



International
OCD
Foundation

OCD and Related Disorders Clinic Profile

Chicago Cognitive Behavioral Treatment Center

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Treatment Providers:

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Alison Bronson, LCSW
Abigail Faber, PsyD
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Daniel Mortenson, PhD
Michelle Wilson, PsyD

Payment Options:

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
Skills Training
Teletherapy

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

Autism Spectrum Disorders (ASD)

Body Dysmorphic Disorder (BDD)
Hoarding Disorder
Eating Disorders (ED)
PANDAS/PANS
Perfectionism
Scrupulosity
Skin Picking (Excoriation Disorder)
Substance Use Disorders (SUD)
Tics/Tourettes
Trichotillomania (Hair Pulling Disorder)
Violent/Sexual Obsessions

Summary of our services:

The purpose of the Clinic is twofold: 1) to provide empirically supported psychological treatments to clients and 2) to educate professionals/individuals in the community on CBT for psychological problems we treat. The spirit of our approach is captured below:

“We are scientist-practitioners.” This means that our practice is guided by the most current research available. The treatments we utilize have been shown to be most effective in reducing symptoms and improving quality of life among patients with anxiety, mood and related disorders. In short, we focus on what works.

Treatment focuses directly on clients’ symptoms and on enhancing commitment to one's values. Individual therapy programs are collaboratively developed during initial assessment sessions and regard both partners of the therapeutic relationship as experts. Our programs are flexible and portable. We help clients face anxiety where it is experienced, whether it is at home, in an airplane, or at a street corner. This makes it easier for clients to practice skills between sessions, a fundamental component of CBT. It is the combination of science, creativity, and emphasis on consistent practice of skills that makes CBT so effective.

Treatment Planning Process

Once a comprehensive assessment is conducted, an individualized treatment plan is developed collaboratively. In most cases, sessions are initially scheduled for once or twice a week for 45 to 60 minutes. Variations in frequency and duration of sessions may be decided based on factors such as severity of symptoms, stage of treatment, or treatment goals.

Core Treatment Components

The specific therapies described below fall within the CBT umbrella and have been supported by the most up-to-date research available for the treatment of anxiety, depression, and related disorders. They are utilized in a harmonious manner that is most consistent with one’s treatment needs.

Exposure and Response Prevention (ERP)

The most effective approach for overcoming any fear is to face it. Although this can be daunting, exposure therapy provides a structured and supportive framework for this process. Exposure involves directly and gradually facing the uncomfortable situations and/or thoughts

that trigger distress and avoidance. By doing this in a stepwise fashion, one is able to habituate or get used to that situation or thought.

In addition to facing one's fear, ERP involves limiting responses that would interfere with the habituation process. Thus, response prevention focuses on resisting urges to engage in compulsions and other behaviors that generate a false sense of safety, such as reassurance-seeking. These behaviors often decrease distress or anxiety in the short-term, but their effectiveness decreases over time and ultimately reinforces one's fears.

Acceptance and Commitment Therapy (ACT)

ACT concentrates on increasing willingness to experience emotional pain, especially when avoidance of this pain (or the possibility of future pain) prevents one from living a fulfilling and meaningful life. This pattern of avoidance creates suffering and leads to other long-term, negative consequences. Thus, the focus of ACT is on promoting alternative ways of relating to emotional pain while clarifying what matters to you and increasing valued behaviors.

Mindfulness Skills

Mindfulness involves conscious awareness and attention to the present moment in a non-judgmental way. Much of the time, we are functioning on "autopilot" or are engaged in habitual attempts to escape unpleasant feelings. When we practice purposefully attending to or staying with whatever we are experiencing from moment-to-moment (e.g., thoughts, emotions, sounds, or taste), we are better able to acknowledge and accept what is, thus allowing us to respond instead of react. Mindfulness teaches us to be more willing to feel what is painful and therefore, allows us to experience greater openness and enjoyment.

