



HOW TO START A SUPPORT GROUP



There is a sense of community that exists in a well-run support group: It can mean finding others who know how you feel, or being seen as someone with a disorder rather than as the disorder itself. If you are reading this, you have likely been affected by OCD or a related disorder in some way, either as an individual with OCD or a related disorder (well-managed or still struggling), or as a family member or supporter watching someone's struggle with a disorder.

While support groups are not meant to be a substitute for individual therapy, they can serve as a great step in that direction, an important addition to therapy, or part of a relapse prevention plan. Peers can offer something different than a therapist, and this should not be underestimated. Meeting other people going through similar situations can be very healing and beneficial — it can make people feel less lonely and isolated, as well as more connected to and understood by others.

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FROM THE FOUNDATION

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The mission of the International OCD Foundation (IOCDF) is to help individuals with obsessive compulsive disorder and related disorders to live full and productive lives. Our aim is to increase access to effective treatment, end the stigma associated with mental health issues, and foster a community for those affected by OCD and the professionals who treat them.

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DISCLAIMER: *The IOCDF does not endorse any of the medications, treatments, or products reported in this newsletter. This information is intended only to keep you informed.*

We strongly advise that you check any medications, products or treatments mentioned with a licensed treatment provider.

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2nd Annual 1 Million Steps 4 OCD Walk in Boston — June 7, 2014 at Jamaica Pond

Clockwise from top: Walk Co-Grand Marshal Cameron Lucas-Pelletier cuts the starting line to start the walk; Team Bradley Hospital wins the largest Walk team award; Co-Grand Marshal Dr. Michael Jenike talks to a fellow walker; and walkers brought friends, families, and kids of all ages to join the fun. Photos by Kelly Davidson.



Letter from the Executive Director

Dear Friends,

When I first started here at the IOCDF in 2008, one of the first projects we took on was redesigning our website, ocfoundation.org. Now, six years later, we are doing it again. This time, though, we have a much

bigger project ahead of us. During those six years, in addition to the main website, we added a comprehensive hoarding disorder site (helpforhoarding.org), a pediatric OCD site (OCDinKids.org), the OCD Conference website, and our blog (blog.iocdf.org). In 2007, our total number of website visitors for the year was just over 600,000. Today, the IOCDF website receives closer to 2 million visitors per year!

Our new website, which will now officially live at iocdf.org, will also feature a significantly improved and integrated **Resource Directory**. Previously called the Treatment Provider Database, the new Resource Directory will not only help users find therapists in their area, but also all of the other relevant resources, including: local affiliates and/or global partners, support groups, Intensive Treatment Programs, Specialty Outpatient Clinics, and residential programs for individuals with OCD and related disorders. This new Directory will also be much quicker and easier to use. We are very excited about this upgrade, which will enable us to help people find more resources!

We are also upgrading the look of the website and improving the ease of finding information on the website. All of our websites have amazing information contained in them written by many of our Scientific and Clinical Advisory Board members as well as other leading experts from around the world. We want to make sure that all of this information is as accessible as possible and is relevant to the multiple audiences who use our site, including individuals with OCD and related disorders, their family members and loved ones, and the mental health professionals who treat OCD.

In the theme of adding more resources for every audience, we are excited to announce the launch of our new Body Dysmorphic Disorder site this Fall (HelpforBDD.org). Stay tuned for updates!

So many people have contributed to the websites throughout the years, and especially in this redesign process. In addition to a big thank you to our Scientific and Clinical Advisory Board members and contributors from our

various Special Interest Groups, I wanted to acknowledge Carly Bourne, our Director of Communications, for overseeing this project, and Fran Harrington, our Web Developer and Designer. Carly has shown amazing leadership and skill in coordinating this fantastic new resource for the OCD and related disorders community.

During this web design process, we also realized that we have an entire back catalogue of amazing content in the OCD Newsletters that have been published by the Foundation over the years. Our members regularly comment that the newsletter is an amazing resource and one of the reasons they remain members with us. This seemed like the perfect time to make that content available digitally, but while still keeping the newsletter as a special benefit to our members.

Speaking of membership benefits, I have been working with the staff and Board of Directors over the past year to rethink what IOCDF membership means to the OCD and related disorders community. We brought on a new Membership Coordinator, Tiia Groden, to help us realize the vision of creating a truly engaged group of members and OCD advocates. As part of this process, we have been rethinking membership benefits and pricing, and we have been slowly rolling out the new and improved membership structure, beginning with the new Student/Trainee membership this spring, and now extending to the introduction of two new levels. Read all about these exciting changes and new benefits (including access to the digital newsletter archive) on page 9.

And finally, I would be remiss if I didn't thank all of our 21st Annual OCD Conference attendees. I had the privilege of meeting many of you in LA a couple months ago, which is truly my favorite part of this job. I also received so many compliments about how smoothly the conference ran again this year. The IOCDF staff gives 110% each year so that you all can have the best experience possible. Big thank you's to our Program Department again this year for such a successful event: Marissa Keegan, Program Director and Stephanie Cogen, Assistant Program Director. See you all next year in our hometown of Boston, MA!

Jeff Szymanski, PhD
Executive Director
International OCD Foundation

FROM THE FOUNDATION

Taking a Giant Step Towards Greater Visibility

by Jeffrey Smith, IOCDF Director of Development

In 2012, the International OCD Foundation welcomed Denis Asselin to Boston with a rally held at a park on the edge of Boston Harbor. If you would have told me that day that the event would evolve into what we now call the "1 Million Steps 4 OCD Walk," I'm not sure I would have believed you! With the dismissive phrase, "I'm so OCD" so present everywhere in our culture, raising awareness about the reality of OCD has never seemed more important. This walk has provided the perfect venue for gathering the OCD and related disorders community together to take action.

The **1 Million Steps 4 OCD Walks** — I can now say "walks" since this year we expanded the Walk to California in partnership with our OCD Sacramento Affiliate — were both successful events in their own right. The Sacramento Walk held in May raised \$15,000 and had over 125 walkers. The Boston Walk held in June raised \$50,000 and gathered more than 300 people together for OCD awareness, doubling our attendance from last year!

When we launched the Walk in 2013, we thought of it mainly as a fundraising event. However, as we watched people build teams last year, we recognized how strongly this opportunity to create an OCD community resonated with everyone involved. It has generated a group of OCD and related disorders advocates who have banded together to raise awareness and tell their own unique stories. Instead of just being vocal advocates, our walkers have become visual advocates — it's hard not to be affected by seeing a huge group of people in matching, brightly colored walk t-shirts coming together to publicly support a common cause. And through the Walk, a new group of advocates had an opportunity to invite their friends and families into the cause, saying: "Support me in my efforts to raise awareness, and together we can make a difference."

The Walk allows us to begin a dialogue with our family, friends, and colleagues about OCD. For many of us, it is an

opportunity to share our story and to perhaps challenge some of the misunderstandings and perceptions of OCD and related disorders. By sharing our experience, we are educating others about OCD and inviting them to join us by supporting us in our efforts to raise awareness and make a difference. For many people, taking part in this kind of event is a gateway to further advocacy. A great example of this is Lisa's story in this edition of the newsletter (see page 5). Lisa's participation in the Walk has changed the way in which she tells her story and has given her a whole new support system!

So, what now — where do we go from here?

This event now has legs (no pun intended) and has gained momentum in the OCD community. The IOCDF is embracing the aggressive goal to expand the Walk into a new community each year. Our hope is that five years from now, we will have "1 Million Steps 4 OCD Awareness" Walks taking place during the month of June in 5 more communities across the country — raising awareness and bringing people together to shatter stereotypes and misunderstanding. We realize, of course, that we cannot achieve this goal on our own. We will need to rely heavily on the commitment of our walkers, donors, and members — like you.

One of my all-time favorite quotes that inspires me personally is from the legendary anthropologist, Margaret Mead:

"Never doubt that a small group of thoughtful committed citizens can change the world; indeed, it's the only thing that ever has."

As a community of people living with OCD, treatment providers, parents, spouses and friends, we will create change in the way people view OCD and related disorders. Watch for future updates in the newsletter about the next city chosen to co-host the Walk with the IOCDF. Also watch for ways in which you can host mini-walks in your own community! Together we can make the 1 Million Steps 4 OCD Walk a nationally recognized event. ○

For more information about the 1 Million Steps 4 OCD Walk, and to learn how you can get involved in 2015 please contact Jeff Smith at jsmith@iocdf.org.

DONOR PROFILE: Lisa Cormier — One Walker's Journey Into Advocacy

by Jeffrey Smith, IOCDF Director of Development

Many people who walked in the 1 Million Steps 4 OCD Walks in Sacramento and Boston have shared with me their reason for participating in the Walk — so many have moving personal stories. Many walkers took their steps in support of a son or daughter who has struggled with OCD or a related disorder; many walked in support of a friend or colleague. And many walked because they are living with OCD and wanted to do something to help change the stigma that often surrounds this illness.

Lisa Cormier is a wife, mother, daughter, and sister, and she is living with OCD. Lisa's journey into advocacy is similar to many others': She and her parents noticed that she was, as she said, "different" when she was 12 years old. Lisa was constantly checking things and she soon developed a compulsion of cracking her knuckles a specific number of times, as she believed this would prevent something bad from happening to her family. When Lisa's parents sought help from their pediatrician, she was given Valium and sent home. Lisa went through her teenage years, coping as best she could with the increasing compulsions. She met and married her husband at the age of 21, and had her child at the age of 26. She continued to work as a hairdresser and get through her daily life, but it would take several years before Lisa finally received her diagnosis of OCD and the help that she so desperately wanted and needed. A few years ago, Lisa "hit bottom," as she calls it. She sought help at a dedicated residential program for OCD. She waited 4 months to get admitted and stayed for 7 weeks. Today, with the support of her family and friends, Lisa is doing well. Lisa admits that like so many who are living with a mental illness, it is often difficult to talk about — even with close friends and family.

Lisa was embarrassed to share her story. Outside of her immediate family and a few trusted friends, she had not disclosed her OCD to anyone, that is, until a few months ago.

Lisa had heard about the 1 Million Steps 4 OCD Walk from the IOCDF and she knew that she wanted to walk and be part of the event. But she felt that she could not ask for the support of others without sharing with them why she was walking. After much thought, Lisa believed that she was ready to share her story.

