

Anxiety Institute

Clinical Toolkit

2026



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ANXIETY INSTITUTE

Clinical Toolkit

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Clinical Outcomes Report

Intensive Outpatient Program

Customized, comprehensive care for clients ages 12–25 struggling with OCD, anxiety, and anxiety-related disorders.



Anxiety Institute offers tailored, evidence-based treatment for adolescents and young adults grappling with moderate to acute OCD, anxiety, and related disorders. Our comprehensive approach, including the Intensive Outpatient Program, focuses on empowering clients to confront and overcome their fears, while coaching the parents who guide them.

Client Experience

Our unique approach provides more individual attention for clients and parents compared to other acute anxiety and OCD programs.

Individualized Attention: A dedicated lead clinician serves a maximum of three clients at any given time, fostering customization, collaboration, and coordination.

High Client Satisfaction: Feedback indicates high satisfaction with our clinicians' understanding, professionalism, and treatment effectiveness.

Client Engagement

Adolescents and young adults with anxiety disorders frequently face disruptions in academics and social engagement with family and friends.

The goal of the Intensive Outpatient Program is to help clients achieve their potential, reintegrate into academic or career pursuits, and participate in a fulfilling social life. We are proud of our results.

Return to Academics/Work

Upon Program Graduation



Continued Participation in School/Work

12 Months Post Graduation



0 20 40 60 80 100 %



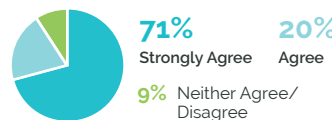
100% Agree

Anxiety Institute Staff treated me with respect and care.



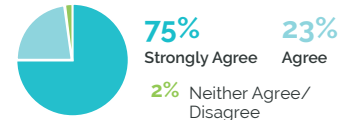
100% Agree

Anxiety Institute Staff were competent and professional.



91% Agree

I'm pleased I decided to go to the Anxiety Institute for treatment.



98% Agree

My primary therapist understood me.



Increase in "Resilience"

"Anxiety Institute gave me the confidence to find my way. You saw my potential and helped me strive to be the best I am today and work hard to become who I wish to be tomorrow." - CLIENT

Patient Symptom Improvement

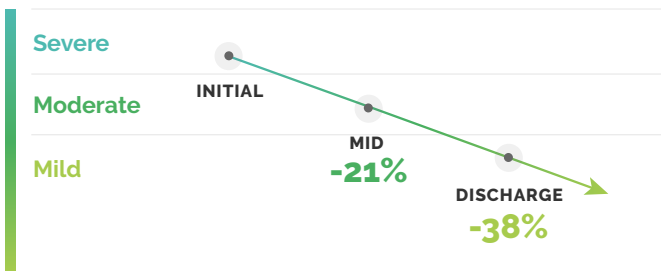
Anxiety Reduction & Depression Management:

Clients experience substantial reduction in anxiety symptoms throughout the program. Concurrent depression symptoms also significantly decrease during treatment with "resilience," "connectedness" and "hope" improving substantially over the course of treatment.

Anxiety Symptom Reduction

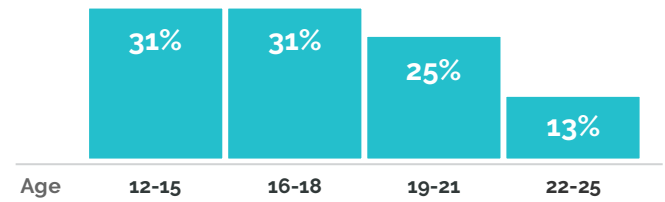
Intake to discharge

Symptom Reduction Showing Patient Improvement



Client Profile

Our sole focus is treating adolescents and young adults with OCD, anxiety and anxiety-related disorders.



Client Diagnosis Distribution*

Generalized Anxiety Disorder



OCD Spectrum Disorders



Social Phobia



Panic Disorder/Agoraphobia



* Total exceeds 100% as clients typically have both a primary and secondary diagnosis.

“My son has created a new life for himself which includes going to social events even if his friends are not attending, participating in school full time, joining clubs, and enjoying his hobbies.” - PARENT OF GRADUATE

View Full Outcomes Report at anxietyinstitute.com/clinical-outcomes-report

Our Services

Intensive Outpatient Program: Comprehensive outpatient program with individualized treatment and robust parent support backed by over 120,000 patient treatment hours.

Outpatient Services: Targeted therapy sessions catered to individual needs and level of clinical need provided by an experienced anxiety specialist.

Specialized Services: Additional offerings include integrated psychiatric services, parent coaching, group therapy, professional development and psychological testing.

Our Differentiation

- Gold Standard Treatment
- Personalized Attention
- Expertise in Exposure Therapy
- In-Person Therapeutic Connections
- Comprehensive Parent Coaching
- Trusted by the Community
- Compassionate Family-Owned Care

If you are wondering whether you or a loved one is right for our program, let's start with a conversation. Call (844) 881-1846.

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INCLUDED
Anxiety Institute
Measure (AIM)
Bookmark

How to Prevent Shutdown

10 Empowering Exercises To Break Free From The Grip of Anxiety

An In-Depth Guide to help you pinpoint the intensity of your anxiety to reclaim your life.



Sometimes just sensing an anxious thought can make you feel more anxious. Worry has a way of perpetuating itself, while also paralyzing you at the same time. Together, this can push your emotional well being into a downward spiral.

How can you break free from this vicious cycle?

It may sound simple, but one of the best things you can do when your anxiety spikes is to stop, step back and assess your situation.

In this guide, we share a simple system to help you address your anxiety in the moment it happens, teach you how to rate your level of anxiety using the Anxiety Institute Measure (AIM)* scale, and then provide 10 fast and effective exercises to help you overcome your anxiety.

*Based on the Subjective Unit of Distress Scale (SUDs).



Self Assessment

To improve your emotional state, you first need to conduct an accurate self-assessment. How am I feeling? Why am I feeling uncomfortable? What are the triggers that are making me feel this way?

Attempting to objectively understand why you are feeling the way you do may not come naturally. But the better you become at evaluating your emotional state, the quicker you can identify the appropriate steps to recovery.

The first step is to identify your symptoms. State the problem as clearly as possible. Allow yourself to feel your symptoms so you can process them. Instead of judging your symptoms, take a minute to simply acknowledge them.

Now that you have an understanding of the way you feel, you can begin to dig deeper into the four basic types of responses that coincide with your emotional state:

1. Cognitive

What type of specific thoughts do I have? Write them down.

2. Physical

How is my body reacting? How is my heart rate, temperature, muscle tension, breathing, chest pain, headache, etc.?

