

Thank you for making OCD Awareness Week a Success!



Photo by Ze Liang Photography

Judy, Carrie, and Denis Asselin show their support for OCD Awareness Week at A Night to Believe in Boston on October 13, 2012.

How did you celebrate OCD Awareness Week? Was it by attending one of the 37 OCD Awareness events across the country and the globe? Or perhaps by changing your profile picture on Facebook or Twitter to show your support by holding up an Awareness Week sign (like the one in the picture above)? Or perhaps was it simply by talking about OCD with your friends and family? No matter how big or small your effort was, we want to thank you sincerely for your help increasing understanding about OCD in the general public.

This year was our biggest Awareness Week yet, with outstanding efforts by IOCDF affiliates, our global partners, and you! For a look at the many activities that took place during OCD Awareness Week on October 8–14th, 2012, flip to the scrapbook on the back cover, read about our social media activities on page 2, or read an account of A Night to Believe written by one of our Dare to Believe contest winners on page 4. You can also read excerpts from all of our Dare to Believe winning entries on pages 6–9.

We understand that for many people, spreading awareness about OCD can feel like a catch-22: it is hard to be open about mental health issues because significant stigma still exists in pop culture and the general public, yet it is so important to be open about OCD in order to help reduce that stigma and increase awareness and understanding. That is why the IOCDF created OCD Awareness Week, and why we will keep working — with your help — to raise awareness about OCD and related disorders throughout the year. ○

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President, Board of Directors: Denise Egan Stack, LMHC

Chairman, Scientific and Clinical Advisory Board: Michael Jenike, MD

Executive Director & Newsletter

Editor-in-Chief: Jeff Szymanski, PhD

Managing Editor: Carly Bourne

Copy Editor: Marissa Keegan

Proofreader: Pamela Lowy

Design: Fran Harrington

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.

Contact the IOCDF

Phone: (617) 973-5801

Fax: (617) 973-5803

Email: info@ocfoundation.org

Website: www.ocfoundation.org


Mailing Address:

International OCD Foundation
P.O. Box 961029
Boston, MA 02196

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.

IOCDF Online: Updates from Facebook, Twitter, and the Web

 While many of you are likely familiar with our website and this newsletter, did you know that the IOCDF also uses social media to share updates about OCD research, news, and events? Social media is a great way for us to communicate with you quickly and easily, but it also a great way for us get feedback from you. Find us on Facebook at [Facebook.com/IOCDF](https://www.facebook.com/IOCDF), or on Twitter at [Twitter.com/IOCDF](https://twitter.com/IOCDF) and “like” or “follow” us to stay up to date.

Thank you to all of you who helped us to spread the word about OCD Awareness Week on Twitter, Facebook, and Instagram. We loved seeing all of your photos, statuses, and tweets with the #OCDweek hashtag. Our messages of awareness were even re-tweeted by celebrities such as Howie Mandel, and MA Governor Deval Patrick!



NEW VIDEO FROM THE A2A ALLIANCE AND THE IOCDF



If you attended the 2012 Annual Conference, you may have seen IOCDF Spokesperson and Adversity 2 Advocacy (A2A) founder, Jeff Bell, filming messages of hope from conference attendees. Jeff and the A2A created an inspiring video out of those messages. Visit our website at

www.ocfoundation.org/WebWelcome.aspx to watch the video and leave your own message of hope for others in the OCD community.

#OCDchat on Twitter



The IOCDF hosted our first-ever OCD chat on Twitter during OCD Awareness Week featuring experts Jamie Fuesner, MD; Gerald Nestadt, MD; Jonathan Abramowitz, PhD; Fred Penzel, PhD; Fugen Neziroglu, PhD; and Jeff Szymanski, PhD, answering your questions about OCD and treatment. The chats covered topics such as OCD and Relationships, Teens and OCD, OCD Medication and Treatment, and Related Disorders.

Due to the popularity of the Twitter chats, we'd like to make this regular event, giving everyone the opportunity to talk to leading experts in the field of OCD, right from the comfort of your home. Beginning on Dec 17th, we will be hosting these chats at 8pm EST (5pm PST) on the 3rd Monday of every month. The first chat will feature IOCDF executive director, Jeff Szymanski, PhD, and we will feature additional “guest” experts on various topics from month to month. To participate, simply use the hashtag #OCDchat in your tweets on Twitter.com during the appointed time.

To read transcripts of the Awareness Week chats, see a schedule of upcoming chat topics, and learn more about how Twitter chats work, visit our website here: www.ocfoundation.org/twitterchats/

Letter from the President

Dear Friends,

Have you ever heard someone say “I’m so OCD” because they like to make lists? Have you been on the Pinterest board “I’m so OCD” that offers tips and tricks for how to get and stay organized in life? What about the Facebook page “I’m so OCD I…” that encourages people to “post your OCD habits and pet-peeves and show that we all are insanely normal!”? In popular culture, OCD is often characterized as a personality trait for someone with a penchant for super organized drawers or a very neat home. People who refer to themselves this way are often proud of what it conveys. But for those of us intimately familiar with the disorder, we know that this mindset and misperception trivializes the devastation that OCD causes in many lives. By raising OCD Awareness, we help the public understand that OCD is a serious medical condition that significantly impacts lives in disabling ways.

At the International OCD Foundation, we continue to realize that in order to effectively change this perception, we need the assistance of everyone reading this newsletter. In a recent membership survey we conducted, over 90% of respondents said they were members of the IOCDF in order to be part of the OCD community. But membership is just the beginning. What else can you do to help raise awareness and change perceptions about OCD and related disorders? What can you do to improve the lives of those struggling with the disorder and those around them?

There are many ways that you can help and every effort, whether large or small, will make a significant impact. For example, our end of year fundraising appeal is beginning. Consider making another contribution to help the Foundation help those with OCD and related disorders. Your financial support safeguards the financial health of the organization, strengthens our voice, and ensures that we can extend our reach as far as possible.

Is there a regional IOCDF affiliate located near you? Our affiliates bring events, talks, and other resources to

communities around the country — reach out and find out what you can do to help in your local community. Find your local affiliate on our website at www.ocfoundation.org/affiliates.

Are you on Facebook or Twitter? If so, contribute to ongoing discussions on our page to show your support for OCD education and IOCDF programming, ask your friends to like or follow the IOCDF and local affiliate pages, and post information related to our efforts on your own pages. Did you participate in the “I Support OCD Awareness Week” social media campaign this year? I was inspired by the many pictures I saw of individuals proudly standing up to proclaim their connection to OCD. Howie Mandel re-tweeted one of these pictures to his 500,000 followers! What a wonderful example of one person’s effort making a huge public impact.

Do you know someone affected by OCD that is not yet a member of the Foundation? Please tell them about us and what we do and explain the benefits of joining our community.

Are you someone who has benefitted from effective treatment and IOCDF programming and are ready to move on because OCD is no longer significantly impacting your life? Please consider maintaining your membership and financial support for the Foundation to help us help those who are currently struggling.

We will succeed in changing the public perception about OCD if we all work together. How will you choose to help?

Sincerely,



Denise Egan Stack, LMHC
President
IOCDF Board of Directors

FROM THE FOUNDATION

A Night to Believe: A Winner's Perspective

By Jackie Lea Sommers

Jackie Lea Sommers is a writer and OCD awareness advocate living in Minneapolis, Minnesota. She was one of four winners of the 2012 Dare to Believe contest for OCD Awareness Week, and in this article she shares with us her experience traveling to Boston to attend A Night to Believe. You can read Jackie's winning short story, *Tipping Point*, on page 8. The other winning entries can be found on pages 6–7.

There it was, resting innocently in my email inbox with the subject line reading, "Congratulations!" — an email from Michael Spigler of the International OCD Foundation, telling me that my short story had won the Dare to Believe creative expression contest for OCD Awareness Week 2012. Needless to say, I was thrilled. I would have been even more excited if I had known all that awaited me.

Along with the three other winners of the Dare to Believe contest, I was flown to Boston to celebrate OCD Awareness Week by attending the IOCDF's A Night to Believe event, held in the Back Bay Ballroom of the Sheraton Hotel on October 13, 2012. The event was both a celebration of OCD Awareness Week and a way to honor members of the OCD community for their advocacy and support. The emcee of the evening was Jeff Bell, IOCDF spokesperson and an individual with OCD. I met with Jeff earlier that same day, and he immediately put me at ease about the event with his friendliness and his obvious desire to help each of us winners perform our best on stage.