Lisa wrote a personal letter and sent it to 111 people, including family, extended family, friends, colleagues, and even clients from her work! In addition to telling her story, Lisa asked them to support her in her efforts for the 1 Million



Steps 4 OCD Walk in Boston. The response to Lisa's letter was overwhelming. Almost everyone sent a donation for the walk, often accompanied with a note or card expressing support for Lisa. Lisa has since raised more than \$2,000 in support of OCD awareness! On the day of the Boston Walk, her cousins who live in Connecticut surprised Lisa. She had not been in contact with them for 15 years, but she sent them her letter anyway. Lisa was overwhelmed with emotion when her cousins greeted her at the Walk holding balloons and signs that said "Team Lisa!" She could not contain her happiness as she saw many other friends and family who had also come to Boston to walk with her. "It was such an emotional moment for me to see all my friends and family who were there just to support me."

The primary mission of the 1 Million Steps 4 OCD Walk is to increase visibility and raise awareness about OCD and related disorders. Lisa demonstrated tremendous courage and strength when she took the brave step forward to share her story with those she cared about the most. In doing so, she was also able to help others who are living with OCD by raising money to support vital IOCDF programs. Lisa says, "I am already anticipating next year's Walk! I plan to have a bigger team and raise even more money."

We are so grateful for Lisa and others who came out to walk in Boston and Sacramento. ○

Do you have a story you that you want to share? Please email jsmith@iocdf.org. As Lisa said to me, "I will share my story even if it helps only one person."

FROM THE FOUNDATION

How to Start a Support Group *(continued from cover)*

While there are many support groups already active across the country and world, there are still many areas that do not have a regular group. Or, perhaps there may be a need for multiple or specialized groups (such as groups for teens, groups for parents, etc.) in your area. To find out what groups are already active in your surrounding areas, check the Support Group listings on the IOCDF website, or call our office at (617) 973-5801.

If there is a need for a support group in your area, we encourage you to start one! Though the thought of running your own support group might sound overwhelming, it is definitely doable, and can be extremely rewarding. This article highlights issues to consider and options for how you can build a successful support group. There is a Support Group Planning Sheet at the end of this article to help you begin thinking about your group.

AUDIENCE

First determine who you want your support group members to be. One issue to consider is whether you want to focus on a particular disorder or a group of disorders. For example, this could be a support group for individuals with OCD, Hoarding Disorder, or BDD (or another related disorder), or this could be a combination (e.g., support group for individuals with OCD and related disorders, or OCD and anxiety disorders).

Other audience considerations include whether you want to run the group for individuals with the disorder, those connected to them (e.g., parent support group, sibling support group), or a combination (e.g., individuals with OCD and their families). Sometimes, additional narrowing of the group (e.g., parents of young kids or parents of teens) can be helpful — however, sometimes being too specific can negatively affect group attendance.

Finally, determine the age range. One option is to identify the age range by grouping: adults (ages 18+), kids (6-12, etc.) teens (ages 13-18), young adults (ages 18-30), or older adults (ages 50+), for example.

LEADERSHIP

Options for group leadership include professionally-led (by a treatment provider), peer-led (by someone with the disorder or someone affected by the disorder, such as a parent or caregiver), or a combination of the two. Leadership can also rotate if need be.

Having a mental health professional as the support group leader can be very helpful, as he or she is likely to already have some specific training on running a group. A professional would be good for keeping members on track and redirecting those members who might be monopolizing the group discussion. Additionally, if a member becomes overwhelmed during a meeting, a professional might feel comfortable taking them aside and helping them get back into the group more productively. Finally, a professional might be able to answer more difficult questions about OCD and related disorders and treatment. On the down side, some groups have found that having a professional in the room makes it less likely that group members want to participate as openly and honestly. Additionally, it can be difficult to find professionals willing to donate their time to running the group. Some professionals may also want to charge a small fee for running the group so they can be reimbursed for their time.

Q: What is the best part and hardest part of running a support group?

A: The best part is the peer support. The hardest part is getting everyone to find the group and find the courage to come through the doors that first time.

– Sheila Cavanaugh, Support group leader and President of OCD Philadelphia

A peer-led group has the advantage of being led by someone who “walks in the shoes” of the other group members and can lead by example. This individual should be in a good place in their recovery, and be able to empathize with both the challenges and benefits of getting effective help for one’s OCD and/or related disorders. However, it can be challenging for a non-mental health professional to run a group. A room full of individuals all struggling in various degrees may feel overwhelming to someone without training. That said, many non-mental health professionals can be just as effective at running groups, keeping members on task, and managing difficult interactions if they arise. And because they are also affected by the disorder personally, they are more likely to be willing to volunteer time.

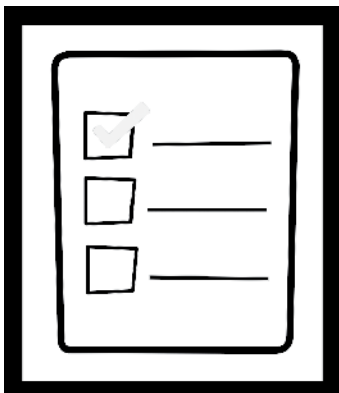
How to Start a Support Group *(continued)*

In some cases, having both a professional and peer to co-lead the group is the ideal — the two leaders can complement each other and bring a broad range of skills to the group.

TYPE OR STRUCTURE OF THE GROUP

In addition to thinking about the who, when, and where of your group, you will also need to think about the structure of your group. There are several options for how you will run your group. A possible starting place is to run your group as (or similar to) a G.O.A.L. group, which stands for “Giving Obsessive-Compulsives Another Lifestyle”. Created by Gayle Frankel, Jonathan Grayson, and Edna Foa, the G.O.A.L. group format was originally developed for relapse prevention, but has since grown and broadened to support a wide range of individuals with OCD at many points in their treatment. Dr. Grayson wrote a manual about how to run this type of group, which is available to download for free from the IOCDF website at www.iocdf.org/GOAL.

The advantage of the G.O.A.L. support group format is that it has a lot of flexibility, but also a very clear structure that has already been created for you. However, this approach may not suit your needs. Maybe you find this approach too structured or the emphasis of the group not quite what you were envisioning.



If you are looking for something more flexible or you want your group to have a different focus, you can use the **Support Group Planning Sheet** on the next page to help develop your group format and structure, as well as putting together all of the information you'll need to start advertising your group.

I think it's so important for those of us who have suffered from severe OCD and have recovered well to reach out and start a support group. We're the ones who have lived through it, and we need to spread the message that you CAN recover and be well.

– Wendy Mueller, Moderator of the *OCD-Support Group on Yahoo.com*

GETTING GROUP MEMBERS

Figuring out how to get members to come to your new group will be the final step of your planning process. A good number to aim for, is somewhere between 8-12 attendees for each group, though group minimum and maximum sizes depend on your personal comfort level as a facilitator. In your planning process, think about how few attendees will be too few (if at all), and at what point your group may become too large for you to facilitate comfortably. Bear in mind that it may take as long as 3–6 months to get a core group of regular attendees after you first start your group, and even small groups can still be of value.

Also keep in mind that you should be asking for regular feedback from existing members about how the group is going. Modifying the group based on this feedback will increase the likelihood of group members returning! You don't want to have to spend a lot of time and resources generating new members frequently.

Here are some options for “marketing” your new support group to help people know about the group:

- Post a free listing in the new IOCDF Resource Directory at www.iocdf.org by emailing info@iocdf.org.
- Call local therapists in the region and ask them to spread the word.
- Contact your local IOCDF affiliate to see if they can help.
- Attend a local mental health conference or lecture series and let them know about your support group (Note: If you find a regular lecture series on OCD or anxiety disorders, see if you can “piggy-back” on their lecture series by holding your support group right before or right after the lecture).
- Consider organizing a local conference or lecture and use this event to advertise the support group.
- See if local newspapers will do a free advertisement.
- Post a free listing on www.meetup.com.
- Post a free listing on Craigslist.

(continued on next page)

FROM THE FOUNDATION

Support Group Planning Sheet

Consider using this form as you begin to plan your support group. You can also download a copy of this worksheet from www.iocdf.org/support-group-worksheet. Additional suggestions for group structure and possible topics for group discussion can also be found in the G.O.A.L. Group Handbook here: www.iocdf.org/GOAL. ○

HOW WILL YOUR GROUP BE RUN?

- I want this to be a peer-led group (i.e., someone affected by the disorder)
- I want this to be a professionally-led group
- I would like this to be a mix of both
- I would like the leadership of this group to rotate amongst different people

WILL THERE BE A COST TO ATTEND?

- There will be a minimal fee for people to attend
- This will be a free support group

WHEN AND HOW OFTEN WILL YOUR GROUP MEET?

- This support group will meet:
 - Once a week on: _____ (Mondays, etc.)
 - Every other week on: _____ (Tuesdays, etc.)
 - Once a month on: _____ (1st Thursdays, etc.)
 - Other: _____
- From: _____ to: _____

WHERE WILL YOUR GROUP BE HELD?

- Outpatient Clinic / Hospital
- Local religious establishment (e.g., church, temple)
- Private room at a public space (e.g. coffee shop, library)

Meeting Address: _____

Building Name/ Room Number: _____

Special entry instructions? (reception desk, door buzzer, etc.) _____

WHAT ARE SOME OF THE MOST IMPORTANT GROUND RULES OF YOUR GROUP?

OTHER ISSUES TO CONSIDER

- Will you have an attendance policy?
- Will you have a group confidentiality policy?
- Will you have an expectation that members should also be involved in treatment?
- Will you have an expectation that members have to be active in the group?
- Should there be a "check-in"/introduction component to the group where all group members have an opportunity to briefly:
 - Share how they are working on their OCD symptoms.
 - Talk about non-OCD related updates.
 - Talk about a certain theme.
 - A combination of the above.
- Will there be an educational component to the group meetings? For example:
 - Having a guest speaker or someone in the group designated to educate the rest of the group on an agreed-upon topic before or after the group.
 - Discussion of a book related to treatment or a personal memoir about OCD.
- Will there be an open-ended conversation or Q&A component to the group?
- Will there be a pre-determined topic chosen by the group or leaders to discuss during the meeting (for example: obstacles to treatment)?
- Will there be time for informal socializing?
- Will you make announcements during the group (for example: "Due to the holiday next week the group won't be meeting")? What strategies will you use to advertise your group and find members?

WHAT STRATEGIES WILL YOU USE TO ADVERTISE YOUR GROUP AND FIND MEMBERS?

