Kansas City Center for Anxiety Treatment (KCCAT)

1. KCCAT opened by Dr. Lisa Hale in October 2005 to provide the local region with options for empirically based, cognitive-behavioral treatment of anxiety disorders. The center was developed working with Dr. Cary Savage as an affiliate with the Anxiety Research Program at Hoglund Brain Imaging Center at the University of Kansas Medical Center, where Dr. Hale remains on faculty.

2. Professional staff include:

Lisa R. Hale, Ph.D., KCCAT Founder and Director
Dr. Hale received her Ph.D. in Clinical Psychology with a subspecialty in Health Psychology from Finch University of Health Sciences/The Chicago Medical School, a leading program in the research and treatment of anxiety disorders, and completed an APA accredited internship in Clinical and Health Psychology at Charleston Area Medical Center/West Virginia University School of Medicine. She has extensive research and clinical training in cognitive-behavioral theories and treatments for anxiety across all age groups – early childhood to elderly populations – including intensive exposure/response prevention protocols for severe anxiety disorders and experience training other professionals in these techniques. Dr. Hale completed a postdoctoral fellowship at Hoglund Brain Imaging Center, University of Kansas Medical Center, funded in part by a T-32 Training Grant from the National Institute of Health. She remains on faculty at HBIC/KUMC as a Research Assistant Professor in the Department of Neurology. Her scholarly interests and peer-reviewed publications have focused on the identification of cognitive risk factors for anxiety disorders. She is a professional member of several national organizations including the Anxiety Disorders Association, the Obsessive Compulsive Foundation and the Association for Cognitive and Behavioral Therapies.

Amy M. (Brown) Jacobsen, Ph.D., Staff Psychologist
Dr. Jacobsen received her Ph.D. in Clinical Psychology from the University of Georgia, where she specialized in child psychology and in the study and treatment of anxiety disorders. She completed an APA accredited internship in Clinical Psychology at SUNY Upstate Medical University and an APA accredited postdoctoral fellowship in Clinical Child Psychology at Mayo Clinic. She has served as an Assistant Professor in the Mayo Clinic College of Medicine and currently holds appointment at HBIC/KUMC as a Research Assistant Professor in the Department of Neurology. She has extensive clinical training in cognitive-behavioral treatments for anxiety across all age groups, including intensive exposure/response prevention protocols for severe anxiety disorders. Dr. Jacobsen has published several research articles on childhood anxiety and presents at state and national organizations. Her research interests include the role of the family environment in anxiety disorders and the development of intervention programs for children and families affected by anxiety. She is a member of several national

organizations, including the Association for Cognitive and Behavioral Therapies and the Anxiety Disorders Association of America.

Ashley J. Smith, Ph.D., Staff Psychologist
Dr. Smith received her Ph.D. in Clinical Psychology from the University of Nebraska-Lincoln, with an emphasis in child/family psychology. Her research has focused predominantly on social anxiety/phobia in adolescents, with a secondary interest in treating the overlap between anxiety and eating disorder symptoms. She completed an APA accredited internship in Clinical Child and Pediatric Psychology at Children's Mercy Hospital. Prior to joining the KCCAT team in 2009, Dr. Smith completed a supervised postdoctoral experience and served as a staff psychologist at the Anxiety Disorders Specialty Clinic at Omaha Children's Hospital. Dr. Smith has extensive training and experience in CBT for anxiety disorders across the life span, and provides clinical services for all ages. She is a member of and regularly presents at the national conferences of the Association for Behavioral and Cognitive Therapies and the Anxiety Disorders Association of America.

Caroline Elder Danda, Ph.D., Staff Psychologist
Dr. Danda received her Ph.D. in Clinical Psychology from the University of Florida Department of Clinical and Health Psychology, with an emphasis in pediatric and child psychology. She completed an APA accredited internship in clinical child psychology at Children's Mercy Hospital and a postdoctoral fellowship in the Department of Pediatrics at the University of Kansas Medical Center. Prior to joining KCCAT in 2006, she served as an Assistant Professor in the Divisions of Pediatric Gastroenterology and Behavioral Pediatrics. Dr. Danda has extensive training and experience in providing cognitive-behavioral treatments for anxiety, stress, and obsessive-compulsive disorder across age groups. She also has particular expertise in the assessment and treatment of functional gastrointestinal disorders in children and adolescence (e.g., abdominal pain and Irritable Bowel Syndrome) and collaborates with pediatric gastroenterologists in the area. Dr. Danda is a member of the Association for Cognitive and Behavioral Therapies, Anxiety Disorders Association of America, and the Society of Pediatric Psychology.

