International OCD Foundation
CELEBRATING 30 YEARS 1986–2016

OCD Newsletter

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50 YEARS OF MEDICATION TREATMENT FOR OCD: 1966–2016

by Wayne K. Goodman, MD

From left: Wayne Goodman, MD, Fugen Neziroglu, PhD, and Mike Jenike, MD, at the Annual OCD Conference in Chicago.

The modern era of medication treatment for obsessive compulsive disorder (OCD) began about 50 years ago when it was observed that clomipramine (Anafranil™) lessened obsessive compulsive (OC) symptoms.[1] Previously, medications had been considered ineffective for OCD. However, the apparent effectiveness of clomipramine in the treatment of OCD was subsequently confirmed in a series of small double-blind research trials in both children and adults. In 1975, Dr. Yaryura-Tobias and colleagues published one of these positive placebo-controlled trials and later proposed that OCD involved a disturbance in brain serotonin function based on how clomipramine works, (i.e., clomipramine potently affects serotonin – a brain chemical or "neurotransmitter").[2, 3] This so-called "serotonin hypothesis" of OCD ushered in a new age of investigations about the neurobiology of OCD and medication trials.

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The mission of the International OCD Foundation (IOCDF) is to help all individuals affected by 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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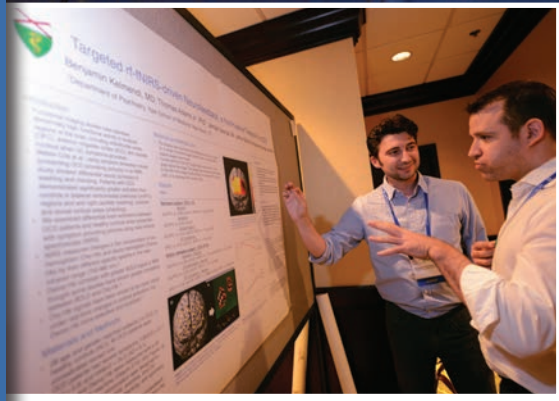

23rd Annual OCD Conference

Left to right, top to bottom: OCD and Addiction Town Hall panel; Attendees at the Improv for Anxiety workshop; 2015 Grant Winner discussing his results; Winning Pub Trivia team; Painting in the Kids Art Therapy Rooms; Alison Dotson accepting the 2016 Hero Award; IOCDF Board Members.

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Letter from the Executive Director

Dear IOCDF Community,

I slept 11 hours straight the night after the 23rd Annual OCD Conference ended. What a fantastic (and intense) event! On behalf of the OCD and related disorders community, I wanted to thank everyone who contributed to the success of this year's Conference, which had nearly 1,700 attendees (just shy of our largest Conference in Boston last year!), from my outstanding staff, to our passionate Board Members, to our dedicated Scientific and Clinical Advisory Board, and Conference Planning Committees.

Some highlights for me were the compelling Keynote Address and Professional Plenary given by David Adam and Dennis Tirch, PhD, respectively. If you didn't get a chance to see them, please visit ***youtube.com/IOCDF*** in the next few months to watch them there! Also, Dr. Fugen Nezirolu gave an outstanding history lesson on the evolution of OCD treatment and research over the past 40 years as part of her acceptance speech for her and her late husband's (Dr. Jose Yaryura-Tobias) Career Achievement Award. Their contributions over the past decades have truly been astounding.

One of the additions to the Conference this year that I was particularly excited about was the co-occurring OCD and Substance Use Disorder (SUD) mini-series. From all reports, these workshops were a great success and I wanted to thank and acknowledge a number of people who spear headed this effort, including Margaret Sisson, Michael Jenike, Stacey Conroy, and Patrick McGrath. The other addition this year was a pilot mini-series on Sunday called "From Research to Clinical Practice" meaning that the presenters were discussing recent research findings and how these can be translated by clinicians directly into clinical practice. Based on feedback from this year's attendees, we are considering expanding this mini-series to run through the entire Conference.

What I also found myself noticing more than ever at this year's Conference was the willingness of individuals and families affected by OCD and related disorders to share their personal stories. Approximately 50 of our speakers this year were sharing their challenges and triumphs regarding their struggles with OCD and related disorders. Compare this to only 10 personal stories at the 2008 Conference—what a difference 8 years makes! And why does this matter? Because research tells us that the most effective way to reduce stigma associated with mental illness is for people to meet and talk with individuals in recovery and to learn about their story. I think that the individuals, families, and mental health professionals who comprise this community are tired of hearing "I'm so OCD" in a dismissive manner and they want to have a louder voice. They want their stories to be told and to be taken seriously. We are seeing this at every level of the organization, from increased engagement in our 1 Million Steps 4 OCD Walks to a successful OCDvocate Program launched at last year's Conference.

Sharing your story, and being part of the community matters.

My hope is that many of our presenters at the Conference continue to tell their story for years to come. That being said, everyone has his or her level of comfort about how to participate. Is it time for you to consider becoming an OCDvocate, putting together a workshop proposal for next year's Annual OCD Conference, or writing an article for the *OCD Newsletter*? Are you ready to find a way to make your voice heard?

Sincerely,

Jeff Szymanski, PhD
Executive Director
International OCD Foundation

FROM THE FOUNDATION

50 Years of Medication Treatment for OCD: 1966–2016 *(continued from front page)*

SEROTONIN REUPTAKE INHIBITORS

Thirty years ago, the IOCDF (then the Obsessive Compulsive Foundation, or OCF) was formed at a unique point in time filled with hope about discovering the causes of OCD, advancing its treatment, and making sure that knowledge was communicated to sufferers in search of help. All of the OCF's founding members were actually participants in research studies under the direction of myself and my colleagues at Yale University and Brown University. At that time, the manufacturer of clomipramine was gearing up for the first ever large-scale, multi-center trial of a medication for OCD. At around the same time, fluvoxamine, a potent and selective serotonin reuptake inhibitor (SRI), had become available for research in the United States and was a natural choice for further testing of whether the serotonin reuptake properties of a drug predicted its effectiveness in OCD.[4, 5]

In March 1987, ABC's *20/20* featured a segment on OCD that was prompted by a letter from the newly formed OCF staff. It covered both medication and cognitive behavior therapy (CBT) treatment approaches and helped make OCD a household word. A wave of publicity followed as other media outlets ran stories about OCD that helped catapult the Foundation into national prominence as a resource for trustworthy information about this still poorly understood disorder. Another benefit of this exposure was the large number of patients willing to serve as participants in drug trials and other research studies across the country and the emergence of new OCD treatment centers. The period between 1989 and the mid-1990's saw an explosion in publications on the neurobiology (how the brain affects and is affected by OCD) and medication for OCD.

