

FROM THE FOUNDATION

The International OCD Foundation's 2nd Annual OCD Awareness Week



The Boston based speakers from "OCD Stories"

Left to right: Jeff Bell, Marilyn Luchini, Diane Davey, Michael Jenike, Jared Kant, and Jeffrey Sparr

The International OCD Foundation and groups from across the country came together during the week of October 11-17 to educate their communities and the public as a whole about Obsessive Compulsive Disorder (OCD) and its treatments. Several of the nation's leading experts and pioneers in the field of OCD talked about how they work with those who suffer daily from this debilitating disorder.

Drs. Aureen Wagner and Jonathan Abramowitz gave a talk in North Carolina while Dr. Fugen Neziroglu and her colleagues ran a one-day conference of workshops and talks in New York. A support group in Poughkeepsie, New York and the OCD Western Pennsylvania affiliate held story-telling events during the week. A group in Nova Scotia, Canada set up an OCD information booth and PeaceLove Studios held a Paint4Peace activity in Rhode Island. We generated 300 additional Facebook fans due to individuals donating their status updates, and individuals sent in "Letters to the Editor" that were printed in their local newspapers. OCD Awareness Week was also featured in Time.com and on New England Cable News. Overall, groups in 13 different states hosted activities during the week. We wanted to thank all of you who organized and attended these events!

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FROM THE FOUNDATION

Letter From The President



Dear Friends,

As I write this, we have just completed all of the wonderful events that took place over the course of the second annual OCD Awareness Week. I certainly hope you were able to take part in an event in your area! I want to thank the many people who hosted events all over the country and

made the week an outstanding success. Here in Boston, I was delighted to be a part of the OCD Stories event. It was an incredibly moving and inspiring evening. If you did not get a chance to see it live on the web, you can currently view it via link from our web site and I encourage you to do so. It is a great reminder of what a terrific community the IOCDF is, and how all of us, whether OCD sufferer, family member, or treatment provider, can draw inspiration and hope from one another.

I also want to draw your attention to the extremely clever "No Show Ball" invitation sent out as our Annual Appeal. Designed by our own Fran Harrington, we are hopeful that you will give generously to the IOCDF this year. Your support is essential to the IOCDF's continued success in providing high quality programming and education about OCD. I hope you have been impressed by all of the new initiatives coming from the National office. Not only was OCD Awareness Week an overwhelming success, we are continuing to build on the success of our hoarding web site by creating a new site devoted to pediatric OCD. On this site we will have information for kids, teens, young

adults, parents, school personnel, and professionals. In addition, we will be updating our OCD in the Classroom program and posting on this web site. Due to be launched sometime this coming year, this pediatric web site is sure to help many kids, teens, and parents get the help they need.

You will also be receiving our annual Research Appeal, a copy of which is also reprinted in this newsletter edition, in the near future as well. Again, the IOCDF is dedicated to funding research so that we can continue to find cutting edge treatments, and hopefully a cure, for OCD. 100% of your donations to research go to fund our research grants. While I know that receiving all of these requests for donations can be challenging during the holiday time, we hope you know that even small donations can make a huge difference. We appreciate whatever support you can provide.

Finally, I want to welcome to our IOCDF team Marissa Keegan and Victor Sulkowski. Marissa and Victor have both joined us in the past few months, Marissa as a Program Coordinator, and Victor as our Receptionist. They are off to a terrific start and we are thrilled to have them on board. You will no doubt have contact with them if you call or email the office, and will find them to be receptive and helpful.

Diane Davey

President, IOCDF Board of Directors

OCD Newsletter

The OCD Newsletter is published by the International OCD Foundation, Inc.

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The International OCD Foundation (IOCDF) is a not-for-profit organization whose mission is to educate the public and professionals about OCD in order to raise awareness and improve the quality of treatment provided; support research into the causes of, and effective treatments for, OCD and related disorders; improve access to resources for those with OCD and their families; and advocate and lobby for the OCD community.

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DISCLAIMER:

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.

FROM THE FOUNDATION

OCD Awareness Week Wrap-Up (continued from front page)

The week ended with a live, internet broadcast of OCD Stories. The evening was introduced by Dr. Jeff Szymanski, Executive Director of the International OCD Foundation. He began the evening by reading a letter from former first lady Rosalynn Carter:

Dear Friends,

It gives me great pleasure to help launch the International OCD Foundation's second annual OCD Awareness Week. I applaud your efforts to create understanding about obsessive compulsive disorder and overcome the stigma surrounding all mental illnesses.

While the passage of the mental health parity bill is a huge step forward in ensuring that mental health care is available to all who need it, there still is so much more for us to do. Fully integrating mental health with public health and reforming our nation's delivery of treatment and community supports must be achieved before we can rest. Perhaps our most difficult challenges remain ahead of us, yet through informative, compassionate programs such as yours, I am confident that we will prevail. I look forward to the day when everyone who has a mental illness is unafraid to seek medical attention and can access the quality care they deserve.

With my warm best wishes to success in all your good work,

Sincerely,

Rosalynn Carter

We want to thank Mrs. Carter for her tireless efforts on behalf of all those affected by mental illness.

Dr. Szymanski then introduced the host for the rest of the evening - Board President, Diane Davey.

The first story teller of the night was Dr. Fugen Neziroglu. Dr. Neziroglu is a pioneer in the treatment of OCD and was video streamed live from an event in New York. The title of her story was "OCD: The Beginning"

Back in Boston, the next story teller of the evening was IOCDF Board member and National Spokesperson, Jeff Bell. The title of his story was "Hit And Run". Followed by Jared Kant with his story "Never Worry" and Jeffrey Sparr telling the audience about how to "Create Peace of Mind".

A heart wrenching story followed from Marilyn Luchini about her son's life long struggle with OCD entitled: "Losing Michael". The last speaker from Boston was Dr. Michael Jenike telling us about "An OCD Adventure in Portugal".

Our final story teller of the evening came from Rogers Memorial Hospital. Kristen Love told us about "Fighting for my Free Spirit".

"Viewing parties" were held in 9 states nation-wide and we tracked almost 500 unique hits to the live video streaming of the event. In Boston, it was standing room only as 175 people showed up to see many of the stories told live. A newly forming OCD Texas affiliate used this as their "kick off" event attracting 75 people to their event. Rogers Memorial Hospital merged their annual Gala event with our broadcast and we watched Kristen Love tell her story from Wisconsin along with 400 attendees gathered at the hospital that night.

We want to thank our story-tellers for doing such an amazing job of communicating the pain, perseverance, and hope that is associated with OCD. We have been getting feedback daily about how moved and inspired viewers were by each of these individuals' stories. The broadcast was videotaped and should be available in November to be viewed on our website.



Jeff Bell tells his story to the audience in person and online

FROM THE FOUNDATION

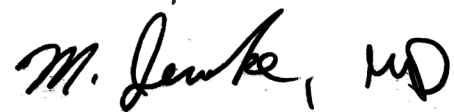
Dear Friends,

For those of you who responded to our recent year end appeal – Thank You! Your financial support for our general programming is crucial. However, we know that many of you are also specifically interested in supporting the International OCD Foundation's (IOCDF) mission to increase our understanding and devise new and more effective treatments for OCD and related disorders through creative research. Therefore, I would like to ask once again for your support of the IOCDF Research Fund.

There are a finite number of talented researchers working on neuropsychiatric disorders such as OCD. Providing funding allows them to continue this crucial research. Each year the IOCDF receives research proposals submitted by investigators from all over the world. Members of the Foundation's Scientific Advisory Board then rank the proposals to be sure that only the most promising of these projects are funded. The only thing holding us back from progress in understanding more about these devastating disorders is a lack of research funding, but you can help by donating to this research fund.

We need your generosity to assist us in finding the causes of OCD and related disorders and for helping to develop new and more effective treatments. Please help!

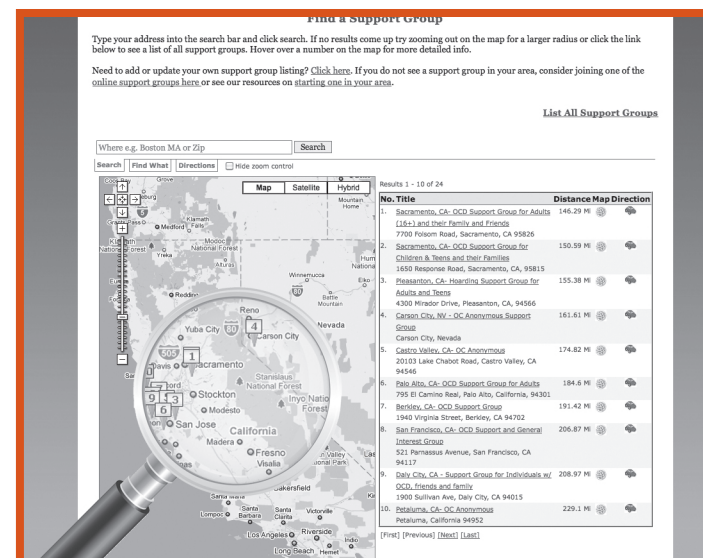
Sincerely,



Michael A. Jenike, MD
Chair, IOCDF Scientific Advisory Board
Professor of Psychiatry, Harvard Medical School

FROM THE FOUNDATION

Support Group & Treatment Provider Database: Unveil and Update



On September 20th, the new-and-improved Support Group Database (http://www.ocfoundation.org/find_a_support_group.aspx) was unveiled on the IOCDF website, providing a quick and easy way to search for support groups for those with OCD and OC Related Disorders in your area. The database features a Google search browser that generates an interactive map when one searches for support groups by city and state, zip code, and even landmarks (want to know if there are any support groups near the Empire State Building in New York City? Just type "Empire State Building" into the search bar, press Search, and you're good to go!).