3. Behavioral

What do I normally do when I encounter this feeling? Do I try to escape, shut down, become agitated, or seek distraction?

4. Environmental

How does my location and my activity connect to how I feel? Do certain locations or spaces impact me? Who around me makes me feel better or worse?

After reflecting on the different responses to your anxiety, you are ready to rate the level of distress using the Anxiety Institute Measure (AIM). This tool is a 0 - 10 scale that helps you measure the intensity of your anxiety and see how different scenarios impact you. With proper use, it can also help you know which techniques are best to help you de-escalate anxiety in the moment.



Anxiety Institute Measure (AIM) Rate Your Own Anxiety

This measurement tool is a 0-10 scale that helps you assess the intensity of your anxiety. Through experimentation, you can identify which exercises best help you de-escalate your anxiety.

How are you feeling?

First, look at the scale on page 5 as you examine your cognitive, physical, behavioral, and environmental state. This introspection reflects how you feel about your distress, rather than how anyone else judges your worries. The scale is a broad gauge to prompt this self-reflection. The exact number is not as important as the exploration of your emotional state.

Practice exercise.

Next, try the exercises to help you conquer your anxiety. In times of distress, remember symptoms of anxiety and panic are temporary - they are opportunities to face and conquer your fears. If you need help in the future, you can refer back to the Anxiety Institute Measure when you feel your anxiety building.

Through daily practice of skills and strategies, my anxiety will return to serve its original purpose: to prepare and protect versus divert and dictate.

Excerpt from **AFFIRMATION STATEMENTS** by Dr. Dan Villiers

Anxiety Institute Measure (AIM)

Rate Your Own Anxiety

PINPOINT YOUR ANXIETY

How are you feeling?

0

Peaceful, serene, calm

1

Alert and focused

2

A bit stressed, beginning to feel anxious

3

Worried but able to function

4

Somewhat upset, moderate worry

5

Uncomfortable but mostly functioning

6

Wanting to change because you feel so badly

7

Preoccupied with anxiety, finding it difficult to function

8

Unfocused, overwhelmed by anxiety symptoms

9

Extremely anxious, helpless and unable to handle emotions

10

Unbearable anxiety, intolerable distress

SEE EXERCISES ON THE RIGHT

CONQUER DISTRESS

Practice exercises.

LEVELS 0-3

Self Affirmation

Repeat regularly "I believe in myself and my goals".

Muscle Relaxation

Tighten then release each muscle group from your head to your toes.

Breathing

Breath so your belly expands – inhale for 3 seconds and exhale for 4 seconds.

LEVELS 4-7

Escalate to De-Escalate

Run around the building until your physical responses outmatch your anxiety symptoms.

Timeout

Go for a walk, journal your thoughts, read a book to displace your worrying thoughts.

Guided Imagery

Listen to a guided imagery meditation.

Encourage a Friendly Discussion

Speak with someone you trust for support.

LEVELS 8-10

Deliberate Immersion

Dedicate time to facing your worry in small doses to gain power over it.

Self Hypnosis

Visualize your image of paradise and note what you can see, hear and smell.

Exposure Therapy

Lean into anxious thoughts and build resilience.

WE'RE HERE FOR YOU.

anxietyinstitute.com



Habits

No matter where you are on the scale, sleep, diet and physical activity are three foundational habits that influence your overall well being.

In fact, they are so crucial that if you do not prioritize healthy habits of sleeping, eating and physical activity - no remedy will be able to compensate for them. As a general practice, here are three reminders:

1. Diet

Eating healthy with plenty of vegetables, fruit, and unprocessed foods gives you the nutrients you need for an active lifestyle and the best chance for a good night's sleep. Avoid sugar and caffeine as much as you can.

2. Physical Activity

Regular physical activity can help ease depression and anxiety by releasing feel-good endorphins. Focusing on the activity will also take your mind off your worries. Even small amounts of daily activity — as little as 10 to 15 minutes at a time — can make a tremendous difference in your emotional well being.


3. Sleep

If you are not regularly sleeping 8 hours, you may want to reexamine your physical activity and dietary habits, prioritize getting to bed earlier each night, reduce device/screen time, and follow other basics in good sleep hygiene. A good night's sleep can help you think more clearly as you face the issues of the day.

Exercises

For each level of distress on the AIM scale, there is a corresponding exercise to help you lower your anxiety.

In this brochure you will find 10 exercises which help you intervene in the moment, and can even prevent the onset of anxiety in the future. The exercises build upon each other, so start at the beginning and work your way through them all, if necessary.



If your anxiety is mild: you fall between 0 and 3 on the scale.

1. Diaphragmatic breathing

Instead of just taking deep breaths, breathe so that your belly expands in and out (instead of your chest going up and down). Imagine that you are filling a balloon in your stomach. Inhale for three seconds and exhale for four.

2. Muscle relaxation

Tighten, then release each muscle group in your body. Start at your toes and work your way up, taking turns tensing one muscle group for 5 seconds, then relaxing it for 30 seconds. Move through each muscle group until you've worked your way to the top of your head.

3. Self-affirmation

Anxiety makes you feel as if there is a real, imminent threat, but that is a misperception that should not control you. You can use positive affirmations to remind yourself that you can manage the situation. Using the below affirmations as a guide, you can personalize the three statements to your specific needs.

- I've survived this before - I am strong and can overcome this.
- I know that I am not my anxiety.
- Anxiety is an opportunity to nurture more courage and resilience.

Vocalize these statements aloud and rehearse them in your mind. Repeat them daily as a way to reprogram your unconscious thought patterns. Write them on a card and place them where you can access them regularly - reminding yourself throughout the day or whenever your anxiety is triggered. Your goal is to proactively replace harsh, negative thoughts with positive, realistic self-talk.

The way I feel now (whether anxiety or depression) is not a predictor of how I will feel later.

Excerpt from **AFFIRMATION STATEMENTS** by Dr. Dan Villiers



If your anxiety is significant: you fall between 4 and 7 on the scale.

1. Guided imagery recordings

Guided imagery is a form of relaxation training that is freely available online. You can listen to an audio recording and quickly relax without having to learn the actual technique. Search “guided imagery meditation for anxiety” on YouTube and listen when you need to inject a sense of calm into your life.

2. Timeout

Intentionally shifting your attention away from your worries to something else can be an effective, short-term solution to reduce anxiety. Pick your favorite type of relaxation or entertainment like reading a good book, making cookies, going on a walk or taking a few minutes to write down a short diary entry as an effective way to manage challenging emotions.