Because SRIs are antidepressants, it was critical to show that these drugs had specific effects on OCD that differed from their effects on depression. As such, there was an important need to develop a tool that could be used in research to show how OCD was (or was not) being changed following treatment. Therefore, I worked with my colleagues Larry Price and Steve Rasmussen to develop the Yale-Brown Obsessive Scale (Y-BOCS) in 1986.[6] (A revised version of the Y-BOCS was introduced in 2010 together with Eric Storch).[7] The Y-BOCS has been used as the primary outcome measure (i.e., did the treatment work or not in decreasing OCD symptoms?) in numerous studies testing the efficacy of medications, CBT, and other treatments.

In particular, two early and significant research studies, with a total of over 500 patients with OCD, showed that clomipramine was significantly superior to placebo (i.e., a "sugar pill" used to compare a "real" treatment to a fake one) as measured by the Y-BOCS.[8] Furthermore, these studies showed that the anti-obsessive compulsive effects of clomipramine were unrelated to the presence of depression.[9] Based on these studies, the Food and Drug Administration (FDA) approved clomipramine as the first drug with an indication for OCD! To date, more than 20 randomized controlled trials (RCTs) have established the effectiveness of clomipramine and various selective SRIs in OCD in comparison to placebo and to antidepressant drugs (e.g., desipramine) that are not potent blockers of the serotonin transporter.[10, 11]

Despite consistent support for the effectiveness of SRIs in OCD, direct evidence for the "serotonin hypothesis" in OCD has been difficult to establish. Furthermore, the strategy of treating with a medication (e.g., buspirone, tryptophan, ondansetron) that affects the serotonin system through a different pathway fell short of expectations during further testing. The superior effectiveness of SRIs in OCD remains a tantalizing clue about a role for serotonin in the treatment of OCD, but this line of investigation has neither generated new treatments — except for the introduction of more selective medications with less side effects compared to clomipramine — nor helped clarify the underlying neurobiology of OCD. Alternative approaches to discovering novel treatments are discussed later in this article.

SRI-RESISTANT OCD

Although many patients with OCD showed clinically significant improvement after an 8–10 week course of an SRI, about 30% failed to experience a notable reduction in symptoms even following a second SRI trial (much has been written elsewhere about step-wise approaches to the medication and CBT treatment of patients with OCD).[12] For the purposes of this brief article, here is a simplified formula for medication therapy for OCD. Start with a selective SRI (e.g., fluoxetine or escitalopram) and gradually increase the dose (as long as the patient is not experiencing significant side effects) to levels somewhat higher than usually prescribed for depression. No published data demonstrate that one selective SRI is superior to another, so the decision about which one to choose is based mostly on expected side effects for each of the medications. If there is no improvement with the first selective SRI, then a different selective SRI should be prescribed. Although head-to-head comparative trials of clomipramine and selective SRIs have failed to show significant differences in effectiveness, no patient should be considered "SRI resistant" without a

50 Years of Medication Treatment for OCD: 1966–2016 *(continued)*

trial of clomipramine, which may work well when other medications fail. The reason for holding off on the use of clomipramine is its greater potential for side effects, including: sedation, dry mouth, constipation, weight gain, cardiac conduction abnormalities and seizures.

NEUROLEPTIC AUGMENTATION

In the case of partial response to an SRI (i.e., some symptom reduction but at a level where the patient is still struggling), "combination therapy" or "augmenting" (adding a second medication to the first one to see if the combination works better) is usually recommended. Combining an SRI with a low-dose from a group of medications termed "antipsychotics" or "neuroleptics" has been shown to be better than a placebo in the majority of research studies. The original rationale for this approach came out in 1990 in a case report from the Yale University research lab.[13] A young man with a history of Tourette's Syndrome (TS) presented with worsening symptoms of OCD. Treatment with fluvoxamine (an SRI) alone provided no relief for OCD symptoms. The investigators thought that adding a low dose of pimozide, a neuroleptic used to decrease tics, might decrease symptoms of OCD when added to fluvoxamine. Recent research at the time had indicated that tics might be a "marker" that the individual was suffering from a different subtype of OCD. As predicted, the combination of fluvoxamine and pimozide did end up reducing the individuals OCD symptoms. Pimozide alone (not in combination with fluvoxamine) reduced tics but did not improve OCD symptoms. A subsequent placebo-controlled research study confirmed that another low dose neuroleptic (haloperidol) "augmented" (i.e., improved) the response to SRIs in tic-related OCD.[14]

Neuroleptic augmentation — often with risperidone or aripiprazole — has become a widely used approach for treatment of individuals whose symptoms decreased with the use of SRI's, but had room for further symptom reduction. In fact, a review paper looking across several research studies (totaling 394 participants) found that approximately one-third of SRI non-responders benefitted from neuroleptic augmentation and that if the individual had both OCD and tics, he/she was more likely to respond to this combination therapy approach.[15] A useful rule of thumb is that neuroleptic augmentation should be reserved for patients who have failed at least two adequate trials of SRIs.

GLUTAMATERGIC AGENTS

Glutamate is an important neurotransmitter in the brain and the role of glutamate imbalance contributing to OCD symptoms has gained attention in recent years as a result of data from many different lines of research. These findings have increased interest in testing the effectiveness of medications that affect levels of glutamate in the brain. Pittenger and colleagues provide an excellent review of the glutamatergic theory of OCD elsewhere.[16]

To date, the appropriate role of glutamate-targeting medications in the treatment of OCD remains unclear. One of the first of these medications to be investigated was memantine, a drug originally used to treat Alzheimer's disease. Memantine has shown promising results in a study of 44 subjects with severe OCD.[17] Further research on its effectiveness in OCD seems warranted, however. Another medication that affects glutamate is ketamine, which is being intensively investigated for the rapid treatment of depression. Unfortunately, findings to date in OCD have been mixed and, while a number of other medications that target glutamate have been tested in OCD, none have yet been convincingly shown in high-quality treatment trials to reliably reduce OCD symptoms.[18–24] As such, this remains a very promising area of ongoing investigation.