After a cocktail hour, where I had the chance to visit with the other award winners, local members of the OCD community, IOCDF staff, and various representatives from OCD-centered organizations, the award ceremony began, and I was the first winner to share my story. I read from my winning entry, "Tipping Point," which is an excerpt of a novel I have written about OCD. It was an extraordinary experience to share my story with an audience that cares so deeply about OCD awareness and advocacy! After I'd finished reading, Jeff Bell interviewed me about my experience with OCD and about my writing life. We also discussed cognitive-behavioral therapy and about how "you'll know you're ready for it when the hell you're in becomes worse than the hell you'll have to go through."

There is something special about bringing together a group of people who all share one vision: Dare to believe... together we can beat OCD.



IOCDF spokesperson and emcee for the evening, Jeff Bell (center) poses with the 2012 Dare to Believe award winners (from left to right) Jennifer Cullen, Vincent Christoffersen, Jackie Lea Sommers, and Claire Watkinson. (Photo by Ze Liang Photography.)

Next up was Jenn Cullen from Washington, DC, who read an excerpt from her children's story, *Ranger Ben Discovers the Mysterious Mr. OCD*, which she wrote to help children with OCD feel empowered to tackle their disorder. She was inspired to write the story for her son Ben, who was diagnosed with OCD at age 5. Ben is 13 now, and he joined his mom on stage after her reading to talk about what the story meant to him as a child with OCD. Jenn later told me that Ben liked that there were people at the event from around the world. "I think it helped him realize that OCD is bigger than his own little world," explained Jenn, "and that it does affect other young people but they are learning to deal with it just as he's had to do."

After Jenn's reading, Claire Watkinson, a freelance filmmaker from Sheffield, England, shared the trailer for her in-progress documentary called "Living with Me and My OCD," and talked with Jeff Bell about her experience making the film. Claire said, "It was such an amazing feeling being able to show something that you've worked so long and hard on with other OCD sufferers and OCD-related individuals." She was overwhelmed with support for her project.

FROM THE FOUNDATION



Dr. Michael Jenike presents Denis Asselin with the inaugural IOCDF Hero Award for his inspiring “Walking with Nathaniel” advocacy efforts for BDD and OCD. (Photo by Ze Liang Photography.)

Vincent Christoffersen from Napier, New Zealand, closed out the award ceremony with a captivating live performance of his winning song, “Till I’m Down.” Earlier in the evening, Vincent had shared with me that while he performs, he doesn’t have time to think about obsessions or compulsions. It’s easy to see why he is drawn to music!

The Foundation also presented an IOCDF Hero Award to Denis Asselin for his “Walking with Nathaniel”

project. Denis’ son Nathaniel suffered from severe body dysmorphic disorder and took his own life in 2011. Denis made a 525-mile pilgrimage from Cheyney, PA, to Boston, MA, for BDD awareness and research last June. His speech was incredibly moving and humble, and I was so blessed to meet him afterward. He truly deserved the Hero Award!

Claire and Vincent agreed that the best part of the event was meeting so many incredible people. Jenn loved listening to the artists present their winning stories, videos, and music. As for myself, I loved every minute of interaction with the other contest winners, the IOCDF staff, Jeff Bell, and with the audience members.

There is something special about bringing together a group of people who all share one vision: “Dare to believe... together we can beat OCD.” Surrounded by such a special group of therapists, heroes, and advocates, I knew it was true. ○

Update from a 2011 Dare to Believe Winner

We recently received this inspiring letter from Megan Holden, winner of the 2011 Dare to Believe contest for her short story, “Gaining Control.”

Dear IOCDF,

My name is Megan and I was one of the winners of last year’s “Dare to Believe” contest in honor of OCD Awareness Week. I wanted to write to everyone at the IOCDF and let them know what I have been up to this past year.

First of all, I can’t believe it has been a year since my trip to Boston. When I saw that the voting for this year’s event was open I became really excited for all the new contestants and incredibly nostalgic at the same time. It meant so much for me to be able to share the story I had written. I was thrilled to meet leaders in treatment for OCD, those with personal connections to the disorder and, of course, my fellow winners. It was an event I will always cherish and keep close to my heart, and one I will certainly never forget.

In the time since last year’s “A Night to Believe” event, I finished my sophomore year at art school with a bang. I nailed my final critique and passed my classes with a “B” average. This was a huge success and one that could not have been easily foreseen when I was in high school and struggling with OCD.

I am now in my third year at Moore College of Art and Design and this might be the best year yet. It has its stresses and I still find myself facing that ugly monster that we all know, but I am succeeding in all my classes and making friends despite any social anxiety that I still have to deal with.

Life is much easier than it has been in the past and I want to acknowledge that the IOCDF is what started me down the long,

beneficial road of treatment. My family’s search for a therapist to treat me was not easy. We couldn’t find anyone who was trained in adolescent psychology. After extensive searching, my mom finally came across the IOCDF website, used the treatment list resources and found Dr. Lynne Siqueland near Philadelphia. Eight and a half years later my family is still making that 2.5 hour drive to see Dr. Siqueland. She has been an immense help and without the resources on the IOCDF site, my treatment and success might not have been the same.

Dr. Siqueland also recommended that I would benefit from an intensive cognitive behavioral therapy program in Hartford, Connecticut. The summer before I went to college for the first time, I headed to the Institute of Living at Hartford Hospital. It was the best decision I have ever made. After one week of intense CBT/ERP, I lowered the severity of my OCD from “moderately severe” to “mild” and I am proud that — for the most part — I have managed to keep it that way. Life is treating me well right now and that isn’t just luck. I am proud to say that I’ve earned my success.

Thank you again to everyone at the IOCDF who helped to make my experience a memorable one. I definitely would like to keep in contact. Having OCD has shaped my life immensely and even though I no longer have it at the same severity, my life has already been altered. I know OCD will always try to be a part of my life just as much as I know that I don’t have to let it dictate my decisions or control me. I’ve lived with OCD for too long to say that it hasn’t made an impact on my life. I can say, however, that I have OCD- it doesn’t have me.

Sincerely,

Megan Holden

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Dare to Believe Contest Winner: Children's Story**Ranger Ben Discovers the Mysterious Mr. OCD**

by Jennifer Cullen

The following is an excerpt from the winner of the children's story category from the 2012 Dare to Believe contest. Jennifer Cullen is a writer and educator who wrote Ranger Ben, for her son when he was first diagnosed with OCD as a young boy. Disappointed by the lack of books to help explain OCD to young children, Jennifer decided to write her own.

Chapter One: Strange Changes

One ordinary day in the tiny town of Gladstone, a strange change came over a few of the town's children. Charlee Checker walked to school every morning. As she strolled down the sidewalk a bothersome thought kept creeping into her head. You forgot to turn off the oven, the iron, and the electric blanket. You better run home and turn them off or the house will catch fire. So Charlee hurried home and checked the appliances which made her late for school every day.

Henry Hoarder used to keep his room very tidy. Recently his room reeked of rotten apple cores and moldy sandwiches. Stacks of papers, rocks, toys, and mismatched socks littered his bedroom floor. Now Henry worries about throwing things away because he has a really strong feeling that he might need them again some day.

William Washwell once loved playing outside in the dirt and eating cold treats on hot days. He never worried about grass stains on his pants or ice cream melting all over his fingers. Now whenever he gets dirty or sticky the feeling really bothers him so he repeatedly changes his clothes and washes his hands.

Olivia Orderly used to like her peanut butter and jelly sandwiches any which way. First jam, then peanut butter or peanut butter first, and then jam. Now she gets upset if her PBJ's are not put together in a particular order.

"Help!" the parents cried. "Who can figure out what's wrong with our children?"

Chapter Two: Ranger Ben

Everyone in Gladstone admired eighteen year old Benjamin Storms, the plain-clothed policeman, who they nicknamed Ranger Ben. Ranger Ben stood just five feet tall. His slender arms hung from a groovy, tie-dyed t-shirt. Honey-blond curls flowed out from under a red baseball cap. Ben's blue eyes sparkled like the crystal sea behind thin, golden-framed glasses. Freckles dotted his nose and cheeks like cinnamon on a holiday cookie. A cheery, white smile never left his face.

Ranger Ben had always wanted to follow in his grandpa's footsteps and work as a detective on the Gladstone Police Force.

After graduating early from high school, Benjamin joined the police academy at age sixteen and earned his detective badge there. When Ranger Ben heard about the strange things happening to some of the children in Gladstone, he wanted to help.

"Never Fear, Ranger Ben is here! Super detective extraordinaire is on the case!" ○

The rest of **Ranger Ben Discovers the Mysterious Mr. OCD** is available as an ebook on Amazon at: <http://amzn.to/W9PjX0>, or you can download a free PDF of the story from the IOCDF website at: www.ocdfoundation.org/RangerBen

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Dare to Believe Contest Winner: Original Song**Till I'm Down**

by Vincent Christoffersen, aka Split Screen Multiplayer

The following are lyrics from the winning song, Til I'm Down, written and performed by Vincent Christoffersen. Vincent is a musician and university student from Napier, New Zealand, who uses his music to cope with the day-to-day struggles of life with OCD. Vincent hopes the positive message of his music will help others who may also be struggling with OCD.

