



Whole-Person OCD Treatment for Adolescents and Young Adults

Our multidimensional treatment model for obsessive-compulsive disorder provides individualized care, based in authentic connection and built around scientifically validated modalities.

Experiential Modalities

Embodied connection with self, others, and the natural world

Young people access joy and build self-esteem in activities such as Adventure Therapy, yoga and meditation, music and art therapy, and Equine-Assisted Therapy.

Evidence-Based, Trauma-Informed Care

A foundation of support and positive coping skills

Patients receive 3 hours of ERP therapy delivered in group and individual sessions and 1.5 hours of exposure homework, 4–5 days/week, facilitated by clinicians with Advanced ERP training.

Exposure and Response Prevention (ERP) Therapy

The gold standard of care for OCD

Evidence suggests insecure attachment style may increase the severity of OCD. We integrate ABFT as an essential element of our treatment model, strengthening the family system while reducing OCD symptoms.

Attachment-Based Family Therapy (ABFT)

A family therapy model rooted in attachment theory

Newport's model goes beyond other OCD-specific programming, by integrating a variety of clinical modalities, along with skills-based and process-oriented groups, to address underlying trauma and co-occurring depression.

Expert Therapists and Staff

- Clinicians trained and supervised in Exposure and Response Prevention (ERP) Therapy
- All staff members trained to work with populations experiencing OCD/anxiety

Individualized Care

- Separate programs for teens and for young adults
- Industry-leading staff-to-client ratio
- Small program sizes
- Tailored treatment plans

Telehealth and Family Support

- Continuing care after discharge via our virtual Intensive Outpatient Program
- Biweekly OCD-specific support group for family members of patients





Grounded in Compassion, Driven by Outcomes

We track the impact of our OCD treatment through our patients' stories of recovery, and by measuring symptomology using the Yale-Brown Obsessive Compulsive Scale (Y-BOCS). Early research outcomes indicate that patients experience significant improvement as a result of our treatment model. Our approach is designed not only to reduce symptoms, but also to heal isolation, nourish compassion for self and others, build emotional regulation, and nurture passions and talents.

One Patient's Story

"Before coming to Newport, I wasn't able to do normal day-to-day tasks, and I felt like everything was moving in slow motion. I couldn't focus on school. I could only focus on things in my head, like germs and getting sick. I felt like OCD was taking over my life.

Starting treatment was scary, because I didn't know what I was getting myself into. But I didn't feel forced to do anything, which was one of my biggest fears. I didn't feel rushed. The whole process was very personalized. The staff understood me and did things in a way that would help me the best. And my peers understood me—we were all different people, but we could relate on some level.

The ERP work helped me get back to how I was before OCD crept in. Just being able to be in proximity to my brother and to simply touch door handles in my house. Being able to share a bathroom with my family and use the same faucet as them. Doing things that I would have never done before.

Since treatment, things are going really well. I got a new job. I'm a personal trainer, and I have to touch people and equipment. Using the gym was really hard for me before, but being around people that are sick doesn't bother me anymore.

A lot of people are hesitant to start treatment because exposure is scary. But everyone at Newport was super welcoming, and being surrounded by them was an opportunity. You have to take that big step to get to other side."

—Sam B., Newport alum

Sam's Y-BOCS score at admission = **30** (severe symptoms)

Sam's Y-BOCS score at discharge = **11** (mild symptoms)



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