



AN INVITATION TO JOIN US IN ADVOCACY (AND WHY ACCEPTING IT WILL HELP YOU)

by Jeff Bell, IOCDF Spokesperson



Jeff Bell speaking at the 2015 Annual OCD Conference in Boston.

Ralph Waldo Emerson may have said it best: "It is one of the beautiful compensations of life that no man can sincerely help another without helping himself." For me, these words represent much more than just some aphorism.

They are, in fact, the reminder I turn to again and again as I continue my recovery from the worst of OCD. In them, I believe, is a universal truth for all of us in the OCD community — one at the very core of our newest IOCDF initiative.

It's called the #OCDvocate Advocacy Program, and in the coming months, I, along with my fellow IOCDF spokespeople will be reaching out to those of you interested in getting involved. We'll be

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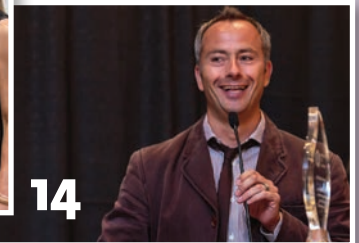
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The mission of the International OCD Foundation (IOCDF) is to help individuals with obsessive compulsive disorder and related disorders to live full and productive lives. Our aim is to increase access to effective treatment, end the stigma associated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

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1 Million Steps 4 OCD Walks June 6, 2015

Clockwise from top: Team Bradley celebrates being crowned biggest Walk Team this year in **Boston!**; **Sacramento** Grand Marshal Scott Granet prepares to kick off our Sacramento Walk at Southside Park; Official IOCDF "Ambassadors" and **Boston** Walk Grand Marshals Henry and Izzie taking it easy; West Coast Walk contingent in action in **Sacramento**; a sweaty but proud 1 Million Steps crew battling some fierce humidity in **Atlanta!**; and **Atlanta** Grand Marshal Susan Dailey leads a pack of walkers at Chastain Park.

FROM THE FOUNDATION

Letter from the Executive Director

Dear Friends,

Have I ever told you the story of why I became the executive director of the IOCDF? I found myself reflecting on this while I was getting up at 6am last Friday in preparation for the first day of our 22nd Annual OCD Conference. I am not a morning person! However, I am a mission driven person. I knew I was going downstairs to join a growing community of support, generosity, help, compassion, knowledge, and generosity. Did I mention generosity twice? I did this for a reason.

Let's go back to why I applied to the IOCDF (then the OCF). I am a clinical psychologist by training. My background was heavily steeped in cognitive behavior therapy as well as dialectical behavior therapy (a treatment focused on working with individuals engaged in self-injury and suicidality). In 2001, I applied to work at the OCD Institute (OCDI) at McLean Hospital and, in 2006, became the director of psychological services. I treated several hundred patients individually and saw over a thousand individuals through the group program at the OCDI.

Here is what struck me during my time there. As I asked my patients, "How many of you have been in treatment for one year? Five years? Ten years? Twenty years? And how many of you are still noticeably struggling with debilitating OCD symptoms?" The number of hands in the air when I got to ten and twenty years was disheartening, to say the least. While we couldn't help everyone who came through the OCDI get better, we were able to help a lot of them. But what had they needlessly gone through to get there?

Why were people having to wait ten or twenty years to get access to effective treatment?

In 2008, the OCF moved from Connecticut up to Boston. I had attended a few of the Conferences the OCF put on and was impressed with what a rich experience the Conference was — to interact with other leading therapists and researchers in the country while also interacting with individuals and families impacted by OCD and related disorders. This opportunity to see the generosity and the appreciation from attendees was staggering and impressive, to say the least. But I also heard the same stories: "We have been struggling with this for 15 years. What would life have been like if I had been able to attend a conference 15 years ago?" And so there was appreciation, but also this sense of loss — lost time and lost opportunities.

Why were people forced to wait so long to find resources and support?

I loved my job at the OCDI. I had a direct impact on people's lives. I watched them get better right in front of my eyes and saw many of them go out and reclaim their lives. But when the opportunity to have a bigger, broader, wider impact showed up, it was irresistible.

And so here I am. In 2009, the first Conference I helped organize as part of the OCF — with only three other staff members — had 900 attendees in Minneapolis, MN. Last month in Boston we topped 1,700 attendees (Thank goodness I now have a lot more staff!).

I listened to the conversations this year. They were different. What I heard most often was, "I'm coming back to the Conference next year and I want to get more involved in the meantime. What can I do to help?"

Through the IOCDF and our Annual OCD Conference, we have been able to raise more awareness and reach more people. And while there is still more work to be done, we are making a difference. I am hopeful that more people are getting better help sooner, and that we will continue to improve. You can help us in this mission. The more people that share their stories of recovery, the more people we can reach.

Jeff Bell and his fellow spokespeople have worked with Carly Bourne, the IOCDF's director of marketing and communications, to develop an amazing new advocacy program. Turn to Jeff's article in this newsletter and find out how you can pledge to become an OCDvocate. You can also go online to iocdf.org/ocdvocate to learn more.

Thank you all (especially my incredibly dedicated and now exhausted staff) for making this year's Conference an event that impacted lives.

Sincerely,



Jeff Szymanski, PhD
Executive Director
International OCD Foundation

FROM THE FOUNDATION

Donor Profile: A Walker's Journey — On The Road to Giving Back

By Morgan, Introduction by Jeff Smith, IOCDF Director of Development

Over the past few years I've had the privilege of meeting so many amazing people at our 1 Million Steps 4 OCD Walks in Boston, Sacramento, and, most recently, Atlanta! Each walker — be they an individual with OCD or related disorder, or a loved one or family member — has traveled a unique path on their road to recovery. This year at the 3rd Annual #1Million4OCD Walk in Boston, the award for the top fundraiser went to Morgan, who raised over \$2500 leading up to the Walk. In addition to participating in the Walk, Morgan has also volunteered at the IOCDF office in Boston. I was inspired by Morgan's story and asked him to share it with you. Below are some thoughts from Morgan on his involvement with the IOCDF over the past several months, as well as why his struggle with OCD led him to want to give back:

My primary motivation for volunteering at the IOCDF has been a desire to give back. OCD derailed my academic and social lives at college. This past spring, I took my second medical leave from school because of OCD. During my 3-month stay at the OCD Institute (OCDI) at McLean Hospital, my participation in treatment transformed me and my perception of what it means to coexist with anxiety. I formed incredible bonds with other kids with different stories but similar interruptions from college, and together, we embraced treatment as a sort of "semester abroad," where we took classes on mindfulness and perfectionism and our focus was on our own well-being. It was the first time any of us had really focused our energy on taking a hard look at ourselves.

Because this experience was so transformative, I thought volunteering at the IOCDF would be a great way to give back to the treatment community. Volunteering for the IOCDF has been really rewarding. It's so cool to see how awareness-focused the work is. I was really excited by the projects on educational outreach to schools, teachers, and administrators — especially because I think school is such a breeding ground for OCD. I've always been an anxious perfectionist, but I excelled through high school because of it. When college came, my tolerance for and the flavor of my anxiety began to change, probably as a result of my new independence and complete academic freedom for the first time. Meeting this community has given me a real appreciation for how common it is for OCD to set in during college.



Walkers at the starting line at the 1 Million Steps 4 OCD Walk in Boston.

I'm convinced that the most important thing I've ever learned is that embracing the present moment is the key to my future. The Walk for me was a symbolic embrace of the present, and a chance to carry into the real world what all of us had learned together at McLean. The Walk was also meaningful to me because the team I put together was composed entirely of our OCDI "graduating class" and other OCDI alumni. I wanted to raise money with them because we had all gone through treatment together and knew on a very personal level how important the work of the IOCDF is. Several of us volunteer for the IOCDF, so we were proud to raise money for a cause we believe in!

Volunteering and raising money meant strengthening the bonds of friendship that I formed with people like me. One thing that I know really sets individuals with OCD apart is our eagerness to form a community and help each other. We all have different symptoms and stories. We feel and sympathize with each other. It has been extraordinary to form bonds with these people who understand because they've gone through similar struggles. Successful OCD treatment rests on an awareness and acceptance of discomfort in the face of anxiety, and in a broader sense, societal progress with mental illness that depends on awareness, tolerance, and acceptance more than sensationalism or the search for a single cure. The Foundation's emphasis on stigma reduction and awareness — as well as on community building between OCD people and their friends and family — is in line with the values that I have come to embrace myself.

Will you join me and the Foundation in this mission? ○

- Morgan

If you would like to join Morgan and help support the work of the IOCDF with a financial contribution, you can put your gift to work immediately by donating online at www.iocdf.org/donate. If you are interested in volunteering, either for the IOCDF national office in Boston, or a local affiliate office in your area, please visit: www.iocdf.org/get-involved/volunteer.

FROM THE FOUNDATION

The 2015 Pediatric Campaign for Hope is Underway!

By Jeff Smith, IOCDF Director of Development

What would it mean to you if someone realized what you were struggling with early on... and was able to intervene and offer to help? How different would your life be today?

You can be that person who throws a lifeline, ensuring that today's kids and families affected by OCD have access to the resources they need. Partner with the International OCD Foundation and turn this goal into reality by making a gift to the Campaign for Hope to benefit programs for pediatric OCD. For the third year in a row, a generous longtime donor to the IOCDF is willing to match dollar for dollar any gifts made to the Pediatric Campaign for Hope. This campaign is critical to raising support for vital IOCDF programs that help kids and teens with OCD and related disorders.

The success of the 2014 Campaign for Hope allowed the IOCDF to launch our newly designed OCD in Kids website (www.ocdinkids.org) earlier this year, a website devoted entirely to pediatric OCD. On this website, kids, parents, mental health providers, and medical professionals can all find up-to-date information about pediatric OCD and treatment options. This information was written by members of the IOCDF Scientific and Clinical Advisory Board, comprised of some of the leading pediatric OCD experts in the world. With your support, we plan to add a comprehensive section devoted to school personnel along with an updated "OCD in the Classroom" kit, something that will be a multi-component digital educational tool that anyone can use to educate students and school personnel about what it means for a child to struggle with OCD while at school.

In the spring of 2015, the IOCDF was also able to hold the third Behavioral Therapy Training Institute (BTI) dedicated to pediatric OCD. This course — which sold out in 20 minutes, an indication of the severe demand and need for this type of training — was led by Dr. Eric Storch and taught 30 clinicians representing 19 different states and 2 countries how to effectively treat kids and teens with OCD and related disorders and work with families.

The IOCDF launched another new resource this spring — the Pediatrician Partnership Program (PPP). This program is designed to ensure that pediatricians (almost always the "front door" for families struggling with a child living with OCD) are up-to-date in their knowledge of how to properly assess, diagnose, and treat pediatric OCD and PANDAS/PANS, including referring families to a mental health professional. Dr. Kyle Williams of Massachusetts General Hospital worked with Stephanie Cogen, MPH, MSW, assistant program director at the IOCDF, to launch our pilot PPP training at a Grand Rounds at Cambridge Health Alliance (a Harvard Medical School Teaching Hospital) in the Boston area. As part of the training, the IOCDF will be distributing new tools for pediatricians that will allow them to better diagnose OCD in their patients.

This month, the IOCDF will present another Grand Rounds at Boston Medical Center, the primary teaching hospital for Boston University. These two trainings are but the beginning of the PPP — our goal is to continue working with other hospitals in the Greater Boston area to pilot this important program, and ultimately expand across the country.