Motivational Interviewing (MI)

MI is a technique used to build awareness around one's ambivalence for change. It is common for people struggling with anxiety and depression to be ambivalent about seeking treatment and changing long-practiced behaviors. By focusing on reasons why change is difficult and engaging in problem solving related to barriers to change, one's readiness for change can be increased, thereby allowing one to participate more actively in other primary interventions (e.g., ERP).

Behavioral Activation

Behavioral Activation emphasizes engaging in positive life activities. This technique has been shown to be especially important for the treatment of depression, with the goal of increasing one's participation in activities that are currently avoided because of depressed mood or feelings of isolation. In treatment, we often start with the easiest of activities or those that are likely to bring the greatest sense of accomplishment and/or pleasure. Avoidance of these activities may be easier in the short run, but hurtful in the long run. We look to intervene on behaviors and environmental factors that may be maintaining or worsening depressive symptoms.

Functional Analytic Psychotherapy (FAP)

FAP focuses on in-session behaviors and on the therapeutic relationship to facilitate behavior change. By identifying problematic behaviors that show up in one's relationships outside of therapy and discussing how those behaviors might show up in the context of treatment, new

behaviors can be taught as problematic behaviors occur and then practiced within the therapeutic relationship. This present moment focus and emphasis on the therapeutic relationship can strengthen the effectiveness of any other modality being utilized and increase the likelihood that new behaviors are generalized to other contexts.

Dialectical Behavior Therapy (DBT)

Developed by Dr. Marsha Linehan, DBT focuses on learning skills to increase emotional regulation, distress tolerance, mindfulness, and interpersonal effectiveness. It is particularly useful for individuals who experience negative emotions that are excessively prolonged, frequent, intense, and unpredictable. Although we do not offer a full DBT treatment program, we do utilize many of the strategies within individual therapy.

Maintaining good Health Behaviors is an essential part of any treatment program as research has unequivocally supported the vital role of adequate sleep, regular exercise, and a balanced diet in overall well-being, as well as in reducing symptoms of anxiety and depression.

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

When working with younger children, we meet with parents without the child for the first evaluation session, and then meet with the child individually during the second evaluation session. We have found that collecting information from parents during the first session streamlines the evaluation process; however, exceptions can be made. Following the assessment, the third and fourth sessions generally focus on treatment planning, discussion of parent, child, and therapist expectations, prognosis, and psychoeducation specific to presenting problems. In designing treatment programs, we use developmentally appropriate methods to facilitate learning and behavior change. We are ever-conscious of crafting fun and creative ways to engage children in the hard work of facing fears.

Parental involvement is an essential component in a child's treatment program. Research shows that parents will often inadvertently contribute to, maintain, or worsen anxiety symptoms in their children (Barrett & Shortt, 2003). We use a team approach to help your child be successful in understanding treatment rationale and practicing new skills. We assist parents in effectively responding to anxious behaviors, helping to develop and deliver rewards, and facilitating between-session exposure practices. Parents are also essential in helping children implement recommended health behaviors, such as exercise and a balanced diet.

For older teenagers, parental involvement is dependent on multiple factors including the nature, severity and chronicity of the disorder as well as independent life skills. A primary treatment goal is to help teenagers build competence in applying treatment strategies independently.

When working with adults and the elderly, involvement of a support person (typically a spouse or other family member) is sometimes encouraged. It is not uncommon for loved ones to accidentally worsen symptoms as a way to temporarily reduce distress, especially for parents of adult children. Further, family members can become understandably frustrated with anxious behaviors or misinterpret symptoms as willful. Therefore, in some cases, we recommend collaborating with spouses and family members to create an educated, non-judgmental environment that best supports behavior change. When working with older adults, particularly

those with age-related cognitive difficulties, collaboration with caregivers and other professionals, such as primary physicians, can be important to inform the treatment process.

Length of Stay

The length of treatment varies depending on symptoms and individual preference. Although most therapy manuals are often based on 8-12 sessions, our approach to CBT is aimed at going beyond the manual to more actively collaborate with the client about how to best integrate skills into their life. We also can continue treatment as needed with less frequency to ensure maintenance of treatment gains.

Other Resources for Outpatients

Groups, Family Therapy, Professional Consultations.