PANDAS AND PANS

In 1998, Dr. Susan Swedo of the National Institute of Mental Health (NIMH) introduced the term Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections (PANDAS) to describe a newly recognized subtype of OCD.[25] This form of OCD is thought to be caused by a streptococcal (Strep) bacterial infection. By definition, cases of PANDAS present as dramatic and intense, almost "overnight" childhood onset of OCD symptoms and/or tics. In contrast to the classic pattern of pediatric OCD, which has more of a gradual onset, the course of PANDAS happens in intense bursts and then symptoms sometimes just disappear as quickly as they came on.[26]

Over time, PANDAS has been broadened to Pediatric Acute-onset Neuropsychiatric Syndrome (PANS) as research began to show that PANDAS symptoms did not just start after a case of Strep. A PANS diagnosis is appropriate when one observes a dramatic and intense occurrence of OCD symptoms that are also accompanied by additional symptoms such as, emotional instability, irritability, enuresis (i.e., bed wetting after potty training), or noticeable deterioration in school performance.[26]

Continued on next page >>

FROM THE FOUNDATION

50 Years of Medication Treatment for OCD: 1966–2016 *(continued)*

Treatment options for PANS, aside from the gold-standard therapies for OCD of ERP and SRIs, have ranged from antibiotics, immune therapies (e.g., intravenous immunoglobulin), steroids, NSAIDS, and tonsillectomy.[26] However, further work is needed to develop treatment protocols based on the specific findings of the case. For more about PANDAS please visit our website here: ***kids.iocdf.org/pandas***.

FUTURE OF DRUG DEVELOPMENT

There is mounting evidence from brain imaging studies that OCD represents a "neural network disorder". That is, there are "circuits" in the brain that may produce obsessive-compulsive symptoms (specifically the cortico-striato-thalamo-cortical pathway).[27] Currently, many researchers agree that medications targeting this pathway stand the best chance of advancing our understanding of OCD and for developing new and effective treatments for OCD.[28]

The IOCDF can continue to play an important role in the future of drug discovery for OCD by being advocates for what is called "translational research". A number of pharmaceutical companies (i.e., the companies who make medications) have stopped funding psychiatric medication trials due to a long series of failed research trials. In fact, many of the medications tried in OCD during the last two decades (e.g., riluzole, ondansetron, and memantine) have been "repurposed" from other medical indications. From their perspective, there is little incentive for companies to invest in developing a new OCD medication because they perceive this as a relatively small "market". However, as reviewed in this article, there is a serious unmet need for new medications as many people do not respond, or respond well enough, to SRI medications. The time is now to form a coalition of leaders from government and private funding agencies, academia, industry, the FDA, and the IOCDF to prepare a roadmap for medication development in OCD. My hope is that in just a few years from now, new medications will be available that are superior to the SRIs. ○

Wayne Goodman, MD, is Professor and Chair of the Department of Psychiatry at Baylor College of Medicine in Houston, TX. He is co-founder of the IOCDF and principal developer of the Y-BOCS.

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FROM THE FOUNDATION

Mental Health Care in China: An Update

By Jeff Szymanski, PhD, IOCDF Executive Director

From left to right): Drs. Thröstur Björgvinsson, June Ding, and Szu-Hui Dobie Lee with IOCDF Executive Director Dr. Jeff Szymanski.

In 2010-2011, I was part of a group of experts who went to Shanghai, China to conduct two, one-week trainings for over 100 mental health professionals in the use of cognitive behavior therapy (CBT) for anxiety disorders, including obsessive compulsive disorder (OCD). In the audience was Dr. June Ding, a senior psychiatrist of the Xiamen Mental Health Center at Xiamen Xianyue Hospital. Following the second training in Shanghai, Dr. Ding invited us to her hospital in Xiamen, China to conduct a similar week long training held in 2012 and then again in 2014.

I was very excited to hear when Dr. Ding was able to visit us here in Boston, MA after a trip to Drexel University late last year. She explained that she was interested in how a large, inter-disciplinary hospital in the States approached mental health care, and she visited the medical facility at Drexel University to find out more. When Dr. Ding visited the International OCD Foundation (IOCDF) headquarters, I took this as an opportunity to get her perspective on mental health care in China and what drove her to seek out additional resources and trainings from professionals in the United States.

Jeff Szymanski (Q): What are some of the differences you have seen between mental health care in the US and China?

June Ding (A): In China, mental health treatment occurs primarily in the hospital and is sought out by family members or the individuals themselves. Once the patient is discharged, they go back to their family for help and support. In the United States, however, when a patient with mental illness gets discharged from the hospital, there are community-based mental health services that they can turn to for ongoing treatment and support. In the United States, these same mental health professionals are also available to help those with severe mental health issues, who may pose a threat to themselves or others, access help by getting them admitted to the hospital. In China, if an individual with mental health issues may pose a threat, the government intervenes.

(Q): How does the government intervene?

(A): They will have a police officer accompany the individual to the hospital to receive treatment. In these cases, the government will also pay for the treatment. In general, families are grateful for this intervention as they typically don't feel they have any other recourse or options.

(Q): What is the experience like for individuals who have a mental illness in China?

(A): Stigma around mental illness in China is very strong and many are afraid that if they do need help they won't be able to access proper treatment. However, if your family is well educated, has financial means, and you live in a city, you might be able to access mental health care. Otherwise, mental health treatment is really only available for those with severe mental illness.

(Q): You have mentioned that those with mental illness in China experience stigma. Can you talk more about what stigma looks like in China?

(A): In China, people believe that once you have a mental illness, you will always have it. As a result, if anyone found out you had struggled with mental illness, this might prevent you from getting a job. And for some, they have lost their jobs when this was found out. If they want to get married, they find it hard to find a partner who will marry them.

(Q): So people typically don't disclose that they have a mental illness to others due to stigma and discrimination?

(A): Correct. People typically do not disclose.

Mental Health Care in China: An Update *(continued)*

(Q): In addition to stigma, are there other barriers individuals face when trying to access mental health care in China?

(A): A major barrier is awareness. Many people don't even know that what they are struggling with is mental illness. They know something is wrong, but they don't know it is the symptoms of a mental illness. Another major barrier is financials. Many people don't have money to cover the costs of treatment.

(Q): In 2012, the first mental health legislation was passed in China after being introduced more than two decades earlier. What is the goal of this legislation?

(A): The goal of the Mental Health Act is to promote awareness and consultation among mental health professionals as well as protect the rights of both the patients and the mental health workers.

(Q): What types of protections?

(A): Before the law, both the government and the patient's family could force the individual with a mental illness into a hospital regardless of their preferences. For the patients who aren't experiencing severe symptoms (homicidal or suicidal ideation/behavior), there are now protections against forced hospitalization.