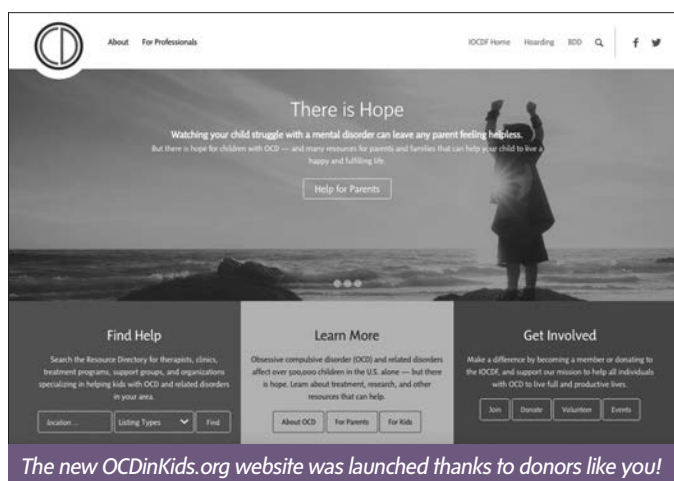
The IOCDF has made pediatric OCD a priority in our programming. We are strongly

committed to making sure parents, pediatricians, teachers, caregivers, and others have the knowledge they need to help kids with OCD. It is only through the generosity of our donors that we are able to uphold our commitment to narrowing the gap between diagnosis and effective treatment.

DOUBLE YOUR IMPACT!

Thanks to our matching gift donor, you have the opportunity to DOUBLE your gift to the IOCDF by donating to the Campaign for Hope before October 31st, 2015. A gift of \$100, then, translates into \$200, or a gift of \$500 becomes \$1,000! Your gift to our Pediatric Campaign for Hope can help other families successfully cope with the suffering, confusion, doubt, and fear that surround those living with or caring for someone with OCD or a related disorder. ○

Remember, your gift will be matched dollar-for-dollar — but only if we receive your donation by October 31st! You can also make your gift easily online at: iocdf.org/donate-C4H



FROM THE FOUNDATION

Membership Corner: Referral Initiative

by Tiia Groden, IOCDF Membership Coordinator

Membership has been an integral part of the International OCD Foundation since its inception in 1986 and helped build the Foundation into the sustainable member-based, donor-supported nonprofit it is today. The importance of our member base is what led the IOCDF to implement a membership restructure last year based on feedback from all of you — our active members, from those who recently discovered the Foundation to those who have been with us for decades!

Over the past year or so, the number of IOCDF members increased due to a concerted effort between multiple facets of the IOCDF community. These include staff and volunteers who work tirelessly to organize the Annual OCD Conference, our spokespersons who volunteer their time and experience to spread awareness through news and media, IOCDF Affiliate leaders who provide support and organize events in their local areas, and, most importantly, members like you who take action everyday.

Our members not only lend vital support to the Foundation's efforts in education, awareness, improving access to resources, and advocacy for the public and professional OCD communities, but also assist in referring individuals who are seeking help and support to the critically-needed resources the IOCDF has to offer.

Whether you refer someone to the online Resource Directory to find a therapist or support group, share your copy of the OCD Newsletter with a friend, or tell someone about IOCDF programs — such as the Annual OCD Conference, 1 Million Steps 4 OCD Walk, OCD Awareness Week, the Behavior Therapy Training Institute, or our Pediatric Outreach Program — you are helping spread the word about the Foundation, getting even more people and families connected to our resources, and growing the OCD community.

For this reason, we are introducing a new referral initiative and calling on you to help expand our membership! As our membership numbers increase, so does the voice of the IOCDF community and its message of hope and support.



Tiia Groden, IOCDF Membership Coordinator, at the IOCDF Info Booth at the 2015 OCD Conference.

As a current IOCDF member, if you refer a friend, peer, family member, classmate, coworker, or colleague to join the Foundation at any level and he or she joins, we will send you a free IOCDF lapel pin as a thank you.

There are two ways you can make a referral and help the Foundation grow:

1) Share the link www.iocdf.org/membership via email, text message, social media, or however else you can reach out to anyone you feel would benefit from joining the IOCDF. If the individual you referred signs up to become a member of the Foundation and enters your name in the "Referred By" field, we will send you your free IOCDF lapel pin!

OR

2) Print your name on the line next to "Referred By" on the membership form on the outer wrap of this newsletter. Cut out and give to a friend, family member, colleague, or loved one to fill out and send in. When he or she sends it back and joins the IOCDF, we will send you your free IOCDF pin!

By referring a friend to the IOCDF, you invite them to take action to help the OCD community in its efforts to reduce stigma associated not only with OCD and related disorders, but with mental health issues in general as well. ○

Refer a friend today! If they join, we'll send you your own IOCDF lapel pin. For more information on the various membership levels and their benefits, visit www.iocdf.org/membership.



FROM THE FRONT LINES

An Invitation to Join Us in Advocacy *(continued from front cover)*

From left: IOCDF spokespersons, Jeff Bell, Ro Vitale, Ethan Smith, and Liz McIngvale-Cegelski, PhD, at the "How I Became a Spokesperson" panel, discussing their journeys to advocacy at the 2015 OCD Conference.

offering what we hope will be fun and inspiring challenges, projects, and campaigns, all aimed at raising awareness of OCD and related disorders and fighting the stigma surrounding mental health.

As some of you know, advocacy played a huge role in my own recovery. I was fortunate to have found my way to proper treatment in the early 1990s, but still I

stumbled along on my road to wellness for many years. I needed something more — something to get and keep me motivated. That something proved to be service to others with OCD. The more I shared my story, and the more I reached out to others in the OCD community, the stronger I got.

Through my advocacy work, I began to discover how universal this correlation is. All around me in our community were advocates speaking out, who, in so doing, were finding great motivation for their own recoveries. Fascinated by this concept, I started researching the growing body of empirical evidence supporting this notion that we help ourselves by helping others. While writing a book on the subject, I asked Dr. Michael Jenike, chair of the IOCDF Scientific & Clinical Advisory Board, for his thoughts. Here's what he told me:

"Working with OCD patients since the late 1970s, I have seen some remain very ill, thousands of patients get moderately better, and a few make dramatic strides and totally reclaim their lives. It has seemed to me that the ones who do best are those who feel obligated to give back and help other patients. Somehow this drive to help others energizes them to fight off their own OCD and stay well and productive." (excerpted from *When in Doubt, Make Belief*.)

The more I shared my story, and the more I reached out to others in the OCD community, the stronger I got.

I could go on to cite a number of other leading experts, but suffice it to say that the evidence is clear: OCD advocacy helps those of us impacted by OCD. Unfortunately, so many in our community who would like to become advocates have struggled to find opportunities to do so. Year after year, we at the IOCDF are flooded with requests from community members looking to get involved, and we've worked hard to accommodate them. Still, we've always wanted to do more. Now, I'm thrilled to report, we have.

Through our just-launched OCDvocate Advocacy Program, we hope to provide meaningful ways for members of our OCD and related disorder community to be of service to others — and to themselves — by volunteering, fundraising, working with local affiliates, and participating in a variety of awareness-raising IOCDF programs.

We couldn't be more excited about this new program and are so grateful to the hundreds of OCDvocates who have

already signed up. We hope YOU will be next to take our pledge and to unite with us in sharing what Emerson so appropriately called "one of the beautiful compensations of life."

On behalf of everyone at the IOCDF, I want to invite you to join us in our new venture. Yours in advocacy, Jeff. ○

Getting started is as easy as visiting our OCDvocate webpage (www.iocdf.org/ocdvocate) and taking the official OCDvocate pledge. We'll send you a #OCDvocate wristband in the mail and add you to our Advocate email list, so you can keep up to date on advocacy opportunities.



FROM THE FRONT LINES

Life Changing is an Understatement: A Look Back at Boston 2015

by Jon Hershfield, MFT

I sat down to write a recap of my experience at this year's IOCDF Conference assuming I would talk about the humbling response to the mental rituals panel I put together with Jeff Bell, Monnica Williams, and Elspeth Bell, the joy of presenting with friends Shala Nicely and Amy Jenks on self-compassion, the hilarity of me being trusted to entertain kids during the keynote address, running an ad-hoc family members only "GOAL" OCD support group, or watching my dad get carded at a karaoke bar. But I would just go on and on about how it was cool, I was into it, and I'll be grateful to do it next year. Instead, I'd like to share why I think the IOCDF's Annual OCD Conference really is different from the other conferences I attend.

In 2010 at the OCD Conference in Washington, DC, I volunteered for the first time to help Jonathan Grayson with his annual "Virtual Camping" event. The event is hard to describe, a circus of sorts in which anywhere from 100–200 Conference attendees convene to practice exposures together around the hotel and the surrounding area. It's organized chaos, to put it lightly, with some dumpster touching, tire kicking, superstition baiting, and of course, some knife-play for the harm OCDers. That particular year, Dr. Grayson accidentally nicked his thumb on a knife, drawing a small amount of blood and, while many were laughing and some were gasping, one young woman wasn't really breathing at all.

There she was, holding her breath tightly, desperately trying to stave off a full-fledged panic attack. Her OCD told her she might have somehow made contact with the blood. Quite commonly, people who are afraid of contact with contaminants are not always so concerned with getting sick or disgusted. Sure, that's triggering enough, but what really causes panic to set in is the recognition that hours upon hours upon days upon weeks of ritualizing may lie ahead. How would she wash her clothes? What if her clothes touched items in the hotel room? What would she, what could she — sleep on? What about her luggage, the plane, her home after the Conference? How could she get certainty that there wasn't, well, Grayson plasma on everything?



Dr. Jon Grayson leading the Virtual Camping attendees through some dumpster-related ERP activities on Friday night of the 2015 OCD Conference in Boston.

I sat with her for some time that night, trying not to be her unsolicited therapist, trying to be empathic, trying to just be there. I introduced her to another Conference attendee, an OCD sufferer I knew had a similar way of experiencing these things. I wouldn't know if I was helping or being an additional irritant for some time. But I saw her at this year's Conference in Boston. She came right up to me after a presentation I was involved in, shook my hand, re-introduced herself. Thanked me. She now volunteers at a blood lab. This is not a story about me making a difference.. Really this is a story about a brave woman taking the reins back from OCD and turning her life around in the context of an understanding community.

This year, a friend of mine brought his teen son to the Conference. It's an undeniably overwhelming experience, lots of moving parts, lots of strangers, lots of expectation of being asked personal questions and being vulnerable in public. This kid was smart enough to know that inside the hotel room was safer than outside.

When my friend emailed me with concern about his son not coming downstairs, I happened to be chatting with a nice couple I met in the lobby. The guy was a former hockey star who suffered a terrible injury and then spiraled out of control with OCD until he got help. He then wrote a book about his experience to inspire others. Meanwhile, his wife stood by him through it all and never gave up on him. Both are superheroes in every sense of the word.

Turns out Clint and Joanie Malarchuk, the couple from the lobby, were the keynote speakers this year (note to self: actually read the whole Conference brochure). My friend's email asked if there was anyone I might be able to send up to the hotel room to maybe help convince his son to take the

Life Changing is an Understatement *(continued)*

leap and join the Conference. Shortly thereafter I found myself in this family's hotel room alongside the Conference keynote speakers, chatting casually about sports (which I know nothing about) and OCD (which I have more than heard of). Again, I don't know if we made a difference exactly — hard to tell. But I did see the kid walking around the lobby with purpose not long thereafter. Then I heard through the grapevine that he found his way to a teen session and made some new friends. Then his dad lost track of him, in a good way.

So what is it that makes the IOCDF's Annual OCD Conference different than other mental health conferences? A young woman getting triggered while, for the first time, being surrounded by people who understand triggers? An anxious kid talking man-to-man to the Foundation's guests of honor without anyone knowing about it? A therapist being in the wrong place at the right time or the right place at the wrong time, connecting people and witnessing sparks of liberation from OCD without really doing much of anything?

