Who Do We Treat?

WHO WE TREAT AT OUR CENTER

Is your patient’s life controlled by fear, worry, or obsessive thoughts? How often do your patients present to the emergency department with panic symptoms? Do they check WebMD over and over trying to self-diagnose their symptoms? Or do they simply struggle with activities of daily living such as sleeping, eating, or maintaining relationships, because worry and anxiety consume their day? If this sounds like any of your patients, we can help.

We specialize in the treatment of obsessive compulsive (OC) spectrum disorders (obsessive compulsive disorder, body dysmorphic disorder, trichotillomania, and excoriation), anxiety disorders (generalized anxiety, social anxiety, panic disorders, specific phobias), and posttraumatic stress disorder (PTSD) in adults and children.

DISORDERS WE TREAT

Anxiety Disorders
Anxiety disorders are common and characterized by intense feelings of worry, anxiety, and/or fear that interfere with normal, everyday life and overall wellness. Symptoms include not being able to stop worrying, restlessness, and disproportionate stress compared to what’s happening. Examples include:

- Panic disorder
- Generalized anxiety disorder
- Social anxiety disorder

Obsessive Compulsive Disorder (OCD)
OCD is characterized by the presence of obsessions and/or compulsions. Obsessions are recurrent and persistent thoughts, urges or images that are experienced as intrusive and unwanted. Compulsions are repetitive behaviors or mental acts that an individual feels driven to perform in response to an obsession or according to rules that must be applied rigidly. While the specific content of obsessions and compulsions varies among individuals, certain symptom dimensions are common in OCD, including:

- Perfectionism
- Fear of contamination
- Religious and/or scrupulosity
- Concern about right/wrong morality
- Fear of harming self or others
- Forbidden or perverse sexual thoughts, images, or impulses

PANS/PANDAS
PANDAS or Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal infections is a term to describe children who have a sudden onset or worsening of symptoms of OCD or tic disorders following a strep infection. More recently, PANS has been discussed as any child with a Pediatric Acute-onset Neuropsychiatric Syndrome. This can include strep, autoimmune issues, or any unusually abrupt onset of symptoms. These are children whose symptoms reach full-scale intensity within 24–48 hours. We work closely with
medical providers to provide cognitive behavioral interventions needed for the patient, as well as support and guidance for the patient’s family.

Body Dysmorphic Disorder (BDD)
BDD is a body-image disorder where a perceived defect in a person’s appearance causes persistent and intrusive preoccupations, often causing severe emotional distress and difficulties in daily functioning. A perceived defect may be a slight imperfection or nonexistent. However, to someone with BDD, it seems significant and prominent. They may fixate on any part of their body, although they often find fault with hair, skin, nose, chest, or stomach. Symptoms include:

- Comparing body parts with others’ appearance
- Camouflaging body parts
- Changing clothes excessively
- Excessive grooming, exercise, or checking in a mirror
- Seeking cosmetic surgery

Posttraumatic Stress Disorder (PTSD)
Posttraumatic stress disorder occurs following exposure to actual or threatened death, serious injury, or sexual violence with persistent symptoms lasting longer than one month and causing significant distress.

Body Focused Repetitive Behaviors
Trichotillomania (Hair Pulling Disorder): Trichotillomania is characterized by the repeated pulling out of one’s own hair. Hair pulling may occur from any region of the body in which hair grows. Many individuals who pull report an urge prior to, or when attempting to resist, pulling. They may also report pleasure, relief, or gratification after pulling. An individual may pull hair from a single or multiple sites, and the site(s) may change over time.

Excoriation (Skin Picking Disorder): The primary characteristic of excoriation disorder is the repetitive picking at one’s own skin. The most commonly picked sites are the face, arms, and hands, but many individuals pick from multiple body sites.

