



International
OCD
Foundation

OCD and Related Disorders Clinic Profile

Bio Behavioral Institute

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Treatment Providers:

Fugen Neziroglu, PhD

Payment Options:

Medicare
Private Insurance
Self-pay
Offer a sliding fee
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
Treatment for Co-occurring Conditions

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

Summary of our services:

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 longest running outpatient intensive and second oldest inpatient intensive treatment programs in the United States for OCD spectrum disorders. 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 its application for child, adolescent, and adult population. Additionally, some staff hold certificates in school psychology as well as clinical psychology, thus familiarizing them with learning issues and school problems. Institute staff 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 OCD spectrum disorders such as body dysmorphic disorder, hoarding, hypochondriasis, depersonalization disorder, Tourette Syndrome and eating disorders. Of note, we do offer a scholarship program for those who cannot afford treatment and meet certain criteria.

Treatment Planning Process

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 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 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 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 conditions such 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 level of 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. We have ongoing research on OCD spectrum disorders and have specific, research-based guidelines in terms of what treatments to use for what disorders. For example, medications are more appropriate for some OCD spectrum disorders than for others.

We have a longstanding free OCD support group and offer a variety of therapy groups on a short-term basis. Groups include ones for hoarding, social skills groups (to 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 since research has shown that patients often make more progress if family members are involved.

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 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 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 spectrum 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, 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, Asperger's Syndrome, 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. Some of our intensive patients have returned at a later date for booster sessions or maintenance and relapse prevention programs. We also have 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)

Census for our program is 14.