That's how it has seemed to me over the years; that just being a part of this Conference community changes the larger system of suffering and growth. What will this young lady or this young man do next? Who will they share their experience with, and what effect will it have? Who will those people go on to help?

There are many excellent conferences where I can learn more about mental health treatment and further develop competence within my profession. This is the only one where simply being there seems to make some kind of difference in the lives of others.

Also, I now have enough pens to last me until Chicago 2016. ○



Jon Hershfield, MFT, is a psychotherapist in private practice licensed in Maryland and California, specializing in the treatment of OCD. A version of this article originally appeared on Jon's blog, on the The OCD and Anxiety Center of Greater Baltimore website at www.ocdbaltimore.com.

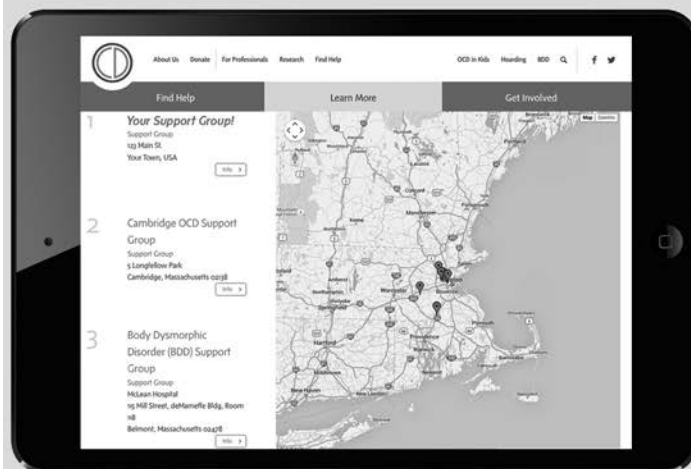
Do you run a support group in your local community?

Did you know that it is free to list your OCD and related disorders support group(s) in the IOCDF online Resource Directory?

Listings include:

- **Contact information**
- **Meeting place and time**
- **Support Group description**

The Resource Directory is searchable by area, type of support group, and more!



Visit www.iocdf.org/supportgroups for information on how to list your support group for free, and get information TODAY!

THERAPY COMMUNITY

Driven To Distraction: "Hit And Run OCD"

by Fred Penzel, PhD

"Doc," began Don, a 35-year-old school teacher, "I told my wife we should sell my car because I just can't drive anymore. Every time I go anywhere, I keep thinking that I'm hitting people with my car. It could be a jogger, a pedestrian, someone on a bike, or even an animal. I have to stop to get out and check for whoever it was I hit, or else I have to drive around the block twenty times. I keep looking in the rearview mirror so much of the time that I'm afraid I really will get into an accident. I listen to the news and read the paper every day to see if there were any accidents near where I was with my car. If I hear a siren or see a cop car or an ambulance, I think they are going to the spot where I killed someone. It's like I can never be sure."

Don looked as if he was in genuine physical pain. Speaking mostly to the floor, he said, "You must think I'm really insane, and I'm not so sure that it isn't true."

Although this was only our first session, it was already apparent that Don was clearly describing a case of OCD. There are many varieties of OCD. People have even given nicknames to some of them. Don's type specifically is referred to by some as "Hit and Run OCD."

It is important to understand that OCD can make a person uncertain about the most basic things that they think, see, hear, touch, or experience otherwise. In the nineteenth century, it was known as "The Doubting Disease." Hit and run obsessions fall under a subgroup of doubts about having harmed others through some kind of negligence. In this particular case, it seems to pick on people's driving, making them wonder whether they have hit someone or run someone over, even if there is no real evidence that this has happened. Some particular situations can be more challenging than others, including:

- Driving on a street with a lot of pedestrians crossing back and forth
- Driving down a poorly lit road at night
- Cruising around a busy parking lot
- Driving over bumps or potholes in the road
- Running over a piece of trash in the street
- Going over a bump or an irregular patch of pavement
- Briefly focusing (even for a second or two) on such things

as the car's instrument panel or entertainment system instead of the road ahead ("I could have hit someone when not paying attention")

- Driving past a jogger or bicyclist
- Backing out of a driveway or a parking space
- Looking back in the rearview mirror and not seeing someone they thought they just passed
- Hearing the screech of brakes nearby
- Having an animal run in front of or past the car

These types of situations lead to sufferers experiencing typical repetitive obsessional thoughts such as:

- How can I tell if I actually hit someone? Would I see it? Would I hear it or feel it? Maybe I did hit someone.
- How do I know I didn't kill someone? Would I know it, and how can I be certain?
- If I did hit someone and didn't stop and take responsibility, will I be charged with leaving the scene of an accident?
- If I'm this doubtful, I must have been driving carelessly and am clearly at fault if I did hit someone.
- What if I go to jail? What will happen to my family? Their suffering will also be my fault.
- How could I ever live with the guilt of having taken a life? I could never forgive myself. My life would be over.
- I just noticed that I may not have been fully paying attention the last few minutes while driving. Maybe this means I hit someone and am not aware of it.

Naturally, when a person is as doubtful as is the case with OCD sufferers, the only solution is to somehow find perfect certainty. This is not easy to do in an uncertain world, meaning sufferers will sometimes go to extraordinary lengths to know for sure whether they have done something bad. Along with this perfectionism can come another hallmark of OCD: guilt (as you can see from the above list of obsessions). Both of these can then lead to compulsions. Compulsions are anything a person does, mentally or physically, to rid themselves of the anxiety caused by the obsessions.

Types of compulsions often carried out by Hit and Run OCD sufferers include:

- Driving around the block numerous times after backing out of a driveway to see if anyone is lying there
- Repeatedly driving up and down the same stretch of road looking for bodies
- Getting out of the car and checking in bushes or under parked cars along the road in case a victim was flung there
- Constantly checking the rearview mirror while driving to see if anyone is lying in the road
- Asking bystanders if someone was hit by the driver

Driven To Distraction: “Hit And Run OCD” *(continued)*

- Reading news articles in the next day’s paper after a possible incident, looking for accident reports
- Listening to news reports of accidents
- Calling the local police precinct or hospital to find out if any accidents were reported in a particular area they drove in
- Walking all around and inspecting the car many times after a possible accident looking for dents, bloodstains, etc. that would prove that someone was hit
- Avoiding driving at night or in crowded areas
- Driving extra slowly
- Trying to mentally review each moment of a possible accident event in order to determine what actually happened
- Leaving notes on people’s cars just in case they (the driver) accidentally damaged them

As it turned out, Don had many of the above worries and performed many of the listed compulsions. I explained to Don that there was no running from or canceling out this kind of doubt. Trying to not think about these things would only cause him to think about them more. His attempts to do so had not worked thus far, and it was clear that they never would. I also related that the only way to overcome his fear was to face it — through exposure and response prevention therapy (ERP) — and that this was true of many fears. He told me, “I don’t know if it’s possible. The thoughts seem so real, and this thing seems bigger than me.” I asked him to have a little faith in himself and in the method, which had worked for many people in the past, including those with his symptoms.

“If you do your ERP homework and work patiently,” I said, “we’ll have you driving again.” Luckily, he was willing to give it a try, having run out of any other options. Because his anxiety was so high, I also referred him to a local psychiatrist who prescribed an SSRI-type antidepressant, Lexapro. The purpose of medication in this case was to help Don’s willingness to try the therapy I was proposing.

After making a very detailed list of all of Don’s obsessions and compulsions, we went on to make what is called a “hierarchy.” We did this by making a separate list of all the situations we could think of that related to his OCD that made him anxious. He then rated each one of these situations from 0 to 100 in terms of how anxious they could potentially make him. He had a fairly large range, with some things being as low as a 10 and several rated as 100 — the worst fear he could imagine experiencing.

Once this list was completed, we began the work of ERP therapy, which consisted of giving Don homework assignments starting with the lowest rated items on his hierarchy list. The assignments involved having him face situations that would cause him to confront his fears in a gradual way, and then work his way up to more and more challenging work. The purpose of this was to help him develop a tolerance for the doubt created by his thoughts

so as to reduce their impact and thus, reduce the anxiety they caused. It was also for the purpose of learning the truth of what would happen when he didn’t do the compulsion. Further, it helped weaken the habits he had developed around doing his compulsions so that he could more successfully resist them. His assignments included such things as:

- Backing out of his driveway and then leaving his block without driving back to check or checking his rearview mirror
- Not seeking reassurance from others
- Resisting inspecting his car after going out for a drive
- Not checking the news for accident reports
- Not calling the police to question them about accident reports
- Driving around crowded streets and parking lots without going back or checking in any way, especially at night when possible
- Never stopping to get out and check for bodies

In addition to changing his behavior, I asked Don to consider responding to his obsessions in his head differently as well. For example:

- Refraining from reviewing past driving events, agreeing instead that he might have actually hit and killed someone
- Upon hearing sirens, agreeing with the obsession that it was emergency vehicles going to pick up the bodies of those he had hit
- Generally agreeing with any thoughts of having hit people or animals

And finally to go out of his way to actively trigger the obsessions as a way to confront them by:

- Reading articles about hit-and-run drivers being convicted and going to jail
- Watching videos of cars hitting people
- Viewing ads and reading articles on the hazards of distracted driving

It took Don eight months of steady daily work to finally gain control of his symptoms and to drive normally again. There were both good and difficult days along the way. No one gets well perfectly. “I feel like I got my life back,” Don said. “I’m really glad we didn’t sell that car.” ○

Dr. Fred Penzel is the executive director of Western Suffolk Psychological Services in Huntington, New York, a private treatment group specializing in OCD related problems, anxiety disorders, and body-focused behaviors. He is a founding member of the IOCDF Scientific and Clinical Advisory Board.

THERAPY COMMUNITY

Taking to the Wilderness to Tackle OCD

By E. Katia Moritz, PhD, ABPP

Editor's Note: *As exposure therapists, we can ask our clients to touch a doorknob to confront their fears about contamination. Or, we can ask them to touch a doorknob to open a door to get to a place they want to go to in their life. I believe it is the perspective of the latter that truly engages people in treatment. Treatment doesn't have to happen in a vacuum: Many new programs have been developed recently to offer kids and families a new way to experience treatment in the context of real life experiences. For example, Dr. Moritz and her colleagues have created a summer camp where kids experience life through fun and challenging camp activities while at the same time experiencing their OCD symptoms. In this way, the treatment stays meaningful ("I get to go to camp and do fun and exciting camp stuff") and is still incredibly effective as well (since they are actually doing exposure therapy).*

When I first heard Dr. Moritz discussing a recent Summer Camp for kids with OCD, the first thing that struck me was that kids were getting treatment in the context of living a life. And, they were engaged in therapeutic activities in the context of relating to their families. At this summer camp, kids experienced their OCD thoughts, and still chose to engage in valued activities, including social events and even some scary and exhilarating activities (like ropes courses and rock climbing).

Camp also offered a great opportunity for critically important perspective-taking for parents. What does it feel like when you don't have OCD, but are in a situation where you are experiencing intense anxiety? Imagine standing on a platform high in the air, wearing a harness and a helmet, about to step over the edge and pull yourself across a rope in the sky. Your fears take over your mind, and you can think of nothing but how high you are. Now imagine putting on a blindfold before you step off the ledge... that is sure to induce some anxiety!

-Jeff Szymanski, PhD, Executive Director of the IOCDF

Almost 30 individuals were able to take part in a unique one-week OCD treatment adventure in Park City, Utah this past summer. This opportunity was organized by staff from the NeuroBehavioral Institute (NBI) with the help of gracious hosts at the National Ability Center in Park City. When people ask me about this summer OCD treatment adventure in Utah, the first thought that comes to mind is "life changing." Before delving into this summer's adventures, however, I would like to start this story by telling you a little bit about my long relationship with OCD.