Chorus

I won't stop till the end of the days.
Till I'm down, down, down, down.
I won't stop till the end of the days,
When I fear I am gone, and my prides gone away

I'ma try, i'ma wait till I die till I fade
Till i'm down, down, down, down

Till i'm down, down, down,
down and out.
my soul is music

I won't stop till the end of the days
Till the flame it fades,
I gotta few words to say, for this flow it raids,
and yo' you can't stop the train.

I'm the one like Neo
spittin my rhymes, gotta find that chi flow
killing my time, making vibes that'll blow ya mind
I define the line, for my work is fine.

From time to time I sit back relax
get caught up in the tracks, that'll rax and tax the facts
that made you relax in the first place
what is this? a mind trip.

I look back to the sky,
I fall to the floor and all that,
its a metaphor, tryna say we all feel bad sometimes
you gotta combat things that we just can't take it's
overwhemling.

[Chorus]

I'ma try, i'ma wait till I die till I fade
Till i'm down, down, down, down
till im down down down down and out
my soul is music

I won't stop till the end of days
till the flame it fades.
Don't hold back, cause your gonna pull through
for you've got me and i've got you.

Yeah we all got, something or nothing
and if you've got nothing then make it a something.
Cause' I do not want see sad on your face
no you just don't deserve it, thats just not your place

Don't frown, ya smile is great and makes you look so vibe
jiggy-down-d-down-d-down.
Not down in a way that means the down is down,
like down in a found way, go with it.

Look into my eyes,
know you can call and I'll chat
when feelin' ya low, tryna say we all feel bad sometimes
you gotta combat things that we just can't take it's
overwhemling

[Chorus]

I'ma try, i'ma wait till I die till I fade
Till i'm down, down, down, down
till im down down down down and out
my soul is music.

I won't stop till the end of the days
I won't stop till the end of the days
Till i'm down, down, down, down
Till i'm down, down, down, down

I won't stop till the end of the days
I won't stop till the end of the days

Till i'm down, down, down, down
Till i'm down, down, down, down

To hear Vincent's music, you can request a free copy of his CD by emailing info@ocfoundation.org. You can also view a sneak preview of his music video here: <http://indieartist.tv/IndieArtistTV2011/MiniplayerTillImDown.asp>

WATCH THE WINNING VIDEO ONLINE! Claire Watkinson is a freelance filmmaker in Sheffield, England who is currently filming a documentary about OCD called, "Living with Me and My OCD." A trailer for her film was the winner of the 2012 Dare to Believe contest for video. To watch the trailer, and learn more about her project, visit: www.youtube.com/LWMAM OCD



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Dare to Believe Contest Winner: Short Story

Tipping Point

by Jackie Lea Sommers

The following is an excerpt from the short story, "Tipping Point," which is in turn an excerpt from Jackie's novel, Lights All Around. Jackie Lea Sommers is a writer and a college admissions counselor in Minneapolis. You can read her account of the Dare to Believe award ceremony at A Night to Believe on page 4 of this newsletter.

That Saturday, I went to cognitive-behavioral therapy like a disgruntled cobra, noticeably agitated, ready to strike. I shifted uncomfortably with each of Dr. Foster's normal questions and answered in short, sharp responses like a fence made of spikes. "Is there something wrong?" Dr. Foster asked, setting down his legal pad on the coffee table between us. He folded his hands in his lap, and I despised him.

"Yes," I said, my face on fire. "I can see where this is going, and I don't think I can do it. And if I can't do it, if I'm going to fail anyway, then I want to stop now." I crossed my arms across my chest; then, realizing it probably made me look childish, clasped my hands in my lap instead.

He leaned back in his seat. "Where do you think this is going?"

"You're going to ask me to swear at the Holy Spirit." I could not meet his eye. My mind raced as it recited its usual mantra—Father God, I love You; Father God, I love You—my talisman against blasphemy.

"Maybe," he said. "But not this week. Can we focus on this week first and cross other bridges when we come to them?"

I snorted out a shock of air. My right leg began to shake, which thoroughly annoyed me. "What's the point if, in the end, I can't finish the job?"

"You don't know that," said Dr. Foster quietly.

"I know that," I countered as my voice climbed higher. "I've considered it, and there is no way I can do that."

"I think you should just focus on your current assignment."

"I can't," I said. Didn't he understand that there was no point to torture if the end result was not healing? "All I can think about is that this is the next step."

"Well," said Dr. Foster, leaning forward, "I'm not actually sure we'll need to get to that point." I looked at him, sideways, warily. "I'm not. I'm seeing how things go." I swallowed.

Outside his window, the sunlight battled hard behind the cloudy sky but couldn't break through. "For now, when you have your intrusive thoughts, I'm asking you to try to embrace them."

"I can't," I repeated. "I can't think—that—toward the Holy Spirit. I really can't ... and I think that might be the community standard in my church." I was using his own terminology as a spear, frantically poking holes. What had I been thinking, attempting CBT in the first place, which was shaping up to be the equivalent of toying with an afterlife toggle?

"Then," he said, "what I want you to try is this. When you have an intrusive thought, I want you to think, 'My OCD is making me think'—he held out his hands—"this"—whatever it is. And name it. Say it in your head. It's a step removed from what I'd like you to be doing, but it might work for you to approach it that way."

I doubt it. I pressed my lips together, still sitting rigidly.

"Can you try that this week, Neely? Creeping toward it?"

"I don't know." My voice was like ice shards.

He pointed to one of his wooden coasters, which was sitting on the coffee table between us. Just like the others, it also had a quotation etched into the wood, this one from from Antoine de Saint Exupéry: "What saves a man is to take a step. Then another step."

"What saves a man is grace," I spat.

For the briefest moment, the corners of Dr. Jonathan Foster's mouth hinted at a slight grin, but a second later, I thought I must have imagined it. Except for his eyes. His eyes looked at me as if he had a secret, as if I'd said something funny.

I hated him in that moment. My face burned with anger as I stood up to leave. "I'm not listening to that thing again," I said. "CBT has been the biggest mistake of my life."

"Neely," he said to my back, "I hope you'll come back next week. I'll leave you on the schedule." I did not turn around, and Dr. Foster did not get up from his chair. I felt only the tiniest pinprick of pleasure knowing that I'd staged a coup. Resentment piled like an avalanche behind me as I closed the door sharply on a room of awkward, advancing silence.

I stopped at my best friend Charlotte's studio apartment to explain why Dr. Foster was the worst person alive and the exact wrong person for his job. "I mean, how is someone supposed to confront her biggest battles, her deepest fears, if Dr. Foster cannot even be sympathetic for one minute? I just

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want my talk therapist again! I want her to tut-tut and to pray for me and tell me stories about her babchi and to tell me what's true and what's not."

I seethed about the quote on the coaster and about my rebuttal that men are saved by grace. "And then," I said, "he didn't smile, but he almost looked like he wanted to! And I just about had a meltdown! It was like he wanted to laugh at me."

Charlotte offered her own knowing smile. "Neely," she said, "he probably did want to! He had a lot more self-restraint than I would have. My gosh."

"What—what do you mean?"

"You argued with him that we are saved by grace—you! When your OCD has blinded you to grace! It was like an atheist saying, 'Let's pray!' Honey, come on, give the man a break. It was a completely ironic thing for you to say in that moment. Can you see that?"

I wanted to argue, but I was just so worn out. I exhaled deeply. "I still don't like him." "That's fine," she said. "And as your best friend, I will dislike him on principle." "Thank you."

"But," she said, "if this heals you, I will officially revoke all dislike and fall at his feet in gratitude."

I couldn't even crack a smile. "Char, it can't. I've already failed. I'm not even doing it right." I put my head in my hands, frustrated. "I'm supposed to be approaching my blasphemous thoughts head-on, and I refuse. I'm wasting my time, going through torture for no reason, and I'm just done."

"Well, hold on now," she said. "You say 'head-on,' but Dr. Doom said you could side-step, right? What's that look like?"

I sighed again. "It's where I say—or think, I guess—'My OCD is making me think blah.' Fill in the blah with whatever bad thought it is. Probably cursing at the Spirit." Father God, I love You. Father God, I love You. Father God, I love You.

"So why not do it?" she said, glancing at her textbooks.

I ogled at her. "What?"

"Why not do it?" she repeated, this time looking at me.

"Because it's blasphemous; because it's sinful; because it's unforgivable. It will condemn me to hell." I half expected her to blink her eyes as if coming out of a trance.