Once users search for their desired location, a list appears on the right-hand side of the page, conveniently showing the distance in miles to the nearest support groups. To view more detailed information about a group, just click the title of a specific group to see who the group is intended for, if there are any fees, group contact information, meeting dates and times, etc. At the same time, the Google map on the left pinpoints the exact location of where each support group is located, allowing users to hover over each pinpoint for a "quick view" of the group's information.

We have already received many positive and enthusiastic responses in regards to the ease of the search process and breadth of groups listed. We are in the works of doing the same for our Treatment Provider Database, which will allow users to search for treatment providers that specialize in OCD and OC Related Disorders in their area. The revamped

Treatment Provider Database will mirror the Support Group Database's design and function and is in currently in the process of being completed. We hope to reveal the Treatment Provider Database to the OCD community on the IOCDF website by early 2011.

Have you tried looking for a support group near you using the new database on the IOCDF website, and if so, how was your experience? We want to know what you think! If you have any suggestions and/or feedback, please e-mail us at info@ocfoundation.org

Additionally, do you run a support group that is not listed in our database and you would like it to be listed? Do you already have your support group listed and want to update the listing? You can send us the information for your new or updated support group by completing a Support Group Entry Form online at www.ocfoundation.org/support_group_submission.aspx, or let us know by calling the IOCDF office at (617) 973-5801.

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Follow us on Twitter!



twitter.com/IOCDF

FROM THE FOUNDATION

**Call for Presentations for the 18th Annual IOCDF Conference
July 29-31, 2011 Sheraton San Diego Hotel and Marina San Diego, CA**

What is the Annual IOCDF Conference?

The Annual IOCDF Conference is the only national meeting where people from all parts of the OCD Community come together to share knowledge, experience and expertise. The OCD Community is comprised of people with OCD or an OC Related Disorder, their families and friends, and the mental health professionals who treat OCD or are conducting research in this field.

Topics of Interest

After reviewing the evaluation forms from our 17th Annual Conference in 2010, we have compiled the following list of topic suggestions that may help you to develop your proposal. This list is not exclusive or exhaustive, so please feel free to submit a proposal

on any topic that you feel would contribute to our 2011 Conference. Also, consider who the audience of your talk will be. This year we will again be asking our presenters to tell us who their programs are intended for: adult patients, children, teens, family members, professionals, or researchers. In addition, you'll be asked to tell us if your talk will be for those new to the disorder, with some experience, or with an advanced level of experience.

We also have a limited number of openings for evening support groups and Saturday evening entertainment programs (such as plays, musical performances, etc.).

FROM THE FOUNDATION

A partial list of suggested workshop topics includes:

General Issues about OCD

- In-depth examination of specific OCD symptoms/subtypes
 - Contamination/cleaning
 - Emotional contamination
 - Checking
 - "Just right" obsessions
 - Perfectionism
 - Scrupulosity
 - Intrusive violent/sexual thoughts
 - Hoarding
- OC Related Disorders
 - Trichotillomania
 - Body Dysmorphic Disorder (BDD)
 - Compulsive Skin Picking
 - Tourette's/Tic Disorders
 - Hypochondria
 - Obsessive Compulsive Personality Disorder (OCPD)
- Co-occurring impulse control problems
- Other diagnostic issues
- OCD in different populations
 - Children and adolescents
 - Adults
 - Older Adults
 - Minorities
 - Individuals with a co-occurring physical disability
- OCD in the classroom/issues with collaborating with schools
- Recovery and reentry into life, work, and school
- Relapse prevention
- Addressing treatment resistance
- Treatment refractory OCD
- Issues surrounding access to treatment
- Accessing private insurance, Medicare and Medicaid for coverage possibilities
- Legal issues and OCD
- Interactive sessions for children (<13 years old)
- Interactive sessions for teens (13 years old and older)

Family Issues

- Coping strategies for family members
- Family accommodation
- Parenting issues for individuals with OCD
- Dealing with adult children struggling with OCD
- Information on treatment modalities for parents
- Couples and intimacy issues

Treatment

- General Cognitive Behavioral Therapy (CBT) issues
 - Exposure and Response Prevention
 - Cognitive Therapy
 - Skills training
 - Acceptance and Commitment Therapy
 - Dialectical Behavior Therapy adaptations
 - Motivational interviewing
- CBT protocols for specific OCD symptoms/subtypes
- CBT in non-traditional settings (e.g., home based)
- CBT in different levels of care and modalities (e.g., residential, day program, group therapy)
- Educating the support system (friends, family, etc.)
- Medications for OCD and OC Spectrum Disorders
- Medication augmentation strategies
- Co-morbid conditions and their impact on treating OCD
- Neurosurgery options (e.g., deep brain stimulation)

Research

- OCD and genetics
- OCD and neurobiology
- Research updates on treatment for different OCD symptoms/subtypes
- Reviews of recent treatment modality research (e.g., group therapy effectiveness for treating hoarders)
- PANDAS (Pediatric Autoimmune Neuropsychiatric Disorders Associated with Strep)

Only electronic submissions will be accepted. The proposal submission system will open on Monday, January 3, 2011. To learn more about our conference to submit a proposal, visit:

www.ocfoundation.org/Conference.aspx

INTERNATIONAL
OCD
FOUNDATION

Annual Conference 2011

July 29-31 - Sheraton San Diego Hotel and Marina



More info at: www.ocfoundation.org/Conference.aspx

FROM THE FRONT LINES

AGING AND OCD: MEETING OF THE FIRST SUPPORT GROUP AT THE 2010 IOCDF MEETING IN WASHINGTON, DC - By Mark L. Berger

Mark has suffered from OCD for over fifty years. He is a client of Dr. Steven Phillipson. He and Phillipson are the authors of the book *Managing Obsessive-Compulsive Disorder: A Sufferer's Question and Answer Guide*. For more information, see ocdonline.com/recommended-readings.

I want to report on the first meeting of the support group "OCD in Older Adults" at the 2010 meeting.

This support group developed out of the pioneering initiative of Joan Chabrowe and David Rich. Rich wrote the article "Aging and OCD: My Personal Research Project" for the winter 2010 OCD Newsletter.

Twenty-four people showed up to discuss their experiences and we had a lively discussion. Most reported long and frustrating struggles to find effective therapy, and some had still not found a therapist who practices state-of-the-art cognitive behavior therapy (CBT) using exposure and response prevention (ERP).

OCD still remained "a problem to be lived with and managed." No one had "licked it." Existential issues—declining physical and mental capacities, loss of friends and loved ones, fear of isolation and death—increased stress which can exacerbate OCD symptoms.

On the positive side, some said they had acquired hard won wisdom and shared what they learned (see my essay below).

Members of the group agreed that a continuing focus on the needs of older adults is greatly needed. We appreciate the work of Joan Chabrowe, David Rich, and the IOCDF for calling attention to this underserved community.

We hope that a support group for seniors will be a regular feature of subsequent IOCDF meeting and that greater efforts are made to find effective therapy for the elderly.

I mentioned above that some senior OCDers reported that OCD had not been all negative. With this in mind, I wrote the following essay:

OCD and Maturity

Some people with OCD who learn to manage it come to realize that OCD is not all bad—that there are indeed benefits or advantages that one can acquire through the struggle with OCD. Most of us OCDers would probably say: "Please, I'll do without the advantages. Just don't give me the OCD." And I would readily agree. However, since we must cope with the OCD, we might as well realize the benefits.

What is an example of such a benefit? One advantage is that we can learn to better handle all kinds of distracting, cockamamie thoughts and impulses, even those that are not OCD related. We come to realize that although our brain sends us all kinds of dysfunctional nonsense we still possess the power to choose how we will respond—whether to treat the nonsense seriously or to dismiss it. This is indeed an extremely valuable advantage in life coping skills.

But there is another silver lining available to those with a philosophic bent: the visceral realization of some of the most fundamental facts of the human condition or predicament. With the help of a skilled therapist, our OCD can lead us to what I will define in this essay, for lack of a better word, as "maturity" or "adulthood."