Over 25 years ago, I was nearing the end of my training in clinical psychology in my hometown of Rio de Janeiro in Brazil.

One day, there was a man sitting near me in a restaurant. He was trying to share a meal with his mother while furiously arranging and rearranging his plate and utensils, moving his arms, and opening and closing his hands in a pattern. He was sweating, struggling, and stuck. He could not eat his food, and neither could I. I was deeply touched by his struggles but also very intrigued. I knew something was wrong, but I had no idea what it could be. What could help this poor man?

My training up to that point had focused heavily on talk therapy (think Freud and psychoanalysis). Luckily, I had a supervisor at the time named Bernard Range who is one of the very few cognitive behavior therapy (CBT) experts in Brazil. After he explained that what I had seen was OCD and how CBT could help that person, somehow I knew my life had changed. One year later, I left my family and friends in Brazil and moved to New York City to pursue my PhD at Hofstra University. I arrived on a cold January day wearing a light spring coat and spoke almost no English, but nevertheless brought with me an unwavering determination to devote myself to learning how to treat OCD. I quickly discovered that CBT was definitely my true language, and OCD became the focus of my studies.

Throughout my career I have continued trying to figure out creative ways to help people affected by OCD, including an opportunity I had to spend a couple of years living and practicing in Utah. I worked on different projects at the National Ability Center (NAC) in Park City, a facility that specializes in recreation for people with all kinds of disabilities. I wondered if that environment I found so inspiring and healthful in Utah could be translated into opportunities that would benefit OCD sufferers.

After moving to Florida, a light bulb went off: I needed to start a program for OCD that combined the beauty of nature, naturalistic exposures, exciting novel activities, and family intervention in a camp-like setting where clinicians could interact with patients and their families for days at a time.

I shared this concept with a group of families who had already been in treatment. They loved it, as did our staff. We wanted OCD patients to learn about dealing with their symptoms while supporting one another, but also have fun participating in activities they had never done before or thought they could no longer do because of OCD. Parents involved in the program hoped to gain skills to better deal with OCD and other problem-behaviors and were thrilled with the opportunity to truly engage in the treatment process. Everyone agreed that focusing on dealing with symptoms away from regular routines and distractions while still in some kind of "real-life" setting was a

Taking to the Wilderness to Tackle OCD *(continued)*

great idea. Thus, the NBI Treatment Adventure for OCD & Anxiety was born, with the first Adventure set to take place in June 2015.

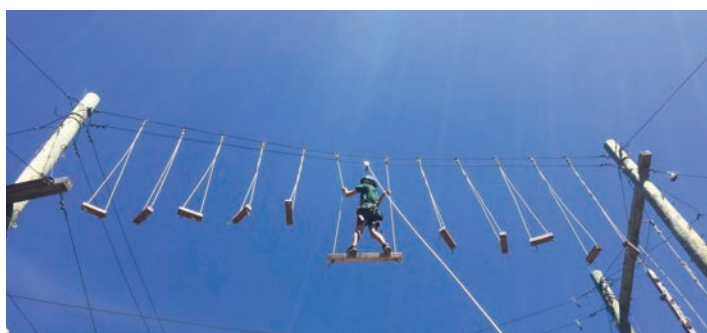
However, the logistics of setting up this program were almost overwhelming. After sorting out the legalities, I, along with other staff from the NBI, including Karina Dach and Dr. Jason Spielman, had to plan meals for almost 30 people, as well as figure out lodging and transportation for everyone. Only then, did we finally get to treatment planning. Our OCD adventurers were of different ages — the youngest was 9 and the oldest was a young adult — and most had dual diagnoses. However, since the experience was set up with parents and siblings all considered equal participants, age turned out to not be much of a factor in the end. Actually, it turned out to be advantageous, with older participants learning more by supporting younger ones, and younger kids winding up with great role models to look up to.

Our patients and families learned so much about OCD by how we approached traditional camp activities such as ropes courses, wall climbing, archery, hiking, equine-facilitated exercises, and swimming in a volcanic crater! It's amazing how many anxious thoughts you have when you're in 60 feet of water — another way to make CBT "come alive."

We also ate delicious "vomit" for one of our meals. It looked so real — the vomit was beautifully plated as everyone entered the room, expecting a great meal only to find a bowl of it waiting to be consumed. Our clinical team participated in all the activities, including this one. I had a real hard time eating the fake vomit even though I prepared it — the disgusting-looking corn bits threw me for a loop. I also had my first Big Mac in 35 years during a "junk food face off" and, even as a health snob who finds fast food gross on principle, I have to admit it was delicious!

There were many other meaningful activities that week. Campers went sailing and learned that in order to steer the boat, they had to do the opposite of what their brains might be telling them, just like tasks done in exposures. We rode adaptive bikes to show that even though you might have to work harder than seems fair, there is still a lot of joy that life can offer if you're willing to try.

Younger participants weren't the only ones challenged throughout the weekend. To teach more about empathy and "reality," we had parents walk a very high ropes course to learn that expecting their family members with OCD to face their fears and "just do it" is a lot easier said than done. We practiced the opposite of systematic desensitization in a game we called "systematic sensitization." The goal was to have our group climb a high wall and cruise the high ropes course while working on OCD thoughts. We even had some daredevils



who did it blindfolded! Being able to coach and assist patients and families in real time was not only valuable for our participants, but was an extremely eye opening-experience for NBI staff as well. It gave us clinicians a much better understanding of the depth of the struggles that supporting a family member with OCD entails and how this balancing act can seem insurmountable.

Our guest of honor during our week at camp was IOCDF spokesperson Ethan Smith, who proved to be invaluable as a motivational and inspirational speaker. He gave the families much needed hope by recounting his story and entertaining everyone with funny and heartwarming descriptions of his journey. We were also all inspired by the chance to hear an amazing testimonial from a National Ability Center athlete named Ana who, after losing both her legs, became a Paralympian. She explained that, for her, healing physically was far easier than dealing with the anxiety she developed after her accident.

I still think about that man at the restaurant in Rio and how his pain and suffering became a catalyst for helping me find my passion. He probably never got proper treatment like many others with OCD. You never know where you will find the inspiration that will change your life. For me, it happened at that restaurant long ago, and it happened again during this summer experience.

We are already gearing up for our winter experience, which we are calling "OC-Ski." To me, skiing is one of the greatest experiential analogies for the treatment of OCD. It may sound crazy and risky to take all these people skiing down a mountain, but what I have learned even more strongly from my experience this summer is that going above and beyond for OCD patients and their families means trying something new, daring, or even bold. I also needed to face my fear of uncertainty and risking failure or criticism. Isn't that what we ask our patients and families to do? ○

E. Katia Moritz PhD, ABPP, is a licensed psychologist in the states of Florida, Utah, and New York. She is the co-director of the NeuroBehavioral Institute and the creator of the NBI OCD and Anxiety Treatment Adventure.



The 22nd Annual OCD Conference in Boston was our largest Conference yet!

- ⚓ We had over 1,700 attendees, including individuals with OCD and related disorders as well as their friends and family members, mental health professionals, and researchers.
- ⚓ The Conference also featured more than 100 talks, workshops, support groups, and evening activities open to the entire OCD community.
- ⚓ We also debuted our new #OCDvocate Advocacy Program at this year's Conference. Check out this issue's cover story for more information about the program and details on how to sign up!

Conference photos by Roberto Farren — www.robertofarrenphotography.com



A young attendee lip syncs along to the music at the Saturday Night Social.



IOCDF spokesperson Ethan Smith and speaker Margaret Sisson.



Ro Vitale with her hands tied as a metaphor for the way OCD imprisoned her during the Bilingual Spanish Keynote Presentation on Saturday afternoon.



Joanie and Clint Malarchuk presenting their Keynote Address on Saturday Morning.



IOCDF Spokesperson Liz McIngvale-Cegelski, PhD, LMSW, talking with attendees at the IOCDF booth.



Perrie Merlin, LICSW, and the OCD Conference "Ambassadors" hanging out with a conference attendee at their "Pawffice Hours" in the Exhibit Hall.



Amy Jenks, PsyD, and another therapist helping to run the Virtual Camping event on Friday Night.



Staff from McLean OCD Institute Jr. lend a hand with the pirate-themed ERP treasure hunt for kids.



2015 Illumination Award Winner David Adam giving a talk based on his book, *The Man Who Couldn't Stop*.

2015 OCD CONFERENCE HIGHLIGHTS



Yummy treats for the Saturday night social prepped by younger Conference attendees!

Our first-ever post-Conference podcast hosted by Julie and Andy Burnfield.

Thank you to Amita Health / Alexian Brothers Behavioral Health for sponsoring this year's red carpet photo booth!



Barbara Rosemberg receiving an award for her contribution to the IOCDF Research Grant Program, and Sabine Wilhelm, PhD, Chair of the Grant Review Committee.

"Stickers!" A young attendee enjoying the OCD Parade on Friday evening.

Allen Weg, EdD, at his annual Thursday night storytelling event for families.

2015 OCD CONFERENCE HIGHLIGHTS



Miss Fingerlakes, aka Kerisa Bonville, performing at Thursday's Cabaret & Open Mic Event.



John Greist, PhD, (center) our 2015 IOCDF Career Achievement Award Winner with Jeff Szymanski, PhD, and Michael Jenike, MD.



Clint & Joanie Malarchuk at their book signing in the Conference Bookstore on Saturday.



As part of Art Therapy, kids helped the hotel chefs prepare treats for the Saturday Night Social.



Attendees leaving the hotel to participate in Dr. Grayson's ERP-based Virtual Camping event on Friday night.



Michael Jenike, MD, (right) presents the 2015 Patricia Perkins IOCDF Service Award to James Claiborn, PhD, at the General Session on Saturday morning.



Award winners Chris Trondsen, David Adam, and Kevin Putman, hamming it up at the Red Carpet at the Saturday Night Social after being honored for their advocacy work.



IOCDF spokesperson Ro Vitale performs "My Inspiration" at the Saturday Night Social with some help from young attendees.



IOCDF Program Director, Marissa Keegan (left), and IOCDF Conference Staff out on the dance floor at the Saturday Night Social!

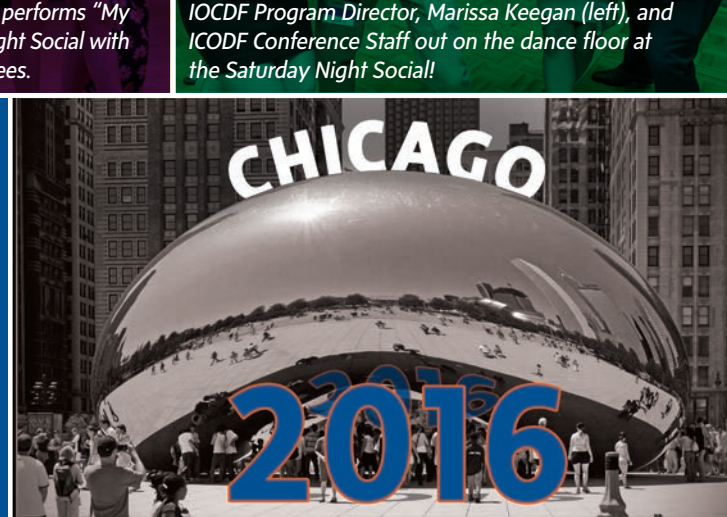


Sean Curzan practicing exposure exercises during the ERP Treasure Hunt on Friday night.

Make sure to be a part of the action at next year's OCD Conference!

Save the date for the 23rd Annual OCD Conference. to be held July 29-31, 2016 in Chicago.

We hope to see you there!