"You're not actually saying those things, though," she pointed out. "It's like, well, let me think ... it's like if I were to say to you, 'I heard a woman at the mall say, "God is not good." I

didn't actually say God is not good. I was telling you that a woman at the mall said it. But at the same time, I was able to say it out loud." I continued to stare at her. "You know? It wasn't my personal opinion or even a statement to God, just an observation."

An observation. I let the idea roll over my brain. "It sounds risky." "Which is the point, right?"

Charlotte had taken most of the venom out of me. I kept thinking of her summation — how the side-stepping of CBT wasn't stating a personal opinion or even a statement to God, how it was nothing more than making an observation — and of Dr. Foster, his hands held out, palms up, as if in offering. "My OCD is making me think this," he'd said. "Name it. Say it in your head."

But the concept still unnerved me.

Mr. and Mrs. Cook, the newlyweds, invited me over for dinner on Sunday evening. Stella—her curls somehow managed into a Swiss braid—attacked me with a bear hug that made it seem more like her honeymoon had been two months and not just two weeks. "Gosh, I've missed you!" she wailed.

While we ate dinner, my mind kept flitting back to what Charlotte had said—what Dr. Foster had said as well, only Charlotte so much better. It's just an observation. I ran the idea by the Cooks. "Okay, this is random. Help me to think of this right," I said to them while AJ passed around a plate of baked potatoes. "If Person A says to you, 'Person B said you're an idiot,' which one do you get mad at?"

"How did Person A say it?" asked Stella, thoughtfully twirling a green bean on her fork, not at all thrown off guard by the arbitrary inquiry.

"Softly, pained, regretfully."

"Then I get mad at Person B," she elected.

"You don't shoot the messenger," added AJ, looking a little confused. "Neely has OCD," Stella said, as if those three words explained everything.

I am the messenger. OCD is the one with the message. The statement—the blasphemy—it's not mine. It's not my opinion. I am only making an observation about what OCD thinks.

The separation sounded spectacular. ○

"Tipping Point," an excerpt from the novel, **Lights All Around**. You can download a free copy of the full novel from Jackie's blog at www.jackieleasommers.com.

FROM THE FOUNDATION

Call for Presentations for the 20th Annual IOCDF Conference

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 related disorders, their families and friends, and the mental health professionals who treat OCD or are conducting research in this field. This year's conference will be held on July 19–21, 2013, at the Hyatt Regency in Atlanta, GA.

TOPICS OF INTEREST

After reviewing the evaluation forms from our 19th Annual Conference in 2012, 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 2013 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. To help our attendees choose which sessions to attend, we'll also be asking for three learning objectives for your session.

This year we will also have three mini-tracks on special topics, including: young adults with OCD, PANS, and an introduction to OCD in Spanish. We encourage anyone with interest in these areas to please submit a proposal.

In addition, we would like to encourage people to submit talks about co-morbid disorders such as PTSD, since there is a large veteran population in the Atlanta area. We are also working to improve our outreach to minority communities, so talks pertaining to those groups are highly encouraged.

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
- 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
 - College students and Young Adults
 - Adults
 - Older Adults
 - Minorities
 - Individuals with a co-occurring physical disability
- OCD in the classroom/issues 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, etc.)
- ❑ 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)
- ❑ PANS (Pediatric Acute-onset Neuropsychiatric Syndrome)

TIPS FOR BEING SELECTED

- **Choose your audience wisely.** Last year, we were particularly light on proposals for children and teens as well as those intended for researchers. Any proposals in these three categories will improve your chances of being selected.
- **Slots for personal stories are limited.** Personal stories are inspiring and motivational, but with room for only a handful of these talks, we often have to turn away many more than we can accept. If submitting a personal story, consider doing so as part of a small panel.
- **Make sure your proposal is complete.** As the conference grows, the timeframe for setting the program has narrowed. Please make sure that you have all of your presenters' contact information and biographies before submitting. ○

Only electronic submissions will be accepted. The proposal submission system will open on Wednesday, January 2, 2013 and close on Thursday, January 31 at 5 PM ET. To learn more about our conference and to submit a proposal, visit: <http://www.ocfoundation.org/Conference>

- *Hear the latest in OCD research*
- *Interact with the country's top OCD experts*
- *Participate in therapeutic workshops*
- *Find support groups and treatment*

International OCD Foundation
2013 | 20TH ANNUAL CONFERENCE

Atlanta
July 19-21 *Hyatt Regency Atlanta*

Who should attend?

- **Individuals of all ages**
- **Relatives and caregivers of OCD sufferers**
- **Professionals who provide therapy, support and information to those affected by OCD**
- **OCD researchers**

The City in a Forest • The Gate City • The 'A' • HoFlanta

www.IOCDF.org

The Big Peach • Dogwood City • City of Trees • All

FROM THE FOUNDATION

Development Update: The Importance of End-of-Year Giving

by Jeff Smith

In the coming weeks you may notice an increase in the number of mailings that you receive from the International OCD Foundation (IOCDF)... And you might be asking yourself, “why?”

Did you know that the IOCDF is funded entirely through the generosity of individual donors? Unlike many other charitable foundations, we do not receive any government, corporate, or pharmaceutical company support. And the end of the year is a very important time for us, because, historically, we have received fifty percent of all our funding in just the last two months of the year.

So, in addition to our fall newsletter, you will receive two very important requests: The “No Show Ball” invitation, which is the IOCDF’s Annual Fund appeal, and the Research Fund Appeal. These are the IOCDF’s most important mailings of the year, as they are requesting your support for our programs and important research into the causes and treatment of OCD and related disorders.

THANK YOU TO OUR DONORS — LARGE AND SMALL

During the last few months, we have received many donations in the \$5 and \$10 range on our website, and we wanted to take a moment to thank these donors. We recognize that donating to the IOCDF is a choice, and, for some people, it means making a sacrifice as well — perhaps forgoing a family trip to the movies, or opting for pizza instead of a fancy meal — which is why we wanted to take the time to thank the donors who give what they can, when they can.

Every gift to the International OCD Foundation, no matter how large or small, is important. These small gifts add up, and together they support important IOCDF programming such as OCD Awareness Week, our Annual Conference, and the Behavior Therapy Training Institute (BTTI).

There is strength in numbers. The collective generosity of our donors makes a huge impact, and we thank you for your generosity.

THE NO SHOW BALL

The “No Show Ball” is the IOCDF’s end-of-year Annual Fund Appeal. The Annual Fund supports the work of the Foundation through the receipt of unrestricted donations. Annual fund gifts provide tremendous flexibility for the IOCDF to address needs and absorb costs of existing and new initiatives without jeopardizing the commitment of the IOCDF mission to help people living with OCD. And because Annual Fund dollars are available for immediate use, their effect is quickly realized. Annual fund contributions are the lifeblood of the IOCDF. Gifts to the annual fund, no matter the size, have a direct and lasting impact on the OCD community. When you give to the Annual Fund, you are supporting the programs that are critical to the Foundation’s mission. These include: the Behavior Therapy Training Institute, our nationwide training program for therapists and clinicians on the most up-to-date and effective ways of treating OCD; awareness and advocacy programs, such as OCD Awareness Week; as well as web-based outreach including the IOCDF website, the Hoarding and Pediatric websites, and the comprehensive international Treatment Provider Database.

For a more comprehensive look at the IOCDF programs and resources that the Annual Fund supports, you can download the 2011 Annual Report at: www.ocfoundation.org/About_Us.aspx#Financials

**RESEARCH FUND APPEAL**

A top priority of the Foundation is to promote research into the causes and treatment of OCD and related disorders. Each November, the IOCDF solicits donations that go directly to support qualified and worthwhile research projects. In 1994, the Foundation launched the Research Grant Award Program which funds three to eight research projects each year, with grant awards ranging from \$25,000 to \$50,000. The Foundation has distributed \$2.8 million dollars in research grant funding since the beginning of the program. We all know how important research is in

FROM THE FOUNDATION

helping find the causes of OCD and related disorders and in helping to develop new and more effective treatments. Funding for these yearly research awards would not be possible without the generosity of Foundation donors who designate a gift to the OCD Research Fund. One hundred percent of contributions to the Research Fund are used directly to fund winning Research Grant Award applicants.