Additionally, before the law, mental health professionals faced a greater risk of being charged with malpractice or other lawsuits and were often paid lower wages than doctors in other medical professions. The 2012 legislation now protects against all of this while also helping to raise reimbursement rates for mental health workers.

(Q): Changing topics somewhat, a few years back you decided to organize a training group to come to Xiamen Hospital in China. What prompted this outreach and what were you hoping to accomplish?

(A): The primary approach to treating patients with anxiety and OCD in China is the use of medication. However, we began to recognize the need to improve our psychotherapy interventions, particularly for those patients who either did not want to take medication or who had a poor response (or no response). We wanted more practical applications, like cognitive behavior therapy (CBT), to use with our patients.

(Q): What has been the outcome from the series of trainings you hosted?

(A): Both the staff in our hospital and all the participants who attended the workshop now have a very structured protocol for treating our patients with anxiety disorders, especially those with OCD. We use exposure and response prevention (ERP) with our patients and have found that this has worked very well.

(Q): Currently, you are visiting the United States and spent time at Drexel University. What was the purpose of your visit there?

(A): I wanted to learn more about how to use CBT in conjunction with medication treatment for anxiety disorders. I also wanted to learn more about how psychiatry residents are trained in the US so that we can adopt their curriculum for our own training program back in Xiamen. In a broader context, we wanted to see how their entire hospital system worked together to see if there were things we could experiment with at our hospital.

(Q): Are there any things in particular you learned that you are planning to bring back home?

(A): The most impressive thing for us was the level of humanity we witnessed in the delivery of care. In particular, we learned how different departments within the hospital communicate with each other about a particular patient. Some patients have both a physical and mental health issue. This integrated communication between departments seems like it improves care overall.

(Q): What is the next step for mental health care in China from your perspective?

(A): From my perspective, the number one problem to address is increasing awareness of mental health issues in the general public. Another major obstacle is improving the quality of care across the board for individuals suffering with mental health issues.

(Q): Any other issues we haven't had a chance to discuss that you would like to address?

(A): In China, mental health professionals will only see a particular patient by themselves in the one moment when they arrive. In the United States, we saw past treatment providers getting involved with an individual who has returned the hospital. We even saw professionals, like the police, who would bring someone into an emergency room and then continuing to be very cooperative and helpful in the care of a patient. From my point of view, this was very significant — the communication among different professionals working with patients to improve their quality of life. ○

FROM THE FRONT LINES

Dear Friend with OCD, Don't Listen to the Lies in Your Head

By Rachel Gesner

Dear friend,

I know obsessive compulsive disorder (OCD) can be challenging and there are definitely harder times than others. OCD means having thoughts that tell you things you do not want to hear. OCD tells you these things because it knows your fears and it wants to trick you into believing that certain things you do will help. In reality, it will make the worry, the thoughts, and the struggle worse.

For example, let's say you are afraid of getting sick. OCD will trick you into trying to prevent yourself from getting sick by telling you to wash your hands. However, once you wash your hands, it will mess with your mind. It will tell you, "You did wash your hands but maybe you missed some germs. I think you should wash your hands one more time just to make sure."

It is important to know it will not just be "one more time". It will come up with other reasons to trick you into doing it again. It is your job to make sure you do not listen to it and do not do what it is saying. Resist it.

Now, I am not going to pretend resisting is easy. It takes a lot of practice. You have to resist and fight the urge of whatever it is telling you to do. Listening to your OCD will relieve you for a little bit, but it will just keep tricking you. Then, you are stuck under its spell. It is important to show it who is boss. It is important to let it know that only you can control what you do, not the OCD.

Once you start fighting, it will give you a weird feeling. It will make you feel like you are not following the rules—its rules—but that is the trick it wants you to fall for. It wants you to feel like you are missing something and that you are not doing what you should be doing.

Sometimes it even threatens you with your fears. Let's say we are using the "afraid of getting sick" example and how it can threaten you by using your fears against you. Let's say it is telling you to wash your hands again but you resist it. Then, it will say, "If you do not wash your hands, then not only will you get sick, but your entire family will get sick." It threatens you with something you do not want to happen. You obey it and continue in the normal cycle, but this is a trick.

It is hard to believe but the threat it is telling you is not real. OCD lies to you so it can have control over your mind and actions. You do not want it to win and must stop it from controlling you.

Do the opposite of what it tells you to do. If it tells you to wash your hands again after you have already done it, the goal is not to do it. The more you practice this, the better you will become at it. The more you practice resisting, the more you will take away OCD's power and gain back control. You can also get help from your family and therapist.

My advice to you is to never give up because you are stronger than OCD. You can do anything. Keep fighting because I know you can do it!

Sincerely,

Rachel ○

This article originally appeared on the website, The Mighty, *and is reprinted here with permission.*

To see more from Rachel, check out this song she wrote about OCD with Dean Kravitz called, "I'm On My Way," on Youtube at ***https://youtu.be/G1altCU8ark.***

OCD

A Poem by Sam Grove

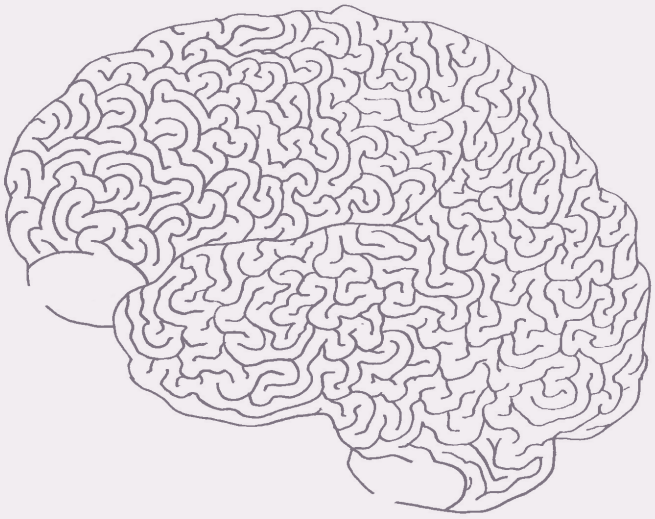
Oh, see defeat in the sternest man
for I yearn to learn a plan
to cure this berserk curse
that was apparent in my parent at first

Every neuron you're on
is engraved in my veins
stained in my cranium
and drained into my membranes

But only sometimes do these rhymes
arrive in my mind to describe
this winding line of lies
that has blinded my own eyes

For I was given this disorder in order
to help the handicap
that has clamped so many hands