23rd Annual OCD Conference in Chicago, IL

THERAPY COMMUNITY

Institutional Member Updates

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

THE ANXIETY TREATMENT CENTER (ATC) 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 welcomes Rebecca Horvath, LMFT, to our behavioral specialist team. Rebecca brings extensive experience working in facility-based programs with individuals struggling with OCD and anxiety related disorders.

In support of OCD Awareness Week October 11–17 2015, we will be hosting various events, including OCD screenings the entire month of October, Monday through Friday, from 9am–1pm. This is an opportunity for individuals who suspect they might have OCD or other anxiety disorders to meet with a clinician and discuss options for treatment. We will also host a Wine and Cheese Networking Event for therapists to come together, learn about the treatment for anxiety disorders, and collaborate on community resources on Thursday, October 15, 2015 at 6:30pm.

CENTER FOR COGNITIVE-BEHAVIORAL PSYCHOTHERAPY

137 East 36th Street, Suite 4
New York, NY 10016
Phone: (212) 686-6886
Email: center686@gmail.com
www.cognitivebehavioralcenter.com

The intensive outpatient treatment program for OCD at the Center for Cognitive-Behavioral Psychotherapy is pleased to welcome Courtney Deleasa to our skilled treatment team. Courtney brings with her considerable experience managing challenging personality conditions that can often co-occur with OCD.

THE CENTER FOR THE TREATMENT AND STUDY OF ANXIETY

Perelman School of Medicine, University of Pennsylvania
3535 Market Street, 6th Floor
Philadelphia, PA 19104
Phone: (215) 746-3327
Email: stsao@mail.med.upenn.edu
www.med.upenn.edu/ctsa

We at the Center for the Treatment and Study of Anxiety (CTSA) are happy to welcome two new staff members. In

January, Elizabeth Turk-Karan, PhD, joined us as a full-time staff psychologist following nearly 20 years of affiliation with the CTSA. In March, Holly Valerio, MD, a board certified psychiatrist, joined our staff to provide expert psychopharmacology services for persons suffering from OCD and other anxiety disorders.

At the end of August, our long-standing OCD Clinic Director Elna Yadin, PhD, left her part-time position at CTSA. The role of director has been ably assumed by CTSA's Clinic Director Steve Tsao, PhD. Dr. Yadin will continue to be affiliated with the CTSA in many ways, from coordinating and team-teaching the exposure and response (ritual) prevention treatment OCD workshops for professionals offered by the CTSA's master clinicians every year in July, to advocating for OCD sufferers and their families.

COGNITIVE BEHAVIOR THERAPY CENTER OF SILICON VALLEY AND SACRAMENTO VALLEY

12961 Village Drive, Suite C 3017 Douglas Blvd, Suite 300
Saratoga, CA 95030 Roseville, CA 95661
(408) 384-8404 (916) 778-0771

Email: info@cbtsv.com
www.CognitiveBehaviorTherapyCenter.com

The Cognitive Behavior Therapy Center of Silicon Valley and Sacramento Valley is proud to announce we recently became an institutional member of the IOCDF as a specialty outpatient clinic. We offer evidenced-based therapy for OCD and anxiety using cognitive behavior therapy and exposure and response prevention.

The Cognitive Behavior Therapy Center has six therapists and a center assistant. Our Center Director Laura Johnson, LMFT, LPCC, is a certified cognitive therapist with the Academy of Cognitive Therapy and has completed the regular and pediatric BTIs as well as intensive OCD training at the University of Pennsylvania. Our therapists Caitlyn Oscarson, LMFT, and Erica Russell, LPCC, LMFT, have completed the BTTI and are working on CBT certification. All of our therapists are well trained in CBT/ERP for OCD.

We also specialize in schema therapy, an evidence-based, depth-oriented therapy that helps people improve chronic anxiety, depression or personality traits that interfere with recovery using CBT/ERP alone. Our Center Director Laura Johnson is working on advanced certification through the Schema Therapy Institutes of New York and New Jersey.

Along with our main CBT Center in Saratoga, we recently opened a second office in Roseville. We are hiring in our Roseville office. If interested, please see www.cognitivebehaviortherapycenter.com/jobs-roseville.

Continued on next page >>

THERAPY COMMUNITY

Institutional Member Updates *(continued)*

THE HOARDING PROJECT

**621 Pacific Street, Suite 300
Tacoma, WA 98402
Phone: (253) 292-1216**

**3965 W. Broadway Avenue
Robbinsdale, MN 55422
Phone: (763) 231-5366**

**Email: info@thehoardingproject.org
www.thehoardingproject.org**

The Hoarding Project is pleased to join the IOCDF as an institutional member. We are a nonprofit organization that provides hoarding disorder education to people who hoard, family members, professionals, and the public. We offer clinical treatment in the form of individual and family therapy, and also offer support groups for people who hoard and for family members/friends in Seattle and Tacoma, Washington and Minneapolis/St. Paul, Minnesota.

We have created a curriculum manual for facilitation of our support groups and are willing to make this curriculum available to other therapists and agencies. If you would like to receive our manual, please send your request to info@thehoardingproject.org.

Currently, we are partnering with organizations that focus on aging in place and the senior adult population. We also provide consultation services to community mental health agencies looking to expand their services and programs to effectively address hoarding disorder. The Hoarding Project also sponsors two hoarding task forces: King/Pierce Counties in Washington and the MN Hoarding Task Force. Our focus on collaboration with mental health and non-mental health professionals allows us to provide clients and collaborators comprehensive services and approach to treatment of hoarding disorder.

HOUSTON OCD PROGRAM

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

**Email: info@HoustonOCDProgram.org
www.HoustonOCDProgram.org**

The Houston OCD Program team is excited to announce our relocation to the historic Heights neighborhood in Houston. After operating in the Montrose area of Houston for six years, we will continue responding to the growing need for treatment of OCD, anxiety disorders, and depression at our new location (see address above). The main Residential Clinic is now located in a brand new custom-designed Mediterranean style two-story house. This nearly 6,000 square-foot home features comfortable and secure bedrooms with private bathrooms, wheelchair accessibility, spacious living areas, a state-of-the-art kitchen, a library, and wireless Internet access.

Adjacent to the Residential Clinic is our newly renovated Outpatient Clinic. Our team of cognitive behavior therapists in a beautifully re-designed Mediterranean-style office building

provides outpatient services with ample parking for our clients.

We also want to introduce and welcome Ivy Ruths, PhD, to our team of excellent clinicians. She specializes in working with children and their families, with special focus on OCD and related disorders, anxiety disorders, and depression. She will also be expanding our cultural diversity and, as fluent Spanish speaking clinician, will be serving our Spanish-speaking clientele.

KANSAS CITY CENTER FOR ANXIETY TREATMENT (KCCAT)

**10555 Marty Avenue, Suite 100
Overland Park, KS 66212
Phone: (913) 649-8820 Ext. 1
Email: info@kcanxiety.com
www.kcanxiety.com**

2015 has been another year of development and growth as KCCAT celebrates its 10th Anniversary! Associate Staff Psychologist William Oakley, PsyD, enjoyed presenting in representation of KCCAT at this year's terrific Annual OCD Conference in Boston, and we are excited to announce the following staff updates for our team:

Senior Staff Psychologist Jeff Jaeger, PhD, was promoted to associate director this past May. His clinical expertise, paired with outstanding supervision and leadership skills, have made Jeff an invaluable addition to assisting with the day-to-day operations of our program.

Heather Smith-Schrandt, PhD, joined KCCAT this September as an associate staff psychologist working with youth, adults, couples, and families. Dr. Smith-Schrandt received her PhD in clinical psychology from the University of South Florida. She joined KCCAT following a postdoctoral fellowship with our colleagues at the USF Rothman Center, with specialty training emphases on OCD, selective mutism, social anxiety, and interpersonal factors.

Please join us in congratulating Jeff and welcoming Heather! We invite you to check in with us regularly for updates on new education and clinical service offerings being developed as we continue to strive to meet the needs of families and our community into the next decade.

THE LINDNER CENTER OF HOPE: OCD AND ANXIETY DISORDER TREATMENT PROGRAMS

**4075 Old Western Row Road
Mason, OH 45040
Phone: (513) 536-0532
Email: Kathleen.neher@lindnercenter.org
www.lindnercenterofhope.org**

On Saturday, December 5, 2015, Lindner Center of HOPE will be offering a full day educational event for clinicians on "Advances in the Treatment of OCD and Comorbid Disorders." Topics covered will include an overview of the diagnosis and

Institutional Member Updates *(continued)*

treatment of OCD, treatment of individuals with OCD and eating disorders, advances in pharmacological approaches and medical procedures for treating OCD, OCD and addiction treatment, diagnosing and treating Pediatric Autoimmune Neuropsychiatric Syndrome (PANS), and treatment of morbid and violent obsessions. Presenters will include research and clinical faculty of the University of Cincinnati's Department of Psychiatry, including Dr. Susan McElroy, who is internationally known for her research in bipolar disorder, eating disorders, OCD, obesity, and impulse control disorders. In addition, presenters will also consist of members of the Lindner Center of HOPE's OCD and Anxiety Disorder Treatment program, such as Charles Brady PhD, and Jennifer Wells, LISW. Six CME hours for physicians, nurse practitioners, psychologists, and social workers and counselors will be offered. Please contact Pricila Gran at pricila.gran@lindnercenter.org or (513) 536-0318 for additional information.

MARNI L. JACOB INTENSIVE TREATMENT PROGRAM

1200 N. Federal Highway, Suite 200
Boca Raton, FL 33432
Phone: (561) 325-5115
Email: drmarnijacob@gmail.com
www.drarnijacob.com

In effort to bring greater access to evidenced-based treatment for OCD, anxiety, and related disorders to the South Florida area, Marni Jacob, PhD, opened a new practice in July 2015 located in Boca Raton, FL, which specializes in the evidence-based treatment of children, adolescents, and adults with OCD, anxiety, and related disorders (e.g., trichotillomania, Tourette's disorder, body dysmorphic disorder, hoarding). The program conducts weekly and intensive treatment, and utilizes cognitive-behavioral therapy (CBT) with exposure and response prevention (ERP) for the treatment of OCD.

Dr. Jacob previously worked at the University of Florida OCD program. She also completed a 3-year postdoctoral fellowship at the University of South Florida Rothman Center for Neuropsychiatry conducting weekly and intensive treatment for children, adolescents, and adults with OCD, anxiety, and related disorders. The program works collaboratively with each patient to develop a treatment plan that is tailored to each individual and his/her goals.

MCLEAN HOSPITAL OCD INSTITUTE

115 Mill Street
Belmont, MA 02478
Phone: (617) 855-3371
Email: corozco@partners.org
www.mcleanhospital.org/programs/obsessive-compulsive-disorder-institute

Through our continued dedication to enhancing clinical outcomes in OCD, we are excited to announce the OCD Institute's Office of Clinical Assessment and Research (OCAR) has reached the next phase of development. OCAR strives to

integrate clinical practice and research in an effort to better understand and evolve intensive treatments for OCD. In addition to developing new research collaborations, ongoing studies are evaluating processes/mechanisms of change, neurocognitive/psychophysiological predictors of treatment outcome, and identifying neurochemical and functional abnormalities associated with OCD using neuroimaging. Novel treatment methods, including the use of intranasal ketamine and smartphone applications, are also part of our core research. Further, OCAR has implemented full diagnostic interviews at admission, along with weekly symptom progress reports provided to the treatment teams to support the clinician's work with our residents.

As we continue to grow, OCAR is pleased to welcome new members to our team. Nathaniel Van Kirk, PhD, will transition into a new research fellowship position. We also welcomed a new member to our team, Lauryn Garner, as our new research coordinator. Brittany Mathes, a longtime member of the OCAR team, has also moved onto the next phase of her training as a graduate student in the Florida State University's Clinical Psychology Program. OCAR has also expanded our training opportunities to include assessment supervision for practicum students and a summer research position.