What are some of these fundamental facts of the human condition, these components of maturity, which therapy for OCD can help us learn? Below I describe four:

1. There is no certainty. To successfully cope with and manage our OCD we must develop a tolerance for uncertainty and anxiety with respect to our particular OCD theme or themes, e.g., contamination concerns; checking the gas, the door; scrupulosity; hoarding; etc. But with a philosophic bent, OCD therapy can lead us to a more realistic and healthy position about the world in general: that there are no absolute, incontrovertible, universally agreed upon TRUTHS. Moreover, there is no universal RIGHT or WRONG. We can only make choices according to our best judgment under the condition of limited knowledge and understanding.

FROM THE FRONT LINES

No one really knows "for sure, for sure"—as an OCDer friend asked when seeking reassurance—about these age old questions: What is our purpose here on earth? How did we come to exist? Is there a God who looks over us? Is Judaism, Christianity, Buddhism, Mormonism, Islam, Shintoism, etc.—the true faith? Is the universe finite or infinite? Do we have a soul and what happens to it when we die? To all of these conundrums, "mature" people acknowledge that although everyone has their own opinions, no one really knows the answer.

"Mature" people believe strongly in their own values but are filled with a sense of irony and genuine humility when they realize that billions of people do not agree with them. "Mature" people are tolerant and humane.

2. There is no perfection. A "mature" person believes that no matter how good something is one can always imagine something better. And conversely, as the old joke puts it, "nothing is so bad that it can't get worse." We have learned from bitter experience with our OCD that seeking perfection makes us the slave of an impossible quest. Indeed, the search for perfection is self-destructive and the enemy of the good and the excellent.

3. We control very little. OCDers are "control freaks." We believe that if we can totally control everything and everybody we can eliminate our anxieties. And the pernicious corollary also applies: If we can't control it, it controls us.

But "mature" people believe we can't control other people and have only limited control over the rest of our environment. We realize that we can't totally control our distressing OCD thoughts or the automatic jolt of anxiety that comes with them. All we can control, with practice and hard work, is the attitude or stand we take toward these thoughts and anxiety, whether to upset ourselves by granting them great seriousness or to trivialize them as just our OCD, again.

4. There is no escaping risk. Struggling with our OCD teaches us this fact as well. Avoiding one risk merely exposes us to other risks. Also there is no escaping contingency, which the dictionary defines as "the condition of dependence on chance." No one is safe from being in the wrong place at the wrong time.

Since I accept my uncertainty, imperfection, and lack of control, I cheerfully admit that what I have just written may be false, but it is my best judgment at the moment, and I have taken the risk of putting these thoughts on paper. I am ready and eager to consider other points of view.

Yes, there are benefits to be gained from learning how to cope with our OCD: With the help of a skilled therapist, we can grow up and grasp some fundamental facts about the human condition. Although "maturity" comes with responsibilities, it is also liberating and empowering; we are freed from the "shoulds" and "musts" of others and can make our own choices.



FROM THE FRONT LINES

“Warrior Mom” by Luz Celenia

First Published in May 2010 Issue
of “The Mom Egg”

“Women are strong, strong, terribly strong. We don’t know how strong we are until we’re pushing out our babies. We are often treated like babies when we should be in training, like acolytes, novices to the high priestesshood, like serious applicants for the space program.”

--Louise Erdrich, “The Blue Jays Dance”

I am a warrior mom and I have been chosen for my children.

There is no other mother on the planet who is raising children exactly like mine, or with my special brand of mothering. This is MY beautiful mess. Every situation, every public meltdown, every parent-teacher conference, every lesson I learn as I ignore the stares, murmurs and judging glances of strangers—or of my own mother -- is unique to MY children, MY circumstances, MY precious chaos. I am in perpetual training with a constantly changing playing field but my purpose is clear. There is not only a method to my madness, there is task at hand that I have taken on with a vengeance – a vengeance like no other, like only a mother can muster.

Last year, I was the closest I’d ever been – and ever want to be -- to losing one of my children. I watched, horrified and helpless, as my beautiful, creative and sweet child moved farther and farther away from me, from our family, from all the joys in his life, into a dark, emotional abyss full of anxiety and fear. He stopped touching his toys. Objects throughout our home and school became “toxic.” He refused to touch pencils, papers, books, doorknobs and even certain sections of the floor. His hands were chafed and bleeding from constant washing. Our lives were thrust into a whirlwind of doctors and therapists to combat a bizarre condition that was as cruel as it was insidious.

The warrior mom inside me was awakened the day my son was diagnosed with severe obsessive compulsive disorder. I knew that if I allowed myself to succumb to the overwhelming uncertainty and terror that engulfed me, my son would be lost. I also knew that no one could or would advocate for my son like I could. No one

knows my son the way I do and I was prepared to fight like I had never done before.

I planned, organized, prepared and strategized. I read, researched and diligently followed up with a small army of specialists, doctors and teachers to keep them on task and focused on helping my son. I insisted that he attend classes during his recovery, demanded access to the school for therapy sessions, and initiated the necessary meetings and paperwork to get him immediate accommodations and support in the classroom. The day he returned to school, I sat in their main office the entire day to appease the worried and unprepared staff. Alas, they were not trained to handle a child who was suffering like mine, but that was not my problem. Like me, they had to rise above and beyond, because I would accept no less. Miraculously, I never lost my cool. There were many moments when I wanted to scream at everyone like a banshee. But I also knew that the diplomatic, politically correct mother generally wins out over the psycho-mother and I acted accordingly.

“ I am a warrior mom and I have been chosen for my children. ”

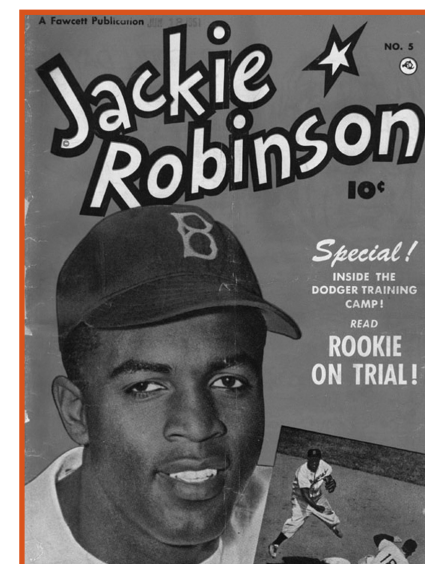
I began to keep a daily log of progress, teacher updates and doctors’ reports. I began working with his therapist, side by side, to ensure that

what he learned during his sessions, I could continue with him at home. And I made it clear – quite clear – to everyone involved, that when it came to my son, I would do everything and anything in my power to get him back. I would write every letter, make every call, attend every school meeting, make every appointment, read every book and join every organization to support me in the job of supporting him. In the end, I got my son back because I fought for him, and by example, I taught him how to fight for himself.

I learned my greatest lessons as a mother that year. I learned that every single day is to be cherished for its simple pleasures. I learned that my greatest goal as a mother is to ensure that my children learn to fight, as I have, for every opportunity to live the fullest, most fulfilling and happiest lives possible. I also learned that I possess an inner strength and determination as a mother that cannot be stopped.

I am a warrior mom and I have been chosen for my children.

YOUTH CORNER

Breaking The Chains of OCD: Using Jackie Robinson as an Inspiration
by Madison Lewandowski

Jackie Robinson was a remarkable man. He faced incredible obstacles in his life. He must have had a lot of courage and self-confidence to be the first African-American to play baseball in the white leagues in 1947. I have faced an obstacle in my life, too. It all started when I was six.

The first time it showed up I noticed

I was washing my hands until they would crack and bleed. When I picked something up, I would use my elbows instead of my hands. I used a scarf or sweater on the doorknobs to open doors because other people touched them. I was very aware of germs. I wouldn’t walk barefoot across the kitchen floor, because it was dirty, and I avoided touching anything made of wood because I was deathly afraid of splinters.

My parents noticed this too and knew that OCD (obsessive compulsive disorder) ran in our family. So, they went to the doctor to confirm it. Yes I did have OCD. According to the dictionary OCD is “a psychiatric disorder characterized by obsessive thoughts and compulsive behavior, for example, continual washing of the hands prompted by a feeling of uncleanliness”. OCD tells me to do things I really don’t want to do. My parents decided to help me.

Jackie Robinson used teamwork to overcome his obstacle. Friends like Pee Wee Reese helped Jackie Robinson by befriending him. They worked great together, on and off the field. Pee Wee got the other players to accept Jackie more. It’s hard to beat your obstacles by yourself, but its way easier when you have a team working with you.

I used teamwork to overcome OCD. My teammates were my parents. They helped me step-by-step all the way through. My parents learned that the way to beat OCD is to do the opposite of what it tells me to do. For example, when OCD tells me to put socks on so that I can walk across the kitchen floor, I have to be strong and walk barefoot across the linoleum.

Jackie Robinson used courage because when he went to each game he was surrounded by white people on his team, on the other team, and in the stands. They were all calling him mean names and threatening him. His opponents played dirty because Jackie was African-American. I can’t imagine doing all that in one day and then going home and knowing that you have to do it again the next day. Being called mean names over and over and being threatened and still not backing away must take a lot of courage.