An Overview of the New IOCDF Membership Opportunities

by Tiia Groden, MA, IOCDF Membership Coordinator

Since 1986, the mission of the IOCDF has been to raise awareness, increase access to critically needed resources, and provide accurate information about OCD and related disorders. Being a member of the IOCDF not only helps us to accomplish this mission, it also creates a desperately needed sense of community. In an effort to help more people gain access to membership with the IOCDF and to pave the way for increased participation in the OCD and related disorders community, we are excited to announce several changes to our membership structure, outlined below.

The first step in doing this was to create a new, low-cost membership (\$25 per year) called the **Community Membership**. This Community Membership will include a digital subscription to the quarterly newsletter (which will be sent via email) as well as regular email updates from the Foundation and news and events in the OCD community (you can always opt out). We hope that this new, affordable membership will especially appeal to those who are just starting to enter the OCD community and get involved with the IOCDF.

What used to be called our Individual Membership Plan and Family Membership Plan have been streamlined into our new **Foundation Membership**. By combining these two memberships and keeping the benefits the same across both of them (and also adding some new ones), we are hoping to help simplify the membership experience with the IOCDF. The cost for the Foundation Membership will be \$50 a year and the associated benefits will include the choice of a print and/or email subscription to our quarterly OCD Newsletter, as well as discounted registration to our Annual OCD Conference for everyone living in the same household as the member. Finally, since our newsletter has been such an amazing resource over the years, we have created a complete online archive of every issue of the OCD Newsletter. This benefit will be launched this Fall, and

will only be available to IOCDF Foundation, Student, and Professional Members.

Earlier this year, we introduced the new **Student/Trainee Membership**, which was created to offer students in mental health training programs (undergraduate and graduate level) and unlicensed trainees access to networking and career advancement opportunities in the field of OCD and related disorders treatment and research. For \$50 a year, Student/Trainee Members will receive the same benefits as Foundation Members, in addition to receiving an invitation to the Meet & Greet Networking Luncheon at the Annual OCD Conference, as well as being eligible for the Research Poster Travel & Scholarship Awards. Student/Trainee Members will also have access to an invite-only LinkedIn group providing a wealth of networking and job opportunities in the OCD and related disorders field of treatment and research.

Professional Members will also see some upgrades. The cost of a **Professional Membership** will be increasing from \$100 to \$125, our first price increase in 6 years! We work hard to balance the value of our membership for the benefits received, and believe this membership is well worth the cost to OCD professionals. Membership with the IOCDF allows you to network with other professionals, improve your training and practice, and have access to a wealth of patient education information and resources. Professional members receive the same benefits as Foundation Members along with the following added benefits. Professional members receive discounted registration at the Annual OCD Conference, which includes CE/CME fees. Professional Members also have long benefitted from being listed in our Treatment Provider Database on the IOCDF website. This Fall, the treatment provider database will also be upgraded with improved search capacity and will be part of our new, comprehensive Resource Directory.

Yet another benefit of Professional Membership is eligibility to attend the IOCDF's three-day Behavior Therapy Training Institutes (BTTI). We now offer three types of BTTI trainings covering general OCD, pediatric OCD, and hoarding disorder. For researchers, professional membership includes the benefit of posting research studies seeking study participants on our website and in our newsletter. Finally, Professional Members will have access to an invite-only LinkedIn group for members to network, collaborate, and

(continued on next page)

OCD Awareness Week 2014

October 13–19

Visit
iocdf.org/ocdweek
to learn how to
get involved!

- Enter the Video Challenge
- Find an Event in Your Area
- Help Spread Awareness via Social Media
- Join our Online Chats about OCD and Ask Questions from Experts

#OCDWEEK

New IOCDF Memberships *(continued from page 9)*

share job opportunities as well as access to future webinar-based training sessions.

Our hope in updating our membership structure is to allow more access to the OCD community as well as continue to enable the IOCDF to accomplish our mission to help individuals with OCD and related disorders to live full and productive lives by increasing access to effective treatment, ending the stigma associated with mental health issues, and fostering a community for those affected by OCD and the professionals who treat them. Please join us in this amazing effort! ○

MEMBERSHIP LEVELS & PRICES, EFFECTIVE SEP. 2014

- Community Membership **\$25**
- Foundation Membership **\$50**
- Student/Trainee Membership **\$50**
- Professional Membership **\$125**

For more information about any these new membership levels, please contact Tiia Groden at the IOCDF office at (617) 973-5801, ext. 29, or email tgroden@iocdf.org.

I Won an Exposure

by Melanie Lefebvre

I thought that if I attended the International OCD Foundation's Annual OCD Conference my cats would die. But I went.

And it was one of the best experiences of my life. And my cats are alive.

But how would I possibly get to the conference? My OCD had latched onto traveling; I needed to stay at home or my cats would die.

Well, maybe the conference will be in a city I've always wanted to go to and that will give me the push I need.

The conference was being held in Los Angeles—where I've always wanted to go. It didn't give me that push.

Well, maybe I'll have overcome this obsession by summer.

Fast-forward to me missing Christmas and Easter in my husband's hometown. So much for overcoming it by summer.

Well, maybe I could go alone so if there's a fire in the middle of the night my husband can save our cats.

But what if he decides to cook a spaghetti sauce with onion and garlic? Fire schmir. Onion and garlic are toxic to cats. I'd better stay home and monitor his cooking.

Things weren't looking promising.

I recognized that steps needed to be put in place for the slim chance that bravery would strike. I applied for a new passport, booked my hotel, and requested the time off work.

Then it happened.

I entered a contest through the OCD Center of Los Angeles to win free admission to the conference. A tiny part of me thought, "What if I actually win?" I quickly brushed it off. What are the odds?

About a week later, I actually won. What? Me? The contest must have been rigged. Maybe no one else entered. I had to respond in 24 hours with my decision, as it was a highly competitive scholarship.

I spoke with the contact from the OCD Center of Los Angeles.

Could I accept the win and only attend half of the conference?

Could I split the win with someone else?

I was desperate to find a way to go but not fully commit. I was told that 328 people had entered. 328! So this thing really was coveted.

The proposed solutions didn't fly. With kindness, it was suggested I sleep on it.

I don't know how I feel about "signs" but this definitely felt like what a "sign" would feel like. Someone, something, was telling me to go. Just like that, my decision was made: I was going. But could I accept the win and attend the full conference? I wanted to chicken out. Just go for a day. Return to my cats as quickly as possible. Keep them alive. But that would mean declining the win. How could I say no to this sought-after scholarship?

Cut to hysterical tears at the looming decision. But apparently the magical conference fairies were at play. The next morning I got up at 7 a.m. — me, the girl who sleeps in until 11. Deliberation and consultation dominated my morning — pros and cons, texts, phone calls. A friend told me I'd have major OCD street cred if I went. Definite pro.

With hesitation at the thought that this would be what kills my cats, I accepted the win.

The feeling of excitement leading up to the trip was unexpected, though mixed in with a fair share of disbelief and fear at what was happening. Would I get lost in the airport? Would I get sick and not enjoy myself? Would I die on the way there?

I was a mess the night before my scheduled flights. I did hours of compulsions, trying to make sure my home was safe.

What if my husband leaves the fridge door open and the cats get into it and eat something that's toxic and die? Better clean out the fridge.

What if my husband doesn't adjust the throw on the couch and the tassels become exposed and they swallow them

(continued on next page)

FROM THE FRONT LINES

I Won an Exposure *(continued)*

and die? Better cut off all the tassels.

What if the cat hair under the fridge and stove starts a fire? Better get all the cat hair out from under both appliances.

What if my husband leaves a door open and the cats get in a room they aren't allowed in? Better remove all possible signs of danger in those rooms.

You get the idea.

The next morning we headed to the airport before the clock struck 4 am. But wait, there was an incredible stench of feces outside. There'd been a lot of bear sightings recently.

Great, there's a bear nearby. My husband's going to come home while it's still dark out and the bear's going to attack as he's opening the door and the cats are going to get out. I better not go.

But we went.

When the security gates opened, the floodgates opened. I cried my way through security and seriously considered bolting from the airport. I reasoned that I would fly to Toronto and if I still felt anxious, I'd fly back. Somehow, I pulled myself together and landed in Toronto. My idea to fly back to my hometown was forgotten.

I flew to LA. I landed in LA. I was in LA.

But wait, I had taken the garbage bag out of our kitchen garbage bin before leaving. I didn't want the cats to open the cupboard, eat the plastic, and die.

What if without the scent of the garbage bag, the cats smell the food, open the cupboard, and die?

I texted my husband: Put the bag back in the bin! Put the bag back in the bin!

I was supposed to receive pictures of the cats from my mom and husband. No pictures.

Were the cats dead?

My mom explained she couldn't get them in the shot together. Sure, nice excuse, mom.

But the panic didn't devour me. The conference began to cast a spell. A dash of a workshop, a dollop of camaraderie, a spoonful of hope.

Saturday was the day I would have left if I hadn't bit the bullet and accepted the win. I would have missed a major highlight: volunteering in a therapy demonstration.

During that workshop's break, a cluster of us swarmed around the psychologist. I had minimal therapy experience; I'd quit before it got down to the nitty-gritty. One of the girls was convinced this meant I should be the one to volunteer. Was she one of the conference fairies?

I went from being ready to book it out of my hometown airport to sitting in front of a crowd of people for a therapy demonstration.

The Cliff's Notes version is that the psychologist chatted with me like he would any patient and assigned me the homework of embracing my inner Stephen King and working through imaginal exposures. My one regret? Not snapping a selfie with the audience as they gave me a round of applause.

It was time for lunch and I was meeting a friend in the lobby for our Pink Taco reservation. But wait. People were coming up towards me. Me? Not the psychologist? Pink Taco could wait!

Tips, encouragement, and personal experiences engulfed me. Emails were exchanged. Networking was happening! One of the Young Adult speakers said if I get treatment, I could be a panelist next year. A panelist! I got approached throughout the hustle and bustle of the conference about what I had just done. I was in LA getting a smidgen of what all the red carpet elite must feel.

