

## Kansas City Center for Anxiety Treatment (KCCAT)

1. KCCAT opened by Dr. Lisa Hale in October 2005 to provide the local region with options for empirically based, cognitive-behavioral treatment of anxiety disorders. The center was developed as an affiliate with the Anxiety Research Program at Hoglund Brain Imaging Center at the University of Kansas Medical Center, where Dr. Hale remains on faculty.

2. Professional staff include:

**Lisa R. Hale, Ph.D.**

*KCCAT Founder and Director*

Dr. Hale received her Ph.D. in Clinical Psychology with a subspecialty in Health Psychology from Finch University of Health Sciences/The Chicago Medical School, a leading program in the research and treatment of anxiety disorders, and completed an APA internship in Clinical and Health Psychology at West Virginia University School of Medicine. She completed a postdoctoral fellowship at Hoglund Brain Imaging Center at the University of Kansas Medical Center, funded in part by the National Institute of Health, and remains on faculty as Director of Anxiety Research at HBIC and Research Assistant Professor in the Department of Neurology. She has extensive research and clinical training in cognitive-behavioral (CBT) theories and treatments for anxiety, including exposure and response prevention, intensive protocols for severe anxiety disorders, and experience training other professionals in these techniques. Her scholarly interests and publications have focused on the identification of cognitive factors in obsessive compulsive and anxiety disorders, and improvements in assessment and treatment delivery. She is an active member and presenter for national organizations including the Anxiety Disorders Association of America, International OCD Foundation, Selective Mutism Group and the Association for Cognitive and Behavioral Therapies.

**Amy M. Jacobsen, Ph.D.**

*Associate Clinical Director and Staff Psychologist - ERP Specialist*

Dr. Jacobsen received her Ph.D. in Clinical Psychology from the University of Georgia, with a specialty emphasis in child psychology and anxiety disorders. She completed an APA internship in Clinical Psychology at SUNY Upstate Medical University and an APA fellowship in Clinical Child Psychology at Mayo Clinic. She served as Assistant Professor in the Mayo Clinic College of Medicine and currently holds appointment at HBIC/KUMC as a Research Assistant Professor in the Department of Neurology. She has extensive clinical training in CBT for anxiety across all age groups, including intensive ERP for severe anxiety disorders. Dr. Jacobsen's publications and presentations involve the role of the family environment in anxiety disorders and the development of intervention programs. She regularly presents for national organizations including the International OCD Foundation, Association for Cognitive and Behavioral Therapies and the Anxiety Disorders Association of America.

**Ashley J. Smith, Ph.D.**

*Staff Psychologist - ERP Specialist*

Dr. Smith received her Ph.D. in Clinical Psychology from the University of Nebraska-Lincoln, with an emphasis in child/family psychology. Her research has focused predominantly on social anxiety/phobia in adolescents and the overlap between anxiety and eating disorder symptoms. She completed an APA internship in Clinical Child and Pediatric Psychology at Children's Mercy Hospital and postdoctoral and staff psychologist positions at the Anxiety Disorders Clinic at Omaha Children's Hospital. Dr. Smith has extensive training and experience in CBT for anxiety disorders across the life span, and provides clinical services for all ages. Her research interests lie in early childhood interventions, and she regularly presents at national conferences including the Association for Behavioral and Cognitive Therapies, International OCD Foundation, and the Anxiety Disorders Association of America. Dr. Smith serves as KCCAT's Coordinator of Community Presentations and Outreach.

