

Intensive Treatment Program Interview with Dr. Robin Zasio of
The Anxiety Treatment Center in Sacramento, California
February 2009

1. When did you open your program?

The Anxiety Treatment Center of Sacramento opened in November of 2005, followed by the opening of The Cognitive Behavior Therapy Center in October of 2007. These facilities are the only programs in the Sacramento and surrounding counties offering an Intensive Outpatient Treatment Program specializing in Cognitive Behavior Therapy and Exposure and Response Prevention Techniques for OCD and anxiety related conditions.

2. Please describe the staff that work at your program in terms of their backgrounds, credentials and experience.

Our staff consists of Licensed Clinical Psychologists, Psychiatrists, and Marriage Family Therapists. As the owner and director, I am actively involved in the day-to-day functioning of the program which includes both working with clients and their families. All staff have extensive training in Cognitive Behavior Therapy and Exposure and Response Prevention Techniques, and those licensed also have private practices treating those seeking therapy services on an individual or group level in the area of anxiety and related conditions. The program also staffs doctoral interns who are specializing in anxiety disorders.

3. Is this program devoted entirely to treating individuals with OCD or will other OCD spectrum disorders or anxiety disorders also be addressed?

The ATC specializes in treating OCD and all other anxiety disorders including Social Anxiety, Panic Disorder, Posttraumatic Stress Disorder, Specific Phobias, and Generalized Anxiety Disorder. The ATC also specializes in treating Body Dysmorphic Disorder, Separation Anxiety Disorder, Hypochondrias/health related anxiety, and Hoarding. We are seeing an increasing number of individuals struggling with Trichotillomania, Skin Picking, and Nail Biting, in which we utilize Habit Reversal Training Techniques.

4. Please describe the core treatment components of your program (e.g., use of medication, ERP, group therapy, etc.).

The ATC recognizes that Cognitive Behavior Therapy and Exposure and Response Prevention Techniques are the premiere treatment modalities for OCD and anxiety related conditions. Medications are also considered for those having difficulty with the treatment process, or with greater symptom severity. This combination is determined on a case by case basis depending on each individual's needs. Additionally, the ATC recognizes that during the treatment process, other life issues can arise, requiring other treatment needs. Our clinic offers a full spectrum of treatment services which includes the following:

- Education surrounding causes of anxiety disorders
- Social skills and assertiveness training
- Relaxation training, and stress management
- Family therapy and consultation
- Psychopharmacological consultation as needed
- Psychological testing as needed
- Collaboration with community mental health professionals
- Relapse Prevention
- Follow-up outpatient treatment
- Aftercare groups
- Housing for those traveling out of town needing a safe, supportive, living environment.

5. Please describe the treatment planning process at your program.

The first step begins with a clinical interview with the director to gather information regarding the treatment needs of the client. This can be done in person, or for those traveling from out of town, by phone. Once it is determined that the client is a good fit for the program we arrange for admission. This process includes multiple assessments that promote a thorough understanding of the client's needs, which allows staff to develop a clear treatment plan. A case manager is assigned with whom they will work to begin addressing their individual needs. Treatment planning occurs daily with all staff to allow for a comprehensive approach for the clients enrolled in the IOP program.

6. If someone has a co-morbid condition, can he or she participate in your program? Will there be treatment for the co-morbid condition? If so, can you give an example?

It is not uncommon that individuals who seek treatment at the ATC have a co-morbid condition. For example, often times those diagnosed with OCD also experience symptoms of depression. In this case, we typically treat the OCD initially, and tend to find that as the anxiety associated with the OCD begins to dissipate, so do the symptoms of depression. In other cases, we will see individuals who are experiencing more than one anxiety condition, such as OCD and Social Anxiety Disorder. In this case, we will actively address both disorders, recognizing the impact that each condition may have.

7. Are parents, family members, friends, teachers, etc. included in the treatment? If yes, please describe how.

Yes, in fact this is critical to the treatment planning process. We want to ensure that we not only support our clients, but also those that our clients have identified as being involved in their recovery process. Involvement of family members will include education surrounding their loved one's diagnosis, gathering input as to their observations, impact on the family, and how they have been directly involved. We also

work with the school system, making contact within the first week to obtain their observations and to discuss how we can work together in the treatment process. We find that educating the school personnel and including them in the treatment plan will have a positive impact on the child/teens return to the school environment.