3. 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 disorders.

4. Our center 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), we offer individually tailored treatments for children and adults that include options for intensive therapy protocols and home- and community-based treatment. Our clinicians work 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 to 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 (with continued consultation and booster sessions as necessary) to maintain their gains over time.

5. Patients complete a no-cost phone screen (to ensure program fit or provide other referrals) and then participate in a full evaluation package to aid in the treatment planning process. The evaluation includes a clinical interview lasting 90-120 minutes, a team review of pertinent background information (including prior treatment history, past records and initial contact with other current providers, if applicable), and administration of relevant standardized measures (e.g., Yale-Brown Obsessive Compulsive Scale, ADIS modules, etc.). In addition, patients complete a series of self-report questionnaires to further assess anxiety, mood, and associated symptoms (e.g., quality of life). Referrals for medication evaluation and management are available as needed.

6. Individuals with co-morbid conditions can participate in the program if the comorbid condition is well-managed, or if it is being treated elsewhere and is not deemed to interfere with the anxiety treatment. For instance, an individual with a comorbid substance use disorder can participate if their substance use is effectively managed and not interfering with the patient’s participation in our treatment. If a patient presents with a primary depressive disorder with suicidal tendencies in addition to their anxiety disorder, we would likely determine that their depressive symptoms warrant treatment before more focused anxiety treatment would be deemed appropriate, and would likely refer this patient to another therapist until the depressive symptoms were better managed. If a patient presents with less debilitating or secondary depression comorbid to their anxiety disorder, we will include cognitive-behavioral strategies in their treatment to address their depressive symptoms as a part of the treatment readiness process (e.g., cognitive restructuring, behavioral activation).

7. 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).

8. Intensive outpatient treatment is tailored to individual needs and involves up to daily sessions that usually last from 90-180 minutes face-to-face therapist time, with assigned homework exercises and scheduled email and voicemail check-ins to increase adherence. At times we may schedule multiple sessions in one day, with time between sessions for the patient to complete self-directed ERP activities.

9. 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 in traveling to the clinic, their ability to completed self-directed ERP activities, etc. We can offer a variety of options for intensive treatments, such as three sessions per week, daily sessions, or weekend or 5-day intensive treatment (i.e., meeting 5 times in one weekend or 10 times over 5 days). While we provide estimates of the length of treatment at the beginning based on our assessment, we adjust the number and time-length of sessions up or down as needed to optimize patient progress in symptom reduction and independence. Sessions are simply billed by therapist's direct time with the patient, prorated in 5-minute increments, to account for this flexibility.

10. We inform patients that they will be expected to complete homework assignments between sessions. These may include ERP activities, cognitive restructuring exercises, relaxation and breath retraining strategies, and tracking/recording symptoms. We underscore that the most important work they will do is on their own, between sessions, consistent with our goal to help them become their own "therapist or behavioral scientist." Our program provides gradated levels of support throughout treatment that improves adherence, such as systems for email and voicemail check-ins, self-and support system monitoring, and phone sessions or support coaching services as needed. If patients are not completing their homework, we discuss and address the barriers before continuing with treatment.

11. For relapse prevention, we provide extensive psychoeducation on the importance of continued ERP and use of anxiety management strategies to maintain gains over time; discuss the difference between "lapse" and relapse; schedule a follow-up session one month after termination (when possible); and encourage "booster" sessions as needed. Reassessment packets also assist us in monitoring maintenance, and are completed at post treatment, 6 mth, and 12 mth intervals.

12. Typically, our patients remain in contact with us through our post-assessments and follow up for booster sessions as needed. If a patient is assigned to another clinic for follow up (e.g., due to distance from our clinic), we consult with their local treatment providers about their care.

13. We offer many options for working with patients in creating affordable service packages, including no-interest payment plans. When available, portions of treatment may be offered at significantly reduced rates with training therapists (advanced master's and doctoral students) working under the supervision of a licensed psychologist. We also offer a unique "support service" within the greater metropolitan area (at a very nominal fee, with no travel charges). This service is ideal for individuals who may lack appropriate social support for further ERP coaching between clinical sessions, or those who simply need help monitoring home-based assignments, maintaining hoarding protocols, etc. Payments to the clinic may be made by check, cash, or credit cards (mastercard, visa, discover). We hope to offer treatment scholarships in the future.

14. We commonly see individuals who do not live in the Kansas City area. A hotel near the clinic has offered a reduced rate for our patients, and we have worked with other lodging arrangements (e.g., the Ronald McDonald House) to support families traveling here for treatment.