So I pray for one day to be tamed
and claimed by a higher grace
that will help me embrace this mental maze
and put these three letters in their disgraceful place ○



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****.*

AMITA HEALTH ALEXIAN BROTHERS BEHAVIORAL HEALTH HOSPITAL – CENTER FOR ANXIETY AND OCD

1650 Moon Lake Boulevard
Hoffman Estates, IL 60169
Phone: (847) 755-8566
Email: ***Patrick.McGrath@amitahealth.org***
www.alexianbrothershealth.org/abbhh/ocd-anxiety

AMITA Behavioral Health is excited to announce the addition of Virtual Reality (VR) to its established treatment protocols for OCD. We have purchased the equipment and are beginning the training for utilizing VR in ways to assist with our exposure based therapies. This will be a great addition to our work with patients who may have significant fears of even starting to do ERP, as the VR experience can very much mimic real life without all of the fear that may be initially involved. While VR may not be useful for all cases that are presented to AMITA, we want to continuously add to the treatment experience that we offer our patients. We look forward to continuing to serve you for your intensive therapy needs.

ANXIETY AND PANIC TREATMENT CENTER, LLC

5440 SW Westgate Drive, Suite 175
Portland, OR 97221
Phone: (971) 645-0033
Email: ***mclellarn@anxiety-treatments.com***
www.anxiety-treatments.com

We are excited to announce that the Anxiety and Panic Treatment Center in Portland, OR is now offering Specialized Individual Treatment Plans for OCD where we meet with clients several times per week to do more intense exposure work. This type of program is appropriate for individuals who are ready for a more aggressive approach to their OCD and/or have limited time available for treatment. The sessions can be entirely individual or combined with our weekly OCD group. The nature of the treatment plans will be based upon the results of our initial intake assessment.

We are also excited to announce our plans to soon open an intensive outpatient program (IOP) for OCD for clients who have moderate to severe OCD and who need more intense work. The program, lasting a minimum of three weeks, will provide three hours of treatment per weekday and will involve a combination of group and individual therapy and, if needed, meetings with family members. Following completion of the IOP, clients will be enrolled in our Specialized Individual Treatment Plan to consolidate and maintain treatment gains from the IOP.

THE ANXIETY TREATMENT CENTER OF GREATER CHICAGO

707 Lake Cook Road
Suite 310
Deerfield, IL 60015
Phone: (847) 559-0001, Ext. 3

656 West Randolph Street
Suite 4W
Chicago, IL 60661
Phone: (312) 441-1300

Email: ***info@anxietytreatmentcenter.com***
www.anxietytreatmentcenter.com

The Anxiety Treatment Center of Greater Chicago has expanded its services by opening a new clinic in Oak Brook, IL with a team led by Maha Zayed, PhD and Ben Harris, LCPC. This new clinic allows us to better serve the western suburbs in addition to our Chicago and Northshore locations. Like our other locations, the clinic is conveniently located near hotels for out of town patients.

We are also proud to welcome three new staff members to our team of specialists: Dr. Rahan Ali, who has won awards for teaching and has expertise in working with families and young adults; Dr. Nathan Fite, who has expertise working with autism spectrum patients and the school system; and Christina Maxwell, LCPC, who has expertise working with parents and families who struggle with complex lives.

Clinical director, Dr. Karen Cassiday, will also be going to Puerto Rico in the fall of 2016 to train mental health professionals on how to treat children and teens that are suffering from OCD at the 7th Ibero American Congress of Clinical and Health Psychology.

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 is expanding to Roseville, CA! We will offer all the same services as our Sacramento location including partial hospitalization and

Institutional Member Updates *(continued)*

intensive outpatient treatment for both children and adults, as well as individual, group, and family therapy services. The ATC also welcomes Guy Taylor, LPCC to our behavioral specialist team who will work in both our PHP and IOP and lead a medication information group designed to help patients become better informed about the medications they are prescribed and those commonly recommended to individuals struggling with anxiety disorders.

As part of our emphasis on health and wellness, the ATC also welcomes Heather Roussos, Certified Experienced Yoga Teacher (ERYT) with the Yoga Alliance, who will teach and lead yoga for our patients. Her expertise as an instructor will bring the value of taking care of oneself both mentally and physically.

The ATC is also a proud supporter of International OCD Awareness Week taking place October 9–15, 2016. Partnering with OCD Sacramento, we will host several venues including an Annual Wine and Cheese Networking Event to bring local organizations and therapists together to advocate for proper treatment and resources when treating OCD and anxiety disorders.

BIO-BEHAVIORAL INSTITUTE

935 Northern Boulevard, Suite 102
Great Neck, NY 11021
Phone: (516) 487-7116
Email: ***info@biobehavioralinstitute.com***
www.biobehavioralinstitute.com

The Bio-Behavioral Institute is excited to launch two new programs this year. Our Dialectical Behavior Therapy Program offers individual therapy and Skills Groups for adults seeking to learn skills to manage intense emotions, improve relationships, communicate effectively, and live life with full attention and awareness. Groups are forming for late summer and the fall. Our newly formed Behavioral Activation Program consists of multiple group activities each week offering opportunities for personal enrichment, learning, and socialization. We aim to meet a variety of interests, such as wellness/physical fitness, arts and crafts, music, and poetry/literature. Join our group to integrate more pleasurable activities into your life while meeting others with similar struggles.

The Institute offers outpatient weekly therapy as well as short-term intensive treatment for adults and adolescents seeking to make treatment gains in a shorter amount of time. Our School Refusal/School Anxiety Program serves children and adolescents struggling with school attendance as a result of anxiety, depression, or an OCD related disorder. In addition to individual therapy, the program offers home visits, coordination with school personnel, and parent skills training. Our long-standing free OCD support group meets on the last Wednesday of every month from 7:30–9:00pm.

THE CENTER FOR EMOTIONAL HEALTH OF GREATER PHILADELPHIA (CEH)

1910 Route 70, East
Cherry Hill, NJ 08003

20 Nassau Street Suite 250W-1
Princeton, NJ 08542

Phone (856) 220-9672
Email: ***mail@thecenterforemotionalhealth.com***
www.thecenterforemotionalhealth.com

The Center for Emotional Health of Greater Philadelphia (CEH) is a comprehensive outpatient facility with locations in Cherry Hill and Princeton, NJ that specialize in the assessment and evidence-based treatment of anxiety disorders, obsessive compulsive and related disorders, and neurodevelopmental disorders. CEH is pleased to announce the expansion of our Princeton facility. Located in downtown Princeton, CEH's beautiful, new facility affords us the opportunity to greatly expand our outpatient and intensive outpatient services. We look forward to greeting clients and colleagues in our new "home."