MOUNT SINAI OBSESSIVE-COMPULSIVE AND RELATED DISORDERS PROGRAM

One Gustave L. Levy Place, Box 1230
New York, NY 10029
Phone: (212) 659-8823
Email: ocd@mssm.edu
www.mountsinaiocd.org

We are pleased to announce that Dr. Rojas is now our director of behavioral therapies within the Division of Tics, OCD, and Related Disorders. She will continue to offer a no-cost CBT group for children (age 8-12) with OCD. The next group session begins in September 2015.

For families seeking a reduced fee option, in July 2015, we expanded our specialty track for the evaluation and treatment of OCD and related disorders through Mount Sinai's child and adolescent psychiatry outpatient service. Dr. Dorothy Grice, child psychiatrist and chief of our program, and Dr. Ariz Rojas, child psychologist, supervise child psychiatry residents, triple board residents, and psychology doctoral students who provide affordable, comprehensive evaluations and treatment of OCD in youth.

The Mount Sinai OCD Program continues to offer investigational interventions such as transcranial magnetic stimulation (TMS) as part of ongoing clinical trials. Deep brain stimulation (DBS) is also an option for select adult patients who have not responded to multiple medication trials and CBT. Our interventional psychiatry program is directed by Dr. Wayne Goodman, OCD researcher, developer of the Y-BOCS, and co-founder of the IOCDF.

Continued on next page >>

THERAPY COMMUNITY

Institutional Member Updates *(continued)*

NEUROBEHAVIORAL INSTITUTE (NBI)

2233 North Commerce Parkway, Suites 1 & 3

Weston, FL 33326

Phone: (954) 217-1757

Email: Andrea@nbweston.com, Jennifer@nbweston.com
www.NBIWeston.com

NBI is proud to announce two new programs: the OCD and Anxiety Treatment Adventures, and the Day Treatment Program for OCD, Anxiety, and Related Conditions. The Treatment Adventures combine cognitive behavioral therapy (CBT), family training, and interventions with fun, challenging activities. The next adventure will take place in Park City, UT from 12/26–12/31 (see pg. 12). The Day Treatment Program for OCD, Anxiety, and Related Conditions is a developing program geared toward assisting patients to restore and develop positive social and psychological functioning through evidence-based treatments and fun, constructive activities while in a group setting.

OCD CENTER OF NORTH SHORE–LIJ

The Zucker Hillside Hospital

75-59 263rd Street

Glen Oaks, NY 11004

Phone: (718) 470-8052

Email: apinto1@nshs.edu

www.northshorelij.com/ocdcenter

The OCD Center of North Shore-LIJ, located on the border of Queens and Nassau on Long Island, offers evidence-based outpatient treatment for OCD and related disorders and accepts most health insurance plans. Besides individual exposure and response prevention (ERP) and medication management, the Center is pleased to announce group therapy options. The ERP Group meets weekly and provides members the opportunity to engage in exposures with the support and guidance of a licensed psychologist, as well as other individuals with OCD. The Maintenance Group, also led by a licensed psychologist, meets every other week and focuses on strategies to maintain wellness and prevent relapse for individuals who have “graduated” from individual ERP therapy but have attained partial remission of symptoms. Please contact us for more information about our treatment services.

RENEWED FREEDOM CENTER FOR RAPID ANXIETY RELIEF

1849 Sawtelle Boulevard, Suite 543

Los Angeles, CA 90025

Phone: (310) 268-1888

Email: clorisbrown@renewedfreedomcenter.com
www.renewedfreedomcenter.com

Big changes are happening at Renewed Freedom Center with the arrival of our new doctoral interns Jessica Parlor and Elissa Stifter. We are also welcoming back Dr. Salma Wahidi, a former doctoral intern who is re-joining our team as a psych assistant. As

a training facility, we are committed to ongoing education about OCD and its effective treatment and look forward to working with these extraordinary women as we continue to assist individuals suffering from OCD.

We would also like to announce the promotion of Dr. Yolanda Cespedes-Knadle to the role of clinical director. Hitting the ground running, Dr. Cespedes is already making strides building relationships with medical providers and schools in the greater Los Angeles area by educating them on what OCD is, how evidence-based treatment for OCD works, and where to find appropriate resources and support systems. We’re excited to have Dr. Cespedes in this leadership role and look forward to working with her on these efforts.

For more information regarding the services offered at RFC or to find out more about our dynamic clinical team, please visit our website.

ROGERS BEHAVIORAL HEALTH

34700 Valley Road

Oconomowoc, WI 53066

Phone: (800) 767-4411, Ext. 1846 or (413) 822-8013

Email: rramsay@rogershospital.org

www.rogershospital.org

Summer 2015 was a busy one! Rogers Behavioral Health – Chicago opened its doors to the Windy City in mid-July. This new location in Skokie will now offer premier partial hospitalization and intensive outpatient hospitalization programming for adults, children, and adolescents. Under the leadership of Karen Cassiday, PhD, clinical director, Rogers Behavioral Health — Chicago will continue the mission of bringing the highest quality of care to Illinois.

Fulfilling a behavioral health need that would otherwise not be met, Rogers is also growing in Wisconsin by bringing our valuable services to the Appleton/Fox Valley area. Rogers Memorial Hospital – Appleton opened its doors September 21st of this year. Partial hospitalization and intensive outpatient programming for adults will be offered at this location.

Lastly, Rogers will be opening its first location in Minnesota! The goal of this hospital is to bring hope and healing to individuals living in the Twin Cities area. Keep an eye out for more information to come on Rogers Behavioral Health – Minneapolis.

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 is pleased to announce two fall workshops: Introduction to ACT, which took place on September 12, 2015, and an Intermediate ACT Workshop with Steven Hayes, PhD, co-founder of ACT, on October 9-12,

THERAPY COMMUNITY

Institutional Member Updates *(continued)*

2015. These are both intended for clinicians. Please visit Sage's website, contact Robin Kirk or go to www.SacramentoACT.com for more information. The next ACT-based social anxiety group began in mid-September. Our body focused repetitive behavior group is now forming.

SPECTRUM CBT

1081 Westwood Boulevard, Suite 212
Los Angeles, CA 90024
Phone: (310) 857-6517
Email: info@spectrumcbt.com
www.spectrumcbt.com

Spectrum CBT provides both outpatient and intensive outpatient options for adolescents, young adults and adults.

Our team is comprised of OCD specialists. Spectrum Director Sarosh Motivala, PhD, is also the training director at UCLA's Adult OCD Intensive Outpatient Program. Melanie Hudson, PsyD, and Pavel Litvin, LMFT, have undergone extensive training through UCLA's OCD program. Justine Dembo, MD, trained at the University of Toronto's Adult OCD program and works with clients to provide psychiatric assessment and treatment. We have also recently added two interns, Lindsey Muller, PCCI, and Erika Levonian, MFTI, to provide clients with excellent treatment at more affordable price points.

Spectrum CBT is also committed to providing cutting edge CBT and ERP treatment. Our approach to ERP has significantly changed in recent years as we have integrated newer developments in learning theory and mindfulness-based approaches. These changes have helped make ERP more accessible and more effective for clients. A core value of Spectrum CBT is to provide exceptional CBT/ERP combined with approaches that improve functional outcomes and improved quality of life.

STRESS & ANXIETY SERVICES OF NEW JERSEY, LLC

A-2 Brier Hill Court
East Brunswick, NJ 08816
Phone: (732) 390-6684
Email: sas@stressandanxiety.com
www.stressandanxiety.com

Stress and Anxiety Services of New Jersey (SASNJ) congratulates the most recent addition to our clinical staff, Dr. Charity Wilkinson, on completing her training through the Behavior Therapy Training Institute (BTTI) of IOCDF, as well as completing her certification through the Trichotillomania Learning Center (TLC). SASNJ can now boast five clinical staff members who are both TLC and BTTI certified. Dr. Wilkinson has also been trained in PE therapy for PTSD under Dr. Edna Foa, as has one of our other staff psychologists, Dr. Cindy Haines. In addition, Dr. Wilkinson is certified in cognitive processing therapy (CPT). We therefore have expanded our clinical services to those suffering with PTSD.

We would also like to mention that our Executive Director and Founder Dr. Allen H. Weg has been appointed president of OCD New Jersey, the NJ affiliate of the IOCDF, after serving in the capacity of vice president for over 15 years.

SASNJ is currently searching for clinicians trained in evidenced-based treatment with a strong interest in treating anxiety disorders in general and OCD treatment in particular to fill our post-doc position as we continue to expand the size of our staff and the scope of our services.

UCSF YOUTH OCD INTENSIVE OUTPATIENT PROGRAM

University of California, San Francisco LPPH&C
401 Parnassus Avenue
San Francisco, CA 94143
Phone: (415) 502-3120
Email: melody.keller@ucsf.edu
<http://psych.ucsf.edu/youth-ocd-iop>

UCSF has a new youth OCD Intensive Outpatient Program (IOP) in San Francisco, California. It operates Monday through Thursday from 3:00-6:00pm. Three major advantages of our program are as follows: 1) treatment is supervised by a licensed staff member such that ERP exercises are closely observed to ensure that they are done correctly; 2) treatment is intensive, allowing for exercises to be repeated many times throughout the week; and 3) support and learning can take place by being around youth with similar disorders. There is no pre-determined IOP treatment duration, but youth should anticipate being in the program for at least 8-12 weeks. In order to participate in IOP, youth need to be motivated and committed to OCD treatment work, and parents need to have a willingness and ability to be involved in the treatment process. You can obtain additional information about the program by going to our website or by contacting the program director, Melody Keller, PhD.

WESTWOOD INSTITUTE FOR ANXIETY DISORDERS, INC.

921 Westwood Blvd, Suite 223
Los Angeles, CA 90024
Phone: (310) 443-0031
Email: thewestwoodinstitute@gmail.com
www.hope4OCD.com

Westwood Institute for Anxiety Disorders (WIAD) would like to announce a special event that will be held during OCD Awareness Week: On October 15, Dr. Eda Gorbis, the founder and executive director, will be giving a brief presentation about the diagnosis and treatment of OCD and OC spectrum disorders followed by a question/answer session. The presentation will be open to the community, including other professionals. Light refreshments will be provided. Please RSVP by email for more details. ○

RESEARCH NEWS

Transcranial Magnetic Stimulation (TMS) for Obsessive Compulsive Disorder (OCD)

by Joan A. Camprodon-Gimenez, MD, MPH, PhD

Editor's Note:

"I've tried several different kinds of medication. Nothing helps."

We regularly receive inquiries about Transcranial Magnetic Stimulation (TMS), Deep Brain Stimulation, and other newer treatments to help those individuals who have not responded to medication or cognitive behavioral therapy (CBT). A lot of research in the past few decades has been conducted to better understand what exactly isn't working right in the brains of individuals with OCD. One approach has been to target brain chemistry. The thinking is that OCD symptoms result from an imbalance in brain chemicals (or neurotransmitters), which medications such as SRIs can address. And for many individuals, adjusting the brain's chemistry has been successful in significantly reducing OCD symptoms. But for some, adjusting the brain's chemistry with medication has not worked (or has not worked all that well).

Recently, psychiatric research has become increasingly focused on the idea that the structure and function of the brain's "neural networks" might play a part in OCD. Consider your brain from this perspective. Your brain is made up of cells called "neurons" which communicate with each other. When several neurons work together, they are referred to as a circuit or network. If you've ever taken apart a computer or other electronic device, you've likely seen a green plastic board covered in gold circuits. Much in the way electricity travels through this circuit board to convey information from one part of the computer to another, your brain uses neural networks to convey information from one part of the brain to the other.