Many of our donors realize that without support for the Annual Fund, there would be no IOCDF, and no OCD Research Fund. This is why they choose to make a gift to both the Annual Fund and the Research Fund. Your generous gifts allow the IOCDF to provide quality services for those who suffer from OCD and related disorders. In this current economic climate, a gift like yours feels especially valuable, and we are honored that you choose the IOCDF for your contribution. ○

Workplace Giving: How to Maximize Your Donation to the IOCDF

Each year, approximately \$4.8 billion is donated to America's charities through workplace giving campaigns. Your employer can set up workplace giving in a variety of ways, but matching gift programs and workplace giving campaigns are the most common. Here is a quick run-down of ways you may be able to donate to the IOCDF through your employer:

- **Matching Gifts.**

Did you know that many companies offer a matching gift program as a benefit to their employees? As many as one in ten gifts that we receive is eligible to be matched by the donor's employer. Some companies will even match gifts made by retirees and spouses of employees. Ask your Human Resources representative or Charitable Giving/Grants Department if they match charitable contributions as an employee benefit. This could allow you to double or even triple your gift to the IOCDF!

- **Paycheck Deductions.**

Some employers offer employees the option of giving a small percentage of each of their paychecks to a specific nonprofit through a workplace giving campaign. Please ask your human resources department to see if the IOCDF is included in yours, or ask if write-ins are accepted. It's fast, easy, and a great way to keep track of the tax benefits of charitable giving.

- **Combined Federal Campaign for Federal Workers.**

The Combined Federal Campaign (CFC) is a program allowing certain charitable organizations to solicit contributions from employees of the federal government of the United States. The CFC is the world's largest and most successful annual workplace charity campaign, raising millions of dollars each year for over 200 campaigns around in the U.S. and around the world. Pledges made by federal, civilian, postal, and military donors during the campaign season (September 1st to December 15th) support eligible non-profit organizations that provide health and human service benefits throughout the world, including the IOCDF. Find us in the CFC database under International OCD Foundation.

- **Giving through the United Way.**

The United Way of America is a non-profit organization that works with more than 1,200 local United Way offices throughout the country to pool efforts in fundraising and support. The focus of the United Way is identifying and resolving pressing community issues, as well as making measurable changes in communities through partnerships with schools, government agencies, businesses, organized labor, financial institutions, community development corporations, volunteer and neighborhood associations, the faith community, and more. Many companies and local businesses around the country hold annual United Way campaigns. Did you know that you may designate a charity to receive your United Way gift, even if they are not located in your local community? Speak with your Human Resource representative or contact your local United Way to find out how you can help the IOCDF through your paycheck donation. The IOCDF's United Way code is: 10554. ○

THERAPY COMMUNITY

BOOK REVIEW: Students with OCD: A Handbook for School Personnel

by Monica S. Wu and Eric A. Storch, PhD

Monica S. Wu is a graduate student pursuing her PhD in Clinical Psychology at University of South Florida. Her primary research interests include obsessive-compulsive disorder and anxiety disorders in the pediatric population. Dr. Storch is an Associate Professor of Clinical Psychology in the Department of Pediatrics at the University of South Florida and is the Director of the university's OCD Program.

Childhood obsessive-compulsive disorder (OCD) is an anxiety disorder that can significantly impact home life, social relationships, and school environments, but is commonly misunderstood. Because OCD typically starts at an age when the affected individuals are still in school, teachers and school personnel often have the best vantage point to notice early signs of OCD. OCD can have an especially significant impact at school, and swift and accurate diagnosis can give students the best chance of a positive outcome. However, because of the disorder's complexities and a lack of public understanding (with some sarcastic thanks to media portrayal), OCD is often overlooked in the classroom. Often times, its symptom presentations are misinterpreted for unrelated behavioral issues and children are sometimes disciplined or given the wrong treatment and resources as a result.

Unfortunately, there is an lack of information regarding the integral role schools can play in the assessment and treatment process, as well as the importance of understanding how OCD can present itself in the classroom. For this reason, *Students with OCD: A Handbook for School Personnel* (Pherson Creek Press, 2011), by Gail Adams, EdD, is an invaluable resource for school personnel, parents, and clinicians working with children with OCD. This easy-to-understand text provides readers with a concise, yet comprehensive, breakdown of what OCD looks like and what school staff can do to help. Although it is geared towards school personnel, parents and mental health professionals will also benefit from this well-written, informational handbook.

Dr. Adams organizes the information in the book in a clear and logical fashion. The author begins by giving the reader a sound foundation on the nature of OCD, how obsessive-



Author Gail Adams, EdD, at the book signing for **Students with OCD** at the 2012 Annual Conference in Chicago.

compulsive symptoms present themselves, and how OCD behaviors can differ from developmentally normal behaviors. Then, Dr. Adams carefully introduces the more intricate nuances of OCD in a comprehensive and clear fashion, which makes it easy to understand and prevents the material from being too overwhelming. For example, because OCD symptoms can be exhibited in many ways, readers are presented with a breakdown of each subtype of OCD, one at a time. By separately identifying each subtype and providing examples on how they can each affect school behavior, readers are able to understand the subtleties in OCD symptoms without feeling overloaded with information. The book culminates in a targeted school-based implementation plan covering:

- Accommodations and support strategies for students with OCD
- School-based cognitive behavioral therapy (CBT) with and without the help of an outside therapist
- How to categorize students with OCD under the Individuals with Disabilities Education Act (IDEA) of 2004 — a federal law governing special education and related services in the United States
- Discipline and OCD behavior

Students with OCD is user-friendly, allowing the readers to fully grasp information, regardless of their previous level of familiarity with OCD. The way the information is presented and the concise writing style allows for the text to be easy to follow and refer back to, making this handbook a must-have resource in teachers', pediatric providers', and parents' libraries. Each section is complemented with a broad range of representative, real-life vignettes that clearly illustrate what OCD looks like in school-specific contexts. Furthermore, to ensure that the reader successfully implements the skills described in the handbook, specific tips and ideas for problem-solving for various situations are included throughout the text. Resources are also thoughtfully provided throughout the text and prove to be crucial when dealing with individuals afflicted by OCD.

After reading this book, readers will be able to:

- Correctly debunk myths about OCD
- Identify OCD symptoms presenting in the school environment
- Understand US legislation pertaining to educational services
- Learn to implement specific types of accommodations and school-based interventions

By gaining a fuller understanding of OCD and learning how to implement school-based interventions, school personnel will be able to play an essential role in initiating assessments and facilitating the treatment process with families after reading this book.

Collectively, *Students with OCD* shows the importance of understanding how OCD symptoms can present in the school setting and emphasizes the influential roles of school personnel in the lives of students with OCD. Due to the disorder's complex nature and common misconceptions, this handbook is essential for not only school personnel, but also for families and mental health professionals. Ultimately, *Students with OCD* fills a major gap in the childhood OCD literature in helping parents and providers effectively work with schools to foster improved child outcomes. ○

Institutional Member Updates

CENTER FOR UNDERSTANDING AND TREATING ANXIETY AT SAN DIEGO STATE UNIVERSITY

6386 Alvarado Court, Suite 301
San Diego, CA 92120
Phone: (619) 229-3740
<http://nas.psy.sdsu.edu>

We are pleased to announce the expansion of our OCD Institute at the Center for Understanding and Treating Anxiety and the recruitment of new staff.

We welcome Dr. Sadia Najmi who joins the Center as a licensed staff clinician in addition to her role as Research Assistant Professor in the Department of Psychology at San Diego State University. Dr. Najmi worked with us at our Center in the past as a research postdoctoral fellow, and now joins us again after completing a clinical fellowship at the Anxiety Disorders Clinic of the San Diego VA.

This expansion of our clinic will allow us to better serve a wide variety of individuals with OCD and related disorders with weekly outpatient psychotherapy services as well as our intensive treatment program.

NEUROBEHAVIORAL INSTITUTE (NBI)

2233 North Commerce Parkway, Suite 3
Weston, FL 33326
Phone: (954) 217-1757
www.nbiweston.com

The NeuroBehavioral Institute (NBI) is expanding to the beautiful State of Utah! Dr. Katia Moritz is trailblazing our programs to the Park City/Salt Lake area. She will continue to fulfill her current roles at NBI Weston, and will be traveling back to Florida on a regular basis.



This expansion brings greater opportunity for NBI to continue creating innovative programs for neurobiological and psychological conditions. In fact, the terrain and climate make Utah ideal for practicing evidence-based treatments in serene and challenging naturalistic settings.