I used courage because fighting a disorder like OCD is scary. My parents even considered giving me medication for my condition, but instead they chose to personify it. We called it “the trickster,” and instead of saying, “I can beat it,” I said, “I can beat him.” The thing that makes OCD so scary is that you feel like you are losing control.

Jackie Robinson used persistence because he could have just given up. He knew people didn’t like him because he was a black man playing with white players. Instead, he kept playing even though people didn’t want him to. As a result, Jackie Robinson became the first African-American baseball player to play on a white baseball league.

I used persistence and determination because I could’ve given up, saying, “I can’t do it,” but I didn’t. I kept fighting OCD even though it was very difficult at times. I remember when I walked across the kitchen floor barefoot crying the whole time. I remember rubbing my hands on wood, tears running down my cheeks to get over my fear of splinters. At times my parents wouldn’t let me wash my hands so I could face my fear of germs.

Jackie Robinson broke the color barrier in baseball. He paved the way using his nine values. If Jackie hadn’t done what he did, would there have ever been a Satchel Page or Willie Mays? Would we know the names Hank Aaron or Reggie Jackson? This work and courage didn’t just change his life. It affected others, too.

The battle with OCD has helped me get to where I am today. I am in the GATE program at school, competed in the math Superbowl, and I run my own business. Like Jackie, I hope what I’m doing will affect others, too. In 2008, I started a charity called Kidz for a Cure to raise money for pediatric cancer research using the help of kids from my community. I will always have OCD in me, but now I know what to do when it comes back. It’s a barrier I know how to break.

ORGANIZED CHAOS

OCD - by Miranda Hansen

Ravaged through a reluctant soul
 Disastrous, a whispered lull
 A shadow a hint of doubt
 A cloying paste spread throughout
 Subtle enclasp immobilize
 Favorite Everyday surprise
 Blisters pus seeping down
 Close your eyes, it's all around
 Over power, overtake
 Suffer the anguish makes
 Explode frustrations vent
 Collapse to earth spent
 And then it stalks, claims what's left
 Devours, consumes the rest
 An invincible threat
 A nuisance, pest
 A sickly sweet beware
 Slips, reveals a perfect earth
 It promises, take you there,
 But you must do this first....
 It pulls nags falls you down
 Lay weeping upon the ground
 Something off, wrong, askew
 FIX IT! Now! It's up too you!
 Its everything nothing nowhere
 But turn around and its still there
 Cruel, brutal infatuating
 And it's always, always waiting

Book Project

Stories of our OCD, in our own words Seeking submissions for an Anthology of Essays

I'm a writer and was diagnosed with OCD about a year and a half ago, though I've had it since I was ten. This summer, I spent a few months at McLean's OCDI, and it was there that I first met other people who have OCD. I felt so much less alone, and I learned how many forms OCD can take. Once I heard other people's stories, I began to think that a collection of essays written by people who have OCD might be a way of reaching others who are suffering and don't realize that they have OCD (as I did), as well as those who have battled their OCD for years, giving voice to our struggles and triumphs; and, an anthology might help to educate family, friends and others about what OCD can look like and how it affects our lives.

I'm seeking essays from people who would like to tell their stories and contribute to the project. I'd like to include essays from a broad range of people, from all different backgrounds, of all different ages, who are at all different stages of treatment. The anthology will be a collection of essays—nonfiction only (not fiction or poetry)—but the essays could be in any form, experimental or traditional, and could include pieces of poetry, fiction, visual art, or whatever else seems fitting for you.

Writers would get two copies of the book upon its publication (assuming all goes well as we seek publication), and if the book is profitable, writers would also get a portion of the proceeds. To send a story, or for more information, please email me at ocdigroup@gmail.com

THERAPY COMMUNITY

Compulsive Homework By William M. Gordon, PhD, Montclair, NJ

Compulsive homework can be a crippling habit that seriously undermines a young person's educational attainment, mood, and self esteem. Although there is no exact definition of the problem, it primarily involves spending excessive time and energy doing homework. The individual will study too much too long. Because homework becomes excruciatingly painful, procrastination is common. Once started though, the person finds it hard to stop working until the assignment is perfect. There are frequent doubts that certain areas or sub-areas require further work because each topic/sub-topic can generate new areas of supposed ignorance. The process can become endless. Fuzzy assignments such as general essays can be especially difficult because the student has to select a topic and define the range of the paper. Indecisiveness, perfectionism and doubt make such assignments especially troublesome. The student is unable to define "good enough."

Compulsive homework extends to all subjects. All assignments must be done perfectly. Lab assignments can turn into 60 pages. Because the work is done so thoroughly and perfectly, the individual receives high praise from the teacher or professor. This praise reinforces the excessive studying and creates an elevated standard for subsequent homework. The process thus becomes self-reinforcing. When the work is finally completed, I have seen students not hand it in because they think they still might be able to improve upon it. By then it is overdue which creates embarrassment. Lower grades, dropped courses and incomplete courses result.

Compulsive homework usually begins during grammar school or high school. Because these students often are quite bright, they are able to finish their assignments during their early educational years despite their poor approach. However, as the curriculum becomes more complex and demanding, they cannot meet their excessive personal standards. They may drop out of college or take twice the amount of time to get their degree.

While this painful educational process is slogging along, the person is feeling depressed and overwhelmed. Sleep, socializing and fun get short shrift. Parents also might feel frustrated, resentful and helpless. Power struggles over doing too much homework ensue. This

conflict further bogs down attempts at work.

Some of the psychological processes operating during compulsive homework are similar to those in typical OCD rituals. In general, OCD takes a virtue and turns it into a vice by carrying it to an extreme. Here the virtue is seriousness and diligence about school work. The vice is compulsive homework. Many students compulsively reread assignments or redo papers because of an erasure or awkward sentence. This repetition of course is the hallmark of OCD. Doubt permeates all areas of OCD including compulsive homework. The person wonders whether he truly has done the assignment adequately. Because no precise answer exists, it leaves room for further work. It reminds one of the compulsive checker who wants to be absolutely sure the door is locked. Often work is done until it "feels right" to stop.

These patterns of behavior are difficult to change. Addressing the problem early on before it becomes solidified is helpful. Teachers, parents, and the therapist need to agree on a treatment plan which reinforces:

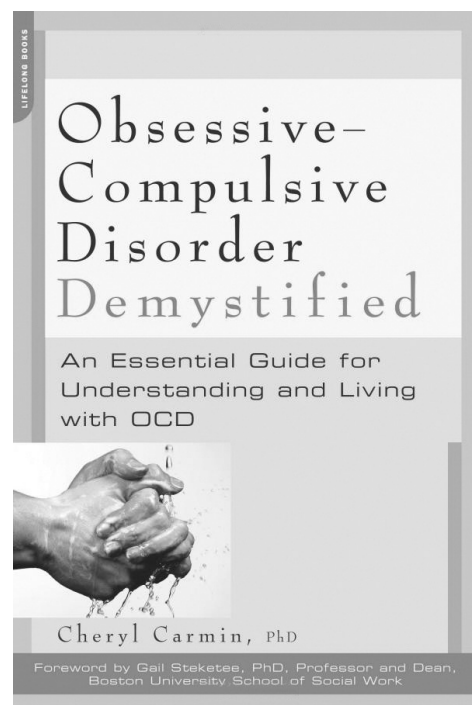
- good as opposed to perfect work.
- reasonable time limits for doing homework - and at first limited amounts of homework.
- limiting the number of courses taken and their degree of difficulty until learning how to approach homework more reasonably.
- a quick 5 minute survey of assignments to reduce avoidance and procrastination.
- writing quick rough drafts rather than perfecting each sentence as it is written.

As in all OCD the "Exposure" part of the treatment is anxiety producing at first. Here the exposure involves experiencing doubt about the quality of one's work. The Response Prevention is to STOP STUDYING. As reasonable study habits develop, it becomes easier to complete assignments, lead a more balanced life and actually learn more. Students need to realize that their extreme effort in all assignments is misdirected and counter-productive. I liken it to feeding filet mignon to cows. It's great food but entirely unnecessary and too costly. One needs to start feeding the cows grass and studying more reasonably.

THERAPY COMMUNITY

Book Review: **Obsessive Compulsive Disorder Demystified: An Essential Guide for Understanding and Living with OCD** by Cheryl Carmin, PhD

Reviewed by Charles S. Mansueto, PhD



Obsessive Compulsive Disorder Demystified (2009) is the latest in a series of books from De Capo Press that proposes to demystify disorders such as bipolar disorder, borderline personality disorder, postpartum depression and now, OCD. Dr. Cheryl Carmin, a nationally recognized OCD expert, drew upon her experience and expertise to illuminate the topic and guide individuals with OCD and their families through the process of understanding and managing the disorder.