Something was changing as I became more and more immersed in the unique world that is the Annual OCD Conference. I hadn't gotten lost in the airport. I was functioning on minimal sleep—me, the girl who needs 12 hours. I didn't get sick—my cold medicine remained tucked away in my suitcase. I stopped wondering about my cats' wellbeing. It was liberating to know I had done this trip solo. I was surrounded by knowledge and hope. Knowledge and hope: the ingredients of the International OCD Foundation's Annual OCD Conference. ○

*Have a short story, essay, poem, or piece of art you'd like to share in the **OCD Newsletter**? We are always accepting submissions for the **From the Front Lines** section. Send your submission to editor@iocdf.org.*

Things Will Never Be Okay Again (and Other Lies I Sometimes Still Believe)

by Jackie Lea Sommers

It's been about five years now since I underwent the Exposure and Response Prevention (ERP) therapy that changed my whole life, and those five years have been amazing: I have so much freedom, so much joy. But 20 years in slavery to OCD does leave a mark, and I'm only now beginning to recognize those areas of my life where that's true.

One thing that I'm sure most OCD sufferers will understand is the obsessive thought, "Things will never be okay again," which sometimes is followed by "...until I do X," which so often results in a compulsion. It's actually kind of hard to explain this feeling to someone who doesn't have OCD, because it's difficult to express how in that moment, you can sometimes see no way out. The fear is crippling, the anxiety so intense that we shatter beneath it and either cave in to a compulsion to temporarily improve the ugliness of that moment, or else fall into a stupor of depression.

Things will always be like this.

I will never feel comfortable again.

I'm going to always think of X now when Y happens.

It's such a black and white way to look at things — and so terribly shortsighted! If we can learn to push through the discomfort without performing a compulsion, we can usually arrive on the other side and see that the "truth" we

so adamantly believed 24 hours ago is no longer true.

Even though OCD is no longer my master (thanks to ERP), there is fallout from years and years of thinking this way.

I recently saw myself play through this entire scenario. While I was writing my novel, I got frustrated with a scene I was trying to re-write, and I decided, I absolutely cannot do this; I will never be able to do this right. Then I gave in to compulsive behavior (all without realizing it!) by emailing my editor and asking for more details (i.e., reassurance). The next morning, I had an email from her: "Let's talk this morning. We can find a solution. You should be comfortable and happy with what you write."

And so we sent back and forth a few emails, and things were better. You know, those same things that would never be better. Yeah, those ones.

Years and years of OCD have programmed me to respond to uncertainty with terrifying extremes. Now that I'm more aware that this is how my mind works, I am hopeful that I will now be more mindful of it. I want to be able to say to myself that my reaction is programmed behavior from years of reacting in this way, and that — just like so many things connected to OCD — it, too, is a lie. ○

Jackie also blogs about OCD on the IOCDF blog and on her own blog at www.jackieleasommers.com.

BOSTON 2015



International
OCD
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22nd Annual OCD Conference
Westin Boston Waterfront
July 31st - August 2nd, 2015



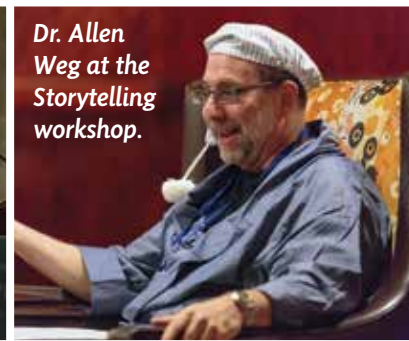
The 21st Annual OCD Conference in Los Angeles was our largest conference yet!

- ★ We had over 1350 attendees, including individuals with OCD and related disorders and their friends and family members (from kids to adults), and mental health professionals and researchers.
- ★ We ran the 1st ever day-long OCD conference conducted entirely in Spanish featuring Ro Vitale as the Spanish Keynote Speaker. Ro is a singer and songwriter from Argentina, who wrote a song dedicated to the conference, and is donating the proceeds from the song to the IOCDF. Find the song online at iocdf.org/my-inspiration
- ★ Plus we had over 100 talks, workshops, support groups, and evening activities for the entire OCD community.

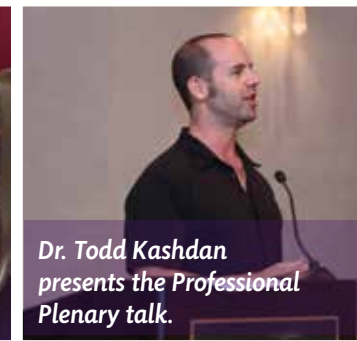
Conference Photos by Roberto Farren — www.robertofarrenphotography.com



Dr. Allen Weg at the Storytelling workshop.



Dr. Todd Kashdan presents the Professional Plenary talk.



Dr. Gail Steketee presents the IOCDF Career Achievement Award to Dr. Steve Rasmussen.



Ethan Smith presents his amazing Keynote Address.



From left: IOCDF Board President Denise Egan Stack; Wendy Mueller, the 2014 Patricia Perkins Service Award Winner; Dr. Steve Rasmussen, the 2014 Career Achievement Award Winner; and IOCDF executive director, Dr. Jeff Szymanski.

CONFERENCE HIGHLIGHTS



Comedian Maria Bamford accepts the 1st Annual Illumination Award!



Ro Vitale sings "My Inspiration" at the Saturday Night Social.



Margaret Sission accepts the Hero Award at the Saturday Night Social.



Thank you to UCLA Health for sponsoring the fun and popular Red Carpet photo area at the Conference!



The Second City's "Improv for Anxiety" workshop leaders.



THErapy COMMUNITY

Therapy or Medication? What Research Tells Us About the Best Options for OCD Treatment

By Christopher Pittenger, MD, PhD

Dr. Pittenger is the Associate Professor of Psychiatry at the Child Study Center and Assistant Professor of Psychology; Director, Yale OCD Research Clinic; Associate Director, Neuroscience Research Training Program at Yale University.

The first-line treatments for OCD¹ are a specific type of cognitive behavioral therapy (CBT) and a type of antidepressant medication, called selective serotonin reuptake inhibitors (SSRIs). As a practitioner, I am equally comfortable with recommending either (or both) of these treatments — but the choice between them is a complex one. And some practitioners, and many patients and families, have very strong feelings on this issue.

PERSONAL OBSTACLES TO CHOOSING ONE OR THE OTHER

For some, thinking of OCD as a brain illness and not “all in my head” means that it should be treated with a medication. If a treatment based just on talking and behavioral exercises could be effective, it may seem to lessen the seriousness of the illness. For some, this may make OCD seem more like a personal failing or a form of weakness, rather than a disease. I have talked to many patients who express this view in one way or another and are therefore not willing to consider psychotherapy for their symptoms.

Needless to say, I disagree with this view. OCD (or any other mental disorder) can have biological,² neurobiological,³ and genetic⁴ components and still be effectively treated by cognitive-behavioral treatments. We know that experience and behavior⁵ have measurable effects⁶ on brain structure and function.⁷ Effective CBT can help overactive brain circuits in patients with depression⁸ or OCD⁹ return to “normal” levels. Thus, feeling that OCD is primarily a brain disease with a biological cause in no way argues against CBT as a primary therapeutic strategy.

Meanwhile, some people are dead set against medication. This may have to do with side effects or a general dislike

of drugs. Some patients I have spoken to believe that they should be able to overcome their symptoms through effort alone, and that relying on medication as a “crutch” is in some way a sign of weakness. Others have a more general sense that medications are “unnatural.” In some cases, such a concern may get caught up with their OCD symptoms, with medication being seen as a form of contamination. Such concerns are understandable, and can be very powerful. My own view, however, is that anything that helps reduce symptoms and suffering can be a good thing. Medication can help patients with OCD,¹⁰ and in a great many cases, from my own experience and in the research, the benefits very clearly outweigh any side effects.¹¹

CBT OR MEDICATION?

This is a more complicated question than you might think. It has been most directly asked by a group of studies from Dr. Edna Foa and her colleagues at the University of Pennsylvania (and collaborators at other sites) directly comparing intensive, expert CBT and medication, in both adults and children. In adults, the results are quite clear: medication is helpful, but patients receiving twice-weekly, expert CBT do better than those receiving medication alone.¹² However, the evidence is not so clear in children.¹³ Furthermore, the comparisons done in the best research studies do not necessarily reflect what happens in the real world. Typically, psychotherapy in these studies is done by experts, under highly controlled conditions, at moderate to high intensity — ideal circumstances that are rarely achieved in clinical practice. Psychotherapy outcomes can be quite different, even between expert sites.¹⁴ The use of medications in the studies comparing medication to psychotherapy is quite rigid, with single medications and limited options for clinicians to change medications, optimize treatment, or attempt to improve the outcomes. This is not usually the case in the real world, where clinicians can change medications or dosages to better suit their patients’ needs, and therefore may have better outcomes. Thus, while it is reasonably clear that the very best psychotherapy is superior to rigid pharmacotherapy, it is not clear how this comparison plays out in the real world outside of the strict and controlled research conditions.

CBT AND MEDICATION

Research is also somewhat murky regarding treatment that uses a combination of CBT and medication. In a large trial of adults from the University of Pennsylvania group, combining

Therapy or Medication? *(continued)*

medication with CBT provided no additional benefit to CBT alone¹⁵; in the study in children, on the other hand, combining medication with CBT had the best outcomes compared to CBT alone or medication alone.¹⁶ Again, this is with fairly inflexible medication regimens and expert cognitive behavioral therapy, so it's possible that the real-world benefits of medications are understated by these studies.

The one issue on which there is a lot of agreement in the research (and in my clinical experience) is the benefit of adding CBT when medications alone aren't doing the job. Again, the best studies come from the University of Pennsylvania group (and their collaborators at Duke, Columbia, and elsewhere). Both in adults¹⁷ and in children,¹⁸ when medication has led to only modest improvements (or none at all), the addition of expert CBT is of clear benefit.

My view is that, in the real world, looking across these and other studies and combining them with my own clinical experience and with that of colleagues, expert CBT and competently managed pharmacotherapy are about equally effective. In my experience, both can be very helpful to 50-60% of patients, and of some moderate help to more than that. I have found that about 25-30% of patients don't receive much benefit from either.

MAKING THE DECISION

This brings us back to where I started — with the reality that the choice of CBT or medication, or their combination, is a highly individualized one. Patient preference plays a huge role; there's no point in pushing someone towards a treatment that they don't believe in. Medication side effects can prevent individual patients from ever having a good experience with an SSRI (or other medications). An inability or unwillingness to tolerate the exposure component and anxiety that are the core part of CBT may limit an individual's ability to benefit from it, even under otherwise ideal circumstances.

