



International
OCD
Foundation

OCD and Related Disorders Clinic Profile

Anxiety Treatment Center (ATC) of Sacramento

Clinic/Program Director: Robin Zasio, PsyD, LCSW; & Beverly Abramowitz, MD

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Treatment Providers:

Robin Zasio, PsyD, LCSW

Jason Murphey, PsyD

Heather Almeida, LMFT

Holly Wang, LMFT

Payment Options:

Private Insurance

Scholarships available

Self-pay

Populations Served:

Adults

Adolescents

Children

Treatment Strategies Offered:

Cognitive Behavioral Therapy (CBT)

Exposure and Response Prevention (ERP)

Family Therapy

Group Therapy

Habit Reversal

Prescribe Medication

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

Body Dysmorphic Disorder (BDD)

Hoarding Disorder

Skin Picking (Excoriation Disorder)

Trichotillomania (Hair Pulling Disorder)

Summary of our services:

The Anxiety Treatment Center (ATC) of Sacramento opened in November of 2005 followed by the opening of The Cognitive Behavior Therapy Center in October of 2007. Our staff consists of licensed clinical psychologists, psychiatrists, and marriage family therapists. All staff have extensive training in cognitive behavior therapy and exposure and response prevention techniques. The program also staffs doctoral interns who are specializing in anxiety disorders. We have both an intensive outpatient treatment program and a day program (the latter is 4 hours per day, 5 days per week). Housing is offered within walking distance to the facility in a four-bedroom home that is fully furnished and includes a large backyard and laundry facilities. This lodging significantly reduces the overall costs associated with treatment. Although we do not offer sliding scales, the ATC offers a yearly scholarship that includes up to four weeks of intensive outpatient program treatment services for individuals with a primary diagnosis of OCD. This opportunity is available to those without insurance, who may not have the means to obtain this level of treatment otherwise.

Treatment Planning Process

Treatment planning begins with a clinical interview with the director to gather information regarding the treatment needs of the client. This can be done in person, or for those traveling from out of town, by phone. Once it is determined that the client is a good fit for the program, we arrange for admission. This process includes multiple assessments that promote a thorough understanding of the client's needs, allowing staff to develop a clear treatment plan. A case manager is assigned with whom a client will work with to begin addressing their individual needs. Treatment planning occurs daily with all staff to allow for a comprehensive approach for the clients enrolled in the IOP program.

Core Treatment Components

The ATC recognizes that cognitive behavior therapy and exposure and response prevention techniques are the premiere treatment modalities for OCD and anxiety-related conditions. Medications are also considered for those having difficulty with the treatment process or have greater symptom severity. This combination is determined on a case-by-case basis depending on each individual's needs. Additionally, the ATC recognizes that during the treatment process, other life issues can arise, requiring other treatment needs. Our clinic offers a full spectrum of treatment services including:

- Education surrounding causes of anxiety disorders
- Social skills and assertiveness training
- Relaxation training, and stress management
- Family therapy and consultation
- Psychopharmacological consultation as needed
- Psychological testing as needed
- Collaboration with community mental health professionals
- Relapse Prevention
- Follow-up outpatient treatment

- Aftercare groups
- Housing for those traveling out of town needing a safe, supportive, living environment

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

Involvement of family, teachers, and other supportive individuals in a client's life is critical to the treatment planning process. We want to ensure that we not only support our clients, but also those who our clients identify as being involved in their recovery process. Involvement of family members will include education surrounding their loved one's diagnosis, gathering input as to their observations, impact on the family, and how they have been directly involved. We also work with the school system by making contact within the first week to obtain their observations and discuss how we can work together in the treatment process. We find that educating school personnel and including them in the treatment plan has a positive impact on the child/teen's return to the school environment.

Treatment of Co-Morbid Disorders

The ATC specializes in treating OCD and all other anxiety disorders including social anxiety, panic disorder, posttraumatic stress disorder, specific phobias, and generalized anxiety disorder. The ATC also specializes in treating body dysmorphic disorder, separation anxiety disorder, hypochondrias/health related anxiety, and hoarding. We are seeing an increasing number of individuals struggling with trichotillomania, skin picking, and nail biting, in which we utilize habit reversal training techniques. It is not uncommon that individuals who seek treatment at the ATC have a co-morbid condition. For example, often times those diagnosed with OCD also experience symptoms of depression. In this case, we typically treat the OCD initially and tend to find that as the anxiety associated with the OCD begins to dissipate, so do the symptoms of depression. In other cases, we will see individuals who are experiencing more than one anxiety condition such as OCD and social anxiety disorder. In this case, we will actively address both disorders recognizing the impact that each condition may have.

Individual Therapy

The ATC offers a very high level of care operating Monday through Friday from 9 am to 1 pm. All clients are assigned a primary therapist. However, they also have the benefit of the entire treatment team who are actively involved in staffing and input in their treatment protocol. Because we see each client as a unique individual, staff address a client's fears on a 1:1 ratio, up to three hours per day. This allows for not only privacy, but also creates an environment supportive of a confidential relationship that encourages full self-disclosure in the midst of dealing with very difficult issues.

Length of Stay

On the average, most individuals admitted into the intensive outpatient program remain in the program for four to six weeks. However, because our program is tailored to address each participant's needs and symptoms through individualized treatment plans, length of stay can be shorter or longer. Most of those who are admitted will attend Monday through Friday from 9 am to 1 pm to increase maximum benefit. For those who live locally and may be in school or work part-time, we will allow for a modified schedule, such as Monday, Wednesday, and Friday. We also provide follow-up care to help those involved in the IOP program transition to a lower level of care. This often include both individual or group therapy.

“Census” (i.e., the maximum number of clients seen at any given time)
Total census is 13.