



Engagement in Action



If you attended the Annual OCD Conference in Chicago in 2012, you might recall volunteers with “Ambassador” buttons asking if you had any questions and shepherding attendees to their next presentation. A staff member may have asked a few of you to wear that button as one of the first formal Advocates/Ambassadors of the IOCDF.

Without a handbook or official application, the IOCDF Advocate Program was born out of a need to identify and tap into the efforts of volunteers who wanted to help, engage with the community, and advocate on behalf of the organization. The program’s evolution has led to an army of volunteers and Advocates worldwide. Starting with only a handful of volunteerism-oriented individuals wearing buttons, it has since grown into a broad program rooted in grassroots mobilization.

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The mission of the IOCDF is to ensure that no one affected by OCD and related disorders suffers alone. Our community provides help, healing, and hope.

Our vision is that everyone impacted by OCD and related disorders has immediate access to effective treatment and support.

The IOCDF provides up-to-date education and resources, strengthens community engagement, delivers quality professional training, and advances groundbreaking research.

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DISCLAIMER: *The IOCDF does not endorse any of the medications, treatments, or products reported in this newsletter. This information is intended only to keep you informed. We strongly advise that you check any medications, products or treatments mentioned with a licensed treatment provider.*

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Faith and OCD Conference

Monday, May 1, 2023 | *Virtual*

IOCDF Research Symposium

Thursday, July 6, 2023 | *Hybrid: Both in-person at the San Francisco Marriott Marquis and Online*

28th Annual OCD Conference

July 7–9, 2023 | *San Francisco Marriott Marquis*

Conferencia de TOC Online

23 y 24 de septiembre de 2023 | *Virtual*

Online OCD Conference

October 21–22, 2023 | *Co-hosted by the IOCDF and OCD Southern California*

Online OCD Camp

Winter 2024 | *Virtual*

Learn more at
iocdf.org/conferences

President's Letter

by Susan Boaz



Dear IOCDF Community,

As the winter cold subsides and we move into spring, we often hope this new season will open up a new world, with new opportunities and new perspectives. That is certainly true at the International OCD Foundation as we find new ways to advance our mission to ensure that no one affected by OCD and related disorders suffers alone.

New Leadership at the IOCDF

One change at the IOCDF this spring is with our staff leadership. After being instrumental in the growth of the IOCDF during the past 15 years, Dr. Jeff Szymanski has decided to go into consulting as the next step in his career. The Board of Directors and our entire community are grateful for his efforts to build the IOCDF into the organization it is today. Because of his commitment and dedication over the past 15 years, our community provides help, healing, and hope to those with OCD and their loved ones across the globe. We wish Jeff the best in this new stage of his career.

Matthew Antonelli will be the IOCDF's new leader as Interim Executive Director, but he is certainly not new to the Foundation. He has served as the Foundation's Director of Operations for the past four years, where he has had a positive and significant effect on the Foundation's operations, human resources and finance functions. Matthew also has a deep and experienced team in all areas of the Foundation to continue to provide up-to-date education and resources, strong community engagement, quality professional training, and groundbreaking research.

Matthew will be working with the IOCDF Board of Directors to recruit a permanent leader for the organization. We look forward to providing you with updates as the search progresses.

Launch of New Autism Resource Center

At the IOCDF, we work hard to support everyone affected by OCD and related disorders. But we know there is much more to be done. This month, I'd like to highlight some of the work we are doing to support folks with OCD who also have other disorders. One combination that causes unique challenges is the co-occurrence of OCD and autism.

Both OCD and autism diagnoses pose their own unique challenges to day-to-day life, but also have overlapping presentations that can make it hard for some therapists to distinguish OCD from autism. Clinicians often have expertise in one disorder or the other, but typically not both. Given that studies show that over a quarter of people with OCD also meet the diagnostic criteria for autism, there are many misdiagnosed and receiving unhelpful treatment.

For this reason, we are proud to introduce our new OCD and Autism Resource Center (iocdf.org/autism). This resource includes information about when OCD and autism happen together, treatment options, information for family members, and stories from autistic individuals living with OCD. As we expand this resource, your voice is so important to make this resource as powerful as possible. If you are an autistic individual with OCD, you can contribute to the conversation through the resource center by sharing your personal journey or a message of hope with the IOCDF community at iocdf.org/autism/lived-experience.

In addition, based on recommendations from our OCD and Autism Special Interest Group (SIG), this year's Annual OCD Conference will feature a sensory-friendly room, where people who may be overwhelmed can feel safe, supported, and in control. We would like to extend a special thank you to the OCD/Autism SIG leadership for their help and support: Robert Hudak, MD, Jonathan Hoffman, PhD, Fred Penzel, PhD, Rebecca Sachs, PhD, and Josh Nadeau, PhD. Volunteers like these wonderful people are the heart of our organization. If you are interested in joining a SIG, please check out page 5 for more information.

Moving Forward – Online OCD Kids Camp (for Parents & Caregivers too!)

I am constantly in awe of our incredible community and how we come together to support each other. I found this spirit alive and well at the February Online OCD Camp, where over 650 kids, caregivers and families came together for education, camaraderie, and fun. We learned, we made friends, and we helped each other to feel less alone. The kids were amazing — and the questions asked by parents reminded me that our job is not yet close to done. They were smart questions — and we are not yet able to help enough parents find those answers. We still have more work to do, and we are energized to keep moving forward.

I can't wait until our annual conference in San Francisco in July to witness these incredible connections in person. I hope to see you there! Until then, we hope this spring will bring new growth, joy, and warmth to you and your loved ones.

Warmly,

Susan Boaz,

IOCDF Board President

And mom of a Young Adult with OCD!

FROM THE FOUNDATION

OCD Camp Brought Connection and Community to Kids and Families



Our third annual Online OCD Camp (held February 4-5, 2023) brought together 250 families for a virtual weekend filled with inspiring talks, lectures, and activities for youth and families who battle OCD and related disorders. These two days offered a chance to connect not only with therapists, counselors, and experts, but also other kids who share similar courageous journeys — something that is often difficult in school and daily life.

Activities of all kinds helped make this OCD Camp especially memorable for attendees from eight countries and 44 US states. Elementary Schoolers bonded over storytelling, skill-building, and mindful stretching. Middle Schoolers learned new approaches for tackling OCD and got a chance to shine during "IOCDF's Got Talent." High Schoolers explored strategies and motivations to give them a better fighting chance. Parents and guardians received new skills for how to help their children understand therapy and not accommodate their symptoms.

At the Camp Closing on Sunday, the Zoom room was beaming with smiles and hope. One attendee in the Parent/Guardian track wrote:

What an excellent conference. Thank you so very much! Our teens were reluctant to join but once they started, they have been participating willingly and enjoying this conference very much. Hope to be there live in July. Thank you experts!

An enthusiastic young camper added:

"Thank you EVERYONE! I learned so much that will help me continue on my OCD journey. I learned that I wasn't alone and to roll with my anxiety. I'm DEFINITELY coming back next year. OCD camp ROCKS!!!

And, finally, the words of another young camper left an especially powerful mark on all attendees:

To everyone that came to this camp: parents, caregivers, highschoolers, middle schoolers, etc. Whatever theme of OCD you have, the severity, whatever, remember you are strong. Even if the intrusive thoughts squish you until you are as flat as a pancake, even if it feels like your parenting methods aren't helping. Remember that you aren't your thoughts, you're stronger than the OCD, and work with the evidence you do have, not evidence you don't have. Wherever, and whoever you are, you are strong. You will do great things. Despite how annoying, scary, or humiliating OCD is, you are better and stronger than it. OCD may be chronic, but we can learn to live with it. I hope to see you all again next year, and I hope that your OCD becomes manageable or micro like. You are all awesome and super cool." 🧠

We hope to see you at next year's Online OCD Camp as well — as well as the other Events (both virtual and in-person) we'll hold this year!

FROM THE FOUNDATION

What Is an IOCDF Special Interest Group (SIG), and Why Are They So “Special”?

One of the strengths of the International OCD Foundation is that we always aim to bring together mental health professionals and individuals from diverse backgrounds. These stakeholders share a common interest to participate in OCD and related disorder discussions, networking, education, resource development, and research.

An excellent example of this are our Special Interest Groups (SIGs). SIGs are developed to cultivate purposeful initiatives that support and advance IOCDF’s mission to help those affected by OCD and related disorders (please see below for a list and description of current SIGs). All SIGs operate semi-independently and vary in content, structure, and activity level based on the goals of the group’s leadership.

For many SIGs, the goal is to think about all of the ways they can respond to the needs of the group they are interested in

helping. For example, the Body Dysmorphic Disorder (BDD) SIG recognized that the IOCDF didn’t have a lot of education about BDD on the main website. As a result, they put together a Task Force, which was a subset of their SIG membership, that developed all of the content for a comprehensive BDD website (helpforBDD.org)!

In 2021, the Faith and OCD SIG was formed and put together both a Conference (iocdf.org/faithconference) and a Resource Center (iocdf.org/faith-ocd). More recently, our OCD/Autism SIG created another fantastic resource center that we just launched. Please go check it out when you have a chance (iocdf.org/autism)!

These are just some of the examples of what our SIGs have been able to accomplish, and we are grateful to all of our SIG volunteers who dedicate their time and efforts. They truly help expand our mission to help everyone affected by OCD and related disorders. 📍

An Opportunity to Get Involved! — To join a Special Interest Group (SIG), please email us at sigs@iocdf.org.

NEW! Acceptance and Commitment Therapy (ACT):

The mission of this SIG is to increase understanding and use of acceptance and commitment therapy (ACT) as an evidence-based approach in the treatment of individuals who suffer from OCD and related disorders.

NEW! Chronic Illness/Disability and OCD:

This SIG is for individuals with a chronic illness/disability and OCD who are looking to find community and support, creating resources and working to increase awareness around these comorbid conditions, along with professionals looking to gain a better understanding of successful treatment practices for those with chronic illness/disability and OCD.

NEW! Helping Professionals with OCD:

This SIG is designed for those who have OCD and work in a profession of helping others (such as an educator, clergy member, healthcare professional, or first responder), with the desire to create a community and resources for navigating OCD while serving in these roles.

Body Dysmorphic Disorder (BDD): This SIG is dedicated to advancing knowledge and disseminating information about body dysmorphic disorder (BDD) to professionals, people with BDD and their family members, and the public.

Faith & OCD: This SIG is designed specifically for individuals of all religious traditions to share their experiences with OCD and related disorders, as well as ways these have impacted their connection to a faith community.

Hoarding: This SIG is dedicated to promoting knowledge sharing of resources, best practices, and current research for Hoarding Disorder to professionals, people living with hoarding disorder, their loved ones, and the public.

LGBTQ+: This SIG is dedicated to building community for LGBTQ+ identifying OCD clinicians, researchers, educators, and people with lived experience. Its goal is to improve access to affirming, evidence-based treatment for LGBTQ+ individuals with OCD and related disorders.

OCD/Autism: This SIG is composed of professionals who have expertise in treating OCD and express an interest in autism, as well as treating OCD in these patients.

Pediatric: This SIG is focused on clinical care, research, and training related to youth with OCD.

Professional Networking: This SIG is designed to build relationships and foster collaboration among people at all levels in their careers — from students to trainees to seasoned professionals — in the fields of OCD, anxiety, and related disorders.

Therapists & Trainees with OCD: The goal of the SIG is to develop a community of mental health providers who have a shared understanding of the unique challenges that may be present when working within the mental health/medical field, while carrying personal experiences (current or past) with OCD/OC Spectrum disorders.

Trauma & PTSD in OCD: This SIG is composed of professionals and people with lived experience with trauma, OCD, and PTSD. It is dedicated to advancing knowledge and disseminating information about trauma, OCD, and PTSD to other professionals, people with lived experience, families and supporters, and the public. This SIG aims to provide a compassionate, supportive, evidence-based environment in which people who are passionate about effective treatment for individuals with trauma, OCD, and PTSD can access resources and remain informed about this growing body of research and clinical practice.

Young Adults: The goal of the SIG is to help create a community of young adults with OCD that can stay connected and provide support to one another year-round.

ADVOCATE CORNER

Engagement in Action



Many people ask, “How do I become an Advocate for the IOCDF?” The answer is usually, “You already are.” You only need the desire to help. Last year, the IOCDF released their new Vision Statement, along with a renewed focus on the mission to empower and build community leaders to raise awareness and educate the public through advocacy. This effort includes promoting equity and diversity within the Advocacy program, especially focusing on the communities which are typically under-represented or marginalized. Our aim is to foster collaboration that celebrates diversity, encourages new perspectives, and ensures accessibility to the program.

In 2018, IOCDF National Advocate Ethan Smith helped to launch a structured and formalized Ambassador program starting with 33 individuals, focusing on Outreach, Creative Expression, Social Media, Parents and Kids, and International Awareness.

At that time, Ethan stated, “This will be a marathon, not a sprint, but I truly believe that this movement has the potential to be a true game-changer for mental health and especially OCD and related disorders.”

He was right. It was indeed a game-changer moment that successfully rallied a grassroots effort and continues to be a “marathon”.

Today, the IOCDF Advocacy Program includes four groups. Almost 3,000 Grassroots Advocates are self-driven individuals — passionate, energetic, and positive contributors fulfilling the IOCDF mission in various ways. Our 30 IOCDF Advocates make a two-year commitment to plan and implement IOCDF initiatives, including OCD Awareness Week, serving on committees and special interest groups, and engaging the public. Lead Advocates Chris Trondsen, MS, LMFT, APCC, Rev. Katie O’Dunne, M.Div, Val Andrews, and Tom Smalley, MS, CSCS have dedicated themselves to various passion projects while providing mentorship and assisting in strengthening IOCDF partnerships. National Advocates, Ethan Smith and Liz McIngvale, PhD, lead the overall program, including the online virtual programming, and represent the organization globally.

The foundation and underpinning of the program’s mission will continue to be the same over time. Yet, undoubtedly, the framework and individuals involved in the ever-evolving Advocacy program will change in the future to meet the goals. Our community grows and the public is better educated, but the finish line is down the road.

Our vision is to empower and equip individuals to pursue advocacy through their unique experiences, reach diverse populations, and break down the stigma and barriers faced by those within the OCD and related disorder community. This can only be accomplished by the individual efforts of

ADVOCATE CORNER

everyone, including those beyond the IOCDF's structured program. Engagement starts in your community! Advocacy can be exemplified in many ways — whether that is participating in an IOCDF Walk, hosting a grassroots walk of your own, DIY fundraising, sharing your story, creating your own support group (bit.ly/3nEWqge), joining an Affiliate, starting an Affiliate, reaching out to your school district to share Anxiety in the Classroom training (anxietyintheclassroom.org), or hosting a discussion at your church, school, or workplace using the "OCDare to Share" Host Guide (bit.ly/3qG2CGL).