This book is organized in a logical and user-friendly format. The first chapter establishes the tone that permeates the entire book: Dr. Carmin's writing conveys empathy, depth of knowledge and enthusiasm for the prospect of reducing suffering in the millions of persons with OCD. Brief but rich case descriptions are introduced in the first chapter and abound throughout. They effectively convey the author's point—that despite most popular portrayals, OCD is not trivial, and it is certainly is no laughing matter. A novel touch is Anne Coulter's story. Anne (not the TV pundit) was a consultant for the book as well as an OCD sufferer, and her story is presented in brief segments throughout the book. Also introduced in the first chapter is a "Frequently Asked Questions" section providing useful information in this and in each of the following chapters.

Chapter Two focuses on common obsessions and compulsions and clearly elucidates the functional relationship between them. Obsessions and compulsions are conveniently grouped into the usual categories, but the richness and subtleties of individual variations in symptoms are well conveyed. Particularly good is the discussion of hoarding and its proper categorization as an OC spectrum disorder. This is especially timely, given the current popularity of the subject and the reconsideration of hoarding's proper categorization in DSM-V.

In Chapter Three the reader is introduced to the biological roots of OCD. Dr. Carmin does justice to what is known about the neurochemical, anatomical and genetic underpinnings of OCD, while acknowledging the significant environmental contributions to the disorder. Though not easy reading, this is one of the finest discussions I have seen written for OCD sufferers; the complexity inherent in the answer to the question "What causes OCD" is given its proper due.

Step-by-step practical guidance for sufferers begins in Chapter Four with a focus on the critical issue of proper diagnosis. The advice is systematic and on-the-mark, covering such useful topics as self-assessment and comorbid (coexisting) conditions. The next chapter sharpens the focus on comorbid conditions and broadens the discussion to include obsessive compulsive spectrum disorders. This chapter will be particularly useful to persons still puzzling over diagnostic issues.

Chapters Six through Eight guide the reader through evidence-based treatments for OCD with the proper emphasis on ERP (exposure and response prevention) with cognitive therapy, medication and (atypically) relaxation training recommended as adjunctive treatments for OCD sufferers. The author encourages a proactive approach and provides useful advice and guidance for getting the most out of treatment. Likewise, the role of medication in treatment is considered in detail, with descriptions of current medications for OCD. The potential advantages and disadvantages of their use are covered with solid guidance provided to the reader for maximizing the benefits of pharmacological treatment. Other biological treatments, including psychosurgery, deep brain stimulation and repetitive transcranial magnetic stimulation are discussed briefly.

THERAPY COMMUNITY

Chapter Nine covers OCD in children and focuses on important relevant issues such as PANDAS (pediatric autoimmune disorders associated with streptococcus), family involvement, and distinctions between OCD and "normal" children's rituals. Parents are provided with practical advice about aiding the therapeutic effort.

Chapters Ten and Eleven are so good as to be alone worth the cost of the book for family members concerned about a loved one with OCD. These offer family members and loved ones guidance on providing the sufferer with support that is therapeutic and not enabling. They are encouraged to take care of their own needs and those of other family members. Dr. Carmin provides recommendations for specific approaches and includes useful monitoring forms to facilitate appropriate family involvement and ultimately, treatment success. Also addressed is the all too common, heart-wrenching scenario of families whose lives are being torn apart when their OCD sufferer is unwilling to face and acknowledge the need for therapy and instead tyrannizes the household. Strategies for increasing treatment readiness for the OCD sufferer are outlined. A final chapter guides the reader toward organizations, books and online resources for those seeking further support.

There is much to like about this book, and it represents a valuable addition to the self-help literature for OCD. The author's expertise, creativity and empathy are evident throughout the book from cover to cover. Research and scientific thinking are seamlessly integrated into the narrative, providing empirically-grounded legitimacy without disrupting the flow of the author's conversational style. Many case descriptions enliven the didactic elements and put human faces on OCD. The episodic presentations of Anne Coulter's personal victory over OCD are illuminating and inspirational. The reader is well-served in his or her presumed quest to be educated and sensitized to the complexity and diversity of OCD in its myriad forms. The journey from pain and despair to hope and ultimately, triumph will be facilitated for readers of this book.

Of note, a few "old chestnuts" repeated in the book as facts might be reconsidered, probably qualified and possibly be tossed out. One of these is the unequivocal statement that "there is no cure for OCD." While it is certainly true that most treated individuals retain some features of their pre-treatment OCD, many regain the quality of life and levels of productivity that suggest that

the "D" in OCD is gone. In addition, some successfully-treated patients argue that they no longer have any trace of OCD and haven't had it for years.

Second, the rule that OCD in kids needs a nickname and should be referred to in the third person might be reconsidered. Many kids are fine with the metaphor of the bully, monster, or "creepy OCD". Some may like that and derive benefit from the practice. However many kids are capable of understanding that the bothersome feelings, thoughts, and behavior patterns that they experience are problems that can be discussed in an everyday manner, and addressed as aspects of themselves that can and should be changed.

Third, identifying anxiety as an essential core feature of OCD is arguably an oversimplification. Anxiety is not the same as disgust, shame or somatic, sensory or psychological discomfort, all of which can serve as the negative experience driving OCD. While it is true that the models that guided OCD treatment were based largely on anxiety reduction, OCD can be fueled by other experiences that are dissimilar enough to warrant therapy that accommodates these differences both in case conceptualization and appropriate modification of therapy techniques. In a similar vein not all compulsions are designed to stave off catastrophes: some are performed just to get rid of unwanted feelings. And finally, OCD is likely more than just a "hiccup in the brain". This conceptualization fails to capture the richness of human experience of OCD or to the complex neurological underpinnings of OCD as it is currently understood.

In the final analysis, does Dr. Carmin succeed in demystifying OCD? To a great extent she does. She succeeds impressively in raising the consciousness of the reader about the experience of OCD. She effectively conveys the state of scientific understanding of the disorder and of the prospects of successful treatment through available, empirically-supported techniques. However, it is likely that OCD still harbors enough mysteries to keep professionals searching for answers for the foreseeable future.

RESEACH NEWS

Killing Two Birds with One Stone: The Treatment of OCD and Severe Depression An IOCDF Grant Funded Project

By: Jonathan Abramowitz, PhD, ABPP - University of North Carolina at Chapel Hill

Obsessive-compulsive disorder (OCD) is not only one of the most common psychological disorders, it is also among the most personally distressing, and disabling. OCD can be devastating to interpersonal relationships, leisure activities, school or work functioning, and to general life satisfaction. Not surprisingly, OCD is commonly associated with depression. After all, OCD is a depressing problem and it is easy to understand how one could develop clinical depression when your daily life consists of unwanted thoughts and urges to engage in senseless and excessive behaviors (rituals). Many research studies also bear this out. In fact, studies suggest that one quarter to one half of people with OCD also meet the diagnostic criteria for a major depressive episode, which includes constantly feeling blue for a few weeks or more, having trouble enjoying activities, becoming isolated, having trouble with your appetite, sleep, sex drive, and increased crying, hopelessness, and worthlessness. Most people with both OCD and depression report that their difficulties with OCD started before their depressive symptoms, and this suggests that the depression occurs as a response to the distress and devastation associated with having OCD. Less commonly, depression and OCD begin at the same time (or the depression begins before the OCD).

Why is all of this important? What's so important about having depression and OCD together? Well, it turns out that having severe depression can interfere with the effects of the most effective treatment for OCD: cognitive behavioral therapy using exposure and response prevention. As you might know, exposure therapy involves gradually confronting the situations and thoughts that trigger your obsessions; and response prevention means working on refraining from the corresponding compulsive rituals. For example, if you have contamination fears and compulsive hand washing rituals, your therapist might help you practice touching "contaminated" items (e.g., a shoe), and then help you resist washing your hands until your level of anxiety subsides on its own. As I mentioned earlier, this treatment is the most effective therapy for OCD, resulting in significant improvement for between 60% and 80% of people who get this form of treatment. However, that still leaves many people with OCD who

do not benefit substantially, or at all, from exposure therapy. Some of my own research has been focused on trying to better understand who gets well and who does not with exposure therapy for OCD. And in this work, I have found that one of the best predictors of treatment outcome is the patient's level of depression. To put it simply, on the average, seriously depressed people with OCD do not do as well as nondepressed or less depressed OCD patients. This got me thinking about ways to help depressed OCD patients.

But first, you might be wondering why depressed patients don't fare as well as nondepressed patients. How might depression interfere with exposure and response prevention therapy for OCD? There are a few explanations. For one thing, when you're very depressed it is difficult to stick with a treatment that is as challenging as exposure and response prevention. In fact, it might be difficult to stick with anything that requires lots of energy and hard work because depression makes you lethargic. Depression also makes you feel badly about yourself and your future. Therefore, you might feel like it's not even worth trying to get over OCD. Depression might also make you so upset that the normal reduction in anxiety and distress that should occur with exposure therapy doesn't happen, and therefore you can't learn that obsessional anxiety decreases on its own during exposure treatment. The fact that people who have OCD and are also seriously depressed do not benefit as well from exposure therapy is a significant problem given the number of people with OCD who also have depression.