3. Escalate to de-escalate

This is a counterintuitive exercise that works surprisingly well. If your anxiety level is at the 6 mark, try to increase your anxiety from 6 to an 8. Most times it will eventually go down to 3. A good example of this is running around the building to increase your physical exertion which then helps justify the physical symptoms of anxiety you are experiencing. You want to actively embrace a posture of courage.

*I choose to ride the wave and face
the fear, for I know what few others
do: the only way around
is through.*

Excerpt from **AFFIRMATION STATEMENTS** by Dr. Dan Villiers



If you are experiencing intense anxiety or panic attacks: you fall between 8 and 10 on the scale.

1. Call a friend or loved one

Speak to someone that you know and trust to fully listen to you. A friend can help you realize you have experienced this before, and they can reassure you that it is temporary - despite how horrible it may feel. Having someone to speak with can help ground you. They can remind you that you will be okay.

2. Deliberate immersion

This is another counterintuitive technique where you intentionally spend time embracing your actual fears. Your objective is to turn up the volume on your worries. Embrace the fact that you are suffering from an anxiety or panic attack and let it engulf you. This type of 'self-induced flooding' is an effective way of extinguishing the fear response and replacing it with a feeling of relaxation. In other words, you can eliminate the phobia by directly facing it in small doses.

3. Self hypnosis

Start by closing your eyes and focus on your breathing. Create a mental image of a place where you feel calm, safe, and in control. This could be a real place, such as a favorite vacation spot, or a fantasy destination. Start by mentally listing all the things you can see in the scene. Move on to explore all the other senses you can link to this dream location - what can you hear, touch, taste, and smell? Sink into the space as a relaxing immersion.

4. Exposure therapy

Intentionally remain in the situation that is causing your anxiety. Stay for a longer period of time than you would normally. Your goal is to gradually increase the duration of time spent facing the symptoms. Instead of attempting to immediately escape, this technique trains your mind and body that the situation is not, in fact, as dangerous as you might think. By increasing the frequency and duration of exposure to your worries, you can empower your resilience in the short and long term. The more you resist, the less power that anxiety has over you. You effectively "unlearn" unhealthy thought patterns and behaviors and turn these new skills into habits.

*I am not defined by my anxiety,
but by my response to it.*

Excerpt from **AFFIRMATION STATEMENTS** by Dr. Dan Villiers

Conclusion

All of the techniques in this guide encourage you to realize one thing: symptoms of anxiety are not premonitions of doom. Instead, they are opportunities to face your fears to diminish their hold over you. They are invitations to transcend your anxiety, and foster courage in the face of adversity.

When you suffer from debilitating anxiety, it is helpful to be prepared to counter balance your emotions by having accessible and effective exercises to intervene in the moment. But more importantly, you want to move toward becoming less controlled by anxiety in the long run. Every time you begin to feel hopeless, you want to actively embrace a posture of courage.

The longer you practice intentional exposure, the more you engage with your anxiety instead of shrinking from it. This is how you claim a life freed from the grip of anxiety. Anxious thoughts may always lurk nearby, but with the right tools and perspective, you need not be their victim.

If you're wondering whether you or a loved one is right for our program, please contact us for a free consultation.

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Learn more about Anxiety Institute and why we're passionate about empowering individuals to overcome anxiety.

anxietyinstitute.com



Pinpoint Anxiety and Conquer Distress with the Anxiety Institute Measure (AIM)

This measurement tool is a 0-10 scale that helps you assess the intensity of your anxiety. Through experimentation, you can identify which exercises best help you de-escalate your anxiety.

First, look at the scale in the corresponding graphic as you examine your cognitive, physical, behavioral, and environmental state. This introspection reflects how you feel about your distress, rather than how anyone else judges your worries. The scale is a broad gauge to prompt this self-reflection, so precise accuracy is not as important as the exploration of your emotional state. Next, try the exercises to help you conquer your anxiety. In times of distress, remember symptoms of anxiety and panic are temporary - they are opportunities to face and conquer your fears. If you need help in the future, you can refer back to the Anxiety Institute Measure (AIM)* so it is accessible when you feel your anxiety building.

**Based on the Subjective Unit of Distress Scale (SUDs).*

Fold along the dotted lines on the right to create a quick reference AIM bookmark.

FOR MORE INFORMATION, VISIT:

www.anxietyinstitute.com/aim

PINPOINT YOUR ANXIETY

How are you feeling?

- 0**
Peaceful, serene, calm
- 1**
Alert and focused
- 2**
A bit stressed, beginning to feel anxious
- 3**
Worried but able to function
- 4**
Somewhat upset, moderate worry
- 5**
Uncomfortable but mostly functioning
- 6**
Wanting to change because you feel so badly
- 7**
Preoccupied with anxiety, finding it difficult to function
- 8**
Unfocused, overwhelmed by anxiety symptoms
- 9**
Extremely anxious, helpless and unable to handle emotions
- 10**
Unbearable anxiety, intolerable distress

SEE SOLUTIONS ON
THE OTHER SIDE

CONQUER DISTRESS

Practice exercises.

LEVELS 0-3

Self Affirmation

Repeat regularly:

"I believe in myself and my goals".

Muscle Relaxation

Tighten then release each muscle group from your head to your toes.

Breathing

Breathe so your belly expands - inhale for 3 seconds and exhale for 4 seconds.

LEVELS 4-7

Escalate to De-Escalate

Run around the building until your physical responses outmatch your anxiety symptoms.

Timeout

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Self Hypnosis

Visualize your image of paradise and note what you can see, hear and smell.

Exposure Therapy

Lean into anxious thoughts and build resilience.

WE'RE HERE FOR YOU.
anxietyinstitute.com

▲ FOLD ALONG LINES

▲ FOLD ALONG LINES



Your Solution for Specialized Higher-Level Care for Anxiety and OCD

Anxiety Institute is dedicated to supporting professionals and families seeking specialized higher-level care for OCD, anxiety, and related disorders, serving as your go-to resource when traditional outpatient therapy proves insufficient. We take pride that 83% of our Intensive Outpatient Program (IOP) referrals and 76% of our Outpatient Therapy (OP) referrals are from professionals and past clients.

Signs Your Child Needs Specialized Higher-Level Care:

Increased Intensity and Frequency

Child requires more intensive and frequent therapy than traditional weekly therapy.

High Symptom Acuity

Child exhibits moderate to severe symptoms that necessitate specialized, highly individualized attention.

Need for More In-Vivo Exposure

Child will benefit from additional real-life exposure therapy to confront their fears, therefore reducing the anxiety response.

Enhanced Psychoeducation & Peer Support

Child requires psychoeducational and peer support provided in group settings.

