



International
OCD
Foundation

OCD and Related Disorders Clinic Profile

University of Florida OCD Program

Clinic/Program Director: Gary Roy Geffken, PhD

Name of Intake Coordinator: Brian Olsen, PhD

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<https://ufhealth.org/medical-psychology-shands-uf>

8491 NW 39th Avenue

Gainesville, FL 32606

Treatment Providers:

Gary Roy Geffken, PhD

Joseph P.H. McNamara, PhD

Cindi Flores, PhD

Brian Olsen, PhD

Michael Shapiro, MD

Payment Options:

Private Insurance

Self-pay

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

Medication

Skills Training

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:

Founded by Dr. Wayne Goodman and Dr. Gary Geffken in 1991, The UF OCD Program in the Division of Medical Psychology has been in existence for over 20 years. Gary Geffken, PhD, directs the UF Division of Medical Psychology. The UF OCD Program specializes in the treatment of OCD and OCD spectrum disorders in both children and adults. The division has produced hundreds of published studies and book chapters that focus on the assessment and treatment of these disorders. Numerous OCD spectrum disorder treatment specialists and researchers have been trained in this program.

Based on research evaluating treatment outcomes for those participating in our program, 80-85 percent show at least a 50 percent reduction in their OCD symptomology after 15 sessions.

Treatment Planning Process

After the intake, all treatment providers will meet with Dr. Geffken or Dr. McNamara to discuss the case and create the best individualized treatment plan. This is a collaborative process in which the family's stated goals at intake are addressed. This plan will be conveyed to the patient and their caregivers or family members, as it is important for everyone in the home to understand OCD or OCD related disorders so that appropriate support can be provided and so family members understand how to not accommodate to the patient's symptoms.

Core Treatment Components

During the first appointment a comprehensive intake is completed. For those with OCD, an assessment of symptom severity is conducted using the Children's Yale Brown Obsessive Compulsive Scale or the Yale Brown Obsessive Compulsive Scale at intake and at various points throughout treatment so we can track improvement in various OCD symptom domains. CBT-ERP is the evidence-based treatment used in our clinic. Psychoeducation is provided to the patient about OCD and why CBT-ERP is an efficacious method to treat it. A fear hierarchy will be generated and a discussion will occur about how the patient and the treatment team will work in a collaborative manner at the patient's pace to do exposure exercises every session and for homework. CBT-ERP will then occur until symptom severity is reduced. A discussion of relapse prevention will occur at the end of treatment. We will address other psychological symptoms that we know interfere with treatment. In this vein, we are always adjusting CBT-ERP treatment to incorporate other treatment techniques to improve treatment response (e.g., motivational interviewing) as needed. Patients may be referred to our psychiatry team for a

medication consultation on an as needed/as requested basis. This occurs with less than half of the cases seen at the UF OCD Program.

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

With OCD treatment as with many mental health conditions, family members can play a seminal role in shaping and maintaining treatment outcomes. Thus, we offer Family-Based CBT-ERP when feasible and appropriate. This directly includes family members in the treatment of OCD. Research shows that involving family members increases familial understanding of patient's symptoms and teaches them how to balance supporting the patient versus doing behaviors that actually maintain the patient's symptoms and increase stress on the family. In short, involving individuals who interact with the patient frequently outside of the therapy room often improves treatment effectiveness. However, familial involvement is up to the patient and, in some cases, is not appropriate. In addition, key stakeholders such as teachers may be provided with consultation to help increase sustainability and adherence to the treatment protocol maintenance in a wider variety of settings.

Treatment of Co-Morbid Disorders

The UF OCD Program therapists also provide the leading treatments to address OCD spectrum disorders and other anxiety disorders. In general, CBT-ERP would be used for other anxiety disorders. Habit reversal training could also be implemented for some other OCD spectrum disorders. Additionally, a wide range of co-morbid conditions can be addressed during OCD treatment.

Individual Therapy

Decisions regarding the frequency of how often patients meet with staff members is determined following the intake. In general, patients receiving treatment attend sessions lasting approximately 60 to 90 minutes. Treatment most often ranges between daily and weekly.

Length of Stay

The frequency and intensity of sessions is determined on a case-by-case basis. Generally, patients receive treatment on a weekly basis for approximately fifteen 60-90 minute sessions. Those who participate in the intensive treatment program receive treatment on a daily basis for approximately fifteen sessions lasting approximately 60-90 minutes. There is flexibility for booster sessions after these 15 sessions, but based off research and clinical experience, we generally encourage patients to at least try a period of time away from treatment (e.g., 1-3 months) at this point to practice treatment skills before returning to address any remaining symptoms.

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

We generally see 2-4 patients with OCD for intensive treatment per week with additional room to accommodate intensive cases. The number of patients with OCD seen on a once per week basis ranges from 20-25.

School Facilities

There are no school facilities available. However, Dr. Cindi Flores is trained as a school psychologist and has experience working with school systems.

Other Resources for Outpatients

We work in a collaborative environment with psychiatry and thus, psychopharmacological augmentation is always an option for our patients. We offer intensive therapy in addition to weekly therapy for patients with severe OCD and/or those who travel long distances to receive our services. In addition to the clinical team described above, we are a training clinic that houses 4 post-docs, 2 interns, and 5-10 rotational graduate student therapists per semester. Our clinical team has therapists with a wide variety of clinical expertise. This is why we are able to augment ERP with motivational interviewing, acceptance and commitment therapy, CBT- Insomnia, PCIT/Parent Training, CBT for depression, etc. as needed to increase symptom reduction for our patients.

Treatment services have been provided to individuals across the United States and internationally. Those who are interested in receiving services are provided with information on lodging in the area. Many local hotels, motels, and bed and breakfasts offer a “hospital rate” for those seeking treatment. Those who may not be able to afford lodging can apply to stay at the Ronald McDonald House. Patients are required to provide their own transportation. Additionally, currently funded research studies offer financial support for those who qualify and are seeking treatment.