuss treatment plans for all of our new patients.

Core Treatment Components

At the Bio Behavioral Institute, we believe in an integrated approach to treatment, stressing a combination of psychological modalities and conservative psychopharmacological treatment. Our psychological services are built primarily **on a strong cognitive behavioral** foundation,

with specialization in exposure and response prevention (ERP) techniques, cognitive therapy, and adjunctive scientifically supported interventions such as dialectical behavior therapy (DBT), acceptance and commitment therapy (ACT), and comprehensive intervention for tics (CBIT). These adjunctive approaches can be especially beneficial to patients with co-occurring disorders or for those with high overvalued ideation who are having difficulty tolerating ERP.

We offer weekly groups as well as half day workshops on topics of relevance to best serve the needs of our patients. We also offer marital and family therapy as well as parent coaching and skills.

Our treatment approach 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 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 individually assist 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.

In addition to traditional treatment strategies for OCD, our staff's training in 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 provides a comprehensive treatment approach. Because we treat OCD related and co-occurring disorders such as body dysmorphic disorder, trichotillomania, Tourette's Syndrome, and health anxiety, we emphasize different treatment modalities appropriate for these disorders.

Parents, Family Members, Friends, Teachers, etc. Involvement

At the Bio Behavioral Institute, we strongly believe in including significant others from the patient's environment. We usually recommend the involvement of family members beginning with the initial consultation. 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 also 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 how to respond appropriately to patients' requests for involvement in their OCD behavior. When appropriate, we also recommend either short or long-term family or marital therapy. 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 activities such 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 whomever else we need to in order 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, 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.

Treatment of Co-Morbid Disorders

In addition to all of the OCD related disorders, Bio Behavioral staff also treat anxiety disorders (such as panic disorder, social phobia, post-traumatic stress disorder and generalized anxiety disorder), depression, bipolar disorder, self-injurious behavior, olfactory reference syndrome, dissociative disorder, and personality disorders. At least a third of our current patient population are children and adolescents so we also offer treatment for many childhood conditions including ADHD, autism spectrum disorders, Tourette's Syndrome, mood disorders, school refusal, and oppositional defiant disorder. Many of our patients have co-morbid conditions that we incorporate into treatment planning.

Individual Therapy

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 per week for 6 hours each 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. At times patients, have requested an intensive program prior to major life transitions such college, marriage, or pregnancy. Group therapy, although extremely valuable, is an adjunct treatment modality.

Length of Stay

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. We offer booster sessions or maintenance and relapse prevention programs for those wishing to return to our program to make additional gains. We also serve patients who benefit from longer-term weekly therapy to continue working on treatment goals or receive support once they have addressed a majority of their symptoms. Each individual's customized treatment plan is flexible 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.

“Census” (i.e., the maximum number of clients seen at any given time)

We do not have a maximum number of clients at any given time. Our team of seven full time as well as part time staff are able to accommodate new patients within a short amount of time.