



International  
OCD  
Foundation

## **OCD and Related Disorders Clinic Profile**

# **Houston OCD Program**

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### **Treatment Providers:**

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Jennifer Sy, PhD  
Angela Smith, PhD  
Melissa Fasteau, PsyD  
Chad Brandt, PhD  
Lauren Esworthy, LPC

### **Payment Options:**

Private Insurance  
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  
Group Therapy  
Habit Reversal  
Home Visits  
Prescribe Medication  
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)  
Autism Spectrum Disorders (ASD)  
Treatment of Co-occurring Disorders

**Summary of our services:**

The Houston OCD Program is a multidisciplinary treatment team with extensive experience in the treatment of OCD and related disorders. Our program evolved over the past 18 years. Three years ago, we built a brand-new facility, which is nestled in the heart of the Heights neighborhood of Houston. The program resides in a beautiful two-story Mediterranean-style home and offers a warm, inviting treatment environment. The treatment team and staff deliver expert, evidence-based treatment for clients and families who are dealing with anxiety disorders, depression, and OC-spectrum disorders. The program offers a continuum of services, including specialty residential treatment, intensive outpatient, diagnostic and treatment consultations, and outpatient services.

The program's setting fosters an atmosphere for change, while maintaining a safe environment where patients and staff work collaboratively. The cognitive-behavior therapist and patient design the treatment plan together and staff supports the patients' efforts to follow the behavior plan to maximize treatment effectiveness. Residential and current outpatient clients may also meet with our staff psychiatrist once a week for medication consultation. The location of the clinic in a home-like setting, increases the opportunity to practice exposures in realistic situations and to build confidence in maintain treatment gains post discharge.

**Treatment Planning Process**

Individualized treatment plans are negotiated between the patient and the treatment team and re-evaluated on a weekly basis. The core of the treatment contract is the behavior treatment plan, which delineates core problems, specific obsessions, compulsions, avoidances, goals, and specific interventions. This contract builds on a hierarchy that is designed with patients to address the unique opportunities that residential care provides. This includes having specific information on the behavior treatment plan about ways to assist patients through their morning and evening routines with minimal rituals and, most importantly, how to implement staff-assisted exposure and response prevention sessions. The Behavior Treatment Plan is evaluated weekly and is a collaborative endeavor. Patients are active in designing and deciding what OCD triggers to address in each given week. In order to further inform treatment and program development, patients participate in routine weekly data collection about treatment response and symptom severity.

## **Core Treatment Components**

The cornerstone of the Houston OCD Program is the behavior treatment plan that specifies the daily exposure and response prevention (ERP) group sessions, which are conducted in two - 2-hour sessions daily (a total of 4 hours daily of ERP). Additionally, patients design a treatment contract that they review weekly with peers and staff. Our patients report that this is a valuable group experience that helps them stay on track with treatment. All other groups in the program are designed to complement the evidence-based ERP sessions and build patients' skill sets and resilience as well as foster support and opportunity to practice what they have learned. Treatment interventions and group work are based on the diagnosis and symptoms that each patient presents. Additionally, we utilize psychopharmacological treatment modalities as indicated.

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

Staff members provide psychoeducation about OCD/anxiety and the impact it has on family relationships throughout treatment. They also coach family members on how to work with loved ones without providing accommodations or minimizing any enabling behaviors, and how to help boost the individual's recovery from symptoms. It is especially important, in the work with clients who live at home, to include the family in the treatment. To achieve this, the cognitive-behavioral therapist typically has at least one meeting of either face-to-face or a phone therapy session with both the family and patient each week.

## **Treatment of Co-Morbid Disorders**

Individuals with severe presentations of OCD and/or anxiety also frequently have a co-occurring diagnosis, such as depression. Depression is also treated using CBT techniques, which is frequently integrated into treatment. However, if an individual presents with a co-occurring diagnosis, such as an eating disorder or substance abuse disorder, the Houston OCD Program would evaluate the severity of such co-occurring diagnoses to determine if the individual would be better suited to treat the co-occurring diagnosis prior to beginning intensive exposure therapy.

## **Individual Therapy**

The cognitive behavioral therapist – a licensed therapist in the state of Texas or a supervised postdoctoral fellow – designs the individual treatment plan with the patient and provides initial assessments and evaluations. They will also conduct individual behavior therapy sessions at least twice weekly for 50 minutes and family therapy sessions as needed.

## **Length of Stay**

The average length of stay for both the intensive outpatient and residential support programs are between 6 to 8 weeks. This varies from person-to-person depending on the severity of the individual's symptom presentation and his/her ability engage in the treatment process. This length of stay is flexible, though, we do ask that individuals are willing to commit to at least 4 weeks of treatment in order to experience meaningful treatment gains.

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

The Houston OCD Program census is small by design. While the residential support program is able to house up to 11 residents, we tend to cap this at 9 residential patients and 6 intensive

outpatients. This allows program staff to offer more one-on-one care, particularly during exposure and response prevention treatment sessions.

### **School Facilities**

While participating in the adolescent intensive outpatient program, adolescents are encouraged to prioritize treatment. Adolescents are typically recommended to take a break from school while undergoing treatment, and therapists are willing to coordinate care with schools.

School facilities are not available at the Houston OCD Program as residential services are not offered

### **Diversity Statement**

The Houston OCD Program aims to provide quality and compassionate care to all individuals. Clinicians at the Houston OCD Program provide individualized treatment plans for those with differing racial, ethnic, gender, and religious backgrounds.

The clinical team of the Houston OCD Program is made up of licensed clinical psychologists whom have a variety of experiences and clinical competencies, ranging from work with children through older adults. Our clinicians specialize in treating veterans, LGBTQ population, autism, and the local community.