So, instead of targeting neurotransmitters (the chemicals used to communicate between individual neurons) researchers are now looking at how neural networks function to communicate from the parts of the brain that regulate, say, emotions to the part of the brain that regulates movement. It is our hope that new treatment methods that focus on neural networks, rather than neurotransmitters, may offer help to those individuals who have not had success with other treatment methods.

-Jeff Szymanski, PhD, Executive Director of the IOCDF

INTRODUCTION

Welcome to the "circuit revolution." Revolution is a strong word, but this new trend in psychiatric research focused on neural circuits and networks has the power to change how we think about and treat OCD by providing a framework for the development of new treatments such as *Brain Stimulation* therapies.¹ The focus of this article is to review the evidence to date about the effectiveness of one of these therapies, Transcranial Magnetic Stimulation (TMS).

Brain Stimulation therapies are also called *Neuromodulation*, *Somatic Therapies*, or *Psychiatric Neurotherapeutics*. All of these labels refer to a group of treatments that use devices (rather than medication or psychotherapy) capable of changing electrical activity in a targeted area of the brain and changing the flow of information through those networks. The goal of these electrical and biological changes is to alter the way the brain is functioning; to change patterns in the brain that are leading to disease, and instead, force these circuits to operate in a healthy state that allows for better functioning and well-being.

Neuromodulation therapies fall into three general groups. The first group is referred to as "invasive" because it requires surgery to put electrodes directly into the brain. Deep Brain Stimulation (DBS) or Vagal Nerve Stimulation (VNS) are examples. DBS is used for disorders such as Parkinson's disease and OCD,ⁱ while VNS is used for epilepsy and depression. The second group is called "convulsive," with Electroconvulsive Therapy, or ECT, being the most relevant example. This strategy does not require surgery, but patients still need to be put under general anesthesia. The goal of ECT is to send strong electrical currents through the skull capable of inducing a controlled seizure under general anesthesia and with the supervision of a team of physicians and nurses in an environment similar to an operating room. This seizure is capable of rewiring the brain, and for some individuals, is an effective treatment for depression, mania, and psychotic disorders (such as schizophrenia). Finally, "noninvasive" strategies like Transcranial Magnetic Stimulation (TMS) can change brain activity without the need for surgery or inducing seizures. This technique involves applying electromagnetic currents on the skull and directing them to specific brain regions.

i. Even though surgical neuromodulation with DBS was approved by the U.S. Federal Drug Administration (FDA) for the treatment of OCD in 2009, this treatment is not available or appropriate for everyone given the risks, costs, and the requirement for very close follow up in specialized academic centers.

TMS for OCD *(continued)*

In a typical TMS session, patients are awake and sit in a comfortable treatment chair, while the operator places a coil measuring about 5x2 inches over a given region of the head. Then, electromagnetic pulses are applied that travel through hair, skin, muscle, and bone until they reach the brain. When magnetic pulses reach the targeted brain region, they turn into electricity and force neurons (brain cells) to fire, which then affects the interconnected brain networks. The amount of stimulation and target of stimulation is always specific for each patient according to an initial assessment of the person's brain "excitability." A typical TMS session lasts from 20 to 40 minutes (although newer protocols lasting one to six minutes have recently been shown to be effective), and most treatments require daily sessions Monday to Friday for a few weeks (the current standard for depression is 6 weeks, then treatments decrease in frequency for a 2 or 3 week-period afterward). Because there aren't any side effects, TMS is a treatment where patients travel to the clinic on their own, receive the treatment, and then continue with regular daily activities.

TMS is painless and non-invasive and has been shown to be safe and very well tolerated by patients.² Since its development in the mid 1980s,³ TMS has become widely used for neuroscience research and clinical applications. In 2008 the FDA approved the use of TMS for the treatment of depression,^{4,5} and in 2013, approved the use of "deep TMS" (using as device called TMS H-coils) also for depression.⁶ In 2015, two additional devices have also been cleared by the FDA for use in treating depression.

A series of studies have recently been done to determine how safe and effective TMS might be as a treatment for patients with obsessive compulsive disorder (OCD). These studies have focused on three different TMS approaches, each of which will be discussed below. The focus of the rest of this article is to review the effectiveness of TMS as a promising new treatment for OCD.

TMS STRATEGY #1: TARGET THE DLPFC

The Dorsolateral Prefrontal Cortex (DLPFC) is a region located in the lateral surface of the frontal lobes (the front part of the brain that controls important cognitive skills). This is also the TMS target the FDA has approved for the treatment of depression. The first study to explore the use of TMS for OCD examined how effective one single session of repetitive TMS targeting the DLPFC would be for 12 patients. The researchers found a noticeable reduction in compulsions, but not obsessions, that lasted up to 8 hours, and patients

showed an improvement in mood as well. While these results were promising, a number of smaller studies followed using repeated TMS treatment sessions over the course of one or two weeks, but showed little to no benefit. However, these studies were conducted early in the development of TMS, and we know now the treatment strategies used then were too weak to have an effect (for example, early studies used one or two weeks instead of six weeks of treatment, or TMS intensities of 80% as opposed to 120%). It is therefore not surprising that they were unable to observe benefit. Two recent studies have reported improvement in OCD symptoms using newer TMS techniques targeting the DLPFC. **Bottom line:** *While the DLPFC may not be the most promising target for OCD, it has still not been tested sufficiently, and it may be too early to say that it doesn't work.*

TMS STRATEGY #2: TARGET THE OFC

The part of the brain called the Orbitofrontal cortex (OFC) has consistently been identified as one of the primary regions affected by OCD, generally showing significant overactivity. Three studies targeting the OFC with TMS found positive results. The first study used a standard TMS coil. A later study used a different coil with a bent shape that reaches deeper structures because the OFC is deep in the brain and the penetration of standard TMS is relatively superficial. All three studies showed improvements in OCD symptoms, although benefits lasted only a month.

Similar to the examples with DLPFC though, studies of TMS to the OFC for OCD only used 1–3 weeks of treatment, which is not enough. We know from research on the treatment of depression with TMS that it generally requires 6 weeks of treatment to be fully effective. In addition, treatment of OCD generally requires higher doses with a longer duration than treatment of depression. Future studies should assess the effectiveness of longer treatments targeting the OFC.

The other important findings from these studies, however, is that in addition to looking at whether patients improved, researchers also used neuroimaging (technology that takes pictures of the brain) to understand *how* TMS affects the OFC. Specifically, they used neuroimaging scans that measure how much energy brain regions are using. Information gathered from the scans showed changes in brain activity in the OFC (on the right side in particular) as patients improved in their symptoms. This knowledge may lead to future therapeutic advances.

Continued on next page >>

RESEARCH NEWS

Transcranial Magnetic Stimulation (TMS) for Obsessive Compulsive Disorder (OCD)*(continued)***TMS STRATEGY #3: TARGET THE PRE-SMA**

Studies targeting an area of the brain called the “pre-Supplementary Motor Area” or pre-SMA with TMS have so far shown the best outcomes for OCD. This area of the brain, like the OFC, has been observed to be consistently overactive in patients with OCD.

The first studies targeting the pre-SMA examined the use of TMS for patients with OCD and Tourette’s syndrome. At the end of treatment, patients showed general reduction in OCD symptoms in addition to improvement in functioning, as well as reductions in depression and anxiety. Importantly, the improvements held for at least three months. This study was followed by a second study with 21 OCD patients and a more careful study design. At end of four weeks of TMS treatment, patients showed notable decreases in OCD symptoms in addition to depression and anxiety, and again, three months later, benefits were still present for most patients.

Although TMS targeting the pre-SMA has been shown to be the most effective so far, it isn’t clear whether this is indeed the only or best area of the brain to target because pre-SMA studies are the only ones thus far that use doses and treatment protocols similar to the standard of care for depression. That said, these positive results are very encouraging and are helping us move forward.

SUMMARY

While a significant number of patients with OCD respond to traditional treatments, including medication, cognitive behavioral therapy, or a combination of both, many still remain symptomatic with very minimal benefit and are therefore considered “treatment-resistant.” For these patients, we must continue to develop new treatments capable of reducing symptoms and increasing well-being. Research has shown that noninvasive neuromodulation like TMS is a safe and well-tolerated treatment option appropriate for many patients with varying degrees of severity and treatment resistance with no significant negative side effects when used appropriately.

In addition, research shows that TMS strategies that suppress (not increase) the activity of the overactive OFC or pre-SMA seem to be effective treatments for OCD. This benefit is especially apparent when one looks and quantifies the results from all TMS OCD studies together as a group.⁷ While these results are promising, more research using larger samples and higher doses of TMS is still needed. Of note: early results of TMS for depression research were mixed and also used lower doses of TMS. Later depression studies used higher (yet still very safe) doses of TMS, leading to greater, more consistent, and longer-lasting benefits. More research is certainly needed

to determine the best “dose” of TMS for OCD and to identify the most effective brain targets. Importantly, we are at a point when we can start developing strategies to choose the optimal brain region and TMS treatment parameters for each patient on an individual basis.

While TMS for OCD is in the early stages of development, it holds great promise for patients and families, and we are certain to see an increasing number of studies published in the next years. ○

Joan A. Camprodón-Gimenez, MD, MPH, PhD, is the director of the Transcranial Magnetic Stimulation (TMS) clinical service; director of the Laboratory for Neuropsychiatry and Neuromodulation; the director of Translational Research in the Department of Psychiatry at Massachusetts General Hospital, and Assistant Professor of Psychiatry at Harvard Medical School in Boston, MA.

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Research Participants Sought

The IOCDF is not affiliated with any of the following studies, although we ensure that all research studies listed on this page have been reviewed and approved by an Internal Review Board (IRB). 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 Tiia Groden at tgroden@iocdf.org or visit www.iocdf.org/research.

ONLINE STUDIES

Have you been diagnosed with Obsessive Compulsive Disorder (OCD)?

YOU ARE NOT ALONE!

If you have OCD and are 18 or older...

I am conducting a study to help understand what factors contribute to chronic obsessions and compulsions. This study will consist of an online survey that will take 15 minutes. The results are intended to improve treatment for individuals with OCD. This study is being conducted as part of my dissertation. To access the survey, please go to www.surveymonkey.com/r/OCDJB.

Please contact the following individuals with any concerns:

Researcher: Jennifer Blair, jblair@my.adler.edu, 201-452-5778

Dissertation Chair: Dr. Peter Ji, pji@adler.edu, 312-662-4354

IRB Co-Chair: Dr. Lyuba Bobova, lbobova@adler.edu, 312-662-4366

If you are experiencing any emotional distress, you are encouraged to visit <https://therapists.psychologytoday.com> to find a trained mental health professional in your area.

FLORIDA

Stepped Care Cognitive Behavioral Therapy for Pediatric OCD

The University of South Florida is conducting a research study on Stepped Care Cognitive Behavioral Therapy for children with Obsessive Compulsive Disorder (OCD). In Stepped Care Cognitive Behavioral Therapy (SC-CBT), children will receive a full course of parent-led, therapist-guided treatment for OCD. The goal is to see if therapy can be done in fewer visits to our clinic. If your child qualifies for this study, there is a 2 out of 3 chance he or she will receive SC-CBT, and a 1 out of 3 chance of receiving standard CBT (12 sessions with a therapist in our clinic). Participation can last up to 6 months, please call for details. All therapy sessions will be provided at no cost to you. Your child would participate in assessments at three to four different times throughout the study. All sessions would take

place at the Rothman Center for Pediatric Neuropsychiatry in St. Petersburg, Florida.

To be in the study, your child must complete an assessment to determine eligibility and be between the ages of 8-17.

If you are interested in participating or would like more information, please call Nicole McBride, study coordinator, at: (727) 767-2387.

