International OCD Foundation

OCD and Related Disorders Clinic Profile

Anxiety Solutions of Northern New England, PLLC

Clinic/Program Director: Lee A. Fitzgibbons, PhD
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PO Box 70
Raymond, ME 04071

Treatment Providers:
Lee A. Fitzgibbons, PhD
Gordon P. Street, PhD

Payment Options:
Private Insurance
Self-pay
Offer a sliding fee

Populations Served:
Adults
Adolescents
Children

Treatment Strategies Offered:
Cognitive Behavioral Therapy (CBT)
Exposure and Response Prevention (ERP)
Family Therapy

Areas of Specialty (in addition to OCD in general):
Body Dysmorphic Disorder (BDD)
Trichotillomania (Hair Pulling Disorder)

Summary of our services:
Anxiety Solutions of New England has offered intensive outpatient program for OCD since its formation in March of 2004. Lee Fitzgibbons, PhD, Anxiety Solutions' Clinical Director, specializes in behavioral and cognitive treatments of anxiety disorders (including exposure and response prevention [ERP] for OCD) in adults, adolescents, and children. Gordon Street, PhD,

Anxiety Solutions' Business Director, specializes in behavioral and cognitive therapies for anxiety disorders as well as in family therapy.

For those who live nearby, we often provide follow-up treatment in person for as long as needed. We also offer and recommend attendance of our free Anxiety Support Group. Of note, we also offer access to short-term rentals of two furnished apartments (one 1-bedroom and one 2-bedroom) in the same building directly above the treatment offices. This means patients (and their family members) can have unusually convenient access to their therapists for an outpatient intensive program. Drs. Fitzgibbons and Street can also easily provide pseudo-home visits. Since ours is a small operation, we are very flexible regarding access and availability. Our patients tell us they do not feel like "patients" and don't worry about being lost in the shuffle.

Treatment Planning Process

Treatment planning consists of assessment to fully understand the patient's symptoms in detail, including review of records and questionnaire data and an interview with the patient and significant others (e.g., family, previous treatment providers). The second part of treatment planning consists of psycho-education about OCD, building treatment motivation, developing exposure hierarchies, and beginning monitoring of rituals.

This information is used to collaborate with the patient to determine a schedule for the treatment exercises with the goal of reaching the most difficult exercises within the first week of ERP.

Core Treatment Components

Our first and only line of treatment for OCD is exposure and response prevention (ERP) Anxiety Solutions does not have on staff or formal affiliation with any psychiatrist, psychiatric nurse practitioner, nor any other medication prescriber, though we often consult with a patient's existing medication provider. Our program is modeled on the program developed by the Center for Treatment and Study of Anxiety. The core treatment is an 18-day program consisting of three days of individual treatment planning and 15 days of individual outpatient ERP. We include cognitive therapy as needed to support ERP and to address interfering issues. We also supplement with family therapy when called for. The program is adjusted and extended for patients who require slower or longer therapy. Because our facility is so small, we are easily able to customize the treatment to suit individual needs.

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

We are always open to and consider whether to include significant others (e.g., family members, friends, teachers) in an OCD patient's treatment and, if so, how. It is quite common for significant others to have gotten "sucked in" to accommodating the patient's rituals and avoidance thereby altering the functioning of the system (e.g., family).

Additionally, one or more members often have reacted to the OCD patient with over-controlling or angry behaviors, which can exacerbate patient symptoms and contribute to demoralization and depression. Re-establishing "normal" family/system functioning is often a helpful (sometimes necessary) component to the overall treatment plan. Significant others may

need help ceasing such accommodation and/or over-controlling behaviors so these behaviors don't interfere with motivating the OCD patient and/or with implementing ERP techniques. Family/systems therapy can also be used in repairing damaged relationships. Additionally, whenever the OCD patient is a young child, we typically will involve at least one parent in the treatment since a parent will probably be needed to help the child with self-monitoring, exposures, response prevention, etc. and will need to learn, understand, participate in and support the ERP.

Treatment of Co-Morbid Disorders

As our name Anxiety Solutions suggests, we specialize in treating all anxiety disorders using evidence-supported primarily exposure-based, cognitive behavioral therapies. We also specialize in anxiety-associated disorders including related disorders (e.g., trichotillomania, body dysmorphic disorder).

Individual Therapy

Patients meet with either Dr. Fitzgibbons or Dr. Street every time they come in for a session. For our OCD outpatient intensive program, that means 2 to 3 hours a day, 5 days a week, for 3.5 to 5 weeks, plus some family sessions if warranted and feasible. For our traditional outpatient program, the frequency and duration of sessions can range from a clinical hour (50 minutes) a week up to three 90-minute sessions a week, depending upon clinical need, patient time and resources, etc.

Length of Stay

We consider a "typical" outpatient intensive to run 4 weeks of 2 to 3 hour sessions per day, but we have recommended ending treatment early (and saving resources) in cases when the patient's treatment compliance has been poor and/or he/she was not benefitting. In other cases, treatment has been shortened because the OCD patient has improved significantly enough within a week or two to no longer warrant continued intensive treatment. In some circumstance we have extended treatment either by adding week(s) to the intensive program and/or by arranging additional follow-up sessions (in person or by phone) after the intensive treatment program has been completed. Home visits can be arranged to help facilitate re-integration and generalization. However, these services will require significant additional cost.

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

The census for our intensive program is 3.