Most importantly, the best ideas come to life when advocates use their unique gifts and talents to provide help, healing, and hope, like Grassroots Advocate and Faith & OCD Special Interest Group (SIG) member, Erika McCoy. Each month, she builds community around a fun, interactive activity, "Rocking Your Values: Navigating Faith and OCD!" Participants come together via Zoom in an interfaith space to paint inspirational messages on rocks to share while focusing on "embracing uncertainty and shouting out to doubt."

Advocating means being a member of the IOCDF Perinatal OCD Task Force and co-facilitator of the perinatal/OCD support group in partnership with PSI (Postpartum Support International) for Lindsay Devon. She comments, "As I shared my story to help others, I realized that it was incredibly therapeutic for me. I feel really grateful to receive so much in return for supporting others."

The importance of advocates and volunteers cannot be overstated. We thank those who contribute to their community, whether within the various programs or beyond. We count on all of you to help the IOCDF fulfill the mission and appreciate your willingness to share your story and be a valuable member of the OCD community.

For Denis Asselin, his pilgrimage in 2012 from his home in Cheyney, PA, to Boston, MA, honored his son, Nathaniel. The spirit of raising awareness, funds, and hope carries on today as the One Million Steps for OCD Walk, raising over \$1.5 million with over 33 affiliate walks throughout the country in 2022.

As a parent of a child with OCD, my advocacy started in 2012 by simply sharing my story with a few other parents (and wearing a button!). Spending time in the service of others gave me hope and inspiration during a time when I felt unsure of our future. The effect on my family was overwhelmingly positive as we helped our hometown community organize PingPong for OCD, creating a better understanding of OCD and effective treatments.

Considering the multitude of ways to be engaged and advocate, Ethan's sentiment resonates with even more

meaning today as we strive to bring people together to fulfill the mission of the IOCDF: "No matter where you are in your journey, you can touch a life for the better. It's your involvement, stories, creativity, and intelligence that will create the change that we so deeply need and deserve." 🕒

If you are interested in learning more about IOCDF Advocacy on any level, please visit iocdf.org/advocate-program and reach out to Liz Lindley, External Relations Manager, at llindley@iocdf.org.



OCD Walk

Walks around the country are happening early June and October.

Go to iocdf.org/walk to learn more and register!



PARTNERS SPOTLIGHT

Strategic Partner: ResearchMatch



Difficult diseases have met their match.

To expand our engagement on behalf of the OCD and related disorders community, the IOCDF partners with trusted nonprofit organizations whose work aligns with our mission.

ResearchMatch, one of our resource partners, is a free and secure online recruitment and education platform. Funded by the National Institutes of Health (NIH), it is designed to promote the completion of clinical trials by matching people interested in research with researchers, allowing them to take part in these trials as participants.

ResearchMatch complements our “Research Participants Sought” page on the IOCDF website (iocdf.org/research/research-participants-sought), and the IOCDF is proud to be on ResearchMatch’s Community Collaborator page.

Eric Storch, PhD, recently discussed his positive experience with ResearchMatch from the recruiting perspective.

According to Dr. Storch, “ResearchMatch provides a vetted and streamlined manner for individuals to further scientific efforts by participating in research projects that match their interests and values. For scientists, ResearchMatch offers a game-changing opportunity for improving outreach and recruitment efforts in order to complete projects and expedite scientific discoveries necessary to improve real-world practice.”

For volunteers, it makes it easy to find the right clinical trial or research study based on your profile by accessing 212 institutions and over 12,700 researchers.

After you register, your profile (without the contact information) will be searchable by researchers authorized to use ResearchMatch. If your profile matches their study’s needs, you receive a message through ResearchMatch from that researcher that tells you a bit more information about the study. If you wish to learn more, you may easily respond with a “Yes” or “No”. A “Yes” response will release your contact information to the researcher so they may reach out to you directly with more information. A “No” response will keep your contact information hidden.

Research is vital to our goals of better understanding OCD and related disorders and improving treatment. To help achieve these goals and help future generations, we encourage both researchers and volunteers in the community to consider supporting our partner and joining ResearchMatch. 📍

Please visit researchmatch.org to learn more about ResearchMatch and create your own profile.

Spectrum Designs



If you've ever ordered an IOCDF branded shirt or other merch, or received one at an OCD Walk or Annual OCD Conference, it was likely made by Spectrum Designs. They have been one of our vendors since 2016, and we are proud to collaborate with them — not only because of the high-quality products, but also their mission.

Based in Port Washington, NY, Spectrum Designs is a custom apparel and merchandise business, as well as a non-profit organization that employs autistic teenagers and young adults since 2011. According to Spectrum, "50 to 75% of the roughly 6.5 million Autistic adults in the U.S. are underemployed or unemployed." Spectrum's mission is to create and provide meaningful employment opportunities and work training to autistic and neurodiverse individuals, as they would help to gain independence, make friends, improve self-confidence, and earn a paycheck. 100% of all proceeds support the ongoing expansion and advancement of hiring and retaining a neurodiverse workforce. By the end of 2022, 57% of their employees were autistic.

Spectrum has handled all packing and shipping for IOCDF shop orders since its launch. They use equipment such as laser-to-screen machines and direct-to-garment printers to create high-quality merch while making environmental sustainability a priority. Other than shirts and clothing, they also create and ship custom mugs, backpacks and totes, buttons and pins, and other products. Additionally, Spectrum Designs is under the umbrella of Spectrum Enterprises, which also operates a catering bakery (Spectrum Bakes) and a boutique laundromat (Spectrum Suds).

We are thrilled to have Spectrum Designs as a vendor, and encourage you to check them out as well. Thank you for everything that you do! 🍷

To learn more about and support Spectrum Designs, please visit spectrumdesigns.org. You can also visit and support Spectrum Bakes at spectrumbakes.org and Spectrum Suds at spectrumdesigns.org, and order some of their work at shop.iocdf.org!

DEVELOPMENT CORNER

Forming Connections Through Mutual Understanding: The CommonGround Story

by Kyra Leyi Cheung

I was in a slump, trying to see the nonexistent light at the end of the tunnel, a glimmer of hope in a desolate sea of anxiety. Everywhere I turned, inescapable thoughts followed me, trying to steal my happiness and future: What if my hands are dirty? I washed them, but they still feel unclean. Will the uncleanliness spread to everything else I touch? This is how I felt struggling with obsessive compulsive disorder (OCD).

Obsessive thoughts haven't always plagued my life. Before 2019, acting and gymnastics were my focus. My outgoing personality landed me roles with Disney and Nickelodeon, and I thrived on 12-hour rehearsals, bright lights, and standing ovations. Eventually, gymnastics — and the thrill of flipping through the air — became my primary passion. I trained 34 hours a week with a group of gymnasts who became like sisters. Sadly, an injury ended my career and connection to my gym family; then, three hip surgeries and the pandemic further limited my exposure to the outside world. I no longer had a distraction from the obsessions, and my OCD worsened. I convinced myself that everything was dirty and contaminated, and lost myself in cleaning or avoidance compulsions.

My mother devised a plan, and decided to host an exchange student to give me the opportunity to make a new friend and enlarge my world again. In the fall of 2021, we welcomed our French exchange student, Camille, to become my sister for a year. She had boundless enthusiasm and wanted to experience everything, so I pushed myself out of the house. I ice skated, played mini-golf, and attended football games, but my thoughts burdened me: How many people wore these skates before me? Did people put their feet on the bleachers? I was uncomfortable and stressed but tried not to let it show.

I will never forget when I recognized that Camille was thriving, and I was merely surviving. We were at Sk&town, a local roller-skating rink, and as I watched her skate around, laughing and enjoying a carefree mentality, I recalled several memories. I saw my actor-self filming on location, happily flying kites in a field, and riding bikes in the woods utterly devoid of contamination qualms. I wondered if I could live like that again — untroubled and content.

Observing Camille's joyful lifestyle sparked a change in me, and I decided to take control of my OCD with exposure and response prevention (ERP) and acceptance and commitment

therapy (ACT). I went through the motions of ERP for years but struggled to believe in or give it my all, but this time I was committed. The change didn't happen overnight, but a transformation occurred as I spent more time with Camille and engaged in ERP and ACT. I saw that light at the end of the tunnel and found myself again, the outgoing and playful person I used to be, as well as a determined and persistent fighter.

To maintain my progress, I felt it was essential to join a support group. I wanted to connect with people my age who shared the same experiences. There weren't many options, so I decided to form my own organization, CommonGround. CommonGround offers free, virtual, peer-led support groups and one-on-one

sessions — our motto is "Forming connections through mutual understanding." CommonGround support groups are relaxed, safe spaces to listen or share struggles and triumphs. The one-on-ones were created for caregivers of teens to speak with me or ask questions about my experiences to better understand what their child may be feeling, but they

“ I went through the motions of ERP for years but struggled to believe in or give it my all, but this time I was committed. The change didn't happen overnight, but a transformation occurred as I spent more time with Camille and engaged in ERP and ACT. ”

are also perfect settings for those who aren't yet ready for a support group.

I believe that helping others affected by OCD is the most important thing that I do, and decided to expand my efforts and fundraise for the organization that was so meaningful in my recovery. I created a "donations" link on CommonGroundOCD.com and wrote to family and friends, sharing my story and encouraging donations. Many were unaware of my OCD struggles, so it was the perfect opportunity to educate and raise awareness. I raised over \$2,000 for the International OCD Foundation (IOCDF) to continue providing programs and resources to help the OCD and related disorders community. You can give back too! It's easy for anyone to start a fundraiser for the IOCDF. Visit iocdf.org/diy to learn more and get started.



Kyra Leyi Cheung is an IOCDF Grassroots Advocate, Young Adults Special Interest Group member, and Diversity, Equity, and Inclusion Action Council member.

To learn more about CommonGround, please visit CommonGroundOCD.com.

Questions about fundraising? Contact donations@iocdf.org!

Changing My Perspective

by Michelle Garcia



I remember finally receiving my OCD diagnosis. It was a relief, to be honest, as I could finally label what was going on inside my head. The intrusive thoughts, constant need to confess, the overwhelming feelings of guilt — it had a name. It was its own entity, yes, a part of me, but the fact that it existed in my mind was out of my control.

It was also a relief to tell my family the diagnosis. For months, I had been seeking reassurance from them, as well as constantly confessing past mistakes and “shameful” thoughts to my husband. Being able to say, “It’s my OCD,” allowed them to stop reassuring me and forced me to sit with the discomfort, as well as helped my husband to stop me from doing my compulsions of confessing. Within a few months of curbing these compulsions, I felt that OCD was finally “loosening” its grip on my mind, and my life. What I didn’t expect was that it would come back with a fury, attacking something else — and, all of a sudden, it felt like I was starting over from scratch.

Slowly, I began to realize it’s my perspective that I needed to change. The first mindset I needed to change was this idea that if I worked hard enough, my OCD would just “go away.” That if I finally got on the right medication, my OCD would disappear. The problem with this idea was that I gauged my progress by the relief I was feeling, and not the work I was doing. I felt successful and happy only when my OCD was “calm”, when my obsessions and intrusive thoughts were less. But, when I had bad days, when it seemed unbearable, I would ask myself, “What am I doing wrong? Why can’t I get a break?”

Changing my perspective from one of denial to acceptance was key. Accepting that OCD is just a part of my life — that some days will be great and some will be bad — allowed me the freedom of gauging my progress. Progress came from how well I was coping with my OCD and how well I was using the management strategies that I learned in therapy — not

“ My medication didn’t completely rid me of my obsessions, but it kept me in a better mental state to be able to put my coping techniques into practice consistently. ”

the frequency or intensity of my thoughts. My medication didn’t completely rid me of my obsessions, but it kept me in a better mental state to be able to put my coping techniques into practice consistently. Accepting that the thoughts may always be there, that the obsessions may never completely go away allows me to live with some

uncertainty, which is ultimately the opposite of what OCD wants. OCD wants certainty, it wants a “yes” or “no.” It makes you believe that if you have the answer, you can finally move on. Accepting that my OCD may or may not always be there, and that obsessions and thoughts may come and go, helped me to tackle my OCD one step at a time, resist one compulsion at a time.

The next mindset change seems relatively simple, but is still something I struggle with. I think, as humans, we want to know we aren’t alone. That someone, somewhere out there is struggling with the same thing, and our experience is not unique. For me, this came from the desire to know that if someone else understood what I was going through, that would mean that there wasn’t something wrong with me as a person, and I could pinpoint each experience as either being my OCD or not. The thing was, this had me analyzing

FROM THE FRONT LINES

Changing My Perspective *(continued)*

every situation — “Is this my OCD or not? Would someone else understand this if I explained it to them?” Guess what — another compulsion was forming. I had to accept the fact that my OCD may or may not be a unique experience. There might not be a single person on this earth that understands what I am going through, no matter how well I explain it. Even my therapist may not fully understand what goes on in my mind — that is okay. Because the coping mechanisms that worked best for me aren’t specific to the content of the OCD. For me, it was all about accepting the uncertainty for anything and everything in my life.

The last idea that I had to change is that OCD is a bad thing. Don’t get me wrong — if I could choose between having and not having OCD, of course I would choose not to have it. But I am thankful for the overall perspective OCD has given me of myself, others, and life in general. My OCD was at its absolute worst postpartum with my firstborn. Any time I look back at baby pictures of my son, negative feelings of guilt and sadness rise. There are so many moments I don’t remember from this time period because I was not mentally present due to my OCD. Now, with my second child, I feel guilty that I have enjoyed her baby stage so much more, that I have smiled more, that I can look back at her baby pictures and feel nothing but happiness.

This is where I continually have to work on my perspective. I had to remind myself that my fight against OCD has made me a stronger person. I am able to enjoy both my children’s

young years now because of the work I put in during the first year of my son’s life. I sought help when I needed it most. I learned anxiety reducing skills that I can teach to my children, because without fail, they will experience some sort of anxiety at some point in their life. I am a more balanced person. I am in tune to my mind and emotions. I know I have good and bad days, but overall, I am a stable person for my children. I am more understanding of other people, as I do not know if they are struggling with their own mental health. And, most importantly, I have learned that uncertainty can be beautiful. If I can manage my OCD, my own mind, I can do anything!

