



International
OCD
Foundation

OCD and Related Disorders Clinic Profile

Anxiety & OCD Behavioral Health Center

Clinic/Program Director: Heather M. Plinovich, PhD, HSPP
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CLINIC ADDRESS

900 Ridge Road, Suite F
Munster, IN 46368

Treatment Providers:

Heather M. Plinovich, PhD, HSPP
Ashlyn Knesek, PsyD, HSPP
Dana Gritters, LMHC, LCPC

Payment Options:

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
Habit Reversal
Home Visits
Skills Training
Teletherapy

Areas of Specialty (in addition to OCD in general):

Perfectionism
Scrupulosity
Violent/Sexual Obsessions
Body Dysmorphic Disorder
Hoarding Disorder
PANDAS/PANS

Skin Picking
Tics/Tourettes
Trichotillomania (hair pulling disorder)
Eating Disorders (ED)
Treatment of Co-occurring Disorders

Summary of Services

Our clinicians are leading providers of specialized treatment for anxiety, OCD, mood, trauma, behavioral, relationship, and related issues in the state of Indiana. Our group of caring and insightful licensed clinical psychologists and counselors, led by anxiety and OCD expert Dr. Heather (Chik) Plinovich, offer customized and highly effective psychological services for children, adults, parents, young adults, teens, couples, and families with problems that range from straightforward to severe and complex. What makes us unique is our ability to flexibly adapt treatment to your needs. Besides office appointments, we can meet patients anywhere (e.g. at home, school, store, driving) or online via HIPAA compliant videoconferencing and for as frequently (i.e., multiple times a week) and as long as clinically indicated (e.g., longer than an hour) in order to maximize the patient's treatment outcome. We are conveniently located near extended stay hotels, stores, healthcare facilities, fitness studios, and restaurants for those who travel long distances to complete intensive treatment. These conveniences also allow us to provide excellent exposure therapy opportunities for our patients.

Treatment Planning Process

The first step to beginning treatment involves a comprehensive assessment that spans 1-3 hours in length, depending on age, severity, and complexity of the problem(s). Parents and significant others are often included in the assessment and treatment planning process, especially when a patient's symptoms have resulted in family or relationship distress. The assessment can be completed in one sitting or split between multiple appointments. Patients stepping down from residential, partial hospitalization program (PHP), or intensive outpatient (IOP) treatment may want to schedule one 3-hour assessment to aid transition into outpatient services. The first several sessions generally include an introduction to the practice policies and procedures, completion of a comprehensive clinical interview and standardized questionnaires, identification of specific diagnoses, explanation of the nature of the patient's problem(s), and collaboration on a customized treatment plan based on the assessment results. The goal of treatment planning is to ensure that the patient and anyone involved in treatment understands the function of the patient's symptoms, steps involved in treatment, and his/her role in helping the patient achieve success.

Core Treatment Components

Our clinicians specialize in using state-of-the art cognitive behavioral therapy (CBT); exposure therapy (exposure and response prevention; ERP); mindfulness, acceptance, and compassion-based interventions; trauma-informed care; and family/couples therapy. The goal is to help patients and their families learn to systematically face uncertainty and discomfort, adopt brave and realistic thinking patterns, effectively communicate wants and needs, and engage in healthful

non-avoidant behaviors. We also frequently refer to and collaborate with other expert treatment providers (e.g., psychiatrists, neuropsychologists, specialist and generalist healthcare providers, occupational therapists, dietitians, etc.) to optimize well-balanced care.

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

Our clinicians are experienced in helping parents, family members, and significant others learn how to be helpful in their loved one's recovery process. They learn effective strategies in responding to their loved one's rituals, avoidance, irritability, and oppositional behaviors. They learn how NOT to over-accommodate or over-function for their loved ones, provide unnecessary reassurance, model avoidance, provide inconsistent parenting, criticize, be hostile, or be emotionally over-involved.

Treatment of Co-Occurring Disorders

Besides OCD, Hoarding Disorder, BFRBs, and Tic Disorders, our clinicians have extensive experience in treating the following: Anxiety Disorders (i.e., Separation Anxiety Disorder, Selective Mutism, Specific Phobias, Social Anxiety Disorder, Panic Disorder, Agoraphobia, and Generalized Anxiety Disorder), School Refusal Behavior, Trauma- and Stressor-Related Disorders (i.e., Posttraumatic Stress Disorder, Acute Stress Disorder, Adjustment Disorders), Somatic Symptom and Related Disorders (i.e., Somatic Symptom Disorder, Illness Anxiety Disorder, Conversion Disorder or Functional Neurological Symptom Disorder), Irritable Bowel Syndrome, Attention-Deficit/Hyperactivity Disorder, Depressive Disorders (i.e., Disruptive Mood Dysregulation Disorder, Major Depressive Disorder, Persistent Depressive Disorder or Dysthymia), Feeding or Eating Disorders (i.e., Avoidant/Restrictive Food Intake Disorder, Anorexia Nervosa, Bulimia Nervosa, Binge-Eating Disorder, Other Specified Feeding or Eating Disorder or OSFED), Insomnia, Sexual Dysfunctions, Oppositional Defiant Disorder, Intermittent Explosive Disorder, and Avoidant, Dependent, or Obsessive Compulsive Personality Disorders.

Emphasis on OCD

Our program is devoted to treating individuals with OCD and OCD spectrum disorders, but our clinicians are also passionate about treating individuals with co-occurring disorders or those without an OCD or OCD spectrum diagnosis.

Length of Stay

The average "length of stay" depends on age, the severity and complexity of the patient's symptoms, patient's motivation and treatment compliance, finances, and other logistical concerns. Most typically, therapy lasts between 3 months to a year, depending on patient needs.

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

We do not have a census or have a maximum number of patients we see at any given time.

Other Resources for Outpatients

Family therapy.

Diversity Information

Our clinicians are culturally aware and sensitive to our patients' unique needs. We recognize the impact of background and experiences in influencing attitudes, values, and biases on our patients' psychological processes. While our clinicians practice fluency in addressing cultural, gender, religious, and political diversity of our surrounding community, they also recognize the limits of their multicultural competency and expertise.

All clinicians participate in ongoing education and professional development ensuring that relevant theories, therapeutic strategies, and interventions are utilized in working with diverse populations.