University of South Florida IRB #19377

ILLINOIS

Does your child have a problem with pulling his/her hair?

We are currently seeking volunteers for a 13-week research study using an experimental supplement for hair pulling. The study will involve 8 visits in our office in Chicago. Participants will be compensated. Participants must be between 10 and 14 years old. If interested, please contact Sarah Redden at (773) 702-9066 or sredden@uchicago.edu, University of Chicago, Department of Psychiatry Addictive, Compulsive, and Impulsive Disorders Research Program. Dr. Jon Grant is directing this study at the University of Chicago.

MASSACHUSETTS

Do you have Obsessive Compulsive Disorder (OCD)?

- Do you have UNWANTED THOUGHTS that are hard to control?
- Do you have WORRIES or DOUBTS that WON'T GO AWAY?
- Do you have to DO things OVER & OVER again?

If so and you are 18-65 years old, live within driving distance of Boston, and meet further study qualifications, you may be eligible to participate in one of our two experimental therapy studies at Massachusetts General Hospital and will receive the following at no-cost:

- Diagnostic evaluation
- Study treatment (with behavioral therapy or transcranial magnetic stimulation (TMS))

The study will last between 20 and 30 weeks. Compensation provided.

RESEARCH NEWS

Research Participants Sought *(continued)*

These studies aim to test the effectiveness of two new treatments for OCD, and to help us understand what changes in the brain during these treatments. For further information about this research, please contact Allie at (866) 6MGH-OCD or email OCDclinic@mgh.harvard.edu.

NEW YORK

Perceptual Differences in individuals with Body Dysmorphic Disorder and OCD.

Research by Fugen Neziroglu, PhD and Deniz Sidali, MA

What is the purpose of the study? The main purpose of this study is to further assess how various psychiatric disorders may affect individuals' perception. The primary goal of this research is to examine and compare the visual perceptions of individuals with BDD or Body Dysmorphic Disorder and (OCD) obsessive compulsive disorder to individuals without a psychiatric disorder.

What will I be asked to do?

1. You will be asked to complete a set of questionnaires.
2. You will be asked to take a test on the computer.

Who can take part in this study? We are looking for adults (aged 18+) who experience or have experienced symptoms of body dysmorphic disorder or obsessive compulsive disorder.

How long will it take? In total, we would expect the research to take between 2 and 4 hours although there is no time limit.

Does this study have ethical approval? The study has full ethical approval from Hofstra University in Hempstead, New York and the BioBehavioral Institute in Great Neck, New York. It is unlikely that the questionnaires or computer program will cause distress for the participants.

Is my information kept confidential? Yes! All the information that we get from this study will be confidential, anonymous and will only be used for research purposes. All computer generated results and materials will be stored electronically on a secure server at the BioBehavioral Institute that will be password protected and only accessible to the research team.

How do I take part in this research? To take part in this study, simply call the BioBehavioral Institute at (516) 487-7116.

Who can I contact if I have any questions? Any questions about the research can be directed to Deniz Sidali, MA, who is the researcher, at (516) 487-7116.

Participants will be compensated \$20 dollars and receive psychological testing typically worth thousands of dollars for free if they qualify. Individuals with BDD will receive 3 free sessions with a therapist upon completion of the study.

PENNSYLVANIA

Do you have symptoms of OCD?

Researchers at UPMC are conducting functional brain imaging studies in individuals experiencing symptoms of OCD.

Participants will have a lifetime psychiatric evaluation and complete various tasks while having an fMRI (Functional Magnetic Resonance Imaging) scan. The fMRI and other tasks are non-invasive procedures. This study does not involve medication or treatment.

If you are between the ages of 18 and 35 and have symptoms of OCD, you may be eligible to participate. Participants will be compensated for each aspect of the study.

For more information or to learn if you qualify, call ENCORE Study at (412) 256-8693.

**OCD Awareness
Week 2015
October 11-17**

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

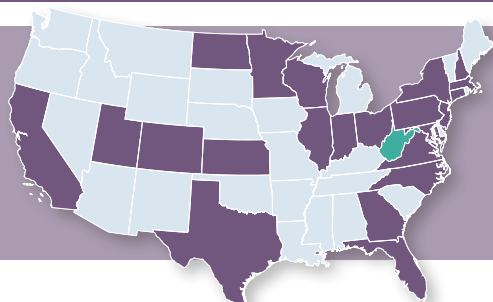
- Enter the Video Challenge
- Find an Event in Your Area
- Help Spread Awareness via Social Media
- Join our Online Chats about OCD and Ask Questions from Experts

#OCDWEEK

FROM THE AFFILIATES

Affiliate Updates

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



OCD CONNECTICUT

www.ocdct.org

OCD Connecticut had a busy summer, starting with our participation as Team Connecticut in June at the 1 Million Steps 4 OCD Walk in Boston. We attended the Annual Conference in Boston and are now 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 10th in New Haven. Please look for details on our website. Volunteers are welcome to assist with planning for the future of OCD CT. Please check out our website and like us on Facebook.

OCD GEORGIA

www.ocdgeorgia.org



OCD Georgia had a wonderful 1 Million Steps 4 OCD Walk earlier this year and is gearing up for some great OCD Awareness Week events. On the calendar, we have an online Q&A where we'll answer questions about resources and treatment, give helpful tips, and share stories. Later in the week, we will gather for our community event to raise awareness and build relationships with other members of OCD Georgia. Check out our website for more information.

OCD MID-ATLANTIC

www.ocdmidatlantic.org

During the past year, OCD Mid-Atlantic has gained momentum and is moving forward with vigor and enthusiasm. Several area professionals and one family member of a sufferer joined the board, and a new slate of officers was elected. Since then, we have held three well-attended educational events for sufferers and their families aimed at increasing knowledge of OCD in general and about the affiliate in particular. Those events were held in Baltimore, Washington DC, and in Northern VA. We are in the process of reaching out to professionals from the broader Mid-Atlantic Region beyond the Baltimore/DC areas and are planning events for those locations. In addition, we have filed

for 501c3 status and are eagerly awaiting approval so we can move forward with other events that are being planned. Please visit our website for updates and resources.

OCD MIDWEST

www.ocd-midwest.org

OCD Midwest will be sponsoring a workshop at the Cleveland Racquet Club on October 16, 2015. The workshop will consist of a clinician-centered presentation entitled "OCD Basics and Beyond: Effective Treatment of Obsessive Compulsive Disorder." Drs. Patrick B McGrath, Charles Brady, Chris Bedosky, and Molly McVoy will be offering 5 hours of continuing professional education to help clinicians learn how to design and implement ERP, understand the latest developments in the treatment of PANS/PANDAS, and become familiar with the pharmacological treatments for OCD. The cost for the workshop will be \$40. After the clinician focused program, the presenters will offer a free presentation of "Don't Try Harder, Try Different" and an "Ask the Expert" discussion panel for individuals and family members recovering from OCD. For information regarding registration, email OCD Midwest at ocd-midwest@iocdf.org.

OCD NEW JERSEY

www.ocdnj.org

OCD New Jersey continues its quarterly meeting/speaker series. Dr. Allen H. Weg of Stress and Anxiety Services of NJ (SASNJ), and President of OCDNJ, presented on June 8th on OCD fear of loss of impulse control. On September 21st, Dr. Jennifer Gola of the Center for Emotional Health (CEH) will present on ethical considerations in the treatment of OCD. In December, on the 14th, Dr. Rob Zambrano of SASNJ (and OCDNJ Board member) will present on Zen Buddhism and OCD.

Also, an early alert that at our next annual conference, taking place on Sunday, March 13th in Garwood NJ, our keynote speaker will be Dr. John Piacentinni, director of the Child OCD, Anxiety, and Tic Disorders Program at the UCLA Semel Institute.

NOTE: We are in need of volunteers to help procure sponsors for the OCDNJ annual conference program, as well as manning tables at some upcoming events. For more information on any of the above, go to www.OCDNJ.org and don't forget to follow us on Twitter and "like" us on Facebook!

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FROM THE AFFILIATES

Affiliate Updates *(continued from page 27)*

OCD SACRAMENTO

www.ocdsacramento.org

OCD Sacramento welcomed Dr. Laura Nasatier, MD, on August 18, 2015 who presented on "All You Need to Know About Medication Management for OCD & Anxiety Disorders." She also discussed the importance of exposure and response prevention as the primary behavioral treatment modality and provided an opportunity for Q&A. On September 22, 2015, Jennie Gault, LMFT, will discuss "Getting a Grasp on Body Focused Repetitive Behaviors: Understanding Trichotillomania and Excoriation Disorders." She will discuss what these different disorders look like and what you can expect in treatment.

We are also proud supporters of OCD Awareness Week and will host several presentations in an effort to educate the community about OCD and treatment. On Monday, October 11, 2015 we will offer an introductory discussion on OCD signs and symptoms and what you can expect in treatment. On Tuesday, October 12, 2015 we will offer a group to support parents who have a loved one in treatment. And on Wednesday, October 13, 2015, we will offer a discussion on what the different anxiety disorders look like and how to distinguish between them. All events take place at 9300 Tech Center Drive, Suite 250, Sacramento, CA 95826 between 6:30 and 7:30 pm. RSVP recommended.

OCD SAN FRANCISCO BAY AREA

www.ocdbayarea.org



OCD San Francisco joined with OCD Sacramento for the 1 Million Steps 4 OCD Walk. Scott Granet was the Grand Marshal for the event, and 7 people traveled from the Bay Area to walk with us and join the over 100 people at the event. Scott's opening remarks were moving and inspiring. We raised a total of \$615 for the IOCDF.

Helena Medeiros, assistant research professor at the University of Southern California & director of diagnosis of genetic research studies spoke to a small audience at Seton Hospital on the topic of OCD and genetics. Ms. Medeiros described the USC study and recruited a few people for the study.

A meet-up group for people with OCD started up in San Francisco. Once a month they meet for dinner and

conversation. Peer-to-peer support groups continue to meet monthly in San Jose, San Francisco, Daly City, and Oakland. The teen/young adult social group took a break over the summer and is starting up again in the fall.

We are planning a program for OCD Awareness Week and hope to have more details soon.

OCD SOUTHERN CALIFORNIA

www.ocdsocal.org

To celebrate OCD Awareness Week (October 11 - October 17), the Southern California Affiliate is planning several events!

On Saturday, October 10th, OCD Southern California will be joining NAMI for their annual walk in Orange County. We are currently forming our walking team; please contact us if you would like to walk with us to help raise money for mental health awareness and treatment. The Affiliate will stand out in matching t-shirts to represent the OCD community!

We will be hosting a mini conference on Saturday, October 17th, during OCD Awareness Week. Experts in the field will present on a variety of topics pertaining to OCD and related disorders. Attendees will also have an opportunity to participate in an OCD genetic study.

For above events and current information, please visit our new and improved website.

OCD WISCONSIN

www.ocdwisconsin.org

OCD Wisconsin just had our first Walk for OCD — Making Strides for OCD Awareness. We had 166 walkers register and others who showed up on the day of the event. A good time was had by all! Dr. Dave Jacobi, PhD, a licensed clinical psychologist working primarily with OCD and anxiety disorder at Rogers Memorial Hospital, was our guest speaker. We awarded our first two Barry Thomet Scholarships at the event to college-bound students with OCD, and the event raised over \$11,500.

OCD WESTERN PENNSYLVANIA

www.ocfwpa.org

The 9th Annual Dirt Monster 5 Mile Trail Race and 1 Mile Trail Walk will be held on Saturday, November 7th in North Park. Registration and information is available at www.ocfwpa.org/ocf_DM_register.html. We also need volunteers to help distribute race brochures and/or help out on race day. No previous experience required. Contact us at info@ocfwpa.org to volunteer.