So, for me, living with OCD is all about perspective. Looking at my OCD as a manageable part of me, unique to me, that has transformed me into a stronger person has allowed me to live freely, enjoy each day, and enjoy motherhood. I have an experience that I can use to help others. So no, I can’t change the fact that I have OCD. I can’t change the fact that it may not completely ever go away. But I can change how I look at my OCD. I can be thankful for the person it has allowed me to become. 🕒



Michelle Garcia is currently a stay-at-home-mom with two toddlers. She enjoys spending time outdoors, sewing, and in spin classes. Michelle was diagnosed with OCD 3.5 years ago, and has found much comfort in connecting with and encouraging others that struggle with anxiety disorders through social media. You can find her on TikTok @the1michellegarcia.

Breakthrough

by Dennis Rhodes

In an onslaught of
momentary madness, I
came to love myself.

Disgust-Based OCD: Thoughts on a New Treatment Protocol

by Richard Gallagher, LMFT



DISCLAIMER: I am a licensed psychotherapist with both clinical and lived experience with this issue — and a trained OCD specialist — but this article is based on personal conclusions and opinions informed by recent literature. More research is always necessary on the subject of this article. Please discuss any treatment strategy with a mental health professional.

For the sake of simplicity, I equate exposure and response prevention (ERP) here with “directly exposing yourself to a trigger and trying to get used to it.” In reality, ERP is more nuanced than this definition and involves many distinct elements. For a more detailed description of ERP, please visit the “Exposure and Response Prevention (ERP)” page on the IOCDF site (iocdf.org/erp). My simplistic definition of ERP in this blog reflects the gist of my personal experience of being treated (ineffectively) in the past by trained ERP specialists.

If you suffer from OCD, the “gold standard” for treatment is ERP. Its name is also its strategy: expose yourself to whatever it is you fear, and don’t respond to it. For example:

- If you have an intrusive thought, don’t try to neutralize it or furiously Google for reassurance.
- If someone or something triggers you, don’t avoid interacting with them or it.
- If you have contamination fears, touch things that feel contaminated and don’t wash afterward.

The goal of ERP is to either get used to what you fear (habituation), or at least learn to tolerate the distress it causes and live with it (acceptance).

This approach works well for many people — but not everyone. Here, I want to focus on one type of OCD that classic ERP often isn’t particularly effective for, according to a growing body of research — and one that I suffer from myself: contamination OCD triggers based on disgust.

This research shows that ERP treatment outcomes for disgust

are mixed at best, and that gains from treatment aren’t durable^{1,2,3}. As a sufferer and a clinician, I believe I know why this is the case: ERP was designed to treat fear, not disgust, and doesn’t reflect our real-life approach to managing disgust. So I am going to discuss one possible way to tweak ERP to make this issue much more treatable.

WHY DISGUST AND FEAR ARE DIFFERENT: A NEUROBIOLOGY LESSON

All contamination triggers are not the same. Some are based on fear (“I’ll get sick and die from germs!”), but others are based on disgust (“I’ll never feel clean enough and will obsess about this forever!”).

Both of these are very uncomfortable, but according to recent research, they spring from different neurological reactions. Fear is triggered by that part of your brain known as the amygdala, a brain region associated with strong emotions in response to threats; it responds to an urgent and immediate threat such as a hungry bear, so you can fight or run away from it. *Exposure will often eventually extinguish unrealistic fears, or teach you to tolerate them better.*

Disgust, on the other hand, is processed by a different part of the brain known as the insula. It processes sensations of disgust and stores them in our long-term memory, to keep us from being poisoned by things like eating spoiled food, breathing in bad air, or spreading noxious substances on your hands. *Disgust doesn’t change easily, no matter how much exposure you do. And when change happens, it happens very s-l-o-w-l-y.*

For many of us, using ERP as a blunt instrument to treat disgust exactly the same way as fear often backfires. When you expose yourself to something disgusting, the feeling of disgust often doesn’t change over the course of the exposure, nor does your tolerance of it. In fact, as you stick out these exposures, your revulsion or distress tolerance may even get worse. As much as we wish that the

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Disgust-Based OCD: Thoughts on a New Treatment Protocol *(continued)*

amygdala and the insula would behave the same way, they are separate brain regions and stubbornly do not.

I cannot overemphasize enough the importance of how slowly disgust changes. It usually doesn't change over hours or days — often it's more like months, years, or never. Numerous therapists have told me privately that they've had clients expose themselves to triggers for months on end with no progress. This is why many sufferers find exposure therapy to be exactly like an average person smearing dog poop on everything they own, trying to get used to it, and then discovering that they can't.

In my view, this analogy to dog poop is what may hold the key to successful treatment. Now, let's explore this process in more detail.

HOW PEOPLE NORMALLY ADJUST TO FEAR VERSUS DISGUST

People do get used to both fear and disgust in real life, but these are very different processes.

First, let's look at fear. Remember when you first rode a bicycle? It was scary! But your parents probably encouraged you, you took small steps, and eventually, whee! It wasn't as scary anymore. With enough practice, your brain reconceptualized this as being less scary and your fear diminished over time. This is exactly why ERP works so well for so many OCD fears and intrusive thoughts.

Unfortunately, this model doesn't work the same way with disgust, because disgust is much more stubborn and hard to change. Let's look at an example of how many veterinarians — a profession someone once described as “a flash flood of poop” — actually get used to dog poop. At first, contact with poop feels terrible. New vets may use lots of safety behaviors, such as wearing gloves, washing their hands every five minutes, and avoiding whatever they can. However, their response to this is to *continue to practice veterinary care versus actively trying to confront the poop*. And, in time, they learn to reduce the accommodations they need to do this because they *put themselves back into the situation every day* and these triggers eventually soften, over a l-o-n-g period of time. During the first month, vets may wash their hands constantly. Six months in, it's uncomfortable, but they're more used to it. After a year, they still don't like poop (and probably never will) but when the inevitable happens, they shrug, clean up, and move on. *The exposure — and the habituation — isn't to poop: poop is as disgusting as ever. The exposure is to being a veterinarian, and doing what veterinarians do every day, in the presence of poop.*

This is precisely how most people learn to manage disgust in normal life. Paramedics don't spend all day hanging around dead bodies to get used to them — they keep working as paramedics. New mothers don't stick their hands in a pail of dirty diapers — they keep changing their babies. Sanitation workers don't roll around in garbage — they keep going to work. In other words, they live their lives, do whatever they need to do, and over a long enough period of time, it gets easier and they need fewer accommodations.

By comparison, classic ERP would be like having these veterinarians carry a lump of dog poop around in their hands and not wash their hands, until they get used to it. (Or more realistically, perhaps carry around a tissue contaminated with dog poop — an actual exposure some clinicians have proposed for contamination fears.)

Some of these vets might get used to the poop, but this won't happen quickly — and many of them will never get used to it. (I suspect that even seasoned vets would still avoid sitting in a chair with visible poop on it.) Some of them may find that they actually get worse, particularly if they cross-contaminate more things, and feel even more closed in. Quite a few of them will “flunk” this exercise, and perhaps even decide that they aren't cut out for the field. (P.S.: I “vetted” this section with an experienced veterinarian who agrees with everything here.)

This is often what happens in general when you use ERP for disgust-based triggers. It works for some people, but head-on exposure to triggers will still fail others or even make them worse. These people may even be dismissed as “treatment failures” when, in fact, the problem may actually be the treatment approach itself. It isn't the same as, say, dealing with a fear by facing it head on, because disgust stimuli change much too slowly.

Now, let's look at a strategy for treating disgust-based OCD that has worked, for myself and others:

Do whatever you need to comfortably get into disgust-inducing situations for a l-o-n-g enough period of time for your response to your triggers to soften. Then, gradually reduce your accommodations.

Let's call this a “mastery” approach versus an exposure approach. Your goal is to master situations you avoid, even when your triggers may still remain disgusting for a very long time. Most importantly, you aren't trying to expose yourself to discomfort — you are trying to be comfortable enough to do lots of practice for a long time. In other words, the focus is on the RP (response prevention), not the E (exposure).

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Let's compare common wisdom from ERP about contamination fears with a mastery approach:

ERP	Mastery
Face your feared triggers head-on.	Spend more time in situations you want to master, despite the trigger.
Contaminate everything so there is no escape.	Do whatever you need to do to be comfortable, and focus on reducing your accommodations over time.
Learn to tolerate distress.	Stay comfortable enough to get more "reps" with the situation (e.g., doing your job or being in your house) versus the trigger (e.g., poop).
Treatment is focused on exposure and response prevention to triggers.	Treatment is focused around gradually improving your functioning, and doing what you want to do.

Of course, what differentiates disgust-based OCD from normal disgust is its degree and intensity: sufferers feel disgusted by things that wouldn't bother most people, feel it more acutely, and often obsess about avoiding these triggers. But in my opinion, our normal disgust reactions are what make this issue different from other forms of OCD — and why classic ERP, however well-intentioned, often fails.

Now, let's look at some real-life examples to show how this works.

CASE EXAMPLES

Case 1. An exterminator sprays insecticide all over a client's kitchen. Now she is afraid to use it.

ERP: Expose herself to gradually increasing levels of insecticide, eventually applying it herself.

Mastery: Explore how the client might get back into the kitchen again. If the only way she can do this is to wear ratty old clothes or gloves at first — fine. Above all, try to find ways she can comfortably start spending lots of time back in this kitchen, preparing food and living life. Then, work on gradually cutting down on her safety behaviors.

Case 2: A client washes his hands constantly for fear of contamination.

ERP: Restrict handwashing and expose himself to the feeling of contamination.

Mastery: Have him track how often he washes and seek ways to reduce it every week, while he keeps doing whatever it is he wants to do.

Case 3: Your client's son, Herman, LOVES peanut butter and jelly sandwiches. But your client feels "grossed out" by having sticky substances like jelly on her hands, and obsesses about it long afterwards — so she makes Herman bologna sandwiches for his daily school lunch instead, which he hates.

ERP: Do exposures to having jelly on her hands.

Mastery: Make peanut butter and jelly sandwiches for Herman every day, doing whatever she needs to do to be as comfortable as possible. Strategize how she might handle the occasional errant bit of jelly when it happens. Then track her comfort and level of accommodation each week.

IN CONCLUSION

Some clinicians will recognize the theoretical underpinnings of this approach: it borrows heavily from Acceptance and Commitment Therapy, or ACT⁴ — particularly, its core principles of moving towards your values, and focusing on willingness rather than exposure. (I am not talking about the kind of gently-talk-you-into-more-exposure approach to ACT that is sometimes combined with ERP — our goal here is functioning better, not habituating to disgust.) ACT is an evidence-based therapy for OCD with good research support behind it, and in my view it is tailor-made for working with disgust-based contamination fears.

Here are some of the advantages of this approach:

It is humane and well-tolerated. The focus is on being comfortable enough to do lots of practice, not getting used to discomfort.

It avoids the all-too-common unintended consequences of cross-contamination, and further sensitizing clients to things we want them to desensitize to.

Clients see rapid benefits in terms of functioning better, do not feel shamed for "not doing enough exposure" with a trigger that remains disgusting for a long time, and do not lose hope when exposure doesn't work for them.

It leverages how humans normally adapt to disgust, instead of treating it incorrectly like fear.

How well does this approach work? In my experience — admittedly with a small sample size — it works well. In 2018, I published an IOCDF research poster on using a very early mastery-based approach with my own cases, focused on approaching ERP by expanding one's comfort zone instead of tolerating distress, with a 90% treatment response rate.

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Disgust-Based OCD: Thoughts on a New Treatment Protocol *(continued)*

Fine-tuning this approach substantially around disgust issues eventually helped me experience a nearly 40% decline in my own Y-BOCS scores, after multiple failed trials of ERP.

In closing, this approach is based on one person's clinical and lived experience with disgust-based OCD. More research is needed to see if my hypothesis is correct. Either way, I hope we keep learning and refining more effective treatment strategies for this frustrating and difficult disorder.

Q&A

Q: ERP is about getting used to something you fear. Your "mastery" approach involves doing more of what you avoid. Isn't that kind of saying the same thing in a different way?

Of course, overcoming any fear ultimately involves doing what you previously avoided. But working from a mastery framework has some important differences:

- The focus is on being comfortable and doing more practice, versus being uncomfortable and getting used to it.
- I am OK with judicious use of safety behaviors, as long as they are (a) specific, (b) targeted towards the goal of more practice, and (c) gradually removed as triggers soften.
- It models people's normal lived experiences. If a non-OCD sufferer feels a doorknob is dirty, they would probably clean it off AND start using it again — not get used to the yuck, or worse, avoid it until they feel ready to face the yuck.
- It explicitly rejects exposing yourself to extreme triggers ("bending the pole") as a treatment goal. For disgust-based triggers where habituation may be difficult or impossible in the short term, I feel this approach is both ineffective and needlessly cruel.

Q: You are OK with (gasp) introducing some safety behaviors. Isn't that like giving booze to an alcoholic — or more to the point for OCD, enabling another compulsion?

I realize that ERP purists recoil at the idea of introducing a safety behavior — in their view, this feeds an ever-widening spiral of accommodations and fuels a worsening of OCD. At a macro level, I agree with them. But at a micro level, I feel this is, in fact, one of the more important interventions for treating disgust — and for me personally, it was game-changing.

To me, the distinction is whether you are moving towards better functioning or away from it. Crutches, for example, allow people to walk while a broken leg heals, after which you stop using the crutches or perhaps switch to a cane — while never ever using a crutch may mean walking with

unbearable pain or injuring yourself. In my view, this is an exact analogy to why many disgust sufferers fail ERP, and what we need to do differently for a trigger that habituates as slowly as disgust.

I do not endorse safety behaviors as a mechanism for simply increasing avoidance. In my view, acceptable safety behaviors are limited, surgically-chosen strategies designed to get you back IN to a previously avoided situation to enable lots of practice — not just an accommodation for avoidance. There is even some recent research support for this: for example, check out these papers on judiciously using safety behaviors in treatment^{5,6}, as well as recent literature on the "rubber hand" technique for disgust exposure.

Q: What do you mean by "NOT the kind of gently-talk-you-into-more-exposure approach to ACT that is sometimes combined with ERP"? Are you knocking how people currently use ACT for OCD?

No, I actually feel that can be very effective for OCD in general — just not for disgust. Here's how I see the difference:

ERP: I'm going to do something uncomfortable and try to get used to it.

ACT/ERP: I'm going to do things I value, which will involve doing uncomfortable things and tolerating the distress.

ACT/Mastery: I'm going to do things I value, find ways to do them as comfortably as possible at first, and do them often enough that I need less and less accommodation over time — often a long period of time.