Parental Coaching

Parents require more guidance and coaching to improve family dynamics and overcome avoidance patterns.

Team Approach

Child requires a comprehensive approach, including primary therapy, exposure coaching, psychiatric services, group work, family support, and ongoing collaboration with outside providers.

For professionals and families seeking anxiety treatment, Anxiety Institute provides the expertise and support needed to navigate even the most complex cases. We work collaboratively with referring professionals to smoothly transition care and foster a seamless, coordinated approach to client treatment.

Learn more

anxietyinstitute.com

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Contact us

admissions@anxietyinstitute.com

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Anxiety Institute Intensive Outpatient Program (IOP) vs. Traditional IOP



We encourage prospective families to do their homework when they select a specialized anxiety and OCD program for their loved one. When comparing programs, parents should ask the following questions to ensure they select the most suitable one for their needs.

Here are some key questions to guide this important program assessment process.

1. Gold Standard Treatment

Questions to Ask:

1. Does the program utilize evidence-based techniques for anxiety, OCD and related disorders?
2. Who will be treating your child? Will it be a fully licensed clinician or an intern who is still in school?
3. Who supervises the clinician treating your child? Are they on-site for easy collaboration?
4. Does the entire clinical team hold advanced degrees and undergo rigorous training?
5. How are outcomes tracked?
6. Is the program specifically tracking anxiety/OCD symptoms and progress while in the program?

Anxiety Institute IOP:

- Utilize evidence-based techniques like cognitive behavioral therapy (CBT), exposure response prevention (ERP), and acceptance and commitment therapy (ACT).
- Supported by over 120,000 patient hours exclusively treating anxiety/OCD.
- Fully-licensed clinical teams with advanced degrees and training.
- 90% of clients reintegrate into academics or work post-treatment, and 95% maintain participation six months later.
- 96% report reduced anxiety or depression levels post-treatment.
- 100% of graduates' parents would refer others to Anxiety Institute.

Traditional IOP:

- Do not offer or have experience in individual exposure response prevention (ERP), the evidence-based protocol for anxiety and OCD.
- Most programs advertising anxiety/OCD treatment utilize a "pull-out" track consisting of just a couple of group sessions vs. a full program dedicated to ERP for anxiety/OCD.
- Do not track outcomes and use more generalized measures not specific to OCD and anxiety.

2. Personalized Attention

Questions to Ask:

1. How many hours of individual therapy sessions will my child receive every week?
2. How many family sessions?
3. What is the clinician-to-client ratio?
4. Are the sessions in-person or remote?

Anxiety Institute IOP:

- Each client in our Intensive Outpatient Program receives ten hours of individual treatment sessions weekly.
- Family sessions are available once weekly with increased frequency as needed.
- Our lead clinicians are dedicated to a maximum of three clients.
- In-person treatment helps us develop connection and gauge non-verbal cues while fostering a sense of safety and comfort for clients with anxiety and OCD.

Traditional IOP:

- Clinicians treat ten or more clients, meeting them individually only once or twice per week.
- Deliver services via remote telehealth, making it more difficult to foster deep connection and gauge non-verbal cues.

3. Expertise in Exposure Therapy

Questions to Ask:

1. Are exposure response prevention (ERP) sessions done in a group or individual setting?
2. Who is working with my loved-one during ERP sessions?

Anxiety Institute IOP:

- Exposure response prevention (ERP) sessions are conducted in individual sessions with a licensed clinician.
- 96% of clients feel more equipped to face their fears.

Traditional IOP:

- If they utilize ERP, most programs use group or self-directed sessions for ERP.
- ERP is typically conducted by unlicensed professionals.

4. Comprehensive Parent Coaching

Questions to Ask:

1. Does the program offer parent support, coaching and psychoeducation?
2. Do the clinicians conduct in-vivo ERP to help client reintegrate into academic and social activities?

Anxiety Institute IOP:

- Provide extensive parent coaching to sustain progress including weekly small group parent collaboratives and parent newsletters.
- Integrate clients' local academic and social activities, ensuring smooth reintegration into daily life.
- Parents appreciate our approach, with 96% noting responsiveness and flexibility from therapists, and 96% agreeing that Anxiety Institute partnered with them in treating their child.

Traditional IOP:

- Provide general parent education, but lack the necessary skills to address anxiety and OCD specifically.

5. Clients

Questions to Ask:

1. What is the profile of the clients in your program?
2. Are the clients dual diagnosis (including substance use disorder)?
3. Do you specialize in anxiety, OCD and related disorders?

Anxiety Institute IOP:

- Serve bright, high-functioning adolescents and young adults who struggle with avoidance and procrastination to manage anxiety.
- Common diagnoses include generalized anxiety disorder, social phobia, and OCD spectrum disorders, often with major depressive disorder (29%) and ADHD (15%).
- Rule-out conditions include disruptive behavior disorders and severe mood disorders.

Traditional IOP:

- Add an OCD or anxiety "track" to a more generalized program.
- The clientele is more broad-based and may include substance use and addiction disorders, disruptive behavior disorders, thought disorders, and mood disorders.

Notes:

Why Early Intervention Matters

The Critical Impact of Timely Treatment for Youth with Anxiety & OCD

Early intervention for anxiety and OCD in children is vital for healthy development and long-term well-being. Research shows that untreated symptoms can lead to lasting challenges, including impaired relationships, reduced educational attainment, and diminished life satisfaction. By intervening early with evidence-based therapies such as cognitive behavioral therapy (CBT) and exposure response prevention (ERP), families can help their children build resilience, confront fears, and establish a foundation for a brighter future with significantly better long-term outcomes.



The Consequences of Delayed Treatment

1. Impaired Academic Performance

Decline in GPA:

Anxiety and OCD disrupt focus, memory, and time management, leading to lower academic performance. Students with untreated anxiety disorders are twice as likely to experience significant GPA declines compared to their peers without such disorders.

Long-Term Academic Impacts:

Individuals with untreated OCD are 40-60% less likely to complete educational milestones compared to peers without OCD, 28% less likely to start a university program, and 41% less likely to complete a degree compared to peers without OCD.

Missed School Days:

Acute symptoms lead to frequent absences or school avoidance. Students with anxiety disorders miss an average of 23.1 days per year in grades 7-10 and 25.8 days per year in grades 11-12, compared to an average of 10.6-12 days for students without mental health conditions.

Reduced Career Opportunities:

Untreated anxiety and OCD can hinder education and skill development, limiting career opportunities and contributing to chronic underemployment. The World Health Organization ranks OCD among the top ten most disabling illnesses, as persistent symptoms like poor focus and stress management impair workplace performance.