Continued on next page »

THERAPY COMMUNITY

Institutional Member Updates (Continued from previous page)

Best regards from NBI's Clinical Directors,

E. Katia Moritz, PhD, ABPP
Jonathan Hoffman, PhD, ABPP

Here are our new locations in Utah:

Salt Lake City	Park City
5445 South Highland Drive	1820 Sidewinder Drive
Salt Lake City, UT 84117	Park City, UT 84068
(954) 217-1757	(954) 217-1757

OCD CENTER AND COGNITIVE BEHAVIORAL THERAPY SERVICES AT ROGERS MEMORIAL HOSPITAL

34700 Valley Road,
Oconomowoc, WI 53066
Contact: Barry Thomet, Community Outreach
Phone: (800) 767 4411 x1347
Email: bthomet@rogershospital.org
www.rogersocd.org

The IOCDF held an OCD and PANDAS/PANS Summit at Rogers Memorial on September 13th. Sue Swedo, MD, from the National Institutes of Mental Health; Michael Jenike, MD, from Harvard Medical School/McLean Hospital; Tanya Murphy, MD, from the Rothman Center for Neuropsychiatry, University of South Florida; Evelyn Stewart, MD, from British Columbia Mental Health and



Members of the IOCDF Scientific and Clinical Advisory Board and IOCDF staff met with Rogers Memorial Hospital in September to discuss the latest information about PANS (Pediatric Acute-Onset Neuropsychiatric Syndrome). From left: Susan Dailey; Tanya Murphy, MD; Sue Swedo, MD; Evelyn Stewart, MD; Michael Jenike, MD; and Michael Spigler, MCHES.

Addictions Research Institute; Susan Dailey, IOCDF Board member; and Michael Spigler, Program Director at the IOCDF, were all in attendance.

The IOCDF also held a Behavioral Therapy Training Institute (BTTI) at Rogers on September 28–30th.

Rogers Memorial Hospital celebrated the grand opening of the new Child and Adolescent Centers on September 19th. The state of the art residential centers were christened with the help of Marty Franklin, PhD, from the University of Pennsylvania in a keynote address to staff, former patients, and community leaders.

In recognition of OCD Awareness Week, Rogers did 4 community presentations on OCD around the state of Wisconsin on October 10th.

Bradley Riemann, PhD, Clinical Director of the OCD Center and CBT Services at RMH, presented on OCD at a Grand Rounds for the University of Wisconsin Department of Psychiatry on October 11th.

Dr. Riemann also presented in October at the American Academy of Child and Adolescent Psychiatry on new strategies for treatment resistant pediatric OCD and anxiety.

Douglas Woods, PhD, from the University of Wisconsin – Milwaukee did a staff in-service on Behavior Therapy for Trichotillomania and Tics on October 18th.

Rogers also hosted a site visit and training by clinicians from Brown University on November 9th.

YALE OCD RESEARCH CLINIC

34 Park Street; 3rd Floor, CNRU
New Haven, CT 06508
Contact: Christopher Pittenger, MD, PhD
Phone: (203) 974-7523
Email: ocd.research@yale.edu
www.ocd.yale.edu

The Yale OCD Research Clinic is currently recruiting participants for OCD medication and imaging studies. Please see our listing under “Research Participants Sought” on page 19 for more details. ○

Research Spotlight: Journal of Obsessive Compulsive and Related Disorders

This new column highlights abstracts of interesting new research and articles about OCD and related disorders from the first scientific journal dedicated solely to OCD: the *Journal of Obsessive Compulsive and Related Disorders*, edited by IOCDF Scientific and Clinical Advisory Board Member, Dr. Jonathan S. Abramowitz. The full text of each article is available online for free at ScienceDirect.com (or by using the links listed below).

Common pitfalls in exposure and response prevention (EX/RP) for OCD

by Seth J. Gillihan, Monnica T. Williams, Emily Malcoun, Elna Yadin, & Edna B. Foa

Volume 1, Issue 4, October 2012, Pages 251–257

<http://dx.doi.org/10.1016/j.jocrd.2012.05.002>

Obsessive-compulsive disorder (OCD) is a highly debilitating disorder. Fortunately there are treatments that help the majority of OCD sufferers. The behavioral treatment with the most empirical support for its efficacy is exposure and response prevention (EX/RP). Over the years in our supervision meetings and in our clinical practice we have noted a number of relatively common therapist pitfalls that decrease the effectiveness of EX/RP. These pitfalls include not encouraging patients to approach the most distressing situations, doing imaginal exposure when in vivo is called for (and vice versa), encouraging distraction during exposure, providing reassurance, failing to address the core fear, ineffective handling of mental compulsions, and difficulty working with close others in the patient's life. In the current article we describe these common pitfalls and how to avoid them.

Pediatric obsessive compulsive disorder: Family climate as a predictor of treatment outcome

by Tara S. Peris, Mina Yadegar, Joan R. Asarnow, & John Piacentini

Volume 1, Issue 4, October 2012, Pages 267–273

<http://dx.doi.org/10.1016/j.jocrd.2012.07.003>

Background: Maternal Expressed Emotion (EE) is a poor prognostic indicator for multiple forms of child and adolescent psychopathology; however, there has been relatively little examination of its role in pediatric obsessive compulsive disorder (OCD). This study examined rates of high maternal EE in pediatric OCD, their cross-sectional parent and child correlates, and links to treatment outcome. **Methods:** Participants included 58 youths (mean age=12.33 years; % male=59%) participating in a larger randomized control trial comparing family focused cognitive behavior therapy (FCBT) to psychoeducation

and relaxation training (PRT) for pediatric OCD. Baseline measures of maternal EE were obtained using the Five-Minute Speech Sample (FMSS). Clinical outcomes were evaluated by independent evaluators using the Clinician's Global Impressions-Improvement Scale (CGI-I). **Results:** Overall, 55% of mothers in this sample were rated high EE. High maternal EE at baseline was a significant predictor of poor treatment outcome, $X^2(1, n=58)=5.32, p=.02$. At baseline high EE was not related to child's OCD symptom severity, but was significantly associated with higher rates of comorbid child externalizing behavior problems and higher levels of parental depressive symptoms. Of the two dimensions of EE, maternal criticism correlated with parental blame and personal responsibility, whereas emotional over-involvement correlated with parental anxiety, depression, and OCD. **Conclusions:** These results underscore the significance of family stress, as expressed in high-EE, as a predictor of poor treatment response among youths suffering from OCD.

Flaws and all: Exploring partner-focused obsessive-compulsive symptoms

by Guy Doron, Danny S. Derby, Ohad Szepeswol, & Dahlia Talmor

Volume 1, Issue 4, October 2012, Pages 234–243

<http://dx.doi.org/10.1016/j.jocrd.2012.05.004>

Obsessive-compulsive disorder (OCD) is a disabling disorder with a variety of clinical presentations. Recently, research has begun to explore relationship-centered obsessive-compulsive (OC) symptoms, which include obsessions, checking, and reassurance seeking behaviors centered on an individual's feelings towards his or her partner and the "rightness" of their relationship. The present investigation extends previous research by examining OC symptoms focused on one's partner's perceived flaws. We report on the development and validation of the Partner-Related Obsessive-Compulsive Symptoms Inventory (PROCSI), a 24-item self-report scale assessing the severity of partner-focused OC symptoms in six domains: physical appearance, sociability, morality, emotional stability, intelligence and competence. The PROCSI was found to

2013 RESEARCH AWARDS REQUEST FOR PROPOSALS

SUBMISSION PERIOD: JANUARY 1, 2013 TO MARCH 1, 2013 AT 5PM EST

Promoting research into the causes and treatment of OCD and related disorders is a top priority of the International OCD Foundation (IOCDF). Since 1994, the Foundation has awarded nearly \$3 million to researchers through the Research Grant Award Program. This program funds three to eight research projects each year with grants between \$25,000 and \$50,000.

About Our Research Grants

- ❑ The IOCDF awards grants to investigators whose research focuses on the nature, causes, and treatment of OCD and related disorders.
- ❑ The IOCDF has a long history of funding projects for both junior and senior investigators. We especially encourage junior investigators to apply, in order to support young researchers at the beginning of their careers.
- ❑ Senior investigators may also ask for grant funding for projects that would provide pilot data for future larger scale federal grant applications.

- ❑ Funding for these yearly research awards comes from contributions of the Foundation's members and donors with 100% of research contributions going directly toward funding the winning projects.

When donating, donors have the opportunity to direct their donation toward a specific area of interest. While we continue to prioritize general OCD research topics, we also encourage researchers to submit research proposals in one of these priority areas:

- Hoarding
- Body Dysmorphic Disorder
- Pediatric OCD
- PANDAS/PANS specific research
- Genetics

For information about how to apply please go to:

www.ocfoundation.org/Research.aspx

If you have additional questions, please contact Barbara Rosemberg at **ocfresearch@ocfoundation.org**

Research Spotlight (Continued from previous page)

be internally consistent, and its factorial structure was supported by confirmatory factor analysis. Moreover, the PROC SI showed the expected associations with measures of OCD symptoms and cognitions, negative affect and relationship functioning, and significantly predicted depression and relationship-related distress over and above other symptom and relationship measures (Study 1). In addition, longitudinal analyses suggested reciprocal links between relationship-centered OC symptoms and partner-focused OC symptoms. Links between body dysmorphic concerns and partner-focused OC symptoms were also found (Study 2). Implications for theory and treatment are discussed.