Put another way, strategy 2 makes sense if whatever you are doing will get better soon with practice — like many fears. With disgust, it's more like trying to get used to sitting in a hot car or wearing an itchy sweater — you could do it all week and not feel any better about it, or even feel worse. Strategy 3, on the other hand, allows you to practice the situations you want to master long enough to see real change. 🕒



Rich Gallagher, LMFT, is a therapist based in Ithaca, NY. He is the author of numerous self-help books including The Anxiety Journal (Rockridge Press, 2022), Stress-Free Small Talk (Rockridge Press, 2019), How to Tell Anyone Anything (AMACOM/HarperCollins, 2009), and many others.

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Institutional Member Updates

Institutional Members of the International OCD Foundation are programs or clinics that specialize in the treatment of OCD and related disorders. For a full list of the IOCDF's Institutional Members, please visit iocdf.org/clinics.

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The Anxiety Center (TAC) is staffed by a team of experts in psychology, psychiatry, outcomes-monitoring, and technology. And yes, we value the individual expertise of each team member, but our approach is not about the individual. It is about what happens when a team works together to ensure that you get wraparound services and have access to the full combined expertise of the staff. You will be assigned to a treatment team which will be picked based on your individual mental health needs and the strengths of the clinician. From there, all staff at TAC will be informed on the case and be able to provide regular feedback to your clinician based on your progress and needs.

Our team-based approach to mental health treatment gives us the flexibility to offer you the highest quality of care. You can come to us and know that your mental health needs will be met in full. This approach also allows us to treat the most complicated cases with an intensive, multi-modal approach that works rapidly to restore good mental health. Even in the most severe cases, we can help to avoid inpatient hospitalization by mobilizing quickly to provide intensive, customized treatment.

THE ANXIETY CENTER OF TAMPA

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Anxiety Center of Tampa is happy to announce the addition of Registered Mental Health Counselor Intern, Sophie Kent. Sophie has been with the Center for three years, since beginning her Master's Practicum. She has advanced training in treating OCD and related disorders using Exposure and Response Prevention and is currently learning Inference-Based Cognitive Behavioral Therapy for OCD (ICBT), a newer evidence-based treatment.

With the addition of Sophie, Anxiety Center of Tampa now has three licensed clinicians, two Registered Mental Health Counselor Interns, and one Registered Marriage and Family Therapist Intern serving adults, adolescents, children, and couples. Like Sophie, all clinicians have received advanced training and supervision in

evidence-based treatments for OCD and related disorders.

We are also proud to announce that our co-founder, Lori Aitken, is now serving on the Board of Directors of OCD Central and South Florida (an IOCDF affiliate) as Treasurer. Lori's background as a CPA and OCD specialist makes her a great fit for the position.

ANXIETY EXPERTS VIRTUAL & LIVE PROGRAMS

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Anxiety Experts of California accepts insurance to cover your outpatient or Virtual Intensive Outpatient (VIOP) treatment for OCD and related disorders, including all types of food anxiety. Our therapists and dietitians have been featured at the IOCDF conferences and are trained in Exposure with Response Prevention (ERP), Acceptance & Commitment Therapy (ACT), and Family Based Treatment (FBT). We are able to treat comorbid problems including social avoidance, behavioral challenges, and school refusal. Our offerings include outpatient adult and adolescent ERP groups, which can serve as stand-alone treatments, adjuncts to your individual therapy, or as step-down support after you or your loved one have completed intensive treatment. Family members of our clients are encouraged to attend our weekly Caregiver Webinars, which provide education about OCD and related problems.

ANXIETY & OCD TREATMENT SERVICES

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Anxiety & OCD Treatment Services is a specialty clinic that strives to provide high-quality, evidence-based treatment for those who are suffering from anxiety and OCD. We work with children, adolescents, and adults, offering both individual and parent-based therapy to those in Iowa, Alabama, Michigan, Wisconsin, Washington, and Florida.

We are delighted to announce the addition of Jamie Dunn, LMHC, to our team. Jamie has significant training and experience with OCD and related disorders, and brings a wealth of knowledge and passion to her work. In addition to her clinical work, Jamie serves as a founding board member for OCDIowa, the newly formed Iowa Affiliate. We are excited for her to join our team and look forward to her contributions. Welcome, Jamie!

Dr. Erin Stevens and Angela Shunnarah, LICSW, recently began a weekly treatment group for parents, Parenting Anxious Kids, based on the SPACE approach. We continue to offer a free

THE ANXIETY TREATMENT CENTER OF SACRAMENTO

biweekly peer support group for adults with OCD. Looking to 2023, our team is excited to continue to expand our group therapy offerings. Finally, we now offer individualized intensive outpatient (IOP) services. To find out more information about our clinic, please visit us at www.anxietytreatmentonline.com.

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The Anxiety Treatment Center of Sacramento welcomes several new therapists who have joined our team of experts. Cory Adams, LMFT, has accepted the position as our Clinical Program Director. Cory has over 20 years' experience working as a therapist specializing in anxiety and eating disorders with an emphasis in DBT skills training. This complements the work we do by helping those who are also struggling with mood regulation issues. We also welcome Leslie Hugg, MA, Natalie Butler, MA and Erica Doldier, MA, who are pre-doctoral students from Alliant International University. The ATC is thrilled to be able to continue to guide, mentor, and teach new and upcoming students who are passionate about working with anxiety disorders and related conditions. We also welcome the return of Dr. Derek Nacarrato, Psy.D., Postdoctoral Psychological Assistant, who is working his way toward licensure. Finally, Ashlyn Crenshaw, AMFT, has joined our staff, also working diligently toward her licensure.

The ATC continues to offer our Intensive Outpatient Treatment Program with 2 tracks, Monday through Friday, 9am-12pm and 1pm-4pm seeing individuals in person. We accept ages 8+ and the treatment is covered by most major insurance companies.

ARCHWAYS CENTRE FOR OCD

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By the time you are reading this Spring will be here! Always a welcome relief here in Ontario (Canada)! We are excited that we have expanded our OCD & BFRB Clinic. Since the last newsletter we have hired two new clinicians:

- Dr. Brendan Guyitt, Clinical Psychologist
- Sofia Mastronardi, Master's Level Therapist

We have also updated our website, so be sure to check it out! We have done a lot of website work to make it easier for individuals with OCD/BFRBs to find us, in a country where these conditions are considered under-served. We continue to offer a "hybrid" treatment model, meaning that some clients are seen in-person, and some are seen virtually. We are seeing more and more

clients from across Ontario, as our virtual platform enables those in more remote communities to access our OCD and BFRB Clinic.

In addition to our 4 psychologists and 2 therapists, we have a psychiatrist who offers psychiatry consultations to assist with starting, ending, or changing medications.

Wishing everyone in the OCD community the best for 2023!

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We are excited to be the title sponsor for the upcoming 2023 Faith & Mental Health Conference! Our Intensive Outpatient Program (IOP) staff work daily with faith and mental health issues. Participants in IOP can attend our support group, where moral and religious scrupulosity is included as a psychoeducational topic and is often the subject of participants' conversation.

Our mission is to provide the best possible care for those struggling with OCD and to help them find peace and hope. We are confident that our support of the conference will provide valuable information and resources to those dealing with OCD and other related mental health issues. We look forward to being a part of this important event and helping to spread awareness about faith and mental health.

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The Baylor College of Medicine OCD Program has been progressing on a number of projects. The Latin American Trans-ancestry Initiative for OCD Genomics (LATINO) is recruiting children and adults (7-89 years) with current or past OCD symptoms to participate in a groundbreaking study to better understand the genetics and presentation of OCD in people with Latin American, Brazilian, or Caribbean ancestry. The first 300+ participants have been recruited. See www.latinostudy.org. In addition, we have started enrollment for a project examining if children already on an antidepressant who achieve wellness with CBT can successfully discontinue their medication (Promoting OCD Wellness and Resilience (POWER) — PowerOCDStudy@bcm.edu). Finally, we are excited about our project, Learning to Understand and Navigate Anxiety (LUNA), which supports children with autism and anxiety/OCD and their parents through a free, 12-week, Internet-delivered, parent-led Cognitive Behavioral Therapy program. More information about this

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Institutional Member Updates *(continued)*

project and others can be found at bcm.edu/research/faculty-labs/eric-storch-lab/current-studies/asd-and-anxiety.

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We have a number of announcements regarding our team and services to share! We have brought Dr. Dean McKay onto our Advisory Board. We are excited about his role in developing our clinic practices and research program as we grow. We now have 12 staff members and have extended our services outside of Dallas. Our main facility for in-person Day Treatment and Intensive Outpatient services is still located in Dallas, Texas. We now offer individual online services, including the "RISE Program" which is designed to help those whose symptoms exceed once-a-week individual sessions but may not yet warrant out-of-state travel to one of the few intensive programs available. The RISE program now is available in: Arkansas, California, Colorado, Connecticut, Florida, Idaho, Maine, Minnesota, Nebraska, New Hampshire, New Mexico, Oklahoma, Pennsylvania, South Carolina, West Virginia, and Wisconsin.

BEYOND BORDERS CBT

220 N. Zapata Hwy. 11 1019b, PMB 1019b

Laredo, TX 78043
(303) 517-3800

hello@beyondborderscbt.com
beyondborderscbt.com

Beyond Borders CBT has continued to experience growth as we serve 20+ states in the US and many countries around the world!

All therapists in the practice have now been trained in Inference-Based CBT (I-CBT) and we are excited to incorporate this modality into our evidence based care. Melissa Lille, LCSW, is offering a 10-week, low-cost I-CBT group to adults with OCD. You can find more information on our website.

We are hiring! If you or a therapist you know is looking to join a passion-driven practice that specializes in OCD and related disorders, interest can be forwarded to ashley@beyondborderscbt.com. A minimum of 5 years of independent licensure is required and someone who is licensed in Colorado (or able to be) and can serve Pacific and Mountain Time zones is a plus. This is a part-time, contractor position, with a minimum of 10 clients served per week.

Wishing the community continued peace & renewal as Spring arrives!

BIO BEHAVIORAL INSTITUTE

935 Northern Boulevard, Suite 102
Great Neck, NY 11021

(516) 487-7116

info@biobehavioralinstitute.com
biobehavioralinstitute.com

Bio Behavioral Institute is excited to announce the addition of two full-time clinicians to our team. Dr. Susan D'Ambrosio is a licensed psychologist with over 20 years of experience with depression, anxiety, personality disorders, stress-linked physical symptoms, and psychogenic erectile variability. Dr. Lauren Pucci is a postdoctoral fellow with training in CBT, ERP, and DBT for children, adolescents, and adults, as well as working with children/adolescents with Autism Spectrum Disorders and developmental delays. We are now an APPIC-approved pre-doctoral internship site and will be accepting applications in the Fall for the following academic year. This spring we will be offering a weekly Radically Open DBT (RO-DBT) Group for adults. Our Directors, Dr. Sony Khemlani-Patel and Dr. Fugen Neziroglu, published a book for therapists called Body Dysmorphic Disorder in the Advances in Psychotherapy Series by Hogrefe Press. For more information, please visit our website at www.biobehavioralinstitute.com or email us at info@biobehavioralinstitute.com. Our APPIC Internship Handbook is available on our website.

CBTEAM

81 Hartwell Avenue, Suite 310

Lexington, MA 02421
(781) 918-6860

info@cbteam.org
cbteam.org

CBTeam is a behavioral health clinic specializing in treating children and adults with OCD, OCRDs, and/or anxiety disorders. CBTeam provides research-supported interventions with compassion and creativity in a collaborative and comfortable outpatient clinical setting. In addition to weekly outpatient therapy, we also have:

Intensive Outpatient Program (IOP): 5 days a week with no waitlist currently.

Worry Warriors at Camp Courage: On June 26–June 30, 2023, we will be running a week-long camp for kids ages 7-15 years.

Please read more about signing up for these services or any of our other clinical services and training opportunities we have to offer at cbteam.org.

THE THERAPY COMMUNITY

THE CENTER FOR EMOTIONAL HEALTH OF GREATER PHILADELPHIA

1910 Route 70 E, Suite 7 601 Ewing St, Suite C-2
Cherry Hill, NJ 08003 Princeton, NJ 08540
(856) 220-9672
mail@thecenterforemotionalhealth.com
thecenterforemotionalhealth.com

The Center for Emotional Health of Greater Philadelphia (CEH) is a multi-site, outpatient behavioral healthcare center specializing in the evaluation and evidence-based treatment of anxiety disorders, obsessive-compulsive and related disorders, and neurodevelopmental disorders, with office locations in Cherry Hill and Princeton, New Jersey. CEH also provides telehealth services across the US under the authority of The Psychology Interjurisdictional Compact (PSYPACT).

CEH facilitates continuing education webinars, increasing access to affordable, evidence-based programming for psychologists, social workers, therapists, and counselors, as an approved sponsor of continuing education by APA, ASWB, NYSEd, and NBCC. We look forward to hosting upcoming clinical trainings on topics, including antiracism, ARFID, Motivational Interviewing, Exposure Therapy, Inference-Based CBT for OCD (I-CBT), Radically Open DBT (R-O DBT), and BFRBs. We hope you'll join us for these topics and others to broaden your skills and enhance your clinical practice. Details and registration can be found at <https://thecenterforemotionalhealth.com/events-webinars/>.

THE CENTER FOR OCD AND ANXIETY AT SHEPPARD PRATT

6501 N Charles Street
Baltimore, MD 21204
(410) 927-5462
info@sheppardpratt.org
sheppardpratt.org/care-finder/ocd-anxiety-center/

Sheppard Pratt's Center for OCD and Anxiety is kicking off a big year for OCD treatment. Our outpatient center is treating OCD and anxiety throughout Maryland via telehealth. We are also developing an intensive outpatient program offering small group OCD treatment three hours a day, four days a week.

Director Jon Hershfield, MFT, has led development of the OCD program at Sheppard Pratt's LifeLaunch — a residential program for teens combining evidence-based specialty care for OCD and related disorders with wraparound support for all aspects of a teen's mental health. Residents at The LifeLaunch work one-on-one with our OCD specialists — not trainees. Jon is a hands-on part of the treatment team, and all specialists have been trained by and continue to be supervised by him.

At The Retreat, Sheppard Pratt's residential program for adults, where Jon also directs OCD related programming, residents now have access to the unique TMS protocol FDA-approved for OCD.

We would like to welcome the newest member of our team,

Julianna Eckman, LGPC. As our mission continues to expand, our team of specialists will too. Contact us for job opportunities.

Jon's newest book, *The Unwanted Thoughts and Intense Emotions Workbook*, comes out June 1.