CEH is pleased to welcome two postdoctoral fellows, Anton Shcherbakov, PsyD, BCBA and Michael Gotlib, PhD. We are delighted to have Drs. Shcherbakov and Gotlib join our team!

CEH has expanded its clinical training program and welcomes two advanced practicum externs for the 2016-2017 academic year. We look forward to enhancing our students' clinical training as well as offering the community increased access to specialized care.

Mid-late 2016 will bring scholarly activities for CEH staff. Diana Antinoro Burke, PsyD, BCBA-D, Marla Deibler, PsyD, Jayme Jacobs, PsyD, and Stephanie Scherr, PhD all presented workshops at the Annual IOCDF CSonference in Chicago, IL this past July. Marla Deibler, PsyD will also be a guest on NAMI Radio/Mental Health Matters to discuss OCD and related disorders.

Continued on next page >>

THERAPY COMMUNITY

Institutional Member Updates *(continued)*

CENTER FOR OCD & ANXIETY-RELATED DISORDERS (COARD)

Saint Louis Behavioral Medicine Institute
1129 Macklind Avenue
St. Louis, MO 63105
Phone: (314) 534-0200, Ext. 407
Email: ***sue.mertens@uhsinc.com***
www.slbmi.com

We are very pleased to announce that Sindhura Saini, MD is the new medical director at COARD. Dr. Saini came to us from Ohio, where she was affiliated with the Cleveland Clinic. It is a delight to have her in St. Louis as a member of our clinical team.

The start date for COARD trainees is September 1st. Once again, we have a talented group:

- Residents: Good news - Dr. Kerrie Armstrong and Mr. Chris Murdock, took the 2nd year elective and will remain with us in 2016-17 and are joined by two new resident, Dr. Menatti and Dr. Schaefer. Alison Menatti received her PhD in clinical psychology from Ohio University and Stephanie Schaefer completed her doctorate at the Wisconsin School of Professional Psychology.
- Graduate Practicum Psychology Students: We are also delighted to announce our four excellent students for the year. All slots this year are filled by Washington University students: Patrick Cruitt, Anna Karam, Marilyn Piccirillo, and Michelle St. Paul.

We welcome all our trainees and look forward to working with you this year.

CENTER FOR OCD AND RELATED DISORDERS AT COLUMBIA UNIVERSITY MEDICAL CENTER

Columbia University/NYSPI
1051 Riverside Drive, Unit #69
New York, NY 10032
Phone: (646) 774-8062
Email: ***chenste@nyspi.columbia.edu***
www.columbiapsychiatry.org/ocd

The Center for OCD and Related Disorders recently welcomed new research assistants Rachel Middleton and Yael Stovetsky to the team. Ms. Middleton is coordinating several studies including NIMH-funded Control and Reward Circuits in OCD. Ms. Stovetsky is managing studies including Stress Reactivity in Patients with Anxiety.

The work of the OCD team and the work of related research teams at the New York State Psychiatric Institute have been featured in publications ranging from The Washington Post to Tech Insider within the last few months. As a fellow in the 2016 Columbia Public Voice program, Dr. Blair Simpson hopes to spread newfound knowledge generated by the research field to the general public.

THE CENTER FOR PSYCHOLOGICAL & BEHAVIORAL SCIENCE

11380 Prosperity Farms Road, Suite 209A
Palm Beach Gardens, FL 33410
Phone: (561) 444-8040
Email: ***treatment@psychologyandbehavior.com***
www.psychologyandbehavior.com

Now that school is back in session, we're pleased to offer our Back to School Boot Camp Program that targets OCD in children and adolescents. This unique program consists of one-on-one intensive therapy sessions that are supplemented with weekly group-based exposure sessions on nights or weekends. OCD, watch your back—we're coming!

Don't feel left out, adults, because there's a Boot Camp option for you too. If you're looking for individual exposure combined with a supportive, collaborative group exposure experience, our Adult Boot Camp might be right for you.

VR is here! We're excited to announce that virtual reality (VR) has arrived at our clinic. This unique treatment option truly brings exposure to a new level, with completely immersive 3D and personalized exposure experiences. If something terrifies you, we'll build it, and give you the tools you need to face it with confidence.

Finally, don't forget about our free OCD support groups. These monthly groups are available for adults, teens, and children (and parents of children!) with OCD. Check out our events calendar on our website for upcoming meeting dates.

Whether you're interested in one of our Boot Camp options or in bringing VR to your exposures, we hope to see you this fall!

THE CENTER FOR THE TREATMENT AND STUDY OF ANXIETY (CTSA)

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

Led by Dr. Edna Foa, the faculty at the CTSA successfully delivered another intensive, 4-day workshop on exposure

Continued on page 19 >>

PHOTO GALLERY

June 4, 2016

BOSTON
ATLANTA
OAKLAND
HOUSTON*

*Held on June 10, due to flooding.

OCD Georgia Board Members with Atlanta Walk grand marshal, Michael Jenike, MD (second from left), and emcee Susan Dailey (third from left).

Walk Committee members at the 1st annual 1 Millions Steps 4 OCD Walk at Memorial Park in Houston, TX.

Bradley Hospital's walk team from Providence, RI winning the Largest Walk Team award at the Boston Walk.

Attendees at the Oakland Walk make their way around Lake Merritt Park.

Attendees at the Walk in Oakland, put on by Northern California IOCDF Affiliates, OCD SF Bay Area and OCD Sacramento.

Beautiful weather for walkers in Houston, TX after the event was postponed a week due to flooding.

Houston Walk Grand Marshal, musician Austin Vela, talking about his experience with OCD to walkers.

FROM THE FOUNDATION

A Walker's Perspective: The 1 Million Steps 4 OCD Walk 2016

by Ryan Pierson, 12 years old

When I was first diagnosed with obsessive compulsive disorder (OCD) in January, I was shell-shocked that something so serious could be what people joked about so often. I travelled a long road to recovery but now I have mostly learned to manage my obsessive thoughts. However, it made me realize just how misunderstood OCD is and just how little recognition it gets as a serious problem. I decided to do everything I could. I wrote a book (which I am now in the process of trying to get published). I became an OCDvocate through the IOCDF (which I encourage you to do as well). And last, but certainly not least, I decided to write something for this *OCD Newsletter*. So, now that you have some background on me, let me share a little information about my experience at the 1 Million Steps 4 OCD Walk in Boston.