Speaking of ideal circumstances (or the lack thereof), the limited availability of skilled CBT therapists can be a major obstacle. The reality is, medication is easier to administer correctly (it's not that hard for a doctor to write a prescription, or for a patient to take a pill as directed) than CBT, which needs to be done properly by a well-trained practitioner to be as effective as possible. Past history can be a valuable guide — certainly, if a patient has had a good experience with CBT in the past, I would be more likely to

refer them back to it, and if they've had a good response and few side effects with a particular medication, then that's a good place to start.

The last thing I want to comment on is the problem of not knowing when to stop when a treatment isn't helping. Most CBT treatments last from 8-16 weeks. It's clear that, in some cases, there is ongoing benefit for going longer than this — there's nothing magic about an 8, 12, or 16-week trial; these are just the somewhat arbitrary time frames that have been picked for research studies. But at some point, the benefits plateau and the individual stops improving. Ideally, this is after a significant reduction in symptoms, though sometimes it becomes clear that a patient just isn't getting better. Continuing therapy beyond this point has drawbacks — it may be inconvenient, use up insurance and financial resources, and/or expose a patient to ongoing exposure-induced anxiety without any benefit. A much bigger problem is overlooking the opportunity to consider something new — a switch of therapist or technique; addition of medication; referral to an intensive program — before exhausting the patient's resources and patience.

As a sidenote, I'm speaking above about treatment specifically aimed at symptom reduction. I don't mean to diminish the benefit of ongoing supportive psychotherapy (i.e., non-CBT therapy) in ill patients. This maintenance can be really valuable and help them manage their symptoms and their lives in important ways.

The risk of continuing an unhelpful treatment is greater with medications, because of the possibility of ongoing side effects, or of side effects that get worse with time. For various reasons, it can be much more comfortable for a psychiatrist to start a medication than to stop one. Stopping medications in ill patients can be a very anxiety-provoking thing to do, for both doctor and patient — what if the medications are in fact helping, and we destabilize them by stopping the meds? As a result, it can seem easier for a psychiatrist to add a new medication, instead of taking an ineffective medication away.

Sometimes, additional medications do help; there is clear evidence that adding medications on top of standard SSRIs can help some patients.¹⁹ Also called "augmentation therapy," this strategy is a very active area of research.²⁰

But, all too often, medications begin to pile up, with new ones being added, or doses raised, in order to manage crises or side effects. This can lead to astonishing numbers and mixes of

(continued on next page)

THERAPY COMMUNITY

Therapy or Medication? *(continued from page 17)*

medications with side effects that can become every bit as bad as the original symptoms. Medications can help, but they can also harm, and they need to be managed with care. It is hard, for both psychiatrists and patients, to admit that the available treatment options just aren't working. However, this is a fact that we must be willing to acknowledge.

CONCLUSION

At the end of the day, we are fortunate to have treatments for OCD that often work. That wasn't true 30 years ago. But choosing among these treatments in individual cases is often more art than science, requiring the consideration of many factors more complex and personal than can be captured in any formal research study. I dream of the day that I can use some objective test — a brain scan, a blood test, whatever — to identify the treatment that will work best for a new patient sitting in front of me, without guesswork or trial-and-error. That day may come; it's a focus of research in my Clinic, and at other centers.

For now, the best my patients and I can do is to work together to figure out which of the alternatives is the best fit for them. We know that many will improve, but also that some will not. It's frustrating. But it's a start. ○

This entry was adapted from an article originally posted to the Yale OCD Research Clinic's Director's Blog (<http://ocd.commons.yale.edu>).

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Institutional Member Updates

Institutional Members of the International OCD Foundation are programs or clinics that provide intensive treatment and/or specialty outpatient treatment options for OCD and related disorders. These institutions are committed to providing evidence-based treatment for OCD and related disorders, and have staff members who dedicate time to advancing OCD treatment and research. For a full list of these Institutional Members, click "Find Help" on the IOCDF website.

ALEXIAN BROTHERS BEHAVIORAL HEALTH HOSPITAL

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We are welcoming our new Fall students, residents, and our new employee, Brandon DeJong, a former student who is now joining our staff. Brandon will be starting in September. We are also hosting an all-day OCD training on October 24th for 6 CEU's. Please see www.abbhh.org for details.

THE ANXIETY TREATMENT CENTER OF SACRAMENTO

9300 Tech Center Drive, Suite 250
Sacramento, CA 95827
Phone: (916) 366-0647, Ext. 4
Email: drrobin@atcsac.net
www.AnxietyTreatmentExperts.com

The Anxiety Treatment Center of Sacramento is offering a second scholarship for the 2014 year. This opportunity is for 4 weeks of a Partial Hospitalization Program and is open to persons of all ages. This scholarship is offered to individuals with a primary diagnosis of Obsessive Compulsive Disorder and for those who do not have access to insurance benefits. The Anxiety Treatment Center also offers housing for those who are traveling from out-of-town, located within 1/2 mile of the facility. The award winner will not only have access to this service, but also have an opportunity to participate in our Equine Assisted Activity Program. Interested candidates will need to mail or email why they feel they should be the recipient of this award before October 10, 2014. The scholarship recipient will be announced on October 16 during OCD Awareness Week. Contact Robin Zasio, PsyD, at (916) 366-0647 or drrobin@atcsac.net for more information.

THE BIO BEHAVIORAL INSTITUTE

935 Northern Boulevard, Suite 102
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www.biobehavioralinstitute.com

The Bio Behavioral Institute is currently offering an opportunity for low cost cognitive behavioral treatment through a research study. Qualified participants must be 18 years or older and suffer from contamination-related OCD. Contact Jennifer Wilson for a free screening. Our newest staff member, Dr. Tara Cuskley, is a post-doctoral fellow and comes to us with experience treating both adolescents and adults with a wide variety of conditions. We recently hosted a psychologist from Italy seeking advanced training in the U.S. The Bio Behavioral Institute has a long history of inviting international mental health professionals interested in advancing their CBT training, and continues to offer that opportunity to individuals from around the world. This fall, we hope to host a psychologist from Ghana.

Drs. Fugen Neziroglu and Katharine Donnelly's recently published book "Children of Hoarders" addresses an important gap in the existing literature. We are pleased to continue expanding and improving our long-standing intensive outpatient treatment program to individuals hoping to make treatment progress in a short amount of time. Our free OCD support group meets on the last Wednesday of the month from 7:30 – 9:00pm. Please contact us at (516) 487-7116 or visit our website at www.biobehavioralinstitute.com for more information.

CENTER FOR OCD & ANXIETY RELATED DISORDERS (COORD)

Saint Louis Behavioral Medicine Institute
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www.slbmi.com

The Center for OCD & Anxiety-Related Disorders is very pleased to announce the addition of Amy Kurz, MSW, LCSW to our clinical team. Ms. Kurz comes to us from Chicago, IL, where she worked as a psychotherapist at Cornerstone Counseling Center of Chicago. Her clinical interests include the treatment of children, adolescents, and adults with obsessive-compulsive, anxiety, and trauma-related disorders. She will be working in our outpatient clinic and the intensive program as well.

We would also like to welcome all trainees for the new academic year. The 2014-15 postdoctoral fellows include Dr. Ashleigh

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THERAPY COMMUNITY

Institutional Member Updates *(continued from page 19)*

Golden, who has elected to stay for the second-year advanced fellowship, and newcomers Drs. Erin Lawton and Amy Keller. In addition, our psychology graduate practicum students will be Abigail Nedved from Southern Illinois University and Jaclyn Weisman, Christina Dilorio, and Julia Sheffield from Washington University. The training mission is an important component of the Center and we are delighted to have such a great group of talented future professionals for the coming year.

KANSAS CITY CENTER FOR ANXIETY TREATMENT

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KCCAT enjoyed a busy summer, including staff members presenting at this year's wonderful Annual OCD Conference in sunny California! As fall arrives in the Midwest, we are excited to announce some new additions and updates for our team:

Jeff Jaeger, PhD, joined KCCAT in July as a Senior Staff Psychologist. Dr. Jaeger holds a doctorate in Clinical Psychology from the University of Washington, with an emphasis in the treatment and research of PTSD and other anxiety disorders, and expertise in managing multi-problem clinical presentations. Jeff most recently served as a Clinical Assistant Professor at the University of Iowa Hospitals and Clinics.

Katie Kriegshauser, PhD, joined KCCAT in August as a two-year Postdoctoral Fellow. Dr. Kriegshauser received her PhD in Clinical Psychology from Saint Louis University, with an emphasis in treatment and research of social phobia and other anxiety disorders, and a particular interest in the overlap of OCD and eating disorders. Katie previously completed an APA-accredited internship in Clinical and Health Psychology at Charleston Area Medical Center/West Virginia University School of Medicine.

And last but certainly not least, William Oakley, PsyD, successfully completed his Advanced Postdoctoral Fellowship with KCCAT, and moved into his new role as Associate Staff Psychologist on September 1st.

Please join us in welcoming Jeff and Katie, and in congratulating Bill! Learn more about them and the rest of our staff and services at www.kcanxiety.com.

THE LINDNER CENTER FOR HOPE

OCD and Anxiety Disorder Treatment Program
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www.lindnercenterofhope.org

The Lindner Center of HOPE has recently opened the Adolescent Comprehensive Diagnostic Assessment and Intensive Treatment Program which offers a specialized and intimate treatment setting, focusing on intensive assessment and treatment of patients, age 11–17, suffering with complex, co-morbid mental health issues. Within this program, the Center is able to offer intensive treatment for adolescents with OCD and OCD spectrum disorders.

The Lindner Center's OCD and Anxiety Treatment Program welcomes its first post-doctoral psychology fellow, Nicole Bosse, PsyD. Dr. Bosse will be assisting with the care of individuals on the adult short term residential Sibcy Unit and the Adolescent Comprehensive Diagnostic Assessment and Intensive Treatment Program.

THE NEUROBEHAVIORAL INSTITUTE

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The Neurobehavioral Institute (NBI) offers evidence-based treatments for OCD, including Cognitive Behavioral Therapy (CBT) and Exposure and Response Prevention (ERP). Our Intensive Outpatient Programs (IOP) for OCD and related conditions is specifically designed to meet the needs of each individual patient. Typically, in the IOP, patients are seen for two to five sessions a day, up to five days a week, for 2–8 weeks. OCD Support Groups are offered monthly both for children and adults. If you are interested in finding out more about our services or in scheduling an appointment, please contact our office at (954) 217-1757 or visit our websites www.nbweston.com.

