



International
OCD
Foundation

OCD and Related Disorders Clinic Profile

Kansas City Center for Anxiety Treatment (KCCAT)

Clinic/Program Director: Katie D. Kriegshauser, PhD

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Treatment Providers:

Katie D. Kriegshauser, PhD

Jeff Jaeger, PhD

Heather Smith-Schrandt, PhD

Bill Oakley, PsyD

Nathan Fite, PhD

Lindsey Murray, MA

Populations Served:

Adults

Adolescents

Children

Payment Options

Self-Pay

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

Skills Training

Teletherapy

Specialty Areas:

Obsessive Compulsive Disorder (OCD)
Perfectionism
Scrupulosity
Violent/Sexual Obsessions
Body Dysmorphic Disorder
Hoarding Disorder
Skin Picking
Tics/Tourettes
Trichotillomania (Hair pulling disorder)
Eating Disorders (ED)
Treatment of Co-occurring Disorders

Summary of our services:

KCCAT was opened in October 2005 by our founding director, Lisa R. Hale, PhD in order to provide the local 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.

We strive to provide the most clinically efficient and affordable services available and appropriate for level of need. We offer no-interest payment plans and services are reimbursable by insurance at a patient’s out-of-network benefit level. When available and clinically appropriate, all or portions of services may be in the format of reduced-rate group treatments, and/or conducted by training therapists (e.g., advanced master’s or doctoral students) working under the close supervision of our fully licensed staff psychologists. We also offer a “coaching service” at a very nominal fee, which is ideal for individuals who may benefit from further ERP coaching between clinical sessions.

KCCAT’s approach as a team-based treatment facility assures a high level of consistency and quality.

Treatment Planning Process

Patients first complete a no-cost phone screen (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 package 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.

KCCAT now offers group treatment services for adults and teens, with programs in development to serve pediatric populations.

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

Our staff have experience in using evidence-based treatments addressing commonly co-occurring difficulties and issues across the behavioral health spectrum. Should needs exceed the scope of services at KCCAT, we will assist the patient and family in locating appropriate alternative services.

Individual Therapy

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.

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.