If I had to choose one word to describe the Walk, it would be "eye-opening", without a doubt. I saw papers all around me advertising research studies and people looking into joining them. I heard people talking openly about their illness and the misconceptions associated with OCD. There was a feeling, indescribable, but almost palpable it was so thick and rich. I guess it was a feeling of unity and pride, a sense of feeling as though we were all the same but different. Of course, you have to understand that OCD comes in many — let's say — "flavors," although it certainly isn't as sweet as ice cream.

My team, Ryan's Warriors, stood out, but not in a bad way. We had on purple team T-shirts in a sea of blue. But that was fine with me. It made people ask, "Which one of you is Ryan?" and I proudly raised my hand and in my sometimes quiet voice replied "Me." I was really quite proud of our shirts, as I had designed them in the first place. But that was only just the conversation starter. Everyone was willing to talk to us and wanted to share their story. We talked to a family from Manhattan throughout nearly the entire Walk. We met a young boy named Cameron who has OCD, just like me.

I guess what I'm trying to get across about the Walk was that everything made me feel like I wasn't alone. Like I wasn't the only warrior fighting this battle. The talks and the raffles and the walk around Jamaica Pond itself, along with all the giveaways and tables...everything. All of it made me feel 100 times less lonesome. It made me feel as though there really were other people — people rallying around me, rallying around each other — all in a common effort to spread awareness and raise money for this cause.

Boston Walk Grand Marshal Massachusetts State Rep., Liz Malia, and IOCDF President, Shannon Shy, Esq.

IOCDF Board Member, Denis Asselin, along with the Walking with Nathaniel team at the 4th annual 1 Million Steps 4 OCD Walk in Boston.

Group photo of walkers at OCD Georgia's 2nd annual 1 Million Steps 4 OCD Walk at Chastain Park in downtown Atlanta.

Chicago 2016

The 23rd Annual OCD Conference in Chicago was a huge success with nearly 1,700 attendees!

- Conference attendees included individuals with OCD and related disorders as well as their friends and family members, mental health professionals, and researchers.
- The Conference featured more than 100 talks, workshops, support groups, and evening activities open to the entire OCD community.
- This summer's Conference also featured mini-series including: body dysmorphic disorder (BDD), comorbid OCD and substance use disorder (SUD), research to clinical practice, and the new bilingual series.

Servando Rodriguez Barajas speaking at the Bilingual series.

IOCDF Spokespersons, Elizabeth McIngvale, LCSW, PhD, Jeff Bell, Ethan Smith, and Romina Vitale (left to right).

Dr. Fugen Neziroglu giving a history lesson on the evolution of OCD treatment and research as she accepts her and her late husband's (Dr. Jose Yaryura-Tobis) IOCDF Career Achievement Award.

Barry Thomet accepting his Patricia Perkins IOCDF Service Award presented by Michael Jenike, MD.

A young Conference attendee shows off her "Draw a Monster" creation.

CONFERENCE PHOTOS CONTINUED ON NEXT PAGE >>

Romina Vitale, singing at the Saturday Night Social.

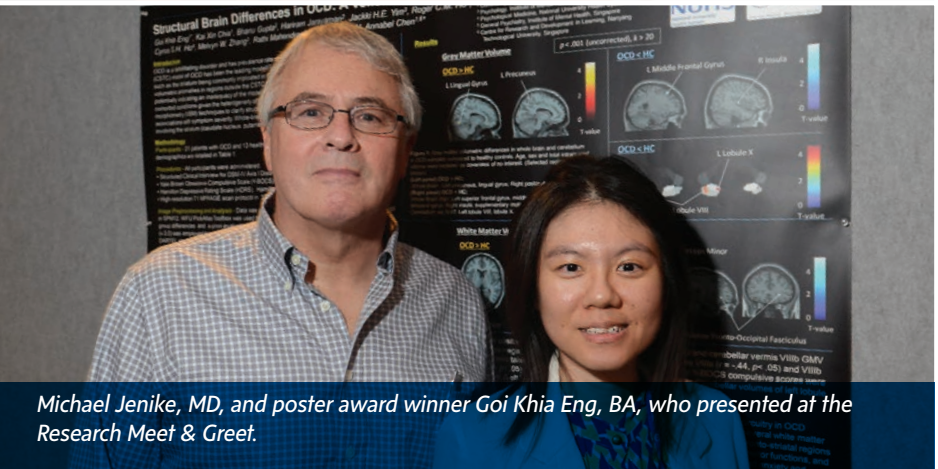
Sean Shinnock describing his journey from battling OCD to being a speaker at the Annual OCD Conference including the popular "Draw a Monster" evening activity.

A Conference attendee at the Jedi Mind Tricks presentation for kids and teens.

Lee Shuer and Bec Belofsky Shuer presenting "Show and Tell: The Magic and Meaning of Stuff" as part of the Annual Hoarding Meeting.

Keynote Speaker, David Adam, speaking about his personal experience with OCD and how he became an "Accidental Advocate".

IOCDF Board Members Rob Prevost and Susan Dailey dancing at the Saturday Night Social.



Michael Jenike, MD, and poster award winner Goi Khia Eng, BA, who presented at the Research Meet & Greet.

Monnica Williams, PhD, speaking about the impact of her IOCDF research grant, which funded her work with OCD in the African-American community.

Institutional Member Updates *(continued)*

and response prevention (ERP) to 40 therapists from around the world. We hope this workshop will increase access to evidence-based care for OCD as these therapists return to their communities. The CTSA is excited to welcome three new faculty members this fall. Dr. Jeremy Tyler returns to the CTSA as a postdoctoral fellow after his internship at the VA North Texas Healthcare System. Dr. Tyler was a practicum student at the CTSA and we are very happy to welcome him back in this new role. Dr. Alyssa Jerud also returns as a postdoctoral fellow after her internship at the VA Pittsburgh Healthcare System. Dr. Jerud was a senior research assistant at the CTSA before attending graduate school at the University of Washington and we're extremely happy to have her return in this new capacity. Finally, Dr. Lily Brown joins the faculty at the CTSA as an Assistant Professor after her internship at Brown University. Dr. Brown completed her PhD at UCLA and has extensive experience in psychophysiological measurement and anxiety disorders. We welcome her with great enthusiasm. Lastly, CTSA clinic director, Dr. Steven Tsao was honored to give several presentations at the Annual OCD Conference in Chicago.

