



International  
OCD  
Foundation

## OCD and Related Disorders Clinic Profile

# Kansas City Center for Anxiety Treatment (KCCAT)

Clinic/Program Director: Katie D. Kriegshauser, PhD

Name of Intake Coordinator: Ryan Hale-Gleason

Phone Number: (913) 649-8820

Fax Number: (913) 649-8823

E-mail: [info@kcanxiety.com](mailto:info@kcanxiety.com)

[www.kcanxiety.com](http://www.kcanxiety.com)

10555 Marty Street, Suite 100

Overland Park, KS 66212

### **Treatment Providers:**

Katie D. Kriegshauser, PhD

William Oakley, PsyD

Lindsey Murray, MA

Alma Molino, PhD, ABPP

Chris Sexton, PhD, LMSW

### **Populations Served:**

Adults

Adolescents

Children

### **Payment Options**

Self-Pay

### **Treatment Strategies Offered:**

Acceptance on Commitment Therapy (ACT)

Cognitive Behavioral Therapy (CBT)

Exposure and Response Prevention (ERP)

Family Therapy

Habit Reversal

Home Visits

Skills Training

Teletherapy

### **Specialty Areas:**

Obsessive Compulsive Disorder (OCD)

Perfectionism

Scrupulosity  
Violent/Sexual Obsessions  
Body Dysmorphic Disorder  
Hoarding Disorder  
PANDAS/PANS  
Skin Picking  
Tics/Tourettes  
Trichotillomania (Hair pulling disorder)  
Treatment of Co-occurring Disorders

### **Summary of our services:**

KCCAT opened in 2005 in order to provide the region with an option for highly trained empirically based cognitive behavioral services targeting OCD and anxiety disorders. Originally developed in affiliation with Hoglund Brain Imaging Center at the University of Kansas Medical Center, KCCAT became a fully independent program in 2012, maintaining an academic home through its teaching and research partnership with the University of Missouri–Kansas City (UMKC) Department of Psychology.

KCCAT's approach as a team-based treatment facility assures a high level of consistency and quality, and allows us to provide the most clinically efficient and affordable service types as available and appropriate for level of needs.

We offer no-interest payment plans, and services are also reimbursable by insurance as applicable to out-of-network benefit levels. When available and clinically appropriate, all or portions of treatment may be elected in the format of reduce-rate group protocols, and/or conducted by training therapists working under the close supervision of our fully licensed staff. We also offer a unique coaching service within the metropolitan area at a nominal fee with no travel charges—ideal for patients who may need extra help with ERP practices or monitoring home-based assignments between sessions.

### **Treatment Planning Process**

Patients first complete a no-cost, new patient/referral screening form (to ensure program fit and/or provide other appropriate referral options) before being appointed an assessment clinician by the director. Those enrolling in the program will then participate in a full evaluation to aid in the treatment planning process. Our assessment includes a clinical interview lasting 90-120 minutes with a team review of pertinent background information (including prior treatment history, past records, and initial contact with other current providers, if applicable). Next, the patient is given relevant standardized clinician-delivered measures (e.g., Mini-International Neuropsychiatric Interview (M.I.N.I.), Yale-Brown Obsessive Compulsive Scale, etc.). Finally, patients complete the evaluation process by completing a series of self-report questionnaires to further assess anxiety, mood, and associated symptoms (e.g., quality of life, cognitive constructs).

Following evaluation, patients will be assigned a lead protocol therapist (often the assessing clinician whenever possible). Cases are team staffed dependent upon the activity goals and coverage needs of a particular session or phase. The unique needs of each patient are closely monitored throughout treatment with close coordination between sessions, weekly team

meetings to review progress, and videotaped review of supervised sessions. Referrals for medication evaluation and management are available and closely collaborated.

### **Core Treatment Components**

KCCAT 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) integrated with other evidence-based techniques, we offer individually tailored treatments for children and adults, including options for intensive therapy protocols and home- and community-based treatment. Our team works 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 a 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 (e.g., acceptance strategies). Our free maintenance support groups and ability of staff to remain available for continued consultation and booster sessions as necessary assist patients in maintaining their gains over time.

KCCAT offers individual therapy services tailored to individual need, and can range from meeting once per week to meeting multiple times per day (intensive outpatient). Intensive outpatient treatment is tailored to need, but a “typical” protocol may involve up to daily sessions lasting from 90-180 minutes of face-to-face therapist time with assigned homework exercises and scheduled check-ins to increase adherence. In some cases, we may schedule multiple sessions in one day with time between sessions for the patient to complete self-directed ERP activities. Working as a team-based facility 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 the optimal goals of that program’s discharge plan. We attempt to schedule the patient as soon as possible to assist them in generalizing progress made as a resident to their home environment.

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

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. We regularly hold sessions in the community (e.g., school-based support) for accelerating the generalization of treatment gains.

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

Yes. We approach co-occurring disorders from an evidence-based perspective, and primarily operate from a CBT approach (implementing ACT and DBT elements when appropriate). All patients enter and proceed through KCCAT services in the same manner (we do not have a separate OCD and related disorders program per se). We treat co-occurring anxiety disorders, mood disorders, eating disorders (depending on level of severity), insomnia, trauma-related disorders, etc.

### **Focus on OCD**

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, mood, and related disorders.

### **Length of Stay**

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 to the clinic, their ability to complete self-directed ERP activities, etc. We can offer a variety of formats for more intensive/accelerated treatment option — e.g., three sessions per week, daily sessions, weekend, or one week intensive treatment (i.e., meeting 5 times in one weekend or 10 times over 5 days). Phone and televideo sessions are also available when clinically appropriate, with the center having invested in a HIPAA-compliant telehealth system. While initial estimates of the length of treatment are provided at the beginning of a protocol based on assessment information, number, spacing, and time- length of sessions can be adjusted as needed for optimizing patient progress in symptom reduction and independence. Sessions are simply billed by direct time prorated in 5-minute increments, to account for this flexibility in providing services specifically targeted to each patient's needs.