8. How often do patients in the program meet with staff individually? How long are these individual sessions?

The ATC offers a very high level of care, operating Monday through Friday from 9 am to 1 pm. All clients are assigned a primary therapist, however they also have the benefit of the entire treatment team who are actively involved in staffing and input in their treatment protocol. Because we see each client as a unique individual, staff address their fears 1:1 with them, up to three hours per day. This allows for not only privacy, but also an environment that supports a confidential relationship to encourage full self-disclosure in the midst of dealing with very difficult issues.

9. Is there a set time period for a patient's treatment in the program? What is the overall time commitment to the program (for example, attend daily for three weeks)? How much flexibility is there in extending someone's stay if needed?

On the average, most individuals admitted into the Intensive Outpatient Program remain for four to six weeks. However, because our program is tailored to address each participant's needs and symptoms through individualized treatment plans, length of stay can be shorter or longer. Most of those who are admitted will attend Monday through Friday from 9 am to 1 pm to increase maximum benefit. On the other hand, for those who live locally who may be in school or work part-time, we will allow for a modified schedule, such as Monday, Wednesday, Friday. We also provide follow-up care to help those involved in the IOP program to transition to a lower level of care. This can include individual or group therapy, and often times both.

10. Is there a homework or "self directed" component to the treatment?

Homework is an integral part of the treatment process and can range from one to two hours per day. In essence, we encourage all individuals who enter into treatment to practice the new skills and tools they are learning in the program, outside of the program on a daily basis. This supports the generalization process and the notion that with more practice, there will be a greater reduction of anxiety and desensitization to the fears and triggers.

11. Please describe the relapse prevention strategies you use in your program.

The ATC provides extensive education surrounding each individuals diagnosis, which includes understanding the brain chemistry that is driving the anxiety, how Cognitive Behavior Therapy and Exposure and Response Prevention Techniques can help them to systematically reduce their anxiety symptoms, how family members can support the treatment process through learning what they are doing that is helpful and not helpful,

and how to trouble shoot times when they get stuck. Stress management, coping skills training, and relaxation techniques are also taught to help minimize the day-to-day stressors that can arise and impact their anxiety condition.

12. What kind of follow-up do you do for those who complete your program? Will the members or your treatment team be in contact with or willing to consult with the individual's regular treatment provider(s)?

All individuals who enter into the Intensive Outpatient Program have the option, and are encouraged, to participate in follow up care after discharge. This typically involves weekly individual sessions, and may also include group therapy. For those traveling from out of town, we will discuss the option of phone consults, or if available, refer them to an anxiety specialist in their area. If they were being treated by a therapist prior to admission with whom they would like to continue to work with, we will support that transition through collateral contact and information exchange.

13. Do you offer a sliding fee scale or scholarships for those who cannot afford your program?

The Anxiety Treatment Center works with many different insurance companies all across the nation. Additionally, because of the Parity Law, many insurance companies recognize our specialized treatment services in treating OCD and other anxiety disorders, and are willing to set up single case contracts. Although we do not offer sliding scales, the ATC is offering a scholarship on a year basis, which includes up to four weeks of Intensive Outpatient Program treatment services to those with a primary diagnosis of OCD. This opportunity is available to those without insurance, who may not have had the means to obtain this level of treatment otherwise.

14. Does your program only work with individuals who are local or are there arrangements for those who come from farther away (for example, lodging arrangements)?

We offer treatment services to both those who are local residents, and individuals who are traveling from out of town. As such, the ATC is pleased to announce Serenity House, a residential setting for those who want the comforts of home, within a mile and a half of the clinic. This four-bedroom home is fully furnished, with large backyard, and laundry facilities. This lodging significantly reduces the overall costs associated with treatment, is located within walking distance to grocery shopping and convenience stores, Starbucks, fast food, and other locally owned establishments. Bus transportation is just a few blocks away, further eliminating rental car costs. This setting offers a safe and peaceful environment to support those enrolled in the Intensive Outpatient Program treatment program.

15. Please add any information you think would be helpful in describing the unique aspects of your program if this has not been covered in the questions.

In 2007, the ATC partnered with Jeff Bell, Author of *Rewind, Replay, Repeat: A Memoir of Obsessive Compulsive Disorder*, and newly appointed National Spokesman for the Obsessive Compulsive Foundation. Together, Jeff and I conduct regular workshops both at the ATC and across the United States, offering education surrounding OCD and motivational treatment strategies. Through the combination of an OCD specialist, and one who has the first hand experience facing OCD personally, this team offers an unprecedented look into educating the public and for those battling OCD into the complexities of this treatment process.