Learning Retention Issues:

Anxiety disrupts working memory, processing, and cognitive flexibility. Adolescents with high anxiety levels perform worse on memory tasks and standardized tests due to cognitive overload. The stress of struggling academically can create a learning impairment feedback loop that intensifies symptoms, encourages rigid habitual behaviors, and further hinders memory and problem-solving abilities.

2. Social Challenges

Avoidance Patterns in Peer Relationships:

Anxiety and OCD create barriers to social interaction. Students may avoid group settings or performance-based activities that trigger their symptoms, further narrowing their experiences and sense of belonging.

Difficulty Building Social Skills:

Untreated anxiety may impair critical social competencies, such as recognizing emotions in others or responding appropriately in social situations. This can lead to long-term difficulties in forming meaningful relationships.

Stigma and Emotional Distress:

The stigma surrounding mental health issues can exacerbate feelings of shame and isolation. One study found that 25% of students with OCD experienced significantly higher rates of peer victimization compared to their peers without OCD.

Family Strain:

Families often adjust their routines around the individual's symptoms, which can reinforce unhealthy behaviors while creating tension within the household. While this may reduce distress temporarily, parents often feel overwhelmed, siblings may feel neglected, and the overall family dynamic can suffer.

Reduced Engagement in Activities:

Anxiety-related fears, fear of judgment, or exhaustion from compulsions often prevent adolescents from joining sports teams, clubs, or other extracurricular activities. A recent study found that adolescents with anxiety disorders had a 19% reduced likelihood of participating in extracurricular activities compared to their peers.

3. Physical Health Risks

Increased Risk of Suicide:

Untreated anxiety disorders significantly increase the risk of suicidal ideation and attempts due to chronic stress, feelings of hopelessness, and self-medication with substances.

Chronic Physical Symptoms:

Anxiety disorders often cause physical health problems like headaches, stomachaches, muscle tension, fatigue, and sleep disturbances. Over time, this stress on the body can lead to more serious health issues like weakened immune function or heart problems, if left untreated.

Detrimental Impact on Physical Health:

Avoidance of physical activities due to anxiety can lead to a sedentary lifestyle, negatively affecting overall health and well-being.

4. Entrenched Unhealthy Brain Patterns

Neurobiological Impacts:

When left untreated, anxiety and OCD can lock brain pathways into unhealthy patterns, reinforcing symptoms. Brain scans show heightened activity in the amygdala, orbitofrontal cortex (OFC), and basal ganglia, which strengthens compulsive behaviors and maladaptive thought patterns over time. These changes can perpetuate symptoms and alter brain structure and function, highlighting the need for early intervention.

Reduced Treatment Responsiveness:

Early intervention is critical because younger brains are more neuroplastic. As the brain matures, it becomes less adaptable, making therapies like cognitive behavioral therapy (CBT) or exposure response prevention (ERP) more effective earlier in life.

Chronicity of Symptoms:

Without timely intervention, anxiety and OCD symptoms are more likely to persist into adulthood, leading to lifelong impairment in functioning.

Timely intervention through specialized Intensive Outpatient Programs or evidence-based therapies like CBT and ERP is crucial for reducing these lifelong detrimental impacts and fostering long-term success for your loved-one.

Take the Next Step. Contact Us Today.

Early intervention isn't just about today's struggles—it's about breaking the cycle before it defines their future.

Call: **881.884.1846**

Email: admissions@anxietyinstitute.com

Visit: anxietyinstitute.com



Identifying OCD

in Children, Adolescents and Young Adults

Obsessive-Compulsive Disorder (OCD) often begins in childhood or adolescence, with two primary onset periods: between ages 7 and 12, and during late adolescence to early adulthood. This disorder is marked by intrusive thoughts (obsessions) and repetitive behaviors (compulsions), which can lead to significant distress and impair daily functioning. OCD in youth is often underdiagnosed or misdiagnosed because symptoms can resemble other disorders like ADHD, and patients may hide their symptoms due to embarrassment. Like other psychiatric disorders, early intervention is crucial for improving outcomes.

Key Symptoms & Signs of OCD

Obsessions (Intrusive Thoughts)

Recurrent and persistent thoughts, urges or images that are experienced as intrusive, unwanted, and that in most individuals cause marked anxiety or distress.

Compulsions (Repetitive Behaviors)

Excessive handwashing, checking, counting, arranging, or repeating phrases, often performed “just right” to reduce distress or prevent harm.

Impact on Daily Life

Interferes with schoolwork, social interactions, hobbies, and may lead to declining academic performance.

Social Withdrawal

Avoiding people, places, or activities to escape triggers, leading to a loss of interest in previously enjoyed hobbies.

Emotional Distress

Anger, frustration, anxiety when rituals are disrupted, along with increased sensitivity or irritability under pressure.

Perfectionism

Difficulty making decisions for fear of mistakes and repeatedly checking or redoing tasks.

Red Flags for OCD in Youth

- ! Persistent handwashing, cleaning, or checking rituals.
- ! Unusually high levels of anxiety over minor details or uncertainty.
- ! Frequent reassurance-seeking from family members.
- ! Excessive doubts about harm or mistakes.

Use the OCD Questionnaire on the back to assess obsessive-compulsive tendencies and identify potential areas of concern.

Questions to Ask

Help determine if an Anxiety Institute consultation would be beneficial.

Obsessive Thoughts:

- Do you ever have unwanted thoughts or worries that you can't seem to get out of your head, even when you try?
- Do these thoughts make you feel upset, scared, or stressed?

Compulsive Behaviors:

- Do you feel like you have to repeat certain actions, like washing your hands, checking something, or arranging things in a certain way, to feel "just right"?
- Do you ever feel like you have to do something over and over to prevent something bad from happening?

Time and Interference:

- Do these thoughts or actions take up a lot of your time each day (e.g., more than an hour)?
- Do they get in the way of school, spending time with friends, or doing things you enjoy?

Distress:

- Do you feel anxious, frustrated, or overwhelmed when you can't do these actions or stop these thoughts?
- Have these feelings made you avoid certain places or activities?

Triggers:

- Are there specific situations, places, or events that make these thoughts or behaviors worse?
- Do you feel the need to avoid certain situations because of your thoughts or fears?

Comprehensive Treatment at Anxiety Institute

Anxiety Institute's transdiagnostic model targets the cognitive and emotional patterns underlying OCD and anxiety, providing a tailored path to recovery. Our evidence-based approach emphasizes Exposure Response Prevention (ERP), the gold standard for OCD treatment, to help patients confront fears, reduce compulsions, and build resilience. Additionally, Cognitive Behavioral Therapy (CBT) addresses emotional regulation and improves overall functioning, creating a comprehensive foundation for long-term success.