**Caroline E. Danda, Ph.D.**

*Staff Psychologist - Core CBT/Support Specialist*

Dr. Danda received her Ph.D. in Clinical Psychology from the University of Florida Department of Clinical and Health Psychology, with a specialty emphasis in pediatric and child psychology. She completed an APA internship at Children's Mercy Hospital and postdoctoral fellowship and staff psychologist positions in the Department of Pediatrics at KUMC, serving as an Assistant Professor in the Divisions of Pediatric Gastroenterology and Behavioral Pediatrics. Dr. Danda has extensive training and experience providing CBT for a variety of disorders across all age groups, and has particular expertise in functional gastrointestinal disorders (e.g., abdominal pain and Irritable Bowel Syndrome). Dr. Danda is an active member of the Association for Cognitive and Behavioral Therapies, Anxiety Disorders Association of America, and the Society of Pediatric Psychology. Dr. Danda directs the area of Core CBT/Support Services at KCCAT, and serves as Coordinator of School District Presentations and Outreach.

**Lindsey M. Owen, M.A.**

*Professional Staff Therapist*

Ms. Owen received her Masters Degree in Clinical Psychology with an emphasis in Child & Families at Roosevelt University in Chicago following earning her B.A. at the University of Kansas. Her prior research and focus was in evaluating the efficacy of a transitional living program for adolescents with emotional and behavior disorders, and she also worked in the partial hospitalization program at Chicago's Children's Memorial Hospital. Lindsey joined KCCAT in 2009 when completing her clinical internship at KCCAT, remaining on as professional staff providing anxiety treatment services to all ages, but with a particular interest in treating children and adolescents.

**Michael H. Parrish, M.A.**

*Professional Staff Therapist*

Mr. Parrish received his Masters Degree in Clinical Psychology from Washburn University in Topeka following earning a B.S. at Kansas State University. He holds a prior research focus in behavioral psychology, including examining the neurobiological basis of drug abuse and the role of anxiety sensitivity in child dental anxiety. He joined KCCAT in 2008, serving assistantship, internship, and Clinic Coordinator roles prior to his graduation and appointment as a professional Staff Therapist. Michael provides anxiety treatment services for all ages and is an active member of the Anxiety Disorders Association of America and the International Obsessive Compulsive Disorder Foundation.

3. While a majority (approximately 65%) of the individuals receiving treatment at KCCAT have a diagnosis of OCD, our program provides treatment for OCD spectrum disorders (e.g., trichotillomania, hypochondriasis) and other anxiety disorders.

4. Our center offers assessment and state-of-the-art cognitive behavioral treatments for all ages based on current research in the area of mood and anxiety disorders. Specializing in Exposure and Response/Ritual Prevention techniques (ERP), we offer individually tailored treatments for children and adults that include options for intensive therapy protocols and home- and community-based treatment. Our clinicians work directly with the patient and appropriate support persons (e.g., parents, spouse) to provide education on the anxiety cycle and the importance of ERP. From the beginning of treatment, we establish to goal of making our patients “experts” on their symptoms and to “work our way out of a job,” so that the patient and their family have the ability to manage their condition using ERP and other anxiety management strategies (with continued consultation and booster sessions as necessary) to maintain their gains over time.

5. Patients complete a no-cost phone screen (to ensure program fit or provide other referrals) and then participate in a full evaluation package to aid in the treatment planning process. The evaluation includes a clinical interview lasting 90-120 minutes, a team review of pertinent background information (including prior treatment history, past records and initial contact with other current providers, if applicable), and administration of relevant standardized clinician-delivered measures (e.g., Yale-Brown Obsessive Compulsive Scale, Anxiety Disorder Interview Schedule modules, etc.). In addition, patients complete a series of self-report questionnaires to further assess anxiety, mood, and associated symptoms (e.g., quality of life, cognitive constructs). Referrals for medication evaluation and management are available and closely collaborated.

6. Many individuals with co-morbid conditions can still participate in the program if the comorbid condition is managed, being concurrently addressed, or can be integrated into their treatment schedule with us. For instance, an individual with a comorbid substance use disorder can participate if their substance use is effectively managed and not interfering with the patient's participation in our treatment. In the past year we added a new reduced costs Core CBT/Support Specialist Service that assists patients and families in addressing other diagnoses or issues that may co-occur and interfere with OCD treatment and their goals for ongoing management.

