UNC Clinic Offers Affordable Intensive Treatment: An Interview with Jonathan Abramowitz, Ph.D.

NEWSLETTER: The University of North Carolina (UNC) at Chapel Hill has a new clinic for the treatment of anxiety and stress. Is OCD treated at this clinic?

DR. ABRAMOWITZ: First, thank you so much for spotlighting our new program in the Newsletter. We are very excited to get the word out about our services.

Now, to answer your question, yes we work with people who have OCD. In fact, you might say OCD is the “speciality of the house.” I have dedicated my career to treating this problem, training others in how to use effective treatments, and researching OCD.

NEWSLETTER: Where is your clinic located? Can people get there using public transportation?

DR. ABRAMOWITZ: We actually have two locations in the Chapel Hill, NC area. One of these is on the UNC campus in the Psychology Building (Davie Hall). This site mainly serves the UNC campus community. Our second location, which is conveniently located off of Raleigh Rd. in Chapel Hill, serves the Raleigh-Durham-Chapel Hill community. This clinic is close to Interstate 40 and approximately 15 minutes from the Raleigh-Durham International Airport. It is about a 20 to 30 minute drive from Raleigh and about a 2-3 hour drive from Charlotte. The off-campus site serves the Raleigh-Durham-Chapel Hill area and we have had people travel for treatment from all over the southeast U.S. and beyond.

NEWSLETTER: What treatment modalities are used at your clinic to treat OCD?

DR. ABRAMOWITZ: We use cognitive-behavioral therapy (CBT) - specifically, the techniques of exposure, response prevention, and cognitive therapy.

NEWSLETTER: Are these treatments evidence-based?

DR. ABRAMOWITZ: Yes, CBT for OCD has been very well studied over the last 30 years. These studies consistently show it is the most effective way to reduce obsessions and compulsions. It is more effective than “talk therapy,” relaxation training, stress management, and even more effective than serotonin reuptake inhibitor (SSRI) medication. I tell people who come to our clinic that, on average, about 60% of people who complete a course of CBT show a 60% reduction in their OCD symptoms. In addition, CBT gets results fast – the improvements are seen in as few as 15 treatment sessions. Another advantage of CBT is that we know it has good long-term effects. This means even after you stop seeing your therapist, you are likely to continue doing well. I think this is because in CBT you learn and practice skills for beating OCD that no one can ever take away from you. You can use them for a lifetime.

NEWSLETTER: Can you explain CBT and exposure and response prevention, and tell us how they work on OCD?

DR. ABRAMOWITZ: Sure. CBT is based on weakening the maladaptive thinking and behavioral patterns that are involved in obsessions and compulsions. You learn and practice techniques that weaken the pattern of becoming very anxious over obsessional thoughts and situations and skills to weaken the pattern of using compulsive rituals to deal with anxiety.

We think of CBT as involving four techniques. The first is education, which means that you learn about how your obsessions and compulsions are related and how CBT is used to reduce these symptoms. Another technique is called cognitive therapy, which involves helping you identify and correct problematic thinking styles that lead to anxiety – for example, the tendency to exaggerate risk and uncertainty. The two most powerful techniques in CBT, however, are exposure and response prevention. Exposure means gradually confronting the situations and thoughts that trigger obsessional fear. Exposure can involve actually confronting feared situations, or imaginal exposure to feared disasters. Response prevention means that you practice staying in the situation until the anxiety decreases on its own, rather than escaping by doing rituals. By practicing exposure and response prevention, a person with OCD learns that anxiety eventually lessens the more he or she remains exposed – even when no rituals are performed. This is called habituation. So, exposure helps reduce obsessional anxiety and response prevention helps you to weaken the pattern of using rituals to reduce obsessional anxiety.

NEWSLETTER: That seems like hard work!

DR. ABRAMOWITZ: Well, it often is hard work. I explain to people who come to our center that they will almost definitely feel uncomfortable during exposure sessions. But, that we also work with our patients to help minimize their distress and help them get through it. Specifically, we encourage the person to start with exposure to less distressing situations and gradually work up to more challenging ones. We also help the person to see that the anxiety is only temporary. It subsides as time goes by. So, as you might have guessed, how much improvement a person gets out of CBT is related to how much effort he or she puts into doing the therapy.

NEWSLETTER: Is your clinic outpatient or inpatient?

DR. ABRAMOWITZ: Our clinic is an outpatient clinic only.

NEWSLETTER: What is the normal course of treatment for someone in your clinic? How many sessions a week? Typically, how long will someone continue exposure and response prevention therapy? Is the length of therapy dependent on the particular person who is being treated?

DR. ABRAMOWITZ: The course of treatment depends on a number of factors, most importantly, the nature of your OCD symptoms. At the initial visit to our clinic, patients receive an evaluation and consultation in which we thoroughly assess the OCD symptoms and psychological history, and make recommendations about what is the best way to proceed with treatment. Typically, the actual OCD treatment program is about 15-20 sessions with the therapist, but this is flexible. These therapy sessions might occur once a week, twice a week, or even more frequently depending on the severity of the OCD symptoms and the patient’s schedule. The sessions might last anywhere from 1 to 2 hours.