When I became interested in working with depressed OCD patients I first read up on the treatment strategies that had been described in the past. The most common strategy had been to use antidepressant medication along with exposure therapy for these patients. This seemed to make sense since selective serotonin reuptake inhibitors (e.g., Prozac, Luvox, Zoloft) can be helpful for both depression and OCD. There had even been a few (mostly older) studies examining whether adding antidepressants to exposure therapy facilitated improvement in OCD symptoms for depressed patients. However, the results from these studies were not very encouraging: although antidepressants seem to improve the symptoms of depression, they

RESEARCH NEWS

don't seem to add to the effects of exposure therapy on OCD symptoms. The other interesting observation I made was that most of the people with OCD who were also depressed had already tried many different medications before they even came to get treatment in our clinic. This told me that such a strategy was not working to their satisfaction (after all, they were still seeking more help!) and that it was time to consider non-medication treatments to help bolster outcome for depressed OCD patients.

My research group at the University of North Carolina, and formerly at the Mayo Clinic, was fortunate enough to receive funding from the Obsessive Compulsive Foundation (now the IOCDF) to develop and test a form of psychological treatment (cognitive behavioral therapy) that could be used for severely depressed people with OCD to help them be able to benefit from exposure and response prevention. This treatment includes elements of cognitive therapy and behavioral therapy for depression along with exposure and response prevention for OCD. Specifically, during the first few therapy sessions we teach patients new strategies for thinking and behaving that help them overcome some of their depressed feelings enough to increase their motivation to engage successfully in exposure and response prevention for OCD.

For example, when very depressed, people have extremely negative and pessimistic beliefs about themselves (e.g., "I am a failure and I don't deserve to get better"), the world ("No one likes me; the world is a terrible place"), and the future (e.g., feelings of hopelessness; "I'll never get better; there's no hope for me"). Cognitive therapy for depression helps individuals challenge these beliefs and change the way they think. The goal is to develop more realistic beliefs—but not necessarily just positive ones. For example, viewing one's strengths and limitations, rather than seeing one's self as a "total" failure. For a person who believes, "I'm a complete failure," cognitive therapy might help this person change the belief to "Everyone has strengths and limitations. Having OCD is one of my problems, but that doesn't mean I am a complete failure. There are some things I can do well." Behavioral therapy for depression helps people to reinforce their new ways of thinking by acting accordingly. Thus, we help the person schedule enjoyable activities—interacting with others, engaging in hobbies, etc.—into their day. We

have found that a few weeks of challenging negative thinking styles and engaging in pleasurable activities helps many depressed people with OCD to feel more confident and ready to address their obsessions and compulsions.

Once we have addressed how patients feel about themselves and have motivated them to work hard to reduce their OCD, we introduce the exposure and response prevention techniques, which are practiced repeatedly until the end of treatment—usually about 16 to 20 sessions (including homework practice). The results were encouraging, with about two-thirds of patients showing greater than a 50% reduction in their OCD symptoms. In comparison, a study we conducted several years ago indicated that over half of very depressed OCD patients did not show significant improvement when their depression was not specifically addressed.

In our OCD program at the University of North Carolina, we use this therapy when people with OCD want to begin treatment but are experiencing serious depression. While our therapy has been very successful in helping many patients that might not have otherwise benefited, it admittedly has not helped everyone. In some cases, our depressed OCD patients have had to be hospitalized or even put on antidepressant medication to stabilize their depressive symptoms before they are able to work on OCD.

One of the most important jobs of a researcher is to make available any findings that might be helpful to clinicians and patients. Accordingly, we have done our best to spread the word about this comprehensive program for depression and OCD by giving workshops, presenting the results of our studies at conferences, and by writing research articles. I am very pleased to contribute this article to the OCD Newsletter, and am also willing to make available my previous research presentations and articles on this topic. In addition, if you contact me via e-mail at jabramowitz@unc.edu, I would be happy to send you an electronic copy of the treatment manual that we have written for people with OCD and severe depression. If you have both OCD and depression, you might give this to your therapist. If you are a treatment provider, perhaps you will find this helpful in your work.

RESEARCH NEWS

Help Wanted—Benefits Included!

Gregory S. Chasson, PhD (Towson University) and Tracy Singer (CBT Solutions of Baltimore)

Given the current global economy, many people are seeking ways to earn money while also being productive citizens. As if economic problems were not bad enough, often those with obsessive-compulsive disorder (OCD) must battle their symptoms during job searches. Yet, chances for giving back to society, while also earning some rewards, are often missed. One such example is taking part in research.

We searched two major research databases, PsycINFO and PubMed. We then counted how many people with OCD participated in a research study published in 2009. Approximately 8,717 individuals with OCD completed a published research study in 2009. This number is quite impressive, but comparing it to the global number of potential research participants with OCD invites the question: where are the others? Using a relatively low estimate of 0.6% for the 12-month prevalence of OCD (see Crino, Slade, & Andrews, 2005) suggests that approximately four million people in the world will unfortunately have clinically significant OCD symptoms this year. This figure makes the actual number of participants - 8,717 - seem very small. Granted, these numbers are not precise for many reasons (e.g., excluding studies published in non-English, and not accounting for participants enrolled in multiple published studies). However, given the large difference in number between actual and potential participants, these reasons do not seem to be significant.

Aside from obvious financial perks of taking part in research, the benefits to society can also be substantial. If you or a loved one has improved as a result of OCD treatment, you can thank other people with OCD who participated in research before you. Their participation made it possible to make effective treatment available to the general public. Due to strict rules of confidentiality and anonymity in research, you unfortunately cannot thank these selfless individuals personally. However, in a way you can thank them by paying forward that selflessness. For those with an obsessive-compulsive spectrum disorder, it is up to you to help, as science cannot advance without your participation. The more we learn about OCD and its treatment through research, the more likely our world can experience a future without this suffering. Given the current economic trends, perhaps this request is best framed as a job advertisement. (See following page)

2011 Research Awards Request for Proposals**Submission Period:**

January 3, 2011 – February 28 2011 at 5pm

The International OCD Foundation is committed to finding and promoting effective treatment for everyone. To further this mission the Foundation is interested in funding research into the brain, its chemistry, structure and functioning; basic neurobiology; the genetics of OCD; its epidemiology; and all aspects of OCD and the OC Spectrum Disorders that will lead to prevention and treatment advances.

The Foundation has been awarding research grants since 1994. Since then, it has funded millions of dollars in OCD research.

For application guidelines and submission information, go to www.ocfoundation.net/grants

If you have additional questions, please contact Barbara Rosemberg at brosemberg@partners.org

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(continued from previous page)

Hypothetical Job Advertisement

Title: Research Participant

Location: Local and regional research institutions (e.g., medical schools, hospitals, universities, government agencies)

Role: Varies by study. Generally consists of volunteering as a participant who does not know what the study is about.

Purpose: Provide researchers with a pool of participants for exploring the nature and treatment of obsessive-compulsive spectrum conditions, thereby helping scientists expand knowledge and find new treatments.

Qualifications: Varies by study. Generally prefer candidates that are honest and willing to complete all requirements of the study.

Compensation: Commensurate with study funding and strictness of the associated Institutional Review Board (IRB).

Benefits: Varies by study. Examples may include the following:

- Stipend (a financial payment)
- Gift certificates
- Toys (for younger participants)
- Free or low-cost treatment
- Access to exciting experimental treatments not yet available to the general public
- Professional reports or evaluations
- Free parking
- Picture of your brain
- Free travel and lodging
- Receiving priority for treatment and assessment services (e.g., moving to the top of waitlists)
- Free or discounted food and drink
- Course credit for students
- Free knickknacks (e.g., mugs, key chains)
- Receiving priority for getting study results not yet available to the general public
- Contribute to advancements in identifying, preventing, and treating obsessive-compulsive spectrum conditions, thus helping individuals in the near or distant future.

Applying: You can identify sites for research participation in many ways:

- Identify local or regional research institutions in which one of its members is doing research on obsessive-compulsive disorder or related conditions. Check out the websites for details about research studies, particularly websites dedicated to relevant departments (psychiatry, psychology, neurology, etc.).
- Ask your mental health provider for potential research sites in the area.
- Periodically check research postings through the IOCDF at the following website: www.ocfoundation.org/Participants.aspx
- Do not automatically throw away mailings or delete emails from research institutions or non-profit organizations, such as IOCDF.
- Read the latest research on obsessive-compulsive spectrum disorders and then identify where and by whom the data were collected.
- Read the latest books by researchers in the field and investigate their institutional affiliations. Call the affiliated institution to determine if there are any ongoing research studies in which you can participate.
- Take advantage of opportunities for free vacations from well-funded and respected research institutions that may be recruiting participants from outside of the area.
- Attend the IOCDF annual meeting to meet researchers, visit the booths, and learn about ongoing research findings and studies.
- Conduct internet searches and pay attention to automated internet advertisements, which may specifically target your research qualifications.
- Talk with peers that you meet in treatment, in support groups, or online about places to take part in research.