Order the book: amazon.com/Unwanted-Thoughts-Intense-Emotions-Workbook/dp/1648480551

CENTER FOR OCD & ANXIETY RELATED DISORDERS (COORD)

1129 Macklind Avenue
St. Louis, MO 63110
(314) 289-9411
slbmicoardicp@uhsinc.com
slbmi.com

The Center for OCD & Anxiety Related Disorders (COORD) program at Saint Louis Behavioral Medicine Institute (SLBMI) is an internationally recognized program that has provided treatment for obsessive-compulsive and anxiety conditions for over 30 years. COARD offers outpatient, intensive outpatient, and partial hospitalization levels of care, conducted either in-person or over telehealth, across all age ranges. We provide telehealth services within PSYPACT states. We welcome any inquiries about our programming (from clients or clinicians)! Please email slbmicoardicp@uhsinc.com.

COORD is excited to announce that our postgraduate fellow, Sam Marre, MA, now manages our intensive outpatient/partial hospitalization program! We've also welcomed Shannon Fischer, LPC, who joined us to respecialize in the treatment of anxiety conditions.

We are hiring! COARD is excited to expand our programming to better support the high demand for anxiety specialty services. We welcome new clinicians looking to provide outpatient anxiety specialty care or oversee the care of patients in our intensive/partial hospitalization program. Applicants can apply at www.slbmi.com.

We also have a new program! COARD is pleased to introduce that Gregory Peebles, LPC, launched a Radically-Open Dialectical Behavior Therapy IOP. The Adult RO-DBT IOP is designed to help many conditions, including Treatment Resistant Anxiety Disorders. Email SLBMI.RODBT.IOP@uhsinc.com for more!

THE CHILD MIND INSTITUTE INTENSIVE OCD PROGRAM

101 East 56th St.
New York, NY 10022
(212) 257-9604
info@childmind.org
<https://childmind.org/care/areas-of-expertise/anxiety-disorders-center/ocd-service/intensive-treatment-ocd/>

The Child Mind Institute Intensive OCD Program offers children and their families an immersive, holistic experience that can make an extraordinary difference in a short period of time. While

THERAPY COMMUNITY

Institutional Member Updates *(continued)*

typical or traditional treatment demonstrates that patients make significant progress during weekly sessions spread out over three to four months, the intensive treatment program condenses those sessions into one to four weeks, making evidence-based treatment of OCD available three hours a day, five days a week. The program is open to children up to college/ young adults. Families from outside the New York City area are welcome to reach out for treatment. We include parents and family members in every stage of a child's treatment. The Child Mind Institute offers a financial aid program to help families with the cost of services. We are excited to welcome Sydney Kirsch, LMSW, who provides individual exposure therapy to children and adolescents in the Intensive OCD Program.

COLUMBIA UNIVERSITY CLINIC FOR ANXIETY AND RELATED DISORDERS — WESTCHESTER

**155 White Plains Road, Suites 200 & 203
Tarrytown, NY 10591
(212) 304-5852**

acp2137@cumc.columbia.edu
columbiadoctors.org/childrens-health/pediatric-specialties/psychiatry-psychology/cucard-westchester-anxiety-day-program

CUCARD Westchester welcomed Marsha Mariani, LCSW, to our team this past Fall. Ms. Mariani provides clinical services through the Anxiety Day Program and our outpatient service. We continue to provide a range of services for children, teens and adolescents struggling with OCD. Our Anxiety Day Program offers daily group and individual treatment services and academic support for high school students whose OCD and anxiety symptoms make it difficult to function or attend school. We also provide standard and intensive EX/RP across the lifespan through our outpatient program. We are located just north of Manhattan and can offer on-site and telehealth services.

COMMUNITY WEST TREATMENT

**1990 S Bundy Drive, Suite 320
Los Angeles, CA 90025
(310) 990-0988**

info@cwttreatment.com
communitywesttreatment.com

We are seeking promising children between the ages of 8 and 12 with anxiety and OCD spectrum disorders, who are ready to train at Community West's special Fearslayer Summer Academy. Trainees will learn to leverage their inner Warrior, Sage, and Mystic to develop and grow their own inner powers and vanquish anxiety and OCD.

The academy will infuse individual cognitive behavioral therapy (CBT), exposure-response prevention (ERP) and acceptance and commitment therapy (ACT) programming, individual therapy, and coaching along with group therapies, psychiatry, family therapy, and enhanced experiential activities where fearslayers will bring their new skill sets to exciting summer activities. Parent psycho-educational groups will be facilitated by Community West Co-founder and Executive Clinical Director, John Grienenberger, PhD, as well as the Clinical Director of our Anxiety and OCD Spectrum program, Erika Nurmi, MD, PhD.

Fearslayer Summer Academy will run from June 19th to August 11th, with three potential start dates: June 19th, July 5th, and July 17th. A minimum commitment of 4 weeks is required for a therapeutic experience. Partial insurance reimbursement is possible.

If your child struggles with anxiety or OCD and enjoys fantasy games, books or movies, please contact us to discuss enrollment for a therapeutic and fun summer!

MCLEAN OCD INSTITUTE AT HOUSTON

**708 E. 19th St.
Houston, TX 77008
(713) 526-5055**

info@houstonocd.org
mcleanhouston.org

McLean OCD Institute at Houston is so excited to announce that we have current openings in our PHP and residential levels of care for anxiety and OCD! We are proud to share that the majority of our patients work with us to receive insurance reimbursement although we are an out-of-network program. Call us to learn more about payment (do not let that be a reason to not call and learn more) and our treatment! We treat anxiety, OCD, and OCD-related disorders in our PHP and residential program. Please reach out if you are interested in admission to our program at 832-900-8687 or email us at admissions@iocdf.org.

NEUROBEHAVIORAL INSTITUTE (NBI) & NBI RANCH

**2233 N. Commerce Parkway #3 2695 S. Le Jeune Rd. #201
Weston, FL 33326 Coral Gables, FL 33134
(954) 217-1757**

info@nbweston.com
nbweston.com

NBI welcomes some great new additions to our Team. We are thrilled to announce that Dr. Maria Chiriboga and Dr. Morgan Oldham have joined us as postdoctoral residents, Vida Kalhor as Operations Manager, and Haley Thompson as Supervising Manager, NBI & NBI Ranch. We are so pleased that Dr. Jennifer Staller has increased her level of clinical services for clients in our intensive programs.

THERAPY COMMUNITY

We thank Dr. Michael Sheffield for his efforts in furthering staff development. Most recently, training and educational efforts for the clinicians focused on updating our knowledge and skills regarding OCD and autism. Our community outreach team of Drs. Chris Varghese, Monica Gamez, and Sarah Gaumer deserves recognition for presenting on OCD for doctoral candidates at a local university. Dr. Moritz was on a panel for our regional IOCDF affiliate and Drs. Hoffman, Franklin, and Padron are excited to present on OCD and eating disorders at a national conference for therapeutic schools and programs in Fort Worth, Texas.

In NBI Ranch news, we added an authentic tiki hut to use for community meals and meetings. Now our ranch community can enjoy South Florida outdoor living during the day with just enough shade!

NEW ENGLAND OCD INSTITUTE

392 Merrow Rd., Suite E 554 King Edward Ave.
Tolland, CT 06084-3974 Ottawa, ON K1N 6N5
(860) 830-7838 (343) 430-3291

jasmine@behavioralwellnessclinic.com (CT)

admin@behavioralwellnessclinic.com (ON)

ocdtypes.com

We have exciting news to announce that Kate Caldwell, Registered Psychotherapist (Qualifying) who is bilingual in both English and French, has graduated from Yorkville University's Counseling Psychology Program and is pursuing a full time position with us as an OCD specialist. Even more exciting, Kate has assisted with the launch of opening a new office for us in Ottawa, Canada, where she is able to see clients both in person and online, expanding our mission of compassion and wellness. Kate combines a person-centered narrative, and cognitive behavioral approaches for their ability to help her clients develop an increased sense of agency. She values awareness as a vehicle for positive individual change in the context of a safe therapeutic relationship while acknowledging the multiple systemic factors that impact clients. Kate is also passionate about integrating conventional psychotherapy and evidence-based psychedelic approaches, notably Ketamine-assisted psychotherapy for OCD. We greatly appreciate everything Kate has accomplished so far as she is an essential asset to our team and we are so excited to have her. Welcome, Kate!

NOCD

225 N Michigan Suite 1430
Chicago, IL 60601
(312) 766-6780

care@nocdhelp.com

treatmyocd.com

Coming into the new year, NOCD's Product Development Team has been hard at work enhancing our in-app experience for our members and therapists. For example, we have launched an app feature where parents/guardians of children in NOCD Therapy can now directly message their child's therapist and have an

overview of child activity in the app without interfering with their child's messages with their therapist.

On February 15th, we launched with Kaiser Colorado bringing evidence-based treatment for OCD to even more Americans. This partnership brings NOCD's reach of providing access to evidence-based care to over 130 million Americans.

NOCD closed out 2022 with a \$34M Series C financing round co-led by Cigna Ventures & 7wire Ventures to scale and help NOCD achieve our mission to end the global suffering caused by OCD.

NORTHWELL HEALTH OCD CENTER

Zucker Hillside Hospital

Glen Oaks, NY 11004

(718) 470-8052

ocdcenter@northwell.edu

northwell.edu/ocdcenter

The Northwell Health OCD Center offers evidence-based, comprehensive outpatient treatment for OCD and OCPD. It is one of the only specialized OCD/OCPD facilities in the NY metropolitan area to accept most health insurance plans, including Medicare and Medicaid. Treatment options include individual and group CBT and medication management. The OCD Center offers in person and virtual individual sessions as well as ten virtual therapy groups (e.g., ERP practice and skills-building, OCPD treatment, family education/support, DBT skills, and weekly/monthly improvement maintenance). Please email us at ocdcenter@northwell.edu to inquire about treatment.

Our clinic director Dr. Pinto recently recorded an episode about the diagnosis and treatment of OCPD for the "OCD Family Podcast" (available via Spotify and Apple platforms). He had the pleasure of meeting with host Nicole Morris, LMFT, to discuss core features of OCPD and how they relate and differ to OCD and to encourage OCD practitioners to adapt skills they already possess as a foundation for incorporating OCPD treatment into their practice. Special thanks to Nicole for providing a space for Dr. Pinto to continue his mission of increasing access to appropriate treatment of OCPD and de-stigmatizing this treatable condition. Check out the episode and let us know your thoughts!

OCD INSTITUTE MCLEAN HOSPITAL

115 Mill St.

Belmont, MA 02478

(617) 855-2776

ocdiadmissions@partners.org

mcleanhospital.org/ocd

We have had several developments at the OCDI's Office of Clinical Assessment and Research (OCAR) this year. Martha Falkenstein, PhD, became the Director of Research and Jennie Kuckertz, PhD, transitioned to becoming the Administrative Director of OCAR. We were excited to welcome three new clinical research assistants to the OCAR team — Heather Martin, BA,

THErapy COMMUNITY

Institutional Member Updates *(continued from page 13)*

Junjia (Judy) Xu, BA, and Olivia Woodson, BS. We published findings about our work studying the intensive/residential treatment (IRT) at the OCDI: outcomes among sexual minorities, a network approach to non-response, and a pilot study of cognitive bias modification for interpretation as an augmentation to treatment as usual (*Journal of Obsessive-Compulsive and Related Disorders; Behaviour Research and Therapy; Behavior Therapy*). Most recently, we presented our findings at the annual conference of the Association for Behavioral and Cognitive Therapies (ABCT) in NYC in November — topics included exposure therapy mechanisms, non-response in IRT, family accommodation in BDD, emotion-related impulsivity in OCD, and clinical differences across racial and ethnic minority groups at OCDI. Dr. Nathaniel Van Kirk also presented on integrating Trauma-Informed Care at the University of Massachusetts T.H. Chan School of Medicine. We invite you to learn more by visiting our website: <https://ocdiocar.mclean.harvard.edu/>

OCD NORTH

11 Sophia Street West
Barrie, ON L4N 5K4
(705) 243-9923
info@ocdnorth.com
ocdnorth.com

OCD North welcomes three new Master of Social Work students to the Clinic! One of the largest barriers to treatment is accessing it; so we've developed community partnerships with local universities to help educate our future mental health professionals! Modelling from the Progressive Cascading Model (Balkhi et. al., 2016), our interns are learning how to assess and treat OCD symptoms under the watchful eye of trained experts.

The Peer Mentorship Program, Parent and Caregiver Support Group, and Post-ERP Support Group provide free support to individuals, parents, and those in recovery from OCD.

In March, we look forward to running a 10-week ERP Group for residents of Ontario, PEI, and New Brunswick.

PALO ALTO THERAPY

407 Sherman Avenue,
Suite C
Palo Alto, CA 94036
(650) 461-9026
info@paloaltotherapy.com
paloaltotherapy.com/ocd

At Palo Alto Therapy, we specialize in Cognitive Behavioral Therapy. With years of experience in the field of behavioral health, we've supported children, teens, adults, couples, and families to overcome Anxiety, Depression, OCD, and more. We offer both in-person and video appointments.

940 Saratoga Avenue,
Suite 240
San Jose, CA 95129

Parent OCD Support Group: This group connects parents of children of all ages with OCD who are struggling with similar situations. Living with someone with OCD can be challenging, so this group helps provide strength and community for you! This group will run the last Saturday of each month via video.

Anxiety to Wellness Classes: Our 8-week groups are open for enrollment for teens and adults! This class teaches anxiety-reducing techniques and offers group support. Classes are offered in January, April, and September, and are currently offered in-person as well as video.

We Are Hiring! We are hiring new therapists to create a quality team that will match the success of the incredible therapists that we already employ. If you happen to be, or know of any good candidates, please send them our way!

For more information on our individual, couples, family, and group or video or in-person therapy; please feel free to contact us.

PEDIATRIC ANXIETY RESEARCH CENTER (PARC)

1011 Veterans Memorial Pkwy
Riverside, RI 02915
(401) 432-1588
jherren@lifespan.org
anxiouskids.org

The Pediatric Anxiety Research Center (PARC) at Bradley Hospital is an integrated research and clinical center providing exposure-based treatment through a range of services including office-based, home-based, and partial hospital programs for youth with OCD and anxiety. In October, our partial program had its annual reunion welcoming over 200 patients and family members to reconnect with each other and PARC staff!

We recently welcomed Jess Fresh, LICSW, and Sarah McHugh, PhD, to the PARC team. Jess Fresh oversees the waitlist and intake process for our partial level programs. Dr. McHugh is a postdoctoral fellow with our team providing both outpatient and intensive services.