THE OCD INSTITUTE AT MCLEAN HOSPITAL

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Email: ddavey@ocd.mclean.org
www.mclean.harvard.edu/patient/adult/ocd.php

The OCD Institute at McLean Hospital continues to be excited about the plan for the opening of their new program for children

Institutional Member Updates *(continued)*

and adolescents with OCD and related disorders later this year. Dr. Lisa Coyne has been hired as the new Program Director, and we are extremely excited to have her joining our team. Dr. Coyne is a Clinical Psychologist who was most recently an Associate Professor of Psychology at Suffolk University, in the APA-Accredited Clinical Psychology Doctoral program, where she was for 9 years. She gained her expertise in pediatric OCD early on in her career through training at the Pediatric Anxiety Research Clinic at Warren Alpert Medical School, where she completed her postdoctoral work. To date, her research has investigated child anxiety and patterns of emotion regulation and parenting behavior in families. She is also a recognized Acceptance and Commitment Therapy Trainer, and trains and consults internationally. ACT incorporates mindfulness and acceptance as well as behavior change strategies, and can help motivate young people trapped in a struggle with OCD or anxiety to engage in their lives in a more meaningful, valued way. The Pediatric OCDI treatment model will use evidence-based treatment for OCD, including exposure and response prevention (ERP) and ACT. If you are interested in learning more about the program or speaking with Dr. Coyne about referrals, you can reach her at lcoyne@partners.org.

SAGE ANXIETY TREATMENT PROGRAM

601 University Avenue, Suite 225
Sacramento, CA 95825
Phone: (916) 614-9200
Email: robin@sagepsychotherapy.org
www.SagePsychotherapy.org

Sage Anxiety Treatment Program announces its Specialized Individual Program. This program is great for those who need specialized treatment as an adjunct to current individual therapy, do not meet medical necessity (as defined by insurance) for admission to our Intensive Outpatient Program (IOP), need intensive treatment and are under age 14, are stepping down from an IOP, or would like the flexibility of scheduling sessions anytime. The Specialized Individual Program includes tracks for: Childhood Anxiety, Childhood/Teen/Adult OCD, generalized anxiety disorder (GAD), Social Phobia, Trichotillomania, Excoriation Disorder, Specific Phobia, Tinnitus. This program is designed to give people the flexibility of between one and five 90 minute individual sessions per week for the fee of \$95 per session. A limited number of scholarships are available based on financial need. The Specialized Individual Program follows the same ACT and ERP-based protocol developed for our IOP. Each level of care includes one-on-one clinician interaction with clients to facilitate the integration of ACT's core concepts while clients are in the presence of a feared thought/situation/object. ERP is not done in groups.

Mindfulness Meditation is taught at all levels of care. It is completely secular and no prior experience is needed. Through meditation, clients gain the ability to focus attention, disengage from problematic thoughts, and fully engage with the present. Robin Taylor Kirk is the primary teacher, and in addition to a more than 20 year personal meditation practice, she has received meditation teacher training facilitated by Jon Kabat-Zinn, Ph.D., the founder of MBSR. At Sage, all clinicians guiding mindfulness meditation have completed an MBSR course.

Sage would like to introduce the newest additions to our IOP clinical staff: Ryan Cheperka, PhD; Mark Etensohn, PsyD; Nicole Nelson, LMFT, LPCC; Dave Greer, LMFT; Angie Hensley, LMFT. Sage utilizes only licensed clinicians in its IOP.

WESTWOOD INSTITUTE FOR ANXIETY DISORDERS, INC.

921 Westwood Boulevard, Suite 223
Los Angeles, CA 90024
Phone: (310) 443-0031
Email: edagorbis@yahoo.com
www.hope4ocd.com

Westwood Institute for Anxiety Disorders, Inc. is very pleased to announce the addition of three new specialty tracts for both the Intensive Outpatient Program (IOP) and Twice-Weekly Program treatments.

- Eating Disorders comorbid with Obsessive-Compulsive Disorder (OCD) for adolescents and adults: When these two disorders present together, they feed off of each other in a way that may complicate treatment. The IOP offers treatment that is specifically tailored to address the nuances of both Eating Disorder and OCD symptoms through a multi-disciplinary treatment team.
- Social Phobia treatment for children, adolescents, and adults: The Institute treats social phobia using "in vivo" exposures afforded by the unique community setting of our offices, located in the heart of Westwood Village with close proximity to the UCLA campus. A cognitive component implemented with talk therapy and extensive writing exercises, as well as additional therapeutic methods are customized to provide treatment specifically to the individual.

The Institute offers custom tailored treatment for severe, intractable OCD, as well as other severe Anxiety Disorders, such as Performance Paralysis (Performance Anxiety) catering to individuals seeking careers in the Entertainment, Sports, and Performance-based industries. ○

RESEARCH NEWS

Relationship OCD: “Is he the love of my life or am I making the biggest mistake of my life?”

By Guy Doron, PhD, and Danny Derby, PhD

Guy Doron, PhD, and Danny Derby, PhD, are Clinical Psychologists and Co-Directors of the Relationship Obsessive Compulsive Research Unit at the School of Psychology, Interdisciplinary Center (IDC) Herzliya, Israel (<http://rocd.net>). They have recently published a summary of findings from their lab’s research on Relationship OCD in the *Journal of Obsessive Compulsive and Related Disorders*. The following article presents some of those findings.

CASE EXAMPLE #1: At the age of 30, after many dating experiences, Evelyn found someone that she thought was great. He was smart, good-looking, had a good job, and they felt great together. After a year of dating he started pressing her to commit. Since then, she can’t stop thinking, “*Is he the Right One? Do I love him enough? Is he the love of my life or am I making the biggest mistake of my life?*” She checks whether she thinks about him enough at work, whether she feels relaxed when she is with him, and whether she has critical thoughts about him. When she is unhappy or tense, she always thinks “*Maybe it is because I am not happy with him? Maybe he is not the ONE.*” Evelyn is highly distressed and her obsessions impair her work and ability to function in social situations.

CASE EXAMPLE #2: Jeffery, a 35-year-old man, has been married for 5 years. He loves his wife dearly and he believes she is great for him and an excellent mother. He also thinks his wife, an IT consultant, is very intelligent. Every day, however, he feels distressed and angry. He can’t stop thinking that he could have found a better partner. Although he claims that he is sure that his wife is intelligent and interesting, the thought that she is actually neither of those things pops up again and again. Every time he reads what other women write on Facebook or Twitter, the thought, “*My wife could not have written so interestingly*” keeps coming up. Jeffery looks at other women, listens to them, and compares them to his wife. He realizes the problem is his, but still does not manage to get rid of these thoughts. These thoughts, he claims, consume most of his day. They make him irritated and he finds he does not enjoy his time with his wife and kids.

OVERVIEW OF RELATIONSHIP OCD (ROCD)

Evelyn and Jeffery present with what is commonly referred to as Relationship Obsessive Compulsive Disorder (ROCD) — obsessive compulsive symptoms that focus on intimate relationships. In the last several years, ROCD has been frequently mentioned and discussed in OCD forums/help groups, as well as the media. It is only recently, however, that ROCD has begun to draw more research attention. As can be seen in the above examples, this form of OCD often leads to severe personal and relationship distress and often impairs functioning in other areas of life, such as work, study, or family functioning.

It is common for people to have some doubts about the suitability of their partner or the relationship at some point during their romantic connection. In fact, experiencing changeable or opposing feelings towards a romantic partner is considered a natural part of a developing intimate relationship. Similarly, we all pay more attention to our partner’s real or imagined flaws as intimate relationships progress. However, for some, these common relationship doubts and concerns (as in the case of Evelyn) or worries about the partner’s perceived flaws (as in the case of Jeffery) become increasingly impairing, time-consuming, and distressing.

People presenting with ROCD often report noticing their symptoms in early adulthood. In such cases, ROCD symptoms seem to have an effect on most of their later romantic relationships. Other people may trace their ROCD symptoms back to the first time they faced important romantic decisions (e.g., getting married, having children). ROCD symptoms can also occur outside of an ongoing romantic relationship (e.g., obsessing about the past) and may cause people to avoid entering relationships altogether. Interestingly, ROCD symptoms were not found to relate to relationship length or gender.

ROCD symptoms have been linked with significant personal difficulties (e.g., mood, anxiety, other OCD symptoms) and couple difficulties (e.g., relationship and sexual dissatisfaction). ROCD symptoms may occur independently of other forms of OCD, or along with them. Recent findings from our lab comparing people with ROCD, people with other forms of OCD, and people with no known OCD diagnosis showed similar levels of interference in functioning, distress, resistance attempts, and degree of perceived control due to symptoms in both the ROCD and

Relationship OCD *(continued)*

OCD groups. These findings suggest ROCD symptoms may be as disabling as other forms of OCD.

TYPES OF ROCD

ROCD includes two common presentations: **relationship-centered** and **partner-focused** obsessive compulsive symptoms. In the case examples above, Evelyn (Case Example #1) has relationship-centered obsessions, while Jeffrey (Case Example #2) has partner-focused obsessions. People like Evelyn with relationship-centered obsessions often feel overwhelmed by doubts and worries focused on their feelings towards their partner, their partner's feelings towards them, and the "rightness" of the relationship experience. They may repeatedly find themselves thinking "Is this the right relationship for me?", "This is not real love!", "Do I feel 'right'?", and "Does my partner really love me?"

People like Jeffrey who present with partner-focused obsessions may focus on their partner's physical features (e.g., "Her nose is too big."), social qualities (e.g., "He is not social enough"; "She does not have what it takes to succeed in life."), or personality attributes, such as morality, intelligence, or emotional stability (e.g., "She is not intelligent enough", "He is not emotionally stable").

Relationship-centered and partner-focused symptoms can often happen at the same time, and sometimes can even reinforce one another. Many people describe being preoccupied with a perceived flaw of their partner (e.g., body proportion) at first, and then being plagued by thoughts about the rightness of the relationship. Although less common, some people start with doubts regarding the relationship and only later become preoccupied with a flaw of the partner.

WHAT DOES ROCD LOOK LIKE?

In addition to obsessive preoccupation and doubts, both presentations of ROCD are associated with a variety of compulsive behaviors aimed to reduce their feelings of uncertainty, anxiety, and distress, or to reduce the frequency of such thoughts. Common compulsions include, but are not only:

- Monitoring and checking their own feelings ("Do I feel love?"), behaviors ("Am I looking at others?"), and thoughts ("Do I have critical thoughts about her?", "Do I have doubts?")