We're here to help. Anxiety Institute

For referrals or more information on our OCD treatment programs, please contact us:

(844) 881-1846

[anxietyinstitute.com](https://www.anxietyinstitute.com)



Understanding & Identifying

Avoidant Restrictive Food Intake Disorder in Youth

Avoidant/Restrictive Food Intake Disorder (ARFID) is a serious condition characterized by a restricted intake of food due to sensory sensitivities, fear of negative outcomes (e.g., choking, allergies, vomiting), or lack of interest in food. Unlike eating disorders, ARFID is not driven by body image concerns but can lead to severe nutritional deficiencies, reliance on supplements, and, in extreme cases, tube feeding.

Key Symptoms & Signs of ARFID

Avoidance of Food Due to Sensory Issues

Aversion to textures, colors, or smells of certain foods.

Lack of Interest in Eating or Food

Limited food intake, rapid satiety, difficulty recognizing hunger cues, or general disinterest in food.

Fear of Consequences of Eating

Anxiety or fear around potential choking, vomiting, allergies or other adverse reactions.

Impact on Health and Development

Weight loss, nutritional deficiencies, dependence on supplements, or interference with growth and development.

Red Flags for ARFID in Youth

- ! Limited variety of foods or persistent avoidance of specific food textures and flavors.
- ! Restrictive eating due to fear of choking, vomiting, or an allergic reaction.
- ! Noticeable weight loss or stunted growth in a previously healthy child.
- ! Increased family stress around mealtime or unusual mealtime rituals.
- ! Dependence on nutritional supplements due to inadequate dietary intake.
- ! Persistent forgetfulness of eating.

Use the ARFID Questionnaire on the back to assess ARFID tendencies and identify potential areas of concern.

Questions to Ask

Help determine if an Anxiety Institute consultation would be beneficial.

Eating Habits:

- Do you avoid certain foods because of how they look, smell, or feel?
- Are there foods that you used to eat but now can't bring yourself to eat?
- Would you describe yourself as a picky eater?

Fear of Eating Consequences:

- Do you worry that eating certain foods might make you feel sick, choke, or vomit?
- Have you had a bad experience with eating (e.g., choking, gagging) that now makes you avoid certain foods?

Lack of Interest:

- Do you regularly forget to eat meals?
- Does it seem like you have less of an appetite compared to others?
- Is feeling full uncomfortable?

Food Variety:

- Do you eat a very limited number of foods?
- Are there entire food groups you avoid (e.g., vegetables, proteins, or fruits)?

Impact on Daily Life:

- Does your eating behavior make it hard to eat at school, with friends, or at family meals?
- Do you avoid situations like school lunches, birthday parties, or eating out because of your eating habits?

Physical and Emotional Effects:

- Have you noticed changes in your weight, energy levels, or overall health because of how you eat?
- Do you feel anxious or upset when you're expected to eat foods you don't like or avoid?

Comprehensive Treatment at Anxiety Institute

Anxiety Institute's transdiagnostic model addresses the cognitive and emotional patterns shared by ARFID, anxiety, and OCD, offering a comprehensive path to recovery. Our treatment integrates Cognitive Behavioral Therapy for ARFID (CBT-AR), which aims to stabilize nutrition, increase food variety, and reduce social and emotional impairment. Additionally, Exposure Response Prevention (ERP) is used within CBT-AR to gradually reduce food avoidance behaviors, helping patients develop a healthier, more varied diet and reducing anxiety related to eating.

We're here to help. Anxiety Institute

For referrals or more information on our ARFID treatment programs, please contact us:

(844) 881-1846

anxietyinstitute.com



Understanding ARFID

A Guide to Diagnosis, Challenges, and Treatment

Avoidant Restrictive Food Intake Disorder (ARFID) is more than just picky eating; it's a serious eating disorder that may lead to significant nutritional deficiencies, reliance on supplements, or even tube feeding. Unlike other eating disorders, ARFID is not related to body image concerns but is driven by sensory sensitivities, fears of negative outcomes (e.g., choking, vomiting, or an allergic reaction), or a lack of interest in food.

Sub-Types of ARFID

Sensory Sensitivity: Avoidance of foods due to sensory characteristics like texture, smell, or color.

Fear of Aversive Consequences: A fear of choking, vomiting, or other negative outcomes from eating, often linked to traumatic experiences.

Lack of Interest in Eating: Individuals may have little or no interest in food, leading to skipped meals and severe nutritional deficiencies.

Behavioral Patterns

Individuals with ARFID may eat a very limited variety of foods and engage in repetitive eating behaviors. They may develop unusual mealtime rituals, leading to further social isolation, especially during adolescence.

Key Challenges of ARFID

Prevalence: Between 0.5%-5% of children and adults have ARFID. It often begins in childhood and can persist into adulthood if not properly addressed.

Nutritional Deficiencies: Common deficiencies include vitamins A, C, D, iron, and zinc.

Psychosocial Impairment: ARFID often impacts social relationships, academic performance, and daily functioning.

Co-Morbid Conditions

ARFID frequently co-occurs with anxiety disorders, obsessive-compulsive disorder (OCD), and other neurodevelopmental and trauma-related disorders. Individuals with ARFID may suffer from severe anxiety around food and eating, which can exacerbate their symptoms and lead to social isolation.

Treatment Approach

Transdiagnostic Approach at Anxiety Institute

Anxiety Institute takes a transdiagnostic lens to treating ARFID, recognizing its common co-morbidity with anxiety and OCD. This approach focuses on underlying cognitive and emotional mechanisms that span multiple disorders, ensuring a more comprehensive and personalized treatment plan. By addressing both ARFID and its co-occurring conditions, such as anxiety or OCD, Anxiety Institute provides a holistic and lasting path to recovery.

CBT-AR Overview

Cognitive Behavioral Therapy for ARFID (CBT-AR) focuses on three primary treatment goals:

Stabilizing Nutrition

Ensuring individuals meet their nutritional needs through structured eating plans, often with the help of a dietitian.

Increasing Food Variety

Gradually introducing new foods into the diet, starting with less aversive foods.

Reducing Psychosocial Impairment

Addressing social and emotional challenges by utilizing exposure therapy and cognitive restructuring.

Integration of Exposure Response Prevention (ERP)

Exposure Response Prevention (ERP), originally developed for anxiety and OCD, is integrated into CBT-AR to address avoidance behaviors. In ERP, individuals are gradually exposed to feared situations (e.g. foods or eating experiences) while being encouraged to resist their usual avoidance responses. Over time, this repeated exposure helps to reduce anxiety and encourages new learning.