EOE: Research institutions are Equal Opportunity Explorers, unless specific groups of people are kept from participation for scientific reasons.

Start Date: Now.

References

Crino, R., Slade, T. & Andrew, G. (2005). The changing prevalence and severity of obsessive-compulsive disorder criteria from DSM-III to DSM-IV. *American Journal of Psychiatry* 162, pp. 876-882.

RESEARCH NEWS

Participants Sought

Are you having trouble finding treatment for your child or teenager with Obsessive-Compulsive Disorder?

We are conducting a research study to examine how well intensive cognitive-behavioral therapy (CBT) delivered over 5 days works in reducing Obsessive-Compulsive Disorder (OCD) symptoms in children and adolescents. Past research has found that CBT is helpful for as many as 85% of children with OCD. However, many people do not have access to CBT – therefore, brief intensive CBT may be a way to make treatment available to more children. Treatment will focus on teaching parents and children how to treat OCD symptoms together.

To participate in this study you and your child must travel to one of three sites: Mayo Clinic in Rochester, MN; University of South Florida in Tampa, FL; or Fordham University in Bronx, NY. Your child must be between the ages of 7 and 17 and have problematic OCD symptoms. If he/she is eligible to participate in this study, he/she will receive intensive treatment after a 4-week waiting period. This study will involve 10 50-minute sessions of CBT over one week and 4 evaluations of varying lengths before and after treatment.

If you are interested or have questions, please contact:

Mayo Clinic Dr. Stephen Whiteside
(507) 293-0089
whiteside.stephen@mayo.edu

USF Dr. Eric Storch
(727) 767-8230
estorch@health.usf.edu

Fordham Dr. Dean McKay
(718) 817-4498
mckay@fordham.edu

Association-Splitting: A web-based study on a novel technique targeting obsessions

Are you suffering from obsessions and would like to try out a new technique against obsessive thoughts? If so, you may have the opportunity to participate in an online study evaluating a new promising technique, which is called “association splitting”. Each participant will receive a pdf-file of the self-help manual free of charge. In order to evaluate the effectiveness of the technique, however, only half of the participants will receive the manual shortly after filling out a survey

regarding their symptoms. The other half receives the manual after a period of four weeks right after filling out a second survey. Groups (manual right away or after 4 weeks) are allocated at random.

We would appreciate if you support our study. For further information and study participation, please use the following link:

http://www.unipark.de/uc/hh_uni_psych_inst_LJ/3581/

In case of questions please do not hesitate to contact Dr. Lena Jelinek or Prof. Dr. Steffen Moritz via email: neuropsychology@gmx.de.

University Medical Center Hamburg-Eppendorf; Dep. for Psychiatry and Psychotherapy; Hamburg (Germany)

Imaging Genetics Study of Pediatric Obsessive-Compulsive Disorder

We are conducting a research study to identify biochemical changes and genetic variations associated with obsessive-compulsive disorder (OCD). By combining brain imaging and genetics, the study will provide new information about the causes of OCD that may lead to improvements in its diagnosis, treatment, and prevention. This is a collaborative study being conducted at the University of Michigan, Wayne State University, and Hospital for Sick Children and Centre for Addiction and Mental Health.

Your child must be between the ages of 6-19 and have a diagnosis of OCD. If he/she is eligible to participate in this study, he/she will participate in an assessment interview, a small saliva collection and/or a small blood draw, and an MRI scan. A parent is required to participate. We are also seeking healthy controls as research participants. Monetary compensation is provided to those who complete the study.

If you are interested or have any questions, please email Shannon Harbin at smharbin@med.umich.edu

Neuroimaging and OCD Study

The University of Kansas Hogle Brain Imaging Center and the Kansas City Center for Anxiety Treatment are seeking individuals with Obsessive-Compulsive Disorder for a study examining brain activation during a cognitive test in OCD.

RESEARCH NEWS

Eligibility: You may be eligible if you are 18-50 years old and have obsessive-compulsive symptoms.

What is involved: Completion of questionnaires assessing psychological symptoms such as depression and anxiety, diagnostic interview, cognitive tests, and fMRI scan.

Two sessions: 1) initial assessment to determine eligibility and 2) study session, which will include the fMRI scan and additional cognitive tests.

Remuneration of \$75 will be offered for completion of the fMRI scan. You may also receive a black and white printed picture of your brain obtained by MRI.

It is important to note that the information gathered in the study is obtained solely for research purposes, and is not meant as a clinical evaluation or treatment for any disorder or symptom.

If you have any questions or would like to learn more about the study please contact: Christy Olson at (913) 649-8820 ext 4 or colson2@kumc.edu

Telemedicine and OCD Assessment Research

The University of Kansas Medical Center and the Kansas City Center for Anxiety Treatment are seeking research participants for a study comparing traditional “in person” and videoconferencing administrations of the Children’s Yale-Brown Obsessive Compulsive Scale (CY-BOCS). Your child will receive a series of evaluations to assess anxiety and obsessive compulsive symptoms at no cost. You will be provided a valuable summary of their data, which you may choose to share with your child’s mental health providers to inform treatment.

Eligibility: You and your child are eligible for this study if your child experiences OCD symptoms and is between the ages of 10 and 17.

What Is Involved?

You and your child will undergo 3 assessments on 3 separate days.

- Anxiety Disorders Interview Schedule for DSM-IV, Child Version: about 45-60 minutes
- In person CY-BOCS: about 60-90 minutes
- Videoconferencing CY-BOCS: about 60-90 minutes

Study Location:

Kansas City Center for Anxiety Treatment (KCCAT)
10540 Marty Street, Suite 200
Overland Park, Kansas 66212

It is important to note that the information gathered in the study is obtained solely for research purposes, and is not meant as a clinical evaluation or treatment for any disorder or symptom.

If you would like more information about this study, please contact Thao Bui, MA at (913) 588-2226 or by email at tbui@kcanxiety.com

How does the sibling relationship impact Obsessive-Compulsive Disorder?

We are looking for parents of children with OCD to participate in a research study! The title of this study is “How does the sibling relationship impact Obsessive-Compulsive Disorder?” The purpose of this study is to examine factors associated with the quality of the sibling relationship and how that relationship impacts a child with OCD. We are hoping to discover how the sibling relationship can benefit a child with OCD.

We are examining this relationship – via parent-reports – in up to 150 youth with Obsessive-Compulsive Disorder. To participate, your child must be between 6 and 17 years of age and have OCD. In addition, you must be your child’s parent or legal guardian and the child must have interaction with at least one of their siblings. You will be asked to complete a questionnaire about your children’s behaviors, your child’s symptoms related to OCD, and the relationship between that child and the rest of the family, as well as his/her overall quality of life.

If you are interested in participating, please follow the link below to begin: <http://hscm2.hsc.usf.edu/checkbox/Survey.aspx?surveyid=4656>.

If you would like to advertise your research study in this newsletter or on the IOCDF website, please email editor@ocfoundation.org for more information.

INSTITUTIONAL MEMBER UPDATES

IOCDF Institutional Members are all programs that offer more than traditional outpatient therapy for those who need higher levels of care. We are pleased to announce the addition of new Institutional Members:

Pediatric Obsessive Compulsive Spectrum Disorders Program

Program Director: Jerry Bubrick, PhD

Contact:

Amy Fagerland
330 Madison Avenue
9th Floor
New York, NY 10013
Phone: **646-495-5714**
Fax: **646-495-5735**
E-mail address: amy.fagerland@childmindinstitute.com
Website: www.childmindinstitute.com

Connecticut

Anxiety Disorders Center at the Institute of Living

www.instituteofliving.org/adc

In addition to our 3 week Intensive Program for OCD, the Anxiety Disorders Center at the Institute of Living has added the following 1 week programs:

1 week individual therapy for OCD

This program is designed for those that are coming in from out of town or who may not be able to attend three weeks of daily treatment. This one week treatment program consists of 10 sessions (1.5 to 2 hours a session) over five days. There is a morning and afternoon session. This program includes three follow up phone calls after the tenth session

1 week group therapy for OCD for young adults: Start date January 3, 2011

This group is open to a minimum of 4 and maximum of 8 participants ages 18 – 24 years old. Treatment will run from 10AM through 4 PM daily, over the course of 5 days. Treatment will focus on psycho-education regarding OCD, exposure and ritual prevention, and relapse prevention. This program includes three follow up phone calls after the last session

Contact Scott Hannan, Ph.D. at **(860) 545-7685** or Shannan@harthosp.org

Anxiety Disorders Treatment Center

Program Director: Mirela Adina Aldea, PhD

Contact:

Mirela Adina Aldea, PhD
Anxiety Disorders Treatment Center
695 Central Ave North
St. Petersburg, FL 33701
Phone: **727-331-9592**
E-mail address: adina_ald@yahoo.com
Website: www.aldeapsychologicalservices.com
Please visit www.cbtmarin.com for more information.