- Comparing their relationships with other peoples' relationships, such as friends, colleagues, or even characters in romantic films or TV sitcoms.
- Trying to recall "good" experiences with their partner of times when they felt sure about them.
- Consulting friends, family, therapists, or even fortune-tellers and psychics about the relationship.

People with ROCD often try to avoid situations that trigger their unwanted thoughts and doubts. For instance, they may avoid specific social situations, such as friends they consider to be very much in love or having a 'perfect' relationship. Similarly, they may also avoid particular leisure activities, such as seeing romantic movies for fear of not feeling as "strong" or "passionate" love as the characters in the movies.

People with ROCD may give great importance to romantic relationships. Negative events relating to their relationships may, therefore, cause them significant distress and make them doubt their own worth. People with partner-focused obsessions may be particularly sensitive to the way their partner compares with others and the way their partner is looked upon by the rest of the world. Situations where their partner is viewed unfavorably or when encountering potential alternative partners, therefore, may cause intense distress and trigger preoccupation.

People with ROCD may have a variety of extreme beliefs about relationships that may make them more responsive and emotionally reactive to relationship concerns and doubts. These can include beliefs about the terrible consequences of being in the "wrong" relationships (e.g., "A romantic relationship that doesn't always feel right is probably a destructive relationship"), about leaving an existing relationships (e.g., "I think breaking up with a partner is one of the worst things that can happen to anyone"), or about being without a partner (e.g., "The thought of going through life without a partner scares me to death").

Extreme beliefs about love may also make people with ROCD more vulnerable to negative relationship thoughts or emotions. Examples of such beliefs about love may include "If the relationship is not completely perfect, it is unlikely to be 'true love'", "If you doubt your love for your partner, it is likely it is not the 'right' relationship" and "If you don't think about your partner all the time, s/he is probably not THE ONE." Similar to other forms of OCD, beliefs about the importance

(continued on page 27)

RESEARCH NEWS

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 alphabetically by state, with online studies and those open to multiple areas at the beginning.

If you are a researcher who would like to include your research listing in the OCD Newsletter, please email info@iocdf.org.

ONLINE STUDIES

Mindfulness and Obsessive Compulsive Disorder

This on-line study is investigating the relationship between Obsessive and Compulsive thoughts and behaviours; and Mindfulness.

Anyone who is 18 years and over, and is not currently receiving treatment for a mental health disorder and/or alcohol and drug abuse/dependence, is eligible to participate.

Participation is anonymous and the on-line survey should take about 20 minutes to complete.

If you feel you might be interested in taking part, please follow the link below (click on the link or copy and paste the link into your web browser), which will take you to the e-survey on the host university website. Full information about the study is detailed on the e-survey Information Page.

This research is being conducted by Elisabeth Bakes, Doctor of Clinical Psychology student (University of Essex), as part of a doctoral thesis, and has been approved by the Faculty of Health and Human Sciences Ethics committee at the University of Essex.

Thank you for considering this research. Your participation will contribute to our knowledge about what influences obsessive and compulsive thoughts and behaviours.

Study weblink: <https://moodle.essex.ac.uk/mod/feedback/view.php?id=182822>

Clinical Features of Body Dysmorphic Disorder

We are looking for volunteers who

- Have, or think they may have body dysmorphic disorder (BDD)
- Are at least 18 years old
- Are interested in answering some questions about their concerns and how they affect their lives

Your participation may help to better understand BDD and its associated features, which – in turn – may help develop innovative treatment concepts for BDD. This study will

take about 30 minutes to complete and you can choose to discontinue your study participation at any time.

If you would like to participate follow the link below:
<https://www.unipark.de/uc/bdd/emoreg/>

If you have any questions or comments, you can email us at bddresearch@wwu.de.

The principal investigator of this study is Prof. Dr. Ulrike Buhlmann at Westfälische Wilhelms- Universität Münster, Germany. This survey has undergone ethical review in accord with the guidelines of the Institutional Review Board of the Faculty of Psychology and Sports Science at the Westfälische Wilhelms-Universität Münster, Germany, and has been approved by its Faculty Ethics Committee. All data collected will be kept completely confidential, and the survey is completely anonymous (that is, no identifying information such as your name or email address will be collected).

CALIFORNIA

Genetic Psychiatry Cohort (GPC) — Have you been diagnosed with Obsessive-Compulsive Disorder (OCD)?

We invite you to join an international research study sponsored by the National Institute of Mental Health. The goal of the study is to identify genes that may be related to OCD. Scientists and physicians at the University of Southern California are leading this work. Participation involves the completion of questionnaires and a one-time visit to USC for an interview and donation of a small blood sample (about 3 tablespoons).

If you would like to participate, please click on the link below. You will be asked to read and agree to our Informed Consent and to complete our on-line questionnaire. This questionnaire should take between 15 and 40 minutes to complete and will ask general questions about you and specific questions about your health and medical history. For more information, please contact us at (323) 863-3995.

Take as much time as you need and please remember:

- All information will be kept strictly confidential.
- No information will be given out that might identify you.

Research Participants Sought *(continued)*

- If you decide to participate in our genetic study, AFTER you complete the on-line questionnaire we will contact you to schedule a time for you to come to our office.
- You may be compensated for your time.

Recent Publications:

- Genetic Psychiatry Cohort: Partners in Discovery
- Comorbidity of Severe Psychotic Disorders with Measures of Substance Abuse

For more study information, please go to the following website: keck.usc.edu/gpc-ocd

NEW YORK

Collaborative Genomics Study of Tourette's Disorder

The Mount Sinai Obsessive Compulsive and Related Disorders Program is recruiting subjects with a past or current diagnosis of OCD, Tourette Disorder, or chronic tic disorder for a genetic study that will examine the inheritance patterns and genetic contributions to these disorders. Affected and unaffected biological family members may also be eligible to participate. The study includes the completion of a medical history questionnaire and a blood draw, and will take one to three hours. Those who live outside the New York City metro area may participate by completing assessments via telephone and a blood draw at a convenient site. Participants will be reimbursed \$50 upon completion, and travel costs up to \$15 can be covered. For those interested in participating or learning more, contact Dr. Dorothy Grice or Shannon Gair at 212-659-1675 or email Shannon.Gair@mssm.edu.

Intravenous (IV) Ketamine in Treatment-Resistant OCD

This study aims to determine whether a single dose of intravenous (IV) ketamine can help reduce symptoms of treatment-resistant OCD. Participants must be between the ages of 21 and 65 and must have failed at least two FDA approved medication trials (clomipramine or SSRIs such as Prozac or Zoloft) as well as a trial of cognitive behavioral therapy (CBT). The study will consist of two intravenous infusions—one of ketamine and another of the active control midazolam separated by two weeks. Psychiatric assessments will be performed before each infusion and several times after each infusion. Participants will be compensated for their participation. Participants will be allowed to continue FDA approved medications

(clomipramine or SSRIs) and as needed benzodiazepines (such as Xanax or Valium) during the trial, but participants cannot be on unapproved medications for the duration of the trial.

Organization: Icahn School of Medicine at Mount Sinai

Principal Investigator: Wayne Goodman, MD

Eligibility Criteria:

- Male or female patients, 21-65 years;
- Women of childbearing potential must agree to use a medically accepted means of contraception for the duration of the study;
- Primary diagnosis of Obsessive-Compulsive Disorder as assessed by SCID-P, with symptoms for at least 1 year;
- History of a failure to respond to at least two (2) adequate pharmacotherapy trials and CBT for OCD (see above for definition for adequate trials);
- Moderate to severe, treatment-resistant OCD.
- Subjects must be able to identify a family member, physician, or friend who will participate in the Treatment Contract and serve as an emergency contact.

Exclusion Criteria

- Women who plan to become pregnant within the next six months, are pregnant or are breast-feeding;
- Non-English speakers;
- Any unstable medical condition;
- Lifetime history of bipolar disorder, schizophrenia, schizoaffective disorder, mental retardation, or pervasive developmental disorders;
- Current presence of psychotic or manic symptoms;
- Drug or alcohol abuse within the preceding 6 months;
- Lifetime abuse or dependence to ketamine or phencyclidine;
- Patients judged by study investigator to be at high risk for suicide;
- Current use of psychotropics other than SSRIs or benzodiazepines as needed.

Contact:

For more information please contact Clinical Research Coordinator David Rosenthal at (212) 659-8803 or david.rosenthal@mssm.edu. ○

RESEARCH NEWS

2014 IOCDF Research Grant Awards

The International OCD Foundation is committed to finding and promoting the most effective treatment methods for OCD and related disorders. Research is vital to our goals of better understanding OCD and related disorders, and improving treatment.

To help achieve these goals, each year the IOCDF awards research grants to promising studies thanks to generous donors from within the OCD community. In the past year, we were able to award over \$130,000 in research grant funding. Thank you to all who contributed!

The IOCDF received over 50 proposals for our 2014 Research Grants, which were reviewed by the Grant Review Committee led by Sabine Wilhelm, PhD, Vice Chair of the IOCDF Scientific and Clinical Advisory Board. Recommendations by this committee were submitted to the IOCDF Board of Directors, who made the final selection of projects to be funded. Congratulations to the 2014 Research Grant Winners listed below!

EXTINCTION AS A FACILITATOR OF COGNITIVE BIAS MODIFICATION IN PEDIATRIC OCD

Michelle Rozenman, PhD

Post-Doctoral Research Fellow

UCLA Semel Institute for Neuroscience & Human Behavior

Award Amount: \$49,197

A significant number of youths with OCD do not respond to evidence-based treatments. As a result, experts have called for new interventions that may directly target mechanisms underlying OCD. Cognitive Bias Modification for Interpretation biases (CBM-I) may be one such approach. CBM-I is a computerized intervention that helps individuals change their thinking patterns by training them to interpret ambiguous (unclear) information in a neutral, rather than threatening, manner; this change in thinking patterns may lead to reduction of OCD symptoms. CBM-I has not yet been tested as a potential intervention for pediatric OCD. The current study will test whether CBM-I reduces OCD symptoms in youth and how the intervention might work to change thinking patterns. Youths ages 10 to 17 (N=40) with high levels of OCD symptoms will be randomly assigned to 4 weeks (12 sessions) of either a

personalized CBM-I program or a computerized control condition. At pre-, mid-, and post-treatment assessments, OCD symptoms and interpretation biases (i.e., how youths interpret ambiguous or unclear information) will be assessed. In addition, physiological arousal (heart rate, skin conductance, respiration) will be assessed during both a fear paradigm and behavioral approach tasks to examine whether extinction learning (a decline in fear-related behavior after learning new thinking patterns) is a mechanism underlying CBM-I. Should findings indicate that CBM-I works by extinction learning of fearful thinking, then the intervention might be particularly helpful before beginning exposure-based therapy. This study is innovative and has important clinical applications in its approach to testing CBM-I as a potential intervention for pediatric OCD.