Sensory Processing Disorder
Children can be quite particular with their likes and dislikes. However, children with sensory processing disorder are intensely affected by their sensory preferences, so much so that it interferes with normal, everyday life. Sensory issues are separated into over-responsiveness or hypersensitivity and under-responsiveness or hyposensitivity.

Comorbidity
Patients often have more than one disorder. In such cases, we work with a multidisciplinary team, inside and outside our center, to ensure the best care and outcomes for our patients.

Medication Management
Our specialty is behavioral treatment of disorders, as such, that is our focus. We leave the medication management to you, the patient’s physician. We are always happy to collaborate as part of a multidisciplinary team of providers.

Contact us today to find out more about our treatment options.
What Types of Treatment?

Our services

The success we have had with our patients over the years is remarkable! We have seen our patients face their fears and get their lives back. Our goal is to provide patients with the solutions they need to live a productive, enjoyable life. We offer concrete tools and techniques that truly reduce symptoms.

Intensive Outpatient Program (IOP)

This program is designed to help individuals (eight years and older) who suffer with anxiety related disorders and/or OC spectrum disorders and are in need of an intensive and “hands on” approach. A person who is suffering with moderate to severe, or even extreme OCD or anxiety, experiences thoughts and worries which can create havoc quickly. Taking a traditional therapy approach, which is typically once per week, will have little impact and does not generally lead to a successful treatment outcome. This is because there is too much time between sessions, undermining any real and lasting progress.

The IOP meets five days per week for three hours per day. Weekly, this includes a one-hour therapy session with a primary therapist, one family/support system therapy session, eight hours of dedicated exposure practice, and five hours of group skill-building. All of our interventions are evidence-based and developed through years of research and analyzing best practice protocols.

At any given time, our clinicians can be found helping patients face their fears through exposures. Examples of these exposures might be riding an elevator up and down for specific phobias and panic disorder, risking contamination in public restrooms with OCD patients, singing at a local store to confront social anxiety, or interoceptive exposures for patients suffering with panic disorder. We are specialized and committed to helping people overcome their fears through exposure.

Schedule Options

- 8 a.m.–11 a.m.
- 9 a.m.–12 p.m.
- 10 a.m.–1 p.m.
- 12 p.m.–3 p.m.
- 1 p.m.–4 p.m.
- 2 p.m.–5 p.m.
**Typical Length of Treatment:** Six to twelve weeks for the IOP, duration varies with severity of symptoms. The IOP helps individuals take the leap they need to get control over fears and be able to live life in a healthy and fulfilling way. By engaging in the intensive therapy processes, new neural pathways develop in the brain, which create a significant anxiety reduction in normal day-to-day life. Experience shows that it is only by facing fears and creating new neural pathways that a person can truly learn to manage their symptoms.

**FOLLOW UP POST IOP**

We highly encourage follow-up sessions after the successful completion of the IOP. Our main goal is to provide maintenance as our patients continue to strengthen themselves with the continuous use of exposure-based skills. We typically see patients visiting us for step down sessions for several weeks, then occasional sessions to maintain accountability and prevent relapse.

**WEEKLY, BI-WEEKLY, OR MONTHLY INDIVIDUAL THERAPY SESSIONS**

Occasionally, a person’s unique circumstances do not fit into our traditional IOP and they would be best served by a more tailored, less frequent program to help with OC and/or anxiety related disorders. This might include a weekly therapy session, which can turn into bi-weekly or even monthly sessions.

Our Specialty Outpatient Program works with OCD, panic disorder, social anxiety disorder, specific phobias, body dysmorphic disorder, generalized anxiety disorder, tic disorders, body focused repetitive behaviors, and hoarding disorder. This program was created for individuals who cannot attend the IOP, or who hold a diagnosis we do not treat in the IOP. The Specialty Outpatient Program's duration is much longer and does not offer the same support as the IOP. We provide individualized treatment based on each patient’s needs.

Contact us today to find out more about our treatment options.
How Does Our Treatment Work?