PARC has a number of current funded research studies for youth with OCD and anxiety focused on developing and evaluating innovative treatment models; improving quality and outcomes in exposure therapy; innovative training models for providers in the community delivering evidence-based treatment for OCD and anxiety; testing Transcranial Magnetic Stimulation (TMS) for adolescents with OCD; examining the relationship between sleep and treatment for anxiety and OCD; and training parents to support exposure practice as part of exposure treatment.

For more information about PARC, including our mission and values, please visit our website at www.anxiouskids.org.

THERAPY COMMUNITY

POTOMAC BEHAVIORAL SOLUTIONS

1901 S. Bell St., Suite 1125
Arlington, VA 22202
(704) 771-5679
info@pbshealthcare.com
pbshealthcare.com

Potomac Behavioral Solutions is proud to be in their 12th year of providing empirically supported treatment for OCD and related anxiety disorders. We offer a variety of programs, such as comprehensive DBT for adults and adolescents and our week Intensive treatment program for children, adolescents, and adults with anxiety related disorders, eating disorders, and personality concerns. We can support virtually or in person.

This year, our staff continues to work hard to help our clients meet their level of effectiveness. We are excited to start our Accelerated DBT program! Our accelerated DBT program is intended for individuals who are interested in additional support and structure, compared to standard comprehensive DBT programming. Accelerated DBT programming is beneficial for those who wish to learn DBT skills to jump start their comprehensive treatment, increase knowledge and capability of skills, decrease suffering in daily life, and meet life-worth-living goals. They meet every Tuesday and Thursday from 10 AM to 12 PM EST via Zoom.

In addition, we have restarted our 12-week Class for parents with anxious children which meets every Wednesday from 12 PM to 1:30 PM EST via Zoom. To inquire about our client services, open positions or class offerings, please email info@pbshealthcare.com.

RENEWED FREEDOM CENTER FOR RAPID ANXIETY RELIEF

1849 Sawtelle Blvd., Ste. 710
Los Angeles, CA 90025
(310) 268-1888
info@renewedfreedomcenter.com
renewedfreedomcenter.com

Renewed Freedom Center is excited to announce that we have opened enrollment for our intensive outpatient program's summer session. Our 3-8 week program is tailored to each individual's needs and begins with a diagnostic and treatment planning evaluation to determine treatment intensity.

RFC specializes in the treatment of anxiety, OCD, and related disorders using cognitive behavioral therapies such as ERP, HRT, mindfulness, and parent training. Our goal is to equip patients with the necessary skills to be capable of managing their own symptoms. With the tools acquired through our program, patients will learn to apply them to other situations and future circumstances to live a life according to their values. Loved ones will also be provided with support and learn how to best support the sufferer in a way that is validating and in line with their treatment goals.

To learn more about our services, please call 310-268-1888 or email info@renewedfreedomcenter.com to schedule a complimentary 30-minute consultation.

ROGERS BEHAVIORAL HEALTH

34700 Valley Road
Oconomowoc, WI 53066
(800) 767-4411
Rick.Ramsay@rogersbh.org
rogersbh.org

As Rogers continues to provide both in-person and virtual treatment options through Rogers Connect Care, the Nashville clinic recently opened an all-virtual OCD and Anxiety partial hospitalization care (PHP) for adults residing in the state of Tennessee. Additional virtual options are available for those in Illinois, Minnesota, and Wisconsin.

In February, Rogers' Los Angeles clinic hosted a CE seminar led by Martin Franklin, PhD, titled: "Treating OCD in children and adolescents: A cognitive-behavioral approach." Meanwhile, the Tampa clinic hosted a CE event led by Joshua Nadeau, PhD, and Katie Merricks, PhD, DD, titled: "Common OCD comorbidities: Anxiety with a chance of depression" for providers in the Orlando, FL area.

Rogers continues to offer free monthly continuing education opportunities for CE credit. Recent topics have included body dysmorphic disorder, seasonal affective disorder, and evidence-based therapeutic interventions for sleep concerns. Interested in learning more about upcoming events? Visit rogersbh.org/events for the latest updates.

STANFORD TRANSLATIONAL OCD PROGRAM — RODRIGUEZ LAB

401 Quarry Road
Stanford, CA 94305
(650) 723-4095
ocdresearch@stanford.edu
rodriguezlab.stanford.edu

The Stanford Translational OCD Program utilizes an interdisciplinary approach to find new treatments for patients suffering from OCD and hoarding disorder. We have many new exciting research studies and invite you to find out more by calling (650-723-4095) or emailing (ocdresearch@stanford.edu or clutterhelp@stanford.edu). We also invite you to follow us on Twitter and Facebook @RodriguezLabSU.

Rodriguez Lab affiliate Dr. Keara Valentine co-presented on "Digital Care for Hoarding Disorder" at IOCDF's Online Hoarding Disorder Conference (March 4-5). Congratulations to Andrea Varias, MMSc, OMS-II, for receiving the 2022-2023 Student Researcher of the Year Award from Touro University California. We look forward to being a part of this summer's Annual OCD Conference in San Francisco..

THErapy COMMUNITY

Institutional Member Updates *(continued from page 13)*

STRESS AND ANXIETY SERVICES OF NJ

A-2 Brier Hill Court 195 Columbia Turnpike, Suite 120
East Brunswick, NJ 08816 Florham Park, NJ 07932
(732) 390-6694

intake@stressandanxiety.com
StressAndAnxiety.com

This February, Stress and Anxiety Services of NJ is running its second iteration of our virtual, 6-week "SPACE" group for parents open to parents in NJ and NY. For more information, please visit our website!

We are proud to share that this April, we will begin offering virtual training in Exposure and Response Prevention Therapy (ERP) for OCD. Webinars will be offered on a monthly basis for CE credit, and each topic will be one part of a full ERP training. Following the live webinars, each can be taken as a recorded home study course. Additional details will be posted to our website when available!

Finally, we are seeking a talented extern for the fall of 2023! The position will have an emphasis on delivering empirically supported treatments for OCD and anxiety disorders, BFRB's, PTSD, and specific phobias. Please share with any interested candidates.

UCSF OCD PROGRAM

Pritzker Building (675 18th St.)
San Francisco, CA 94107
(415) 885-7707

ocdprogram@ucsf.edu
ocdprogram.ucsf.edu

The UCSF adult OCD Program consists of our outpatient clinic where we provide medication management and cognitive behavioral therapy in our resident training and staff clinics.

In particular, we specialize in Exposure and Response Prevention (ERP) for the treatment of OCD and Comprehensive Behavioral Intervention Therapy (CBIT) for the treatment of tic disorders. For patients needing higher levels of care, we have an intensive outpatient program (IOP) that offers intensive cognitive behavioral therapy (CBT) and medication management for patients with OCD.

We also can provide referrals to our TMS and Neuromodulation Clinic for patients with treatment-refractory OCD, who may benefit from transcranial magnetic stimulation (TMS) and deep brain stimulation (DBS).

We also are engaged in research to better understand the brain basis of anxiety-spectrum disorders and have a number of ongoing clinical trials of new treatments for patients with OCD and related disorders.

Our clinic and lab are physically located at Mission Bay in the UCSF Nancy Friend Pritzker Psychiatry Building. The OCD Clinical and Translational Research Program is directed by Dr. Andrew Moses Lee, MD, PhD.

UPMC WESTERN BEHAVIORAL HEALTH

100 North Bellefield Ave.
Pittsburgh, PA 15213

(412) 246-5600

sufrinia@upmc.edu
upmc.com/iopphpreferral

UPMC Western Behavioral Health is excited to wish everyone a happy 2023. We are looking forward to expanding our programs this year with a Perinatal OCD and Anxiety IOP opening this Spring. More to come! For services in any of our current IOP and PHP programs, please ask your current mental health or medical provider to make a referral by contacting us at www.upmc.com/iopphpreferral.

WAYPOINT ACADEMY

9091 East Hwy 39
Huntsville, UT 84317
(385) 336-0800

jhartman@waypointacademy.com
waypointacademy.com

The Ascent Family of Programs regrettably announces the departure of Mike Bulloch, the co-founder and executive director of WayPoint Academy. We extend our heartfelt appreciation for Mike's visionary leadership, unwavering dedication, and tireless contributions to the students and staff for over a decade. His impact on the lives of students and their families is immeasurable and we are forever grateful for his commitment and passion.

With Mike's departure, we are thrilled to announce that Bryan Wilde, LCSW, will be assuming this leadership position as the Executive Director at WayPoint Academy. Bryan has been a key part of the WayPoint Academy team for over six years. Bryan is eager to lead the team in this crucial endeavor. We are confident that under his guidance, WayPoint Academy will continue to excel in its mission.

WayPoint Academy is equally excited to announce we are expanding our mission by becoming a premier coeducational treatment program and school. Our admission criteria for potential students will remain the same, as will our programmatic structure, specialty areas, and treatment strategies. WayPoint will begin accepting girls in spring 2023.

THERAPY COMMUNITY

THE WESTWOOD INSTITUTE FOR ANXIETY DISORDERS

921 Westwood Blvd., Suite 223
 Los Angeles, CA 90024
 (310) 443-1553
thewestwoodinstitute@gmail.com
hope4ocd.com

At Westwood Institute for Anxiety Disorders, we offer comprehensive and intensive treatment for refractory OCD-spectrum disorders. Our program is effective because we dedicate an entire team to only 1-2 clients at a time, allowing us to focus all of our resources to ensure the best outcome possible for our clients. Our treatment approach is tailored to each patient's specific needs and focuses on not just the OCD but on the underlying medical issues as well. Our team is multidisciplinary, so in addition to therapists and psychiatrists, we also include internal medical doctors, gastroenterologists, gynecologists, endocrinologists, dietitians, physical trainers, and any other specialists that

we feel are necessary for the most comprehensive treatment of each individual client. We also arrange for MRIs and other neurological testing when needed. As an intensive program, we work with our patients for up to 6 hours daily, every day, for weeks at a time in order to quickly bring them from extreme dysfunction to normal functioning. The Institute also works with disorders that are commonly highly comorbid with OCD, including body dysmorphic disorder and eating disorders, bipolar disorder, PTSD, and social phobia. 🕒

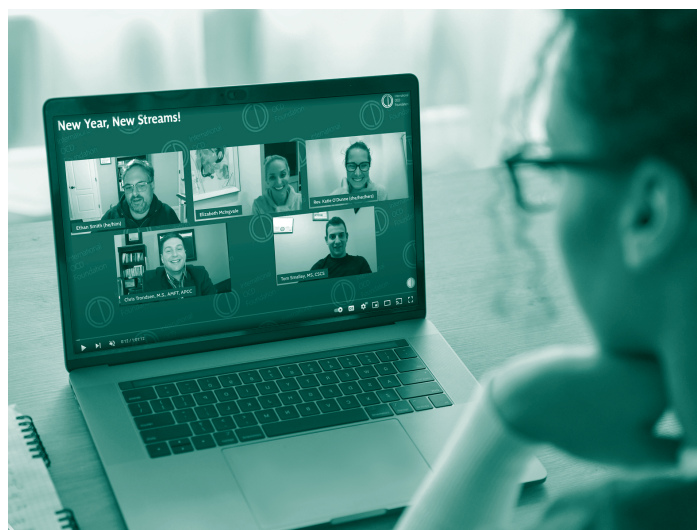
Peace of Mind Virtual Community — LIVESTREAMS!

Tune in for twice-weekly livestreams to interact with OCD experts and people just like you who live with OCD and related disorders!

- **Tuesdays @ 7pm ET**
- **Wednesdays @ 12pm ET**

Ask your questions, connect with others in the community, and join the conversation to fight stigma surrounding mental health.

All streams are completely *free*. Tune in via IOCDF's YouTube, Facebook, or LinkedIn pages — or at iocdf.org/live.



RESEARCH NEWS

OCD in Owls and Larks

by Jacob A. Nota, PhD, ABPP

This article describes the results of a 2019 Michael Jenike Young Investigator Award, an IOCDF funded research project.

SUMMARY OR "TAKE HOME POINTS":

- Research has shown that differences between circadian rhythms ("biological clocks") and the time when people go to sleep may be associated with OCD symptom severity.
- Melatonin is a hormone that is produced by the body before sleep and regulates the daily sleep-wake cycle.
- 23 participants with OCD who underwent intensive residential treatment took part in a study that measured melatonin production to understand whether differences in circadian rhythms and when people go to sleep are related to OCD severity.
- During four weeks of intensive residential treatment, the production of melatonin began to happen earlier on average. The time when patients went to sleep, their length of sleep, and their circadian rhythms shifted toward general population averages.
- More research into sleep and OCD is needed, as there are still questions about exactly how differences in sleep may affect OCD symptom severity.

Wait...birds with OCD? Well, animal models of OCD (e.g., in mice) do exist and help us learn more about how obsessive-compulsive disorder (OCD) develops, is maintained, and can be treated. In this case though, we are talking about "night owls" and "morning larks."

These terms describe people whose biological clocks are programmed to feel and function best earlier (larks) or later (owls) in the environmental day. Variability in functioning across the day has been studied for decades, but whether differences in one's biological clock — circadian rhythms — are related to psychopathology has only begun to be examined. In individuals with OCD, there is evidence that differences in sleep behavior and biological clocks may

be associated with symptoms and responses to existing treatments. Work examining these relations is carried out across the globe and garnering more attention, as more research publications and presentations are being published year after year.

The IOCDF's Young Investigator Award program just completed its support of my project, which examined circadian rhythms of melatonin (a hormone associated with the sleep-wake cycle) production in individuals undergoing intensive residential treatment for OCD. With the support from the IOCDF, my team recruited 23 individuals to participate in a study where the timing of their bodies' production of melatonin was measured at four time points during their residential treatment. Typically, diurnal species like humans produce essentially no melatonin during the daytime and have a rapid onset of melatonin release in the evening, usually a couple of hours before they fall asleep. Melatonin production is suppressed by bright light (like sunlight), and so the saliva samples collected in our study were collected in dim light. This allowed us to determine the time of onset of melatonin production, which is known as the dim-light melatonin onset (DLMO) and represents the transition of one's biological clock from "daytime" mode to "nighttime" mode. In "daytime" mode, our bodies are organized to interact with the environment and gather what we need (e.g., solve problems, maintain relationships, eat, etc.). In "nighttime" mode, our bodies are organized to focus on internal processes (e.g., restoring, cleaning, consolidating memories, etc.).

My team adapted a method for estimating when participants would produce melatonin and then collected saliva samples to capture the moment when their bodies actually started producing it. This was a first in residential treatment for OCD and was highly successful (98% of samples collected passed quality control checks, and DLMO was identified in 82% of the acceptable-quality samples). As a pilot study, this demonstrates that this process of collecting data is effective, reliable, and valid.