Symptom dimensions in OCD and their association with clinical characteristics and comorbid disorders

by Lokesh Prabhu, Anish.V. Cherian, Biju Viswanath, Thennarasu Kandavel, Suresh Bada Math, & Y.C. Janardhan Reddy

In Press: Available online October 26, 2012

<http://dx.doi.org/10.1016/j.jocrd.2012.10.002>

The complex clinical phenotype of obsessive-compulsive disorder (OCD) can be summarized in to a few temporally

stable and consistent symptom dimensions that may have distinct clinical and neurobiological correlates. We examined the relationship between symptom dimensions and clinical characteristics in 161 consecutive patients with DSM-IV diagnosis of OCD with the Yale Brown Obsessive Compulsive Scale severity score of ≥ 20 recruited from a specialty OCD clinic in India. Clinician administered version of the Dimensional Yale Brown Obsessive Compulsive Scale (D-YBOCS) was used to assess symptom dimensions. Earlier age of onset of OCD was associated with sexual/religious, aggression and symmetry dimensions. Fear of contamination was associated with female sex, higher family loading, greater severity of illness, poorer insight, and somewhat poorer functioning and lower physical quality of life. Aggression dimension was associated with presence of anxiety disorders and social phobia in particular. Our study demonstrates relatively specific associations between OCD symptom dimensions and clinical characteristics supporting the view that symptom dimensions could be employed to reduce the heterogeneity of OCD. The study encourages research on neurobiological and genetic underpinnings of symptom dimensions and supports inclusion of symptom dimensions in characterizing OCD in DSM-5 text. ○

Research Participants Sought

The IOCDF is not affiliated with any of the following studies, but we provide this information as a service to our members. The studies are listed by alphabetically by state, with online studies (open to any geographic area) at the end.

If you are a researcher who would like to include your research listing in the OCD Newsletter, please contact Marissa Keegan at mkeegan@ocfoundation.org.

CALIFORNIA

Are you concerned about your appearance?

Are you between the ages of 18 and 30?

- Are you concerned about specific features of your appearance that you believe are ugly or unattractive?
- Are you spending much of your day thinking about your appearance?
- Are you avoiding mirrors or spending a lot of time looking in the mirror?
- Is your concern causing a lot of distress and/or interfering with your functioning?

If so, you may have a psychiatric condition called Body Dysmorphic Disorder, and may be eligible to take part in a study that is providing free:

- Diagnostic Evaluation
- Brain scans: functional Magnetic Resonance Imaging (fMRI)
- EEG

In addition, you will be paid for your participation.

Study conducted by Jamie Feusner, M.D. and Michael Strober, Ph.D.

For more information, call (310) 206-0468, email csheen@mednet.ucla.edu, or visit: www.semel.ucla.edu/bdd/research

CONNECTICUT

OCD Medication and Imaging Studies

Have you been diagnosed with OCD? Want to hear about the latest medication and imaging research studies from Yale Specialists? The Yale OCD Research Clinic is currently recruiting participants for both treatment and non-treatment studies.

Recent evidence suggests that the neurotransmitter, glutamate, may be out of balance in some patients with

OCD. A major focus of the Yale OCD Research Clinic's work is to better understand this imbalance and to explore whether medications that target glutamate can help some patients whose symptoms do not respond to the established treatments. Through this focus on the development of new medications, as well as new non-pharmacological treatments, we aim to provide new hope for patients whose symptoms do not respond completely to the currently available therapies.

Our other, non-treatment studies use neuroimaging, genetics, and other approaches to investigate the changes in the brain that lead to OCD, paving the road for the development of the treatments of tomorrow.

If you are interested in participating in one of our research studies, trials of new medications, or in learning more about our work, please call us. We also sponsor a bimonthly OCD support group that typically meets on the first and third Thursday of each month from 3-4pm. The group meets in the conference room on the third floor of the Connecticut Mental Health Center at 34 Park Street, New Haven, CT 06508. All patients are welcome to attend. Please contact the Yale OCD Research Clinic at 203-974-7523 for more information.

N-acetylcysteine for Pediatric OCD (HIC#1004006623)

The Yale Child Study Center is conducting a study on N-acetylcysteine (a natural supplement) in children with Obsessive Compulsive Disorder (OCD). Subjects will receive either active N-acetylcysteine or a placebo for 12 weeks and remain on current medications.

The study is open to children ages 8 to 17 with chronic Obsessive-Compulsive Disorder. Participants will be compensated up to \$150 for their participation.

If you have any questions or would like to learn more about the study please contact Jilian Mulqueen at (203)-737-4809 or jilian.mulqueen@yale.edu.

RESEARCH NEWS

Research Participants Sought (Continued from previous page)

Effectiveness and Neuropsychological Predictors of Guided Self-Help for OCD

We are looking for adults aged 18-69 with Obsessive-Compulsive Disorder (OCD) to participate in a research study. Over the course of 17 weeks, participants in this study will use OC Fighter, an internet program designed for treating OCD. They will meet with a therapist 9 times during the treatment. All participants will receive the treatment and are compensated for post-treatment and follow up study visits. Participants must be able to travel to Hartford Hospital in Connecticut.

For more information: call (860)-545-7752 or email ADCresearch@harthosp.org

NEW YORK

Mount Sinai OCD Study

Are you bothered by recurrent and disturbing thoughts (obsessions) or irresistible urges to check or repeat things (compulsions)?

Examples of obsessions are concerns with contamination, intrusive images or fear of terrible things happening.

Examples of compulsions are checking for safety, excessive washing, or time-consuming rituals.

The Mount Sinai School of Medicine's Department of Psychiatry is recruiting participants for a new investigational medication research study. The study is for Obsessive Compulsive Disorder (OCD) and eligible participants will receive study related procedures and study medication at no charge.

To qualify for the study, you must:

- Be between the ages of 18 and 65
- Currently be taking medication for OCD
- Continue to have symptoms of OCD while on medication

For more information, please contact:
Resham Gellatly at (212) 659-1677

Mount Sinai School of Medicine
1240 Park Avenue, New York, NY 10029

ONTARIO, CANADA

Do you suffer from OCD?

Do you:

- Worry a lot about germs or contracting a serious disease?
- Have a strong need for symmetry or exactness?
- Constantly doubt the accuracy of things you do?
- Describe yourself as a superstitious person?

Are you spending large amounts of time:

- Cleaning/washing your home or workplace?
- Doing things several times or until it feels right?
- Counting objects like stairs, floor or ceiling tiles?
- Repeatedly checking locks, light switches and appliances?
- Arranging/organizing?

You may be eligible to participate in a research medication study in the treatment of Obsessive Compulsive Disorder. You must be between the ages 18-65.

For more information contact Jasmine at 905-921-7644, or email us at jasmine@macanxiety.com.

www.macanxiety.com

RHODE ISLAND

Are you diagnosed with Obsessive Compulsive disorder?

Are you receiving therapy and/or medication for OCD but are still having a hard time managing your symptoms? Free help may be available to you.

The OCD Researchers and clinicians at Butler Hospital and the Alpert Medical School of Brown University in Providence, Rhode Island are looking at two different health interventions that may help improve OCD symptoms.

Participation in this study will include:

- An initial interview and computer-based tasks
- Meeting with the study physician and an assessment of physical fitness
- Random assignment (by chance) to one of two programs:

- A 12-week moderate intensity aerobic exercise program supervised by an Exercise Physiologist
- A 12-week health and wellness education program led by an OCD expert

This study is open to adults between the ages of 18-65. Eligible participants are reimbursed up to \$445 for their time and effort.

If you have any questions or would like to learn more about the study please contact:

Julie Desaulniers, MS
Project Coordinator
(401) 455-6219 or jdesaulniers@butler.org

ONLINE

Study of Web-based Treatment for OCD

Do you have obsessive-compulsive disorder or think you might? Have you had trouble finding treatment for your OCD? Do you use the Internet? If you answered “yes” to these questions, you might be eligible to participate in a research study conducted by Dr. Kenneth Kobak of the Center for Psychological Consultation.

This study will evaluate a new, web-based treatment program for obsessive-compulsive disorder called BT Steps. BT Steps teaches participants skills from cognitive behavior therapy and is based on an earlier, telephone-based program that was shown to be effective in a research trial. In the current research study, we will assess the effectiveness of BT Steps alone, or supported by coaching from either a trained coach or a cognitive behavior therapist. This study is supported by a grant from the National Institute of Mental Health.

To participate in this study, you must be at least 18 years old, have OCD, and use or be willing to use the Internet. Participants will be compensated up to \$150 for their participation.