7. We strongly encourage family members and other support individuals (e.g., teachers, school counselors) to participate in the patient's treatment. For instance, parents usually are involved in children and adolescents' sessions to ensure that parents understand how to assist their child during between-session ERP activities. They may start by observing the therapist but eventually direct the child's ERP activities during (and between) sessions. Further, clinicians are commonly in communication with teachers about appropriate classroom strategies and at times are asked to participate more directly in the child's sessions (e.g., incorporating a speech therapist in the treatment of some children with selective mutism). Families of adult patients may be similarly involved to improve the effectiveness of support, monitoring, and coaching needs of the patient.

8. Intensive outpatient treatment is tailored to need and involves up to daily sessions that usually last from 90-180 minutes face-to-face therapist time, with assigned homework exercises and scheduled email and voicemail check-ins to increase adherence. At times we may schedule multiple sessions in one day, with time between sessions for the patient to complete self-directed ERP activities. Working outside of managed care allows for optimal treatment planning and responsive adjustments as needed. For patients being discharged from residential programs, we work closely to meet optimal goals of that program's discharge plan, and attempt to schedule the patient as soon as possible to assist them in generalizing to their home environment their progress made in residential.

9. The flexibility of treatment at KCCAT is definitely an asset of the program. Through the evaluation process, we are able to tailor the program to the patient's needs based on the severity of their symptoms, their proximity in traveling to the clinic, their ability to complete self-directed ERP activities, etc. We can offer a variety of options for intensive treatments, such as three sessions per week, daily sessions, or weekend or 5-day intensive treatment (i.e., meeting 5 times in one weekend or 10 times over 5 days). While we provide estimates of the length of treatment at the beginning based on our assessment, we adjust the number and time-length of sessions up or down as needed to optimize patient progress in symptom reduction and independence. Sessions are simply billed by therapist's direct time with the patient, prorated in 5-minute increments, to account for this flexibility.

10. We inform patients that they will be expected to complete homework assignments between sessions. These may include things such as ERP activities, cognitive restructuring or acceptance exercises, behavioral activation structure, relaxation and breath retraining strategies, and tracking/recording symptoms. We underscore that the most important work they will do is between sessions, consistent with our goal to help them become their own “therapist or behavioral scientist.” Our program provides gradated levels of support throughout treatment that improves adherence, such as systems for email and voicemail check-ins, self-and support system monitoring, and phone sessions or support coaching services as needed. If patients are not completing their homework, we discuss and address the barriers before continuing with treatment.

11. For relapse prevention, we provide extensive psychoeducation on the importance of continued ERP and use of anxiety management strategies to maintain gains over time; discuss the difference between “lapse” and relapse; schedule a follow-up session one month after termination, and encourage utilization of “booster” sessions as needed. Reassessment packets also assist us in monitoring maintenance, and are completed at post treatment, 6 mth, and 12 mth intervals.

12. Typically, our patients remain in contact with us through our post-assessments and follow up for booster sessions as needed. If a patient is assigned to another clinic for follow up (e.g., due to distance from our clinic), we consult with their local treatment providers about their care.

13. We offer many options for working with patients in creating affordable service packages, including no-interest payment plans and masters and doctoral level professionals, and reduced rates for general CBT and family services. Portions of treatment may also be offered at significantly reduced rates with training therapists (advanced master's and doctoral students) working under the supervision of our licensed psychologists. We also offer a unique “coaching service” within the greater metropolitan area (at a very nominal fee, with no travel charges). This service is ideal for individuals who may lack appropriate social support for further ERP coaching between clinical sessions, or those who simply need help monitoring home-based assignments, maintaining hoarding protocols, etc. Payments to the clinic may be made by check, cash, or credit cards (mastercard, visa, discover). We hope to offer treatment scholarships in the future.

14. We commonly see individuals who do not live in the Kansas City area. Hotels right near the clinic offer reduced rates for our patients (although at times we have found that weekend and other special rates for hotels may be even less expensive).