Evidence-Based Practice
We are an evidence-based practice, which means we do what works, we stay up-to-date with scientific research, and we regularly attend international trainings to keep us at our very best. This helps ensure that we can give our patients the very best care.

How We Use Evidence-Based Practice
Our golden thread of intervention in the clinic is exposure. Whether it is exposure and response prevention in OCD, prolonged exposure for PTSD, or general exposures in generalized anxiety disorder and social anxiety disorder, we know the most effective approach is exposure work. Exposure involves patients learning to face their distressing thoughts, images, objects, situations, memories, worries, or fears to learn that what their brain is telling them is a lie. Exposures may be imaginal, in-office, or in-vivo (in the environment). Our clinicians are ready to assist the patients in all exposures. At any given time, our clinicians are out in the environment helping patients face their fears. We are specialized and committed to helping people overcome fears through exposure-based therapy.

We also recognize the importance of a client’s support system as they progress through treatment. Many times the support system starts to enable ineffective coping strategies, such as compulsions or neutralizing behaviors. They may provide reassurance, support avoidant behaviors, and/or complete tasks and rituals (e.g., checking) for the patient. We offer a weekly family session for each patient, in addition to providing a family-oriented day each Friday. On Fridays the support is invited to join the client at the skill-building group, and attend an exposure session. During this time, support systems learn how to effectively navigate their roles in treatment and relapse prevention.
“I treat more than 300 patients affected by OCD, anxiety, and post-infectious encephalitis. I have more than two years experience observing the favorable outcomes of therapy for those I have sent to The OCD and Anxiety Center. I have every confidence in their application of the Exposure Response Prevention (ERP) therapy for OCD-affected patients, young and old.

—W. David Voss, DO, CMO

A daily skill-building group is included in our IOP, which utilizes evidence-based Dialectical Behavior Therapy (DBT) skills to give our patients a concrete list of effective coping strategies. We highlight how these skills could be used by the individual, in their relationships, in their treatment, and specifically with exposures. A combination of clinicians and clinical assistants facilitate these skill-building groups.

Contact us today to find out more about our treatment options.
Why Send Your Patient to Our Clinic?

50–70%  
OVERALL SYMPTOM REDUCTION

WHY YOU SHOULD SEND YOUR PATIENTS TO OUR CLINIC

The OCD and Anxiety Treatment Center is different than other therapeutic service providers in the Rocky Mountains. We specialize in exposure-based therapy, which is an evidence-based approach considered to be the most effective treatment for OC spectrum disorders, anxiety disorders, and PTSD.

According to the Stanford Medicine Department of Psychiatry, “patients experience a 25 percent decrease in the Y-BOCS score as mild-to-moderate improvement, and a decrease of 35–50 percent as moderate-to-marked. In controlled treatment trials, a decrease of greater than or equal to 35 percent is widely accepted as indicating a clinically meaningful response and translates into a global improvement rating of much or very much improved.”

We do much better than moderate-to-marked improvement, with a 50–70 percent overall reduction of symptoms.

I couldn’t make my own choices. My neutralizing and my compulsions made choices for me. One of the most valuable things that this treatment center gave me is that I feel free—free to make my own choices. In the past my therapists were good at listening, but not at problem solving OCD, but with this program, there are so many benefits and results.

—KATIE H.
**Expertise**

We are some of the only clinicians in Utah who have received specialty training through the Behavioral Therapy Training Institute, Behavioral Tech, Massachusetts General Hospital, and Mclean Hospital in exposure-based treatment. Our providers attend the International OCD Foundation conference annually to guarantee we stay current on best-treatment practices.

"If you trust the process and focus on the little victories, you will find success. I was extremely skeptical, but if I didn’t take a chance, I would still be living day-to-day dreading it, dreading waking up. The OCD & Anxiety Center can change your life. It’s almost magic to me—it’s an effective process. It’s definitely worth it.

—ASHTON B.

Contact us today to find out more about our treatment plans.