Key Benefits of CBT-AR and ERP Integration

Facilitation of Inhibitory Learning

Repeated exposure decreases anxiety and increases tolerance to incorporating new foods.

Addressing Core Anxieties

By tackling the fears associated with food and eliminating avoidant behaviors, CBT-AR and ERP fosters lasting changes in eating behaviors and emotional mastery, both essential for long-term recovery.

Greater Individualization

CBT-AR and ERP allow for more tailored interventions, addressing both emotional/cognitive barriers and the behavioral avoidance specific to ARFID.

Outcomes and Impact

The integration of ERP into CBT-AR represents a significant advancement in the treatment of ARFID. By combining the nutritional and psychosocial focus of CBT-AR with the anxiety-reducing power of ERP, this approach offers a comprehensive solution to the complex challenges of ARFID.

For individuals with ARFID, the fear and avoidance of certain foods can severely limit dietary options, leading to nutritional deficiencies, social isolation, and distress. Integrating ERP into CBT-AR offers a comprehensive treatment that reduces avoidance behaviors, alleviates anxiety, and fosters sustainable changes in food acceptance. Over time, this approach promotes a healthier, more varied diet, offering hope for a healthier, more fulfilling relationship with food and a higher quality of life.

Support and Resources

For professionals and families seeking ARFID treatment, contact Anxiety Institute for the expertise and support needed to navigate this complex disorder.

Reach out.

(844) 881-1846

To learn more, visit:

anxietyinstitute.com





Reframing Perfectionism

A Clinician-Guided Worksheet

This worksheet helps clients identify and challenge perfectionist thinking patterns, recognize the emotional cost of perfectionism, and begin practicing more flexible, values-aligned thinking.

Step 1: Externalize the Perfectionist Voice

Prompt your client to imagine perfectionism as a separate part of their mind.

What does your “perfectionist voice” say when things feel high-stakes or uncertain?

Write 2 exact quotes it might say:

“

_____”

“

_____”

What emotions or physical sensations show up when you hear this voice?

- Stress
- Racing thoughts
- Fear of failure
- Shame
- Other: _____

Step 2: Identify the Distortion

Ask the client to pick one quote from above and examine it using this chart:

Encourage them to slow down and challenge their assumptions—ideally aloud.

Distorted thought:	Type of distortion:	Evidence for:	Evidence against:
“ _____ _____ _____”	<input type="checkbox"/> All-or-Nothing Thinking <input type="checkbox"/> Catastrophizing <input type="checkbox"/> Mind Reading <input type="checkbox"/> Should Statements	“ _____ _____ _____”	“ _____ _____ _____”

Step 3: Practice Flexible Thinking

Reframe the original thought into something more realistic and compassionate. You're not aiming for positivity—just something less rigid.

Original thought:	Flexible reframe:
“ _____ _____ ”	“ _____ _____ ”

If helpful, offer a menu of flexible alternatives:
“I can do this imperfectly and still be proud.”
“Progress matters more than perfection.”
“This doesn't have to go perfectly to be worthwhile.”
“Even if I mess up, I can handle it.”

Step 4: Connect to Values

Tie the reframed thought to something the client cares about (especially useful in ACT-based approaches).

What matters to you more than doing this perfectly?

- Learning
- Integrity
- Connection
- Growth
- Other: _____

How would your “values voice” respond to the perfectionist voice?

Example: “I know you're trying to protect me, but I'm choosing growth over fear.”

“

”

Optional: Behavioral Experiment

What's one “imperfect action” you're willing to try this week, just to practice flexibility?

- Turn in something at 90%
- Speak up even if it's not polished
- Take a break before it's “done”
- Try something new and awkward
- Other: _____

Let us know if you'd like to learn more.
Call (844) 881-1846 or visit anxietyinstitute.com.





Integrated Psychiatric Services

Specialized, Comprehensive Psychiatric Care for Anxiety and OCD

At Anxiety Institute, we offer comprehensive support for individuals managing anxiety, OCD, and related co-occurring disorders. Our Integrated Psychiatric Services combine therapy and medication management, providing personalized, evidence-based care tailored to each patient's needs.

Led by Dr. Omar Canosa, our Medical Director and experienced psychiatrist, our services cater to individuals aged 9 and older. Dr. Canosa specializes in anxiety, OCD, and co-occurring disorders, with a focus on understanding the unique developmental needs of adolescents and young adults for optimal outcomes.

What We Offer:

Comprehensive Consultation & Assessment

Dr. Canosa offers in-depth consultation, assessment, and medication management specifically tailored to those with anxiety, OCD, and related disorders.

Intensive Outpatient Program (IOP) Integration

Clients in our IOP* benefit from a psychiatric consultation, including medication management review, to ensure a seamless and effective treatment plan.

Flexible Psychiatric Services

Psychiatric care is available to all outpatient therapy clients and individuals seeking standalone medication management.

Developmental Approach to Improve Outcomes

Our approach recognizes the brain's significant neurological changes during adolescence, incorporating these shifts into our treatment strategies for better long-term outcomes.

Expedited Appointments

With our integrated psychiatric services, appointments are fast-tracked for timely support with our expert medical director.

For more information or to discuss how we can collaborate to support your patients, please contact us:

(844) 881-1846

psychiatry@anxietyinstitute.com

**Currently available for NJ/CT clients only.*



2026 Professional Series Training Courses



Join Anxiety Institute's Training Series, designed for professionals seeking advanced, evidence-based insight into anxiety, OCD and related disorders. Led by expert clinicians, these trainings explore critical topics including differentiating OCD from GAD, perfectionism and performance anxiety, emotional processing through the Unified Protocol, pharmacotherapy for severe anxiety and OCD, and strategies for building resilience in children and adolescents. **1.5 CE Credits available per training course.**



When Perfectionism Takes Hold: A Comparative Look at OCD and BDD

Explore how perfectionism manifests in OCD and Body Dysmorphic Disorder (BDD) in this webinar. Learn to differentiate these conditions and discover evidence-based strategies to support clients struggling with perfectionistic thinking.

February 18th, 2026, 12:00-1:30 pm EST

with Anxiety Institute Chief Clinical Officer, Dina Nunziato, PhD and Rebecca Berman, LCSW, MLSP, CEDS-C



Beyond Worry: Distinguishing OCD from Generalized Anxiety Disorder

Learn how to distinguish OCD from Generalized Anxiety Disorder (GAD) and understand how these differences inform assessment, case conceptualization, and treatment planning.