Texas

Houston OCD Treatment Program

www.HoustonOCDprogram.org

We are pleased to announce the extension of our outpatient services for children, adolescents, and adults with the addition of Keri Brown, Ph.D., and Emily Anderson, Ph.D. They both have completed extensive postdoctoral training specializing in treating OCD and other anxiety disorders. Drs. Brown and Anderson join our experienced group of clinicians including Susan Heffelfinger, Ph.D., Ginny Fullerton, Ph.D. and Thröstur Björgvinsson, Ph.D. We now offer intensive specialized treatment for all age groups, Intensive Outpatient Program and Residential Support Program for adults.

The Houston OCD Treatment Program resides in a beautiful two-story home in the Montrose neighborhood and offers a warm and inviting treatment environment. The treatment team, which consists of trained OCD therapists and staff, deliver expert, evidence-based treatment for clients and families who are dealing with anxiety disorders, depression, and obsessive-compulsive spectrum disorders. We specialize in implementing Cognitive-Behavioral Therapy (CBT), particularly Exposure and Response Prevention (ERP) and other effective treatment techniques for anxiety and anxiety-related disorders.

Contact our Program Manager, Saharah ShROUT, MA at **(713) 526-5055** or info@HoustonOCDProgram.org

FROM THE AFFILIATES

OCD New Jersey: 11th Annual OCD New Jersey Conference

On Sunday, October 24, Aureen Pinto Wagner, Ph. D. was the keynote speaker at the OCD NJ eleventh annual conference. Dr. Wagner is the Director of The Anxiety Wellness Center in Cary, North Carolina and a member of the Scientific Advisory Board of the International OCD Foundation. She is a clinical child psychologist who is widely recognized for her unique Worry Hill approach to making cognitive behavioral therapy (CBT) accessible to youngsters. Dr. Wagner is the author of several books for professionals and families.

During a full brunch, Dr. Wagner presented “Hard-to-Treat OCD in Children and Adolescents: Child-Friendly CBT for Youngsters with Bad thoughts, Scrupulosity, Just Right, Perfectionism, and Hoarding.” In her presentation, which is designed for both professionals and non-professionals, Dr. Wagner provided an in-depth understanding of the symptom picture and thought processes associated with challenging forms of OCD in youngsters. Specific and creative child-friendly applications of core CBT techniques for typically hard-to-treat forms of OCD were presented, along with case examples.

Dr. Wagner explained that the Worry Hill Protocol is a clinical application of ERP designed for clinicians in every day practice. The four phases are based on the child’s needs: 1) Biopsychosocial assessment and treatment plan. 2) Building treatment readiness, which prepares the client and family for therapy. The keys to readiness are stabilization (i.e., self-calming), communication (i.e., education about OCD), persuasion (for change), and collaboration. 3) The RIDE: Rename the thought. Insist that you are in charge. Defy OCD, do the opposite. Enjoy your success, reward yourself. Dr. Wagner uses the metaphor of “biking up and down the worry hill: it’s tough to ride up the hill (and face your fears) but fun to coast down.” 4) After the RIDE, wrap up the treatment with realistic expectations, plan for “slip recovery,” and build self-reliance. Dr. Wagner illustrated the Worry Hill Protocol by applying it in depth to specific OCD obsessions and rituals, such as contamination/cleaning, bad thought OCD, scrupulosity, just right OCD, and hoarding. Dr. Wagner’s well-organized and eloquent presentation was well received by the nearly 100 audience members.

The conference continued with an emotional highlight: the Living with OCD panel moderated by Dr. Allen Weg. Several children, adolescents, and a mother shared their courageous experiences living with OCD, and then audience members asked the panel questions

about various topics. As in previous years, the panel members encouraged, educated, and offered optimism to the individuals with OCD, their loved ones, and the professionals that treat them.

OCD Western Pennsylvania

On Thursday, October 14 OCD Western Pennsylvania hosted two “OCD Community Open Mic Night” events. In both Erie and Pittsburg, PA we were able to secure donated space for the events from Borders Bookstore. At the Erie location all the chairs which had been set up were taken 45 minutes before the program started. People were dragging over chairs from the “reading nooks” and café as well as standing around the bookshelves. In the Pittsburgh, PA location all of the chairs set up were quickly filled resulting in a standing room only event.

Customers in both locations would stop by and listen to a speaker or two and wander off to continue their shopping. Laughter could be heard throughout the Pittsburgh store when Dr. Hudak gave an enthusiastic “Lets go touch some toilet seats” to indicate that people were listening even when not in the program area. In Erie they saw a nearby customer wiping tears away as one little boy related having to work through his therapy.

In Pittsburgh we had approximately 30-40 attendees and another 35-40 in Erie. About a dozen people got up to the microphone in Erie. In Pittsburgh, we had four people at the microphone, but it actually turned into an open audience experience as people shouted out questions or comments, and the speakers were quick to answer questions or explain things further.

Feedback at the end of the night was overwhelmingly positive. Many people were happy to finally have a chance to share their experience. The kids were inspirational, including ones who showed up to support their friends with OCD. Adults, therapists and family members joined in. Both locations had people stand up and speak later in the program even though they had no intention of doing so before the night began.

The Borders staff was very supportive and thanked us for choosing to hold the events at their stores. It ended up to be a nearly perfect location as we truly felt that we raised the awareness in the greater community while providing an outlet of support for the OCD community.

Hilary Zurbuch, MS
Vice President, OCD Western Pennsylvania

FROM THE AFFILIATES

OCD New York



OCD New York Panel

(left to right) AureenPinto-Wagner; Steven Phillipson, Merry McVey, Steven Poskar, Matthew Jacofsky, Dean McKay and at podium Sony Khemlani-Patel.

They say strength comes in numbers, but it also comes in the form of unity. Volunteers, professionals in the OCD field, fledging students in psychology, researchers, and individuals impacted by OCD came out in full force recently to show their support. Unity and the promotion of awareness were the core themes of the broadening OCD community. Together we were united and took a stellar bite out of the Big Apple as the New York State Affiliate of IOCDF launched its first official OCD awareness conference on the lush grounds of our gracious host and co-sponsor Hofstra University for an entire week dedicated to OCD Awareness from October 11th 2010 to October 17th 2010.

The week was capped off with a spectacular turn out on Saturday October 16th 2010 which consisted of an entire day filled with a multitude of stimulating events starting in the morning with various workshops geared towards enriching the knowledge base of professionals in the field on the latest treatment approaches and options for individuals affected with OCD. Following these informative workshops for professionals we opened up the forum for a larger group of attendees consisting of non-professionals, individuals who have been successful in managing their OCD symptoms, people currently seeking help in the form of professional treatment, involved family and loved ones of individuals with OCD, students in psychology interested in working with individuals affected by OCD, as well as ardent supporters seeking to further promote OCD awareness and destigmatize the condition. A two-hour Q& A followed with a panel of experts. The Q& A period was enlightening as it aided in dispelling misinformation about OCD and allowed for attendees to share their personal struggles in dealing with the disorder. We would like to thank all of our presenters and panelists for their participation:

Joseph Scardapane, PhD	Aureen Pinto Wagner, PhD
Stephen Poskar, M.D.	Mitchel Schare, PhD
Andrew Gilbert, M.D.	Wayne Goodman, M.D.
Eric Hollander, M.D.	Dean McKay, PhD
Matthew Jakofsky, Psy.D.	Steven Phillipson, PhD
Merry McVey-Noble, PhD	Fugen Neziroglu, PhD
Sony Khemlani-Patel, PhD	Deniz Sidali

When the Q& A session ended we readied ourselves for the highlight of the entire day - OCD Stories. This was a live, national telecast to promote an evening of reflection, humor, and education about OCD. Co-sponsored by the National IOCDF office and the Greater Boston Affiliate, stories were told live and broadcast on the internet from our conference in New York, as well as in Massachusetts and Wisconsin. Everyone felt honored and deep gratitude for all the heroic speakers for sharing their personal stories and revelations vividly detailing their struggles with OCD and how it impacts them and their families. It was truly a remarkable ending to a remarkable day for our 100+ attendees. The educational workshops, informative and dedicated lecturers, and courage of the protagonists in the OCD Stories who were able to candidly share their personal experiences marked a successful hallmark for our foundation's aim to destigmatize and promote awareness on OCD. A wonderful time was enjoyed by everyone and we have received extremely positive feedback from those who were in attendance.

OCD Greater Boston

Les Groderberg Memorial Lecture Series

McLean Hospital, De Marneffe Cafeteria Building
Belmont, MA 02478

OCD Greater Boston, in conjunction with McLean Hospital, presents a series of preeminent speakers in the field of OCD and related disorders. Each presentation takes place from 7:00 – 8:00pm.

December 7, 2010

The Importance of Structure in the Treatment of OCD

Perrie Merlin, LICSW

McLean Hospital OCD Institute

January 4, 2011

Using ACT in the Treatment of OCD

Nate Gruner, MSW

McLean Hospital OCD Institute

February 1, 2011

An Update in the Treatment of Hoarding

Gail Steketee