COGNITIVE BEHAVIOR THERAPY CENTER OF SILICON VALLEY AND SACRAMENTO VALLEY

12961 Village Drive
Suite C
Saratoga, CA 95030
Phone: (408) 384-8404

1221 Pleasant Grove Blvd
Suite 150
Roseville, CA 95678
Phone: (916) 778-0771

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

The Cognitive Behavior Therapy Center of Silicon Valley and Sacramento Valley offers evidenced-based therapy for OCD and anxiety using cognitive behavior therapy and exposure and response prevention.

The Cognitive Behavior Therapy Center has moved to a new office location in Roseville, CA. Our new office is located at 1221 Pleasant Grove Blvd, Suite 150, Roseville, CA 95678. Roseville is the center for economic development in Placer County and our new office gives us more space to continue to grow.

With the opening of our new office, we have hired Alina Ghitea, MS, JD, MFTI to offer therapy services to our growing clientele. You can see Alina's profile here: ***www.cognitivebehaviortherapycenter.com/alina-ghitea.***

We are continuing to hire in our Roseville office. If interested, please visit ***www.cognitivebehaviortherapycenter.com/jobs-roseville.***

THE GATEWAY INSTITUTE

California

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Arizona

9375 E. Shea Boulevard
Suite 100
Scottsdale, AZ 85260
Phone: (714) 549-1030

Email: ***jimsterner@gatewayocd.com***
www.gatewayocd.com

The Gateway Institute is expanding! Specializing in the treatment of OCD and related conditions, we are pleased to announce the expansion of our program into the state of Arizona beginning September 5, 2016. Conveniently located in Scottsdale, AZ, Gateway will service the Phoenix area and Maricopa County. We will offer weekly and intensive outpatient programs that are catered to individual client needs. Family and individual groups will also be offered to help support the community.

Our Southern California location in Costa Mesa is also pleased to announce the addition of our newest clinician and behavioral specialist, Tiffany Lee, MFTi. Tiffany will be supporting Gateway by facilitating groups and working with clients on a weekly and intensive basis. Tiffany joins Gateway after working at the UCLA intensive treatment program in Los Angeles. Additionally, Jurhee King will now be serving as our director of client relations. Jurhee's knowledge of OCD coupled with her background and kind nature make her the perfect addition to helping clients who are suffering from OCD.

LOUISVILLE OCD CLINIC

912 Lily Creek Road, Suite 201
Louisville, KY 40243
Phone: (502) 338-0608
Email: ***bewellproviders@gmail.com***
www.louisvilleocdclinic.com

We are pleased to announce that our new therapist, Cheri Levinson, PhD, is now accepting new patients. Dr. Levinson specializes in the treatment of eating disorders such as anorexia nervosa and bulimia nervosa. She is a perfect addition to the Louisville OCD Clinic, as eating disorders, much like OCD, are triggered by anxiety and obsessions.

We have recently added a new therapist to our practice, Sara Sutphin, MEd, LPP. Sara specializes in treating adults with unique issues that include mood disorders, psychosis, personality disorders, anger management, PTSD, and OCD. She has also worked as a clinician in sex offender treatment.

Continued on next page >>

THERAPY COMMUNITY

Institutional Member Updates *(continued)*

We are also excited to present our new assistant director, Street Russell, MA. Street works with children, families, and adults with OCD. He also has experience working with individuals with depression, anxiety disorders, health-related concerns, and children with severe behavioral problems and he is also now accepting new clients.

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

It has been an exciting year within the OCD Institute's Office of Clinical Assessment and Research (OCAR). We have begun implementation of our Phase 4 data collection, increasing technological/psychophysiological integration into our core data collection procedures. As part of this phase, we are excited to have received funding to create a new framework for integrating ecological momentary assessment within the OCDI, along with additional mobile application resources aimed at enhancing clinical care. Further, we will be introducing the use of wearable technology to collect a wide variety of data that was previously unavailable, both within exposure sessions and across daily program activities. Through this we plan to evaluate factors that impact outcome from exposure and response prevention exercises in real time, integrating self-report, clinician report, and psychophysiological measures.

OCAR has also increased its training program, welcoming two summer student visitors, Emma Needles and Sri Ramya Potluri, along with a new cohort of practicum students who will be involved in our clinical assessment-training program and research/dissemination efforts. Finally, we want to congratulate Christine Henriksen and Jordan Cattie who successfully completed their post-doctoral fellowships and wish them the best as they advance in their careers.

MOUNT SINAI OCD AND RELATED DISORDERS PROGRAM

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New York, NY 10029
Phone: (212) 659-8823
Email: ***talia.glass@mssm.edu***
www.mountsinaiocd.org

The OCD and Related Disorders Program at Mount Sinai is pleased to announce that Dr. Wiesel has launched a 12-week CBT treatment group for adults with OCD. The next group will start in fall 2016 and is currently open for new participants.

Our program continues to offer reduced-fee care for both children and adults. For the 2016-2017 academic year, we welcomed two adult psychiatry residents, two psychology externs, two child psychiatry fellows, and two triple board residents all of whom provide affordable, comprehensive evaluations and treatment under the supervision of OCD Program faculty.

Led by Dr. Rojas, the next session of our no-cost CBT group for children (ages 8-12) with OCD begins in fall 2016 and is open for new participants.

In research news, Dr. Grice, with collaborators at Mount Sinai and the Karolinska Institute, continue their epidemiological research program to identify environmental and genetic risk factors for OCD and tic disorders. In addition, we have joined with Mount Sinai's Seaver Autism Center to launch a new collaborative study to explore cross-disorder risk factors for childhood-onset psychiatric disorders.

For more information on any of our clinical or research programs, please call or email us.

MOUNTAIN VALLEY TREATMENT CENTER

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Email: ***clovejoy@mountainvalleytreatment.org***
www.mountainvalleytreatment.org

Mountain Valley was honored to have Jonathan Abramowitz, PhD visit our campus in Pike, NH last month. Dr. Abramowitz, professor and associate chair of the department of psychology and clinical program at UNC-Chapel Hill, spent two days with the Mountain Valley clinical team updating our clinicians on the latest OCD research as well as consulting on clinical cases.

Institutional Member Updates *(continued)*

We are very excited that Mountain Valley is collaborating on a research project with Dr. Abramowitz and Lillian Reuman, MA. The project is looking to examine psychological predictors for symptom accommodation in families. The study will use clinical interviews and self-report surveys to gather data among co-residing relatives of individuals diagnosed with fear-based disorders. Mountain Valley is in a perfect position to help Dr. Abramowitz and Ms. Reuman with this research due to our