March 18th, 2026, 12:00-1:30 pm EST

with Anxiety Institute Chief Clinical Director, Dina Nunziato, PhD, and Mount Sinai Psychiatrist, Sharon Baptista, MD



Pharmacotherapy of Severe Anxiety & OCD

Review evidence-based pharmacological approaches for treating severe anxiety and OCD. Clinicians will gain practical guidance on medication selection, management, and optimizing treatment outcomes.

April 16th, 2026, 12:00-1:30 pm EST

with Anxiety Institute Psychiatrist, Omar Canosa, MD

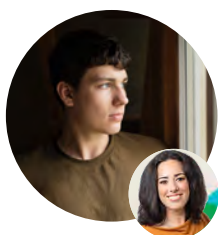


Unified Protocol, Part 2: Lights, Camera, Emotion

In this second installment of the Unified Protocol series, emotions take center stage. Clinicians will learn practical, in-the-moment strategies to help clients observe, identify, and engage with emotions to support meaningful and lasting change.

May 20th, 2026, 12:00-1:30 pm EST

Presented by Anxiety Institute Clinical Director, Becca Berman, LCSW, MLSP, CEDS-C



Let Them Struggle: Building Resilience and Confidence in our Children

Struggle isn't failure—it's practice. This webinar helps parents and professionals understand how to support children through challenges in ways that foster resilience, confidence, and emotional growth.

June 17th, 2026, 12:00-1:30 pm EST

Presented by Anxiety Institute Clinical Director, Stacy Santacroce, LCSW

For more information, visit:

www.anxietyinstitute.com/professional-training



2026 On-Demand Series

OCD Professional Training



Learn at your own pace and convenience!

Join us for our comprehensive 3-part series **now on-demand**, featuring Stacey Dobrinsky, Ph.D., Anxiety Institute Consulting Psychologist. These courses are ideal for psychologists, social workers, and related professionals, this program is designed to equip you with the skills to effectively treat clients with Obsessive-Compulsive Disorder (OCD) using the evidence-based gold standard of Exposure and Response Prevention (ERP) treatment.



Foundations

ERP Fundamentals in OCD Treatment

Gain a deeper understanding of Obsessive-Compulsive Disorder (OCD), covering everything from assessment, diagnosis, symptoms, and subtypes. You'll also delve into the in-depth details of Exposure Response Prevention (ERP), recognized as the gold standard evidence-based treatment for OCD.

4-part series

\$199 (CE credits available, details below)



Building Blocks

Intermediate ERP Training for OCD

In this series, participants will learn key tenets of ERP treatment for individuals with OCD. Topics covered will include addressing familial accommodation, constructing exposures (including addressing cognitive compulsions and interoceptive exposures), inhibitory learning models, and integrating ACT into ERP.

4-part series

\$199 (CE credits available, see details below)



OCD Master Class

Join us as we explore Harm OCD, scrupulosity, and relationship OCD, shedding light on their distinct characteristics and differential diagnoses. Uncover the connections between OCD and eating disorders, and learn how exposure therapy can effectively address these conditions.

4-part series

\$199 (CE credits available, see details below)

[LEARN MORE & REGISTER](#)

CE credit(s) available through APA and ASWB.
Email trainings@anxietyinstitute.com for additional continuing education details.

or visit us on our website:

anxietyinstitute.com/professional-training



Treatment Compass

for _____

Write your name here.

This list of supports will identify what may be helpful to me and my treatment.

If there are supports that would be helpful and are not included in the list to the right, please add them here.

Have questions? We are here to help.

Check all that apply to you.

Time Management & Task Changing

- Utilize alarms
- Have a printed schedule for the day
- Post a weekly schedule in the group room
- Maintain a predictable schedule
- Provide advance notice of any changes

Communication

- Prefer written communication
- Prefer oral explanations
- Struggle with jokes, metaphors, and/or sarcasm
- Benefit from using tools such as iPad or laptops
- Appreciate positive feedback

Sensory Needs

- Use a stimming object
- Take short breaks and walk the hallways
- Sit on the floor or a pillow
- Wear headphones
- Receive a heads up for known loud noises (construction, fire drill)

Learning Treatment Material

- Break assignments and skills into smaller pieces
- Review skills learned in group with an individual therapist
- Use larger printed text
- Provide frequent check-ins for understanding
- Offer examples of completed worksheets

Treatment Compass

for _____

Write your name here.



Things that I find difficult:

Handwriting practice area for 'Things that I find difficult:' with eight horizontal dashed lines.

Signs that I am struggling in the moment:

Handwriting practice area for 'Signs that I am struggling in the moment:' with eight horizontal dashed lines.

Some of my strengths and interests:

Handwriting practice area for 'Some of my strengths and interests:' with eight horizontal dashed lines.

NAME: _____

WEEK OF: _____ / _____ / _____

Screen Time Tracker

Record time on each:

	TV	Video Games	Computer	Tablet	Cell Phone	Daily Total	Mood / Energy Level	
MONDAY							😊😊😊😊😊😊😊😊😊😊	
TUESDAY							😊😊😊😊😊😊😊😊😊😊	
WEDNESDAY							😊😊😊😊😊😊😊😊😊😊	
THURSDAY							😊😊😊😊😊😊😊😊😊😊	
FRIDAY							😊😊😊😊😊😊😊😊😊😊	
SATURDAY							😊😊😊😊😊😊😊😊😊😊	
SUNDAY							😊😊😊😊😊😊😊😊😊😊	
	Weekly Total							



Cut along this line to remove tips and instructions.

How families can use this screen time tracker:

Talk about it together

Sit down and agree on a daily screen time goal based on age, school needs, and emotional well-being. (Tip: Most people are more likely to stick to a plan when they help create it.)

Set up clear blocks

Track total daily screen time and label different types (schoolwork, gaming, scrolling, TV). This helps see where most time is spent — and where small changes can make a big difference.

Celebrate small wins

Acknowledge and praise progress toward goals — even if it's not perfect. Encouragement and positive reinforcement go a long way in building motivation and confidence.

Fill the gaps with connection

Encourage real-world activities when screens go off — a walk, family dinner, creative projects, or even quiet downtime. This strengthens emotional resilience and lowers anxiety.

Lead by example

Be mindful of screen time as a family — put phones away during meals or take screen breaks. Small actions speak louder than words.



Thank you.

Professionals...

Scan here.

Get the latest expert insights and exclusive content on anxiety and OCD, plus information on our upcoming professional webinars—delivered directly to your inbox.

Sign up today, and we'll send you an **Anxiety Institute Clinical Toolkit!**