DEFINING THE PREVALENCE, IMPACTS, AND RISK FACTORS OF HOARDING DISORDER

Ashley Nordsletten, PhD

Post-Doctoral Research Fellow

Karolinska Institutet

Award Amount: \$49,918

Hoarding Disorder (HD), a newly recognized psychiatric diagnosis, is characterized by a profound inability to get rid of one's possessions, resulting in dangerous amounts of clutter throughout the sufferer's home. Individuals with HD are often highly impaired, with symptoms affecting even basic day-to-day activities (e.g., cooking, bathing). Issues with poor sanitation, meanwhile, can pose broader health risks for the community. In addition, when legal interventions are used (e.g., forced cleanouts, evictions), these tend to generate large costs for society. Despite these widespread impacts, research focused on this newly acknowledged disorder is still in the beginning stages. In the absence of large-scale research, basic questions remain about the true prevalence, associated risk factors, and social/health consequences of HD. In response, we propose a research program with four goals: 1) To determine the prevalence of HD in a national sample; 2) to clarify the relationship between object hoarding, excessive acquisition, animal hoarding, and squalor at the population level; 3) to identify the social and medical consequences of HD using population databases only available in Sweden; and 4) to estimate the contribution of genetic as well as non-shared environmental risk factors in the possible causes of hoarding difficulties and excessive acquisition in two large groups of twins.

(continued on next page)

2014 IOCDF Research Awards *(continued)*

EFFECT OF INTRANASAL OXYTOCIN ON SOCIAL COGNITION IN BODY DYSMORPHIC DISORDER

Angela Fang, MA

Clinical Fellow in Psychology/Psychiatry

Massachusetts General Hospital/Harvard Medical School

Award Amount: \$31,476

Despite the development of effective medication- and psychological-based treatments for body dysmorphic disorder (BDD), treatment outcome data suggest that there is still a lot of room for improvement. A closer examination of the biology associated with BDD may help uncover areas to target during interventions, and thus provide another approach to treatment. Oxytocin (a hormone) has been shown to be involved in the regulation of emotion recognition and social attentional processing. It is possible that oxytocin levels play a role in the development of these difficulties among individuals with BDD. The current study therefore aims to examine the effect of oxytocin administration on social cognitive impairments in BDD and OCD. Twenty treatment-seeking males in outpatient treatment with BDD, 20 individuals with OCD, and 20 participants with no BDD or OCD diagnosis will be assigned to receive an oxytocin and placebo nasal spray one week apart. During each visit, subjects will complete the Reading the Mind in the Eyes Test (which assesses emotion recognition) and the Trust Game (which assesses trust behavior) to measure oxytocin's effect on each behavior. Importantly, our findings may show that a single administration of oxytocin may alter social cognitive processes thought to maintain BDD, and ultimately inform treatments for BDD. ○

Affiliate Updates *(continued from back page)*

OCD WISCONSIN

www.ocdwisconsin.org

OCD Wisconsin is pleased to be hosting 2 public talks during OCD Awareness week this October:

- Monday, October 13 – Dr. Dave Jacobi will be speaking at Waukesha County Technical College about OCD. Dr. Jacobi is a Clinical Psychologist at Rogers Memorial Hospital.
- Thursday, October 16 – Kristy Robb, MSW, LCSW, LLC and Damon Buckett, LCSW, MSW will be holding a public talk followed by a Q & A session in Fond Du Lac. Kristy Robb is with Counseling Specialists in Appleton, specializing in the treatment of OCD, OC Spectrum Disorders, and Anxiety Disorders. Damon Bucket is a behavioral therapist at Cornerstone Counseling, specializing in the treatment of OCD and other anxiety disorders.

Both talks are free and open to the public. You can register by contacting Megan Welsh at meganwelsh@gmail.com. ○

Relationship OCD *(continued from page 23)*

of thoughts (e.g., "If I think about it, it must mean something"), difficulty with uncertainty, and an inflated sense of responsibility (e.g., failing to prevent disaster is as bad as causing it) may also increase sensitivity to ROCD.

TREATMENT OPTIONS FOR ROCD

Treatment of ROCD is similar to other cognitive behavioral treatments of OCD. Before treatment can begin, however, it is important for those with ROCD to recognize that the ROCD symptoms are getting in the way of their ability to fully experience their relationships. Significant symptom reduction through treatment would, therefore, allow them to reach a decision about their relationship based on their experience of it, rather than based on ROCD-related fears.

Therapy includes assessment and information gathering, and mapping of the client's symptoms. The therapist and client must also reach an understanding of what beliefs and views of self and others may be affected by the individual's ROCD symptoms. A variety of CBT [e.g., cognitive restructuring, exposure and response prevention (ERP)] and experiential techniques (e.g., imagination-based exposures) are then used to explore and challenge these beliefs and views and reduce compulsive behaviors. Finally, treatment gains are reviewed, effective strategies are summarized, and relapse prevention plans are made for possible setbacks down the road.

SUMMARY

Individuals suffering with OCD typically find great relief in reading or hearing about someone going through what they are experiencing. And it is our hope that this research will help raise awareness and understanding about this type of OCD. As with other forms of OCD, ROCD is treatable with the right approach. The goal of our research is to continue to clarify the nature and presentation of ROCD, and investigate ways of improving treatments aimed at helping these individuals live better and more productive lives. ○

RECOMMENDED READING

Doron, G., Derby, D., & Szepsenwol, O. (2014). Relationship obsessive-compulsive disorder (ROCD): A conceptual framework. *Journal of Obsessive-Compulsive and Related Disorders*, 3, 169-180.

FROM THE AFFILIATES

Affiliate Updates

Our affiliates carry out the mission of the IOCDF through programs at the local, community level. Each of our affiliates are non-profit organizations that are run entirely by dedicated volunteers. For more information, visit: www.iocdf.org/affiliates

OCD CONNECTICUT

www.ocdct.org

OCD Connecticut has had a busy summer, starting with our participation as Team Connecticut in June at the 1 Million Steps 4 OCD Walk in Boston. We raised over \$1,700 for the IOCDF and had a blast doing so! After traveling to LA to attend the Annual OCD Conference, we have been in full swing planning for OCD Awareness Week in October. There will be a family-centered educational program, "Living with OCD," which will take place on October 18th in New Haven. Please check our website at www.ocdct.org for details. We would also like to congratulate Dr. Lisa Fenton, PsyD, who is attending the BTTI training in September through a scholarship provided by OCD CT. Volunteers are welcome to assist with planning for the future of OCD CT. Please check out our website and like us on Facebook!

OCD MASSACHUSETTS

www.ocdmassachusetts.org

OCD Massachusetts holds two monthly lecture series on OCD and related disorders for the public, which feature support groups before or after the lectures. Here is a look at upcoming dates and topics.

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

Each presentation takes place from 7:00 – 8:00pm

- 10/7/14 – "Parenting an Anxious Child" by David Stember, PhD, McLean Hospital
- 11/4/14 – "Understand Your Health Insurance to Access Care" by Diane Davey, RN, MBA, McLean Hospital OCD Institute

Worcester Series — Lazare Auditorium (S1-607) at UMass Medical School, 55 Lake Avenue North, Worcester, MA 01655

Each presentation takes place from 6:00 – 7:00pm

- 10/9/14 – "OCD & ADHD Across the Lifespan" by Amitai Abramovitch, PhD, Harvard Medical School
- 11/13/14 – "Body Dysmorphic Disorder" by Ashley Hart, PhD, UMass Medical School

For more information about these events, please email OCD MA president Denise Egan Stack at deganstack@gmail.com.

OCD MIDWEST

www.ocd-midwest.org

OCD Midwest is planning to have a Ping Pong for OCD tournament and would like to get a committee together to assist with advertising, raffle prizes, location scouting, and day of event volunteering. Please email Dr. Patrick McGrath at patrick.mcgrath@alexian.net if you are interested in helping out.

Please also consider attending the OCD training through Alexian Brothers Behavioral Health Hospital. It will be an all-day training on October 24th. You may contact Steve Hunter for details (steve.hunter@alexian.net). There will be 6 CEU's available for this event. Further, for those in the Chicago area, Drs. Rodney Benson and Robin Ross continue to run their OCD Midwest case consultation group. Contact Dr. McGrath for details.

COMING SOON! OCD NORTH CAROLINA

By the time you are reading this, OCD North Carolina will be IOCDF's newest Affiliate. We are excited to get underway! Current OCD NC board members include Jeff Sapyta, Kevin Gyoerkoe, Annette Perot, Ben Micham, and Steve Reinhard. As part of OCD Awareness Week, a panel of experts in diagnosing and treating OCD will offer two free Q&A sessions for the community, one in Charlotte, NC and one in Raleigh, NC. See the IOCDF website or contact Annette Perot at (919) 493-1975 or drperot@gmail.com for more information.

OCD PHILADELPHIA

The Philadelphia Affiliate is looking for some good volunteers willing to take on leadership roles in the OCD community. If you have business skills, knowledge of accounting, good team building skills, and/or want to make a difference in the lives of people with OCD, please contact Sheila at OCDPhilly@gmail.com.

OCD SACRAMENTO

www.ocdsacramento.org

In support of OCD Awareness Week, OCD Sacramento will host a free lecture series for the public. Monday, October 13, 2014, Robin Zasio, PsyD, will present "OCD 101." On Tuesday, October 14, 2014, Holly Bramble, LMFT will present on "How to Help Your Loved One Struggling with OCD." And on Wednesday, October 15, 2014, "Jill" will share her personal journey in living with OCD and her success in treatment.

OCD Sacramento will also be hosting its annual wine and cheese networking event. This is an opportunity for therapists to come together and share the work they are doing in the community, learn more about treatment for OCD, and collaborate towards developing a comprehensive resource base. This event will be held on October 16, 2014 at 6:30 pm at 9300 Tech Center Drive, Suite 250, Sacramento, CA. For more information, visit our website at www.ocdsacramento.org.