If you have any questions or would like to learn more about this study please contact Revere Greist at (608) 556-0766 or rgreist@centerforpsychconsulting.com.

Online Scrupulosity Research Study

Does scrupulosity interfere with your life?

If so, and you are 18 years of age or older, have been diagnosed with OCD, and have access to the internet, you are eligible to participate in an anonymous research study.

The study will require you to spend about 20 minutes interacting with an investigational website, and answering questions about your problems with scrupulosity. No information will be recorded that would permit you to be identified.

To participate in this study, use your computer's internet browser to go to: www.ocdassessment.com

Lee Baer, Ph.D.
William E. Minichiello, Ed.D.
Jedidiah Siev, M.A.

For questions about this study, please email:
lbaer@partners.org

Do you have a relative or significant other with OCD? (Anonymous Online Survey)

Researchers at NYSPI/Columbia University, Yale University, and the University of Southern California are conducting an online survey to learn more about how a family member responds to a relative's symptoms of obsessive compulsive disorder (OCD). Participation is anonymous and typically takes about 30 minutes. The information gathered may contribute to a better understanding of the ways in which loved ones may best assist a person with OCD and may lead to improved services and delivery of care. Participation is limited to once per person.

For more information please call 212-543-5938 or go to this link: <https://www.surveymonkey.com/s/OCDFamilySurvey> ○

FROM THE AFFILIATES

Affiliate Updates

OCD GEORGIA

www.ocdgeorgia.org

Join OCD Georgia in early 2013 for the event “OCD Unveiled.” We will be announcing the date and location on our website at www.ocdgeorgia.org and on our Facebook page at www.facebook.com/OCDGeorgia. Please visit our Facebook page in the coming weeks to learn more, and while you are there, please feel free to “like” us!”

OCD MASSACHUSETTS

www.ocdmassachusetts.org

OCD Massachusetts is running three monthly lecture series and support group programs throughout the state. For more information, please contact Denise Egan Stack at deganstack@gmail.com or Carla Kenney at carla@ocd-therapy.net, or visit www.ocdmassachusetts.org.

OCD Massachusetts Lecture Series* at McLean Hospital

De Marneffe Cafeteria Building, Room 132
McLean Hospital, Belmont, MA 02478

Dec 4 – Emotional Contamination
Carol Hevia, PhD

Jan 8 – What’s New in OCD Treatment?
Denise Egan Stack, LMHC

OCD Massachusetts Lecture Series* at UMass Medical Center

Lazare Auditorium (S1-607)
55 Lake Avenue North, Worcester, MA 01655

Dec 13 – Body Dysmorphic Disorder
Jennifer Greenberg, PsyD

Jan 10 – OCD in Kids and Teens
Phoebe Moore, PhD

*Two support groups run after each lecture

OCD Massachusetts Cape Cod Support Group

Third Wednesday of every month at 6:30pm
Hyannis Youth and Community Center
141 Bassett Lane, Hyannis, MA 02601

OCD MIDWEST

www.facebook.com/OCDMidwestAffiliate

It has been a busy time for OCD Midwest. We recently had a conference call for providers and for individuals with OCD. We are now setting up message boards for these groups, with Charles Brady, PhD, ABPP, moderating the provider board and Patrick McGrath, PhD, moderating the board for those with OCD.

We are also currently doing outreach to graduate schools in the Midwest to let them know about OCD Midwest and to see if they have any ongoing OCD research. If you are a graduate student doing research in OCD in the Midwest, please email patrick.mcgrath@alexian.net with information.

We are looking into bringing Ping Pong for OCD to Chicago sometime soon... stay tuned!

Support Groups

There is a new Parent Support Group being held at Alexian Brothers Behavioral Health Hospital in Hoffman Estates, IL. The group meets the 1st and 3rd Mondays of the month from 7–8:30pm. Open support groups for people with OCD and their families meet on the 2nd and 4th Wednesdays of the month. Please email patrick.mcgrath@alexian.net for more information.

Consultation Group

There is a Consultation group for professionals that Rodney Benson and Robin Ross are starting in Chicago. Please email drrodneybenson@gmail.com for more information.

To stay updated about all of these activities and events, please “like” our Facebook page.

What is an IOCDF Affiliate?

Our affiliates carry out the mission of the International OCD Foundation through programs at the local community level. Each of our affiliates are non-profit organizations that are run entirely by dedicated volunteers. For a complete list of affiliates, please visit: www.ocffoundation.org/affiliates/

If you are interested in starting an affiliate in your area, please contact Mike Spigler at mspigler@ocffoundation.org.

OCD NEW JERSEY

www.OCDNJ.org

Thank you to everyone who attended our 3rd annual OCD Awareness Week conference, co-sponsored by OCD NY!

Our next quarterly meeting is Monday, December 10, 2012, at 7:30 PM at Robert Wood Johnson University Hospital, Medical Education Building, Room 108A, in New Brunswick, NJ. The meeting will feature the talk:

“Pharmacological Treatment of OCD: The very latest developments in exploring options”

by Steven Poskar, MD

Dr. Poskar is a certified Diplomate in Psychiatry by the American Board of Psychiatry and Neurology, who specializes in psychopharmacology and cognitive behavioral therapy at the Spectrum Neuroscience and Treatment Institute in New York City, and is a co-founder and current Vice President of OCDNY.

Dr. Poskar plans to present a review of the many medication options now available for those struggling with OCD and those treating them, including the very latest information on approaching the psychopharmacological treatment of OCD, not only by targeting serotonin and dopamine sites, but glutamate abnormalities as well. While even psychiatrists experienced with treating OCD will find this presentation informative, Dr. Poskar does a remarkable job of reviewing and explaining this complicated topic in an organized and digestible fashion so even a person who is not a psychiatrist will find him or herself completely absorbed in this talk. Please come and join us!

For questions about the meeting, you can contact Ina Spero at 732-828-0099 or Allen Weg at 732 390-6694 ext. 1.

OCD SAN FRANCISCO BAY AREA

www.ocfoundation.org/affiliates/bay-area

In honor of OCD Awareness Week, Dr. Carol Mathews and a panel of people living with OCD presented a great program for a sold-out audience at Langley Porter Institute at the University of California – San Francisco Medical School on October 20, 2012. Dr. Mathews gave a lively presentation, answering questions as she went along, on what OCD is (and isn't) and the best treatments. Full of

energy and hope, Dr. Mathews engaged the audience as she informed them about the newest information on OCD, including its genetics and biology. Dr Mathew's presentation is available online at:

http://www.ocfoundation.org/uploadedFiles/Affiliates/Bay_Area/CarolMathews_OCFSF%20talk_CM_2012.pdf

The panel, consisting of 3 people with OCD and a parent of one of them, talked about living with OCD and how they coped. They responded to questions from the audience with thoughtful and insightful comments, inspiring those in the audience with the news that life with OCD can be good, productive and meaningful. Overall, it was a stirring afternoon.

THE OCF OF WESTERN PENNSYLVANIA

www.ocfwpa.org

The OCFWPA recently held their annual fundraiser, the “Dirt Monster,” a challenging 5-mile cross-country-style race and 1-mile trail-walk in the North Hills of Pittsburgh. Over 90 runners braved the chilly weather on the morning of November 5 to participate. This has become known as one of the premier trail races in the greater Pittsburgh area with a very loyal following. The OCFWPA was fortunate enough to have several volunteers who gave their Sunday morning to cheer on the runners and direct them through the twists and turns of this all off-road race. All proceeds from the race will go directly towards providing support services for individuals living in western Pennsylvania who struggle with OCD as well as their families. ○



The OCF of Western PA's annual “Dirt Monster” cross country run and walk on November 5, 2012.

Scrapbook: OCD Awareness Week



Photos E, H, & I by Ze Liang Photography

A, B, C: Kids participate in the Paint4Peace event hosted by OCD Massachusetts together with the PeaceLove Foundation. This event invited kids and their families to learn about issues around mental health and stigma while getting to express their thoughts through paint. D: The special edition cake-pops from CapeCod Lollcakes made for OCD Awareness Week. Proceeds from these treats will be donated to the IOCDF! E: Dare to Believe winner Jackie Lea Sommers, and her friend, Cindy Hunt, show their support for OCD Awareness Week at the A Night to Believe event in Boston. F–G: OCD New York and OCD New Jersey joined forces to hold a joint OCD conference as part of OCD Awareness Week on October 13th. H: Vincent Christoffersen, Dare to Believe winner for his song, “Till I’m Down,” at A Night to Believe in Boston. I: IOCDF Spokesperson Jeff Bell and Carla Kenney of OCD Massachusetts at A Night to Believe. J: Allen Weg, EdD, speaking at the OCD NY / OCD NJ joint OCD conference.