Adding these DLMO data to established self-report measures of sleep/wake behavior, we were able to observe the way that sleep behavior and biological clocks changed over the course of residential treatment. Average sleep duration at admission to treatment was 7 hours and 17 minutes. This average increased slightly by the second week of treatment (7 hours and 22 minutes), and then again by the fourth week of treatment (7 hours and 36 minutes). At the time of admission to treatment, participants were going to bed close to midnight

(11:58 PM), which shifted earlier by the second week (11:05 PM), and earlier still by the fourth week of treatment (10:46 PM). At admission, patients' average DLMO was at 10:38 PM, which is approximately one hour later than that estimated in the general population (Burgess et al., 2003) and overlapped with populations with clinically significant delayed sleep/wake schedules (Reis & Paiva, 2019).

However, by the second week of treatment, their average DLMO shifted earlier to 9:45 PM, and remained earlier than at admission at the fourth week (10:06 PM); at the time of discharge, it was at its earliest (9:25 PM). Together, these data indicate that sleep duration, timing, and biological circadian rhythms shifted toward general population averages across residential treatment. Our team hypothesizes that the shifts in DLMO times were due to supported bed and wake times during treatment (e.g., curfew, scheduled morning groups). Whether these changes are associated with the effect of treatment on OCD symptoms is yet to be determined.

I previously hypothesized that misalignment between one's biological circadian rhythms and the environment's demands can maintain symptoms of psychopathology. I've called this a "second hit" model (Nota et al., 2015; Nota et al., 2016) where vulnerabilities (the first "hits") in attention and cognition that are associated with OCD (e.g., response inhibition, set-shifting, etc.) are specifically affected (the second "hits") by sleep disturbance and circadian rhythm misalignment.

In this study we defined alignment between circadian rhythms and daily schedule using midpoint of sleep phase angle (Mid-PA). Mid-PA measures the gap between one's body shifting to "night" mode (i.e., DLMO) and the midpoint of the period of sleep for the night. There is always a gap between these, and a larger gap is associated with better alignment between your circadian rhythm and your sleep/wake schedule, as one is therefore sleeping during the time their body is "programmed" to do so and interacting with the environment at the time their body is most prepared to do so.

For our final analyses of these pilot data, we looked for hints as to whether changes in biological clocks could potentially affect OCD symptoms by first examining whether such changes preceded changes in OCD symptoms during residential treatment. We used a specialized data analysis called a cross-lagged panel model (CLPM). This type of model cannot determine whether the changes in either clocks or OCD symptoms cause changes in the other, but can test whether changes in one reliably predicts anything about subsequent change in the other. This analysis is important because if changes in OCD symptoms can be predicted by

alignment of circadian rhythms with the environment, future experiments could test whether shifting the internal clock could help patients with OCD.

We modeled the relations between Mid-PA and OCD symptoms across the first four weeks of treatment and identified a significant cross-lagged path between Mid-PA and OCD symptom severity. This suggests that shorter phase angle at admission (a smaller gap between your body shifting to "night" mode and the midpoint of your sleep for the night, indicating poorer alignment between your circadian rhythm and the environment) was associated with less severe OCD symptoms at the second week of treatment (Figure 1). In other words, individuals who had the shortest phase angle at admission were the ones who had the least severe OCD symptoms at the second week of treatment. Interestingly, this pattern then reversed in the next weeks, with shorter phase angle at the second week of treatment being associated with more severe OCD symptoms at the fourth week of treatment (Figure 2).

These observed relations between Mid-PA and OCD symptoms justify the need for further study of biological clocks, especially in relation to one's environmental demands, sleep behavior schedule, and OCD symptom severity. We interpret the inconsistent direction of this relation across treatment as suggesting that future studies will need to think carefully about how biological clocks change (e.g., in response to exposure to light, activity, etc.) and environmental demands change (e.g., starting a new treatment program, engaging in specific tasks in treatment like exposure and ritual prevention, etc.). More specific hypotheses need to be made about the effects on physical and cognitive resources that may boost or limit treatments. These data are just the beginning, and I am excited to share these findings and use them to design our next studies.

The Young Investigator Award program has been crucial to the project and associated work that is advancing our understanding of the relation between sleep, biological clocks, and OCD. I received two other grants related to this work and published multiple peer-reviewed articles from the line of research during the time I was supported by this Award. My team has formed multiple collaborative relationships with other researchers and research sites that will enable us to continue this work, and I intend to continue collaborating with the IOCDF for the rest of my career as a clinician and researcher. I am currently submitting a peer-reviewed publication based on this project, and plan to present about the study and my other work at the IOCDF Annual Conference this July in San Francisco, CA. I look forward to connecting with anyone who is interested in my line of work! 🌐

RESEARCH NEWS

OCD in Owls and Larks *(continued)*



Jacob A. Nota, PhD, ABPP, is a Staff Psychologist at McLean Hospital's Obsessive Compulsive Disorder Institute in Belmont, MA. There, he engages in a program of clinical and translational research. His specialty is in the intersection between sleep, circadian rhythms, and anxiety disorders. He received the IOCDF's Young Investigator Award in 2019. He is also the Owner/President of Overbrook

Counseling Services, P.C. in Arlington, MA. Dr. Nota treats individuals with obsessive compulsive and related disorders and anxiety disorders using cognitive-behavioral therapy (CBT), including exposure and ritual prevention (ERP) and acceptance and commitment therapy (ACT).

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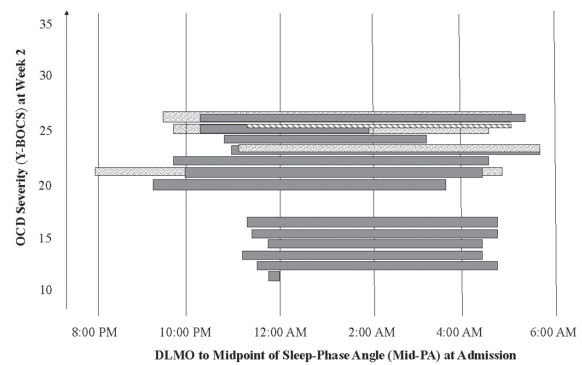


Figure 1. Relation between dim light melatonin onset (DLMO) to midpoint of sleep-phase angle (Mid-PA) at admission to treatment and obsessive compulsive disorder (OCD) symptom severity at the second week of treatment. Each bar represents one individual's data; the left-most end of each bar represents DLMO and the right-most end of the bar represents the midpoint of their sleep. Shorter Mid-PA represents poorer alignment between biological circadian rhythms and daily sleep-wake schedule. Cases were plotted in order of OCD symptom severity. The inverted pyramid shape demonstrates how shorter Mid-PA at admission predicts less severe OCD symptoms at week two of treatment.

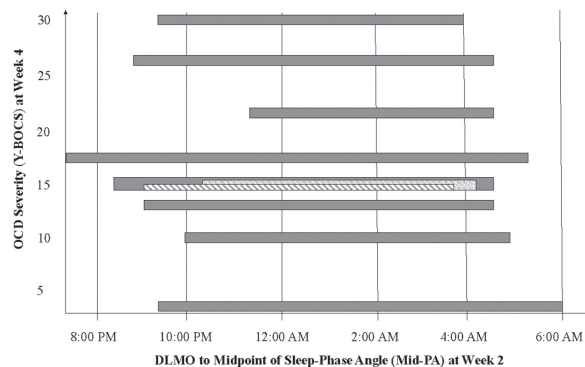


Figure 2. Relation between dim light melatonin onset (DLMO) to midpoint of sleep-phase angle (Mid-PA) at second week of treatment and obsessive compulsive disorder (OCD) symptom severity at the fourth week of treatment. Each bar represents one individual's data; the left-most end of each bar represents DLMO and the right-most end of the bar represents the midpoint of their sleep. Shorter Mid-PA represents poorer alignment between biological circadian rhythms and daily sleep-wake schedule. Cases were plotted in order of OCD symptom severity. The pyramid shape demonstrates how shorter Mid-PA at week two of treatment predicts more severe OCD symptoms at week four.

Research Participants Sought

The IOCDF is not affiliated with any of the following studies, although we ensure that all research studies listed on this page have been reviewed and approved by an Institutional Review Board (IRB). The studies listed include online and in-person studies in the US and abroad.

If you are a researcher who would like to include your research listing in the *OCD Newsletter*, please email Boris Litvin at blitvin@iocdf.org or visit iocdf.org/research.

Understanding Daily Changes in BDD Risk Using Smartphones

Are you very CONCERNED with your appearance?

Do you often WORRY about your looks?

Do you CHECK your appearance many times a day?

If you answered yes to any of these questions, and if you are 18+ years old and live in the U.S., you may be eligible to participate in our smartphone research on severe body image concerns. This research is being conducted remotely (no in-person visits) by researchers at Massachusetts General Hospital and Harvard Medical School.

You may be compensated up to \$257 for your participation.

For further information about participating in this study, please contact us at:

Email: BDDphonestudy@partners.org

Phone: +1 (877) 4MGH-BDD

Website: <https://is.gd/bddphonestudy>

Investigational Drug Study for OCD

Do you have OCD?

We're studying an investigational drug to potentially help treat OCD. Adults with OCD who are not satisfied with their current medication may be eligible to participate in a study with an investigational medication that would be added to their current medication. We will be happy to hear from you if:

- You are an adult between the ages of 18 – 65 with diagnosis of OCD and living in the UK.
- You are currently taking medications for OCD.

If interested, you will have an initial telephone discussion that might take about 10–15 minutes and further information can be sent by email.

For more information, kindly visit <https://www.bioluminux.com/test>.

Or you can contact Bioluminux Clinical Research in Milton Keynes:

Bioluminux Research

15 Diamond Court, Opal Drive,

Fox Milne, Milton Keynes MK15 ODU.

Tel: +441908 985540

Email: patientservices@bioluminux.com

<https://www.bioluminux.com/current-studies>

Do you want to participate in a research survey about the needs and priorities of individuals who have OCD?

The Center for Practice Innovations and the Center for OCD and Related Disorders at Columbia University Department of Psychiatry and the New York State Psychiatric Institute is seeking individuals aged 18 years and older with symptoms of obsessive-compulsive disorder (OCD) to participate in a research study. The study involves participating in a survey that asks questions about preferences for informational materials and resources about OCD, treatment preferences and how OCD research should be prioritized.

Participation takes about 20 minutes. Your responses will be kept confidential. All participants will have the opportunity to enter a raffle to win a \$100 Amazon gift card. You can take the survey by visiting <https://rc-1.nyspi.org/surveys/?s=T9LCMHXEXCLDFKLN>.

How Hormones and Exposure and Response Prevention (EX/RP) Affect the Brain of People with OCD

Studies show that hormones affect the brain's fear extinction network, which is relevant for therapy involving exposure and response prevention (EX/RP), a first-line treatment for obsessive compulsive disorder (OCD). This study will examine the effect of delivering EX/RP to women during different phases in their menstrual cycle to determine the effects of hormones on the fear extinction network and on their OCD symptoms. Men will also be recruited for this study to further explore biological sex differences.

If you are interested, please complete our online form below and someone will be in touch with you soon.

<https://tinyurl.com/columbiaocdstudy>

RESEARCH NEWS

Research Participants Sought *(continued)*

Brain Imaging for Siblings of People with OCD

The goal of the project is to identify brain characteristics associated with obsessive-compulsive disorder (OCD) by comparing brain images of (1) individuals with OCD, (2) individuals without OCD, and (3) siblings of individuals with OCD who do not themselves have the disorder. Eligible participants will be asked questions about their medical and psychiatric history, perform tasks on a computer, and receive a brain scan using Magnetic Resonance Imaging (MRI). The study can be completed in one or two in-person visits.

This study does not involve treatment. Participants will be compensated for their time and effort.

If you are interested, please complete our online form below and someone will be in touch with you soon.

<https://tinyurl.com/columbiaocdstudy>

Neural Correlates of Compulsivity

The goal of this study is to understand how neural and cognitive factors involved in learning and decision-making contribute to compulsive behaviors in OCD. Participation in this study includes completing computerized learning and decision-making tasks while an electroencephalogram (EEG) is recorded during a one-time in-person visit. Recording an EEG involves wearing a snugly fitting cap attached to some sensors that are passively measuring the naturally occurring activity of your brain. After completing research procedures, participants with OCD may be eligible for treatment through our clinic.

If you are interested, please complete our online form below and someone will be in touch with you soon.

<https://tinyurl.com/columbiaocdstudy>

Study for adults with emetophobia and other self-reported phobias

We are looking for adults 18 years and above who suffer from self-reported phobias, including emetophobia, to take part in a study examining the impact on working memory. Emetophobia is defined as the disproportionate fear of vomiting or other people vomiting and is associated with the hypervigilance of potential trigger situations. Participants do not need to self-report a phobia in order to take part.

The application has been reviewed by the School of Psychology and Clinical Language Sciences Research Ethics Committee and has been given a favourable ethical opinion for conduct [2023-007-BP].

The entire experiment is expected to take no more than half an hour.

Participants will be asked to complete:

- A questionnaire recording basic demographic information
- A word-pairing task, with a descriptive task part-way through
- A final questionnaire regarding your experience with vomit

Location:

- The experiment will take place online

Are you eligible?

- 18 years or older
- With or without a self-reported phobia
- Have access to a computer – this study is conducted online

The experiment is entirely voluntary, and participants can leave at any given time without any adverse consequences.

SONA participants will receive 0.5 credits for their participation.

Link to the study: <https://research.sc/participant/login/dynamic/66F522F1-6526-4B49-ADBC-A6BE89F39DF2>

If you have any questions about the study, please email:

Molly Harbor

m.harbor@student.reading.ac.uk

Cortical Stimulation for Obsessive Compulsive Disorder

Deep brain stimulation (DBS) is an FDA approved treatment for severe refractory Obsessive Compulsive Disorder (OCD). The OCD Program at the University of California, San Francisco is conducting a clinical trial using cortical stimulation in combination with DBS for treating OCD. Dr. A. Moses Lee, Director of the OCD Program, is leading this study.

This is a research study for people with severe OCD who have not had adequate symptom relief despite trying many types of treatments (multiple medications, psychotherapy, TMS, etc.). The symptoms of OCD are thought to result from aberrant activity within certain circuits involving the prefrontal cortex (PFC) and anterior cingulate cortex (ACC). This new study aims to target these regions for therapeutic stimulation in addition to the FDA Humanitarian Device Exemption (HDE)-approved target in the anterior limb of the internal capsule. We also will record this abnormal brain

RESEARCH NEWS

activity from the implanted electrodes to identify biomarkers of OCD and related psychiatric symptoms.

