



Healthfocus

Welcome to Zdenka Bartova, the newest member of the Healthfocus team.

Zdenka has completed her masters degree and doctoral research in clinical psychology, with experience in working with adults, adolescents and children. Zdenka has trained in cognitive behavioural therapy, as well as schema and interpersonal therapies, treating people with a range of mental health disorders primarily common psychological problems such as mood and anxiety disorders, as well as complex problems including psychotic disorders. She has particular interest in helping people address specific psychological and interpersonal difficulties, including identity development, coping with trauma, adjusting to major change and transition, as well as teaching parenting skills and enriching relationships. Zdenka's approach to treatment is client-centred and strength-based, drawing on the person's knowledge and capabilities. She is a warm and approachable professional who enjoys assisting people to achieve their goals. Her doctoral research focused on people's experience of severe mental illness, developing understanding of the issues related to coping, adaptation and recovery.

Dr Zdenka Bartova, BA (Psych) Hons, MA/PhD (Clinical Psych)



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Healthfocus

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Stormy - The therapy cat

Stormy is another addition to the Healthfocus family, patients have enjoyed meeting and cuddling him, he brings a smile to people's faces and is a calming influence.



More Referrals Please

As Healthfocus is expanding we are growing our capacity to take on more patients.

We have bookings Monday to Friday during working hours and we now have two evenings available to patients on a Tuesday and Wednesday.

We are a stable team with most of us being part of the Healthfocus team for between 3-10 Years. We support each other in peer supervision. We are genuinely focused on helping people enjoy happier lives. We all have maturity and life experiences which help us relate to patients' presenting issues.

We are happy to receive referrals via the GP mental Health Care Plan, private health, workers compensation and criminal injury claims.

We are able to offer psychological service in a range of areas including:

- Antenatal and Postnatal Issues
- Mood and Anxiety Disorders
- Workers Compensation
- Motor Vehicle Claims
- Neuropsychological Assessments
- Trauma Reaction
- Grief and Loss
- Womens health Issues
- Hypnotherapy
- Family and Relationship
- Counselling
- Drug and Alcohol Issues
- Sexual Abuse and Trauma
- Children and Adolescents

Please contact reception on 9399 1911 if you require any further information.

About OCD

Obsessive Compulsive Disorder (OCD) is a potentially disabling condition that can last a person's lifetime. It can be mild or severe, and if left untreated, can affect quality of life, including ability to work, study or simply coping day-to-day at home (Fineberg, Marazziti, & Stein, 2001).

The key feature of OCD is recurring obsessional thoughts and/or compulsive acts that cause distress or significant impact to the ability to undertake normal daily activities (American Psychiatric Association, 2013). Obsessional thoughts are ideas, images or impulses, that can be continually distressing, and the sufferer often tries unsuccessfully to resist them. Compulsive acts or rituals are mental or behavioral acts repeated over and over (Barlow, 2001).

Many OCD sufferers have ongoing peaks and troughs of severity with level of symptoms often related to stress. The DSM-V (APA, 2013) diagnostic criteria for OCD include the presence of obsessions, compulsions or both that the individual attempts to ignore or suppress, or neutralize with some other thoughts or action, with these obsessions or compulsions being time consuming (> 1 hr/day) or causing significant distress or inability to cope in social, occupational or other daily functioning. OCD symptoms should not be attributable to physiological effects of a substance, and not better explained by symptoms of other illnesses.

Scientifically proven treatments include medication, Cognitive Behavioural Therapy, and Behavioural Treatment (including Exposure with Response Prevention (ERP). ERP involves purposely creating anxiety by direct confrontation with the situations that produce fear (e.g. touching a toilet seat) whilst demonstrating the non-occurrence of the feared consequences. Response prevention involves refraining from ritualistic or otherwise compulsive behavior, e.g. no hand washing for the rest of the day (Barlow, 2001). It is an evidence-based treatment, however, the drop out rate is high (25 to 30 percent). ERP is the current treatment of choice for OCD.

Lee (Healthfocus's Yong) and Rees (supervisor) (2011) identified factors related to successful completion of ERP. They interviewed 8 adult participants with a variety of OCD symptoms. Their findings indicated that the therapist should pay attention to the structure and pace of exposure and negotiate with the client about the length and frequency of sessions, discussing where to start on exposure "difficulty", which appears to be an important factor influencing the client's satisfaction and willingness to partake ERP. Non-specific factors that support successful completion of ERP include the quality of the therapeutic relationship, family and social support.

References:

- American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders*. (5th ed.). Washington, DC: American Psychiatric Association.
- Barlow, D. H. (2001). *Clinical handbook of psychological disorders: A step by step treatment manual*. New York: The Guildford Press.