NEWSLETTER: Do you have an intensive treatment program?

DR. ABRAMOWITZ: Yes. When the OCD reaches a severe level, we recommend intensive treatment, which means daily treatment sessions (Monday through Friday) for three weeks. In addition, patients who come from out of town typically do the intensive treatment schedule to minimize their time away from home.

NEWSLETTER: Could you describe your intensive treatment program? Who is eligible for it? How long is it? What treatment modalities do you use for patients in your intensive program?
Do you have programs for children and adolescents?

DR. ABRAMOWITZ: Presently, we only evaluate and treat adults in our program.

NEWSLETTER: Who is on the staff of your OCD treatment program? Can you tell us about their background, training and experience? What is your background, training and experience?

DR. ABRAMOWITZ: I am the director of the anxiety and stress disorders clinic. The other members of our staff include Ph.D. level, Masters level, and Bachelors Degree level therapists. Most of our therapists are advanced graduate students working toward their Ph.D. in clinical psychology. The UNC clinical psychology training program is among the top 10 best programs in the U.S., so our therapists are outstanding. They operate under my close supervision and, as I like to say, work very hard to impress me in order to get good grades!

All our staff have been trained in the use of CBT for anxiety and OCD. They receive intensive training by observing therapists conducting treatment, and then by conducting therapy themselves under close supervision. Their level of experience ranges from one year to several years. As for me, I am an Associate Professor and the Associate Department Chair of Psychology at UNC. I have been teaching people with OCD for over 10 years and am a licensed clinical psychologist in North Carolina. I earned my Ph.D. in clinical psychology from the University of Memphis in 1998 and also trained for three years at the Center for Treatment and Study of Anxiety in Philadelphia under the supervision of Drs. Edna Foa, Michael Kozak, Marty Franklin and others. In 2000 I moved to the Mayo Clinic in Minnesota to start an OCD/Anxiety disorders program, which I directed until 2006 when I moved to UNC.

I have treated and evaluated hundreds of people with OCD, and I routinely give workshops to train clinicians. Our OCD program, in fact, serves as a place for students and professionals to learn about the treatment of OCD. I am also a member of the Advisory Boards for the Anxiety Disorders Association of America and of the Obsessive Compulsive Foundation, and am on the Board of Directors of the Association for Behavioral and Cognitive Therapies. Finally, I have written and edited numerous books and research articles on OCD and its treatment.

NEWSLETTER: Is medication part of your treatment regime?

DR. ABRAMOWITZ: We do not have psychiatrists or physicians on our staff, and therefore do not work with medications. We find that most of our patients are already taking medication when they come into our program, however. We recommend that you remain in contact with your psychiatrist or other physician to manage your medications.

NEWSLETTER: Do you work with the OCD spectrum disorders at your clinic?

DR. ABRAMOWITZ: In addition to OCD, we work with other anxiety disorders, as well as severe health anxiety (hypochondriasis) and body dysmorphic disorder (which are sometimes referred to as spectrum disorders).

NEWSLETTER: Are people with comorbid conditions, such as, depression, PTSD or bipolar disorder, eligible for your treatment program? Are people with substance abuse problems allowed to participate?

DR. ABRAMOWITZ: People with OCD often have other co-occurring problems, such as, depression, anxiety disorders, bipolar disorder, and substance abuse. At the initial consultation visit, we assess for these problems and use our expertise to make a determination about whether they might interfere with therapy to the extent that a different referral is necessary. In some cases, we elect to proceed with OCD treatment. If, however, it appears that the secondary problem will get in the way of the OCD treatment, we try to provide a referral for the necessary services before working on OCD.

NEWSLETTER: What do you do about relapses? Can someone come back into the program or can s/he come back on a non-intensive schedule?

DR. ABRAMOWITZ: Once someone goes through our program, the door is always open. Occasionally, people have difficulty keeping up with their treatment, or they have a setback and need more help. We are happy to provide "booster sessions" in such cases.

NEWSLETTER: This sounds like a wonderful treatment program. What does it cost? Is it covered by private insurance? Do you take Medicare and Medicaid?

DR. ABRAMOWITZ: I am very happy to say that we are able to offer CBT treatment for OCD at an extremely low cost. In fact, we have a sliding scale fee that is based on income. This means we will not turn anyone down for treatment simply because s/he cannot pay. We will work out an affordable fee. There is a standard fee for the initial consultation (which is a 2-hour appointment), and this is often reimbursable by insurance companies. We do not take Medicare and Medicaid, but again, will work with you to set a fee you can afford.

NEWSLETTER: If someone would like more information about your program, what's the best way to get additional information?

DR. ABRAMOWITZ: Our clinic has a website: www.uncanxietyclinic.com, which also has our brochure. Our clinic phone number is 919-962-6906. Finally, I am happy to answer questions about the program if you call (919-843-8170) or e-mail me directly at jabramowitz@unc.edu.