All study-related procedures will be provided at no cost to participants (parking reimbursement also available) and all clinical-related procedures will be billed through insurance.

We are currently looking for study participants who meet the following criteria:

- Ability to give informed consent for the study
- Age 22-75
- Clinical diagnosis of OCD
- Documented duration of OCD of at least 5 years
- OCD rated as severe or extreme illness (YBOCS \geq 28)
- Has failed to improve following treatment with at least two selective serotonin reuptake inhibitors (SSRIs), clomipramine, and augmentation with antipsychotics
- Has not responded to adequate trials of cognitive behavior therapy (exposure and response prevention)
- Has not responded adequately to TMS treatment for OCD if it is reasonably available

Interested in participating and/or learning more?

To learn more about the research study, the ClinicalTrials.gov Identifier is NCT04958096.

Please contact our program through email at ocdresearch@ucsf.edu if you are interested in participating.

Seeking families to participate in The Trichotillomania and other body-focused repetitive behavior (BFRBs) Sequencing (TABS) Study

Researchers at the Yale School of Medicine are currently recruiting more families for the TABS Study. The purpose of this study is to understand the relationship between genes and BFRBs. The researchers are recruiting individuals affected by either trichotillomania or skin picking disorder, as well as both of their parents. Eventually, we hope that this research will teach us more about the causes of BFRBs so that this knowledge can inform better treatments in the future. Participating in this research involves providing a saliva sample for genetic analysis and completing an online survey. Samples will be provided by mail — no site visit required! Please email tabstudy@yale.edu or call 203-745-0267 to learn more.

Study Information:

Study Title: Genetic and molecular studies of developmental neuropsychiatric disorders associated with cognitive and behavioral impairment

Study Sponsor: National Institute of Mental Health (K08MH128665, PI: Emily Olfson, MD, PhD) HIC: 0301024156

Yale School of Medicine OCD Genetics Study

About the study:

Your family has been invited to be part of a study of families in which a child has Obsessive Compulsive Disorder (OCD) and his/her parents do not. The purpose of this study is to identify the genetic factors that cause OCD using a family-based approach. This will greatly contribute to our understanding of OCD and may help develop new therapies in the future. This study requires participation from a child and both biological parents, can be done in-person or remotely, and participation will be compensated with a \$100 Amazon gift card for the family. We are not able to offer you a report of your genetic results because our studies are performed as research. Our research lab does not offer any treatment.

What do we need from you to participate?

Genetic Samples: We will obtain a blood sample and saliva sample for genetic analysis from the child and both parents. If a family member is unable to come to Yale University in person for a blood draw, we can send someone to your house to have this done at a convenient time for you.

Questionnaire: We will ask you to complete standardized questionnaires asking about how you and your child think, feel, and behave as well as questions about your medical and psychiatric history. These questionnaires can be completed from home, and we can assist with any questions or concerns.

Interview: Once you have completed the questionnaires and returned them to us, we will review them and set up a brief 15-20-minute phone call to review your responses.


If you have further questions or are interested in participating in our study, please contact us at findgenes@yale.edu, call us at (203)-677-0842, or use the following link to complete our study interest survey: https://yalesurvey.ca1.qualtrics.com/jfe/form/SV_a2z1a5YDogG154i.

Thank you for your interest in participating in this research study!

Study Information:

Study Title: Genetic and molecular studies of developmental neuropsychiatric disorders associated with cognitive and behavioral impairment

Study Sponsors: National Institute of Mental Health/NIH/DHHS, Simons Foundation, The Regents of the University of California, San Francisco (UCSF), and The Yale Child Study Center

HIC: 0301024156 

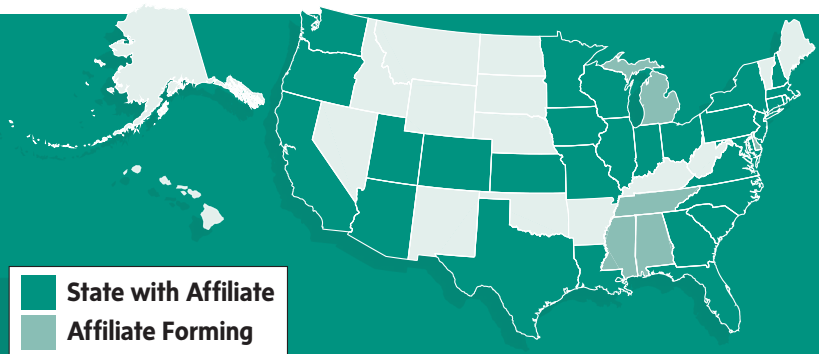
FROM THE AFFILIATES

Affiliate Updates

Affiliate Updates

Our affiliates carry out the mission of the IOCDF at the local level. Each of our affiliates is a non-profit organization run entirely by dedicated volunteers. For more info, visit:

iocdf.org/affiliates



OCD CENTRAL & SOUTH FLORIDA

ocdcsfl.org
@OCDCSFL

OCD Central & South Florida had a successful “One Million Steps for OCD Walk,” which was re-scheduled for January 2023 due to Hurricane Ian. Although it was a chilly day in Florida, it was wonderful to see so many faces show up to spread awareness about OCD.

Also in January 2023, we hosted an event at Evelyn Greer Park in Pinecrest, FL, on “Treatment Options for OCD.” It consisted of an expert panel to provide guidance on treatment options and different levels of care, as well as networking opportunities for clinicians.

In February 2023, we collaborated with Rogers Behavioral Health to host a CE presentation for professionals in Orlando, FL, “Common OCD Comorbidities: Anxiety with a Chance of Depression,” presented by Dr. Josh Nadeau and Dr. Katie Merricks.

Lastly, we want to thank Karan Lamb, PsyD, and Nicole McCutchan, LMHC, for their contributions to the OCDCSFL board as Members-at-Large. We also want to welcome Adam Sosnick as a new Member-at-Large.

We are always looking for more people to get involved on our board, particularly those with lived experience, either as an individual or as a loved one of someone affected by OCD. Please contact us if you are interested!

OCD CONNECTICUT

ocdct.org
facebook.com/ocdct
@ocdct

After holding a successful colloquium and a grassroots community walk during OCD Awareness Week in 2022, we intend to hold more events in the Spring, Summer, and Fall of 2023. Virtual as well as in-person sessions will be considered to optimize our statewide mission of education, outreach, and advocacy.

OCD GEORGIA

ocdgeorgia.com
facebook.com/ocdgeorgia
@OCDGeorgia

With 2023 in full swing, OCD Georgia is looking forward to creating more opportunities for connection and education in the year ahead. A new executive board has been elected: Katie Cullum, PhD (President), Joe Alterman (Vice President), Leah Farrell-Carnahan, PhD (Secretary), and James Hervey (Treasurer). We recently completed a community ERP training, and have a virtual online advocacy event and other programming coming up. Follow us on Instagram @OCDGeorgia, and check out our website (www.ocdgeorgia.org) for more information about upcoming events! Anyone interested in sharing ideas or getting involved with OCD Georgia is welcome to reach out to us at info.ocdgeorgia@gmail.com.

OCD IOWA

It's official! OCD Iowa is a non-profit entity in the state of Iowa! Thank you so much to everyone who helped make this milestone possible. We are so excited to start launching programs and initiatives to serve the OCD community in The Hawkeye State. There is currently a podcast in development, the annual OCD Walk to plan for this summer, as well as other projects on the horizon. This is a wonderful time for anyone living in Iowa or with connections to our state to get involved in the wonderful work that we are embarking on. We would love to hear from you and get you involved in ways that are energizing to you and meaningful to the OCD community as well! If you have a desire to serve or an idea to share with us, please reach out to us at info@ocdiowa.org.

FROM THE AFFILIATES

OCD NEW HAMPSHIRE

ocdnewhampshire.org
facebook.com/OCDNH
 @ocd_new_hampshire

OCDNH has kicked off 2023 with the addition of sub-committee groups within our Executive Board. These groups are a space to plan and generate goals for trainings, community outreach, and fundraising. Our sub-committee groups have been meeting and discussing ideas to bring forth at our larger monthly meeting.

In addition to our annual walk, fundraising goals for 2023 include creating campaigns for Giving Tuesday in November and NHGives in June. Planning is underway for our third annual ERP Clinician Training during OCD Awareness Week in October. We are contacting potential venues and planning to increase and improve our marketing and audience for this event.

There continues to be growth in participation at the four virtual support groups that we host. We are also looking forward to welcoming additional board members in the coming months.

OCD NEW JERSEY

ocdnj.org
facebook.com/ocd_newjersey
 @OCDNewJersey

OCD New Jersey will hold its annual conference in a virtual environment on May 7, 2023, from 10 am to 3 pm, featuring invited guest speaker Amy Mariaskin, PhD, who will present "OCD and Relationships: Helping Our Patients Thrive in Love, Friendship, and Family." In addition, a panel of individuals will share their lived experiences with OCD and related disorders in an interactive "Living with OCD" Q&A session, with discussant Marla Deibler, PsyD, ABPP. Details and registration will be available prior to the event at ocdnj.org. OCD New Jersey welcomed a new board member, Ms. Lisa Guiffre, MS, CF-SLP, in 2023. Ms. Guiffre has been dedicated to the OCD community and will serve as OCD New Jersey's Social Media Chair. Our affiliate is energized to continue working toward its mission of providing resources and supporting to the greater community in the service of further carrying out the work of IOCDF in our region.

OCD SACRAMENTO

ocdsacramento.org

OCD Sacramento was ready to kick off the year with our monthly presentation line-up beginning with Jonathan Grayson, PhD, nationally recognized specialist in treating OCD and author of *Freedom From OCD*, on February 15, 2023, via Zoom. Dr. Grayson led an informative discussion on doubt

and uncertainty as the hallmark in the treatment of OCD, and offered participants, both therapists and consumers, to ask questions to further their understanding. On March 2, 2023, Jeff Bell joined us also via Zoom with his presentation "There Are No Shortcuts: A Life-Changing Lesson From My OCD Recovery." Jeff's talk emphasized how avoidance perpetuates anxiety and how he found the motivation he needed by learning how to put "greater good" goals ahead of short-term comfort. Finally, we are thrilled to have Chris Baier, creator of "UNSTUCK: An OCD Kids Movie," join us on April 12, 2023, when he will show his movie and lead a discussion on ways to support individuals and families who are struggling with the impact of OCD. And, look for Ethan Smith, National IOCDF spokesperson, and the details of his upcoming talk on May 17, 2023, on our Facebook page. You won't want to miss it!

OCD SOUTHERN CALIFORNIA

ocdsocal.org
facebook.com/OCDSoCal
 @ocdsocal

OCD SoCal offers an in-person speakers series featuring presentations from our Board of Directors and local OCD clinicians! These events will occur on Saturdays in April: April 1st — one in Los Angeles and one in San Diego; April 15th, in the Inland Empire; and April 22nd, in Orange County. An additional speakers series event will take place in Santa Barbara — date to be announced soon. Visit our website for more details on these events, including times and addresses. The events are for individuals with OCD, their families and loved ones, and mental health professionals.

OCD Southern California is expanding! We are excited to announce our two new board members. First is Sue Chudy, LCSW, who specializes in treating OCD and anxiety disorders. Sue recently moved to San Diego and has been expanding OCD services locally by facilitating support and clinician consultation groups. Next is Dr. Adam Frank, a psychiatrist, researcher, and Assistant Professor at the University of Southern California (USC). Dr. Frank currently cares for individuals with OCD in an outpatient psychiatry clinic and researches the mechanisms of OCD.

OCD SoCal will participate in the "One Million Steps For OCD Walks" this summer. Look for upcoming information on our website!

FROM THE AFFILIATES

Affiliate Updates *(continued)*

OCD TEXAS

ocdtexas.org
facebook.com/ocdtexasforsure
[@ocd_texas](https://twitter.com/ocd_texas)

OCD Texas is dedicated to providing training and education to clinicians throughout the state of Texas. We are thrilled to sponsor the February virtual BTTI and award 4 scholarships for Texas clinicians. OCD Texas is also excited to sponsor a SPACE workshop for 35 Texas clinicians. We are looking forward to partnering with IOCDF Advocate Uma Chatterjee to provide evidence-based training to graduate students.

OCD Texas is excited to announce board member transitions with Melissa Fasteau as president, Saharah Shrout as secretary, Ginny Fullerton as the education director, Katy Rothfelder as the volunteer chair, Mikayla Leech as the social media director, and Courtney Schmidt as the newsletter director. We thank Ivy Ruths and Andrea Alvarez for their continued service as Vice President and Treasurer.

If you would like to become involved with OCD Texas, please contact us at volunteer@ocdtexas.org.

OCD TWIN CITIES

Alison Dotson has stepped down as president of OCD Twin Cities. Her replacement will be William Schultz (www.williamschultzcounseling.com), a Twin Cities-area therapist who treats OCD. If you have any questions or concerns, please reach out to us through the Contact Us form at ocdtc.org.

OCD WASHINGTON

Ocdwashington.org
facebook.com/ocd_washington
[@ocdWASHINGTON](https://twitter.com/ocdWASHINGTON)

Hello from OCD WA! We are actively seeking to grow our board and are looking for community members, folks with lived experience, folks with family members with OCD, and professional members. We are also always looking for volunteers. Come share your passion for advocacy about OCD!

Link for applications: <https://mailchi.mp/90458ca27946/ocd-wa-volunteer>

In our WA OCD quarterly newsletter, we are excited to start featuring first-hand testimonials from our wonderful community of folks with OCD. If you're interested in being featured in one of our quarterly newsletters — anything from art, poetry, or your own testimonial of living with OCD — please reach out to the Secretary, Elaine Cheung, at emkcheung@gmail.com.

We are excited to be making big changes on our website in 2023. Please check our social media accounts and email communications for the most up-to-date information. We look forward to sharing our new site with you soon! In the meantime, if you'd like to be added to our email list, here is the link: <https://mailchi.mp/8626aec2bd92/ocd-wa-susbscribe>.

OCD WISCONSIN

ocdwisconsin.org

Cindy Tiffany-Frey, who served as board secretary for the past two years, was elected president. Board member Kelli Waldron, MS, LPC, joins the executive board after being elected secretary. Board member Jason Niosi also joined the executive board after being elected vice president.

We welcome Keri Brown, PhD, as the board's newest member who joined in January.

Carolyn Hutsen, who served as the board's president for the past two years, remains on the board and starts her 7th year making a difference for the Wisconsin OCD Community. We are grateful for Carolyn's leadership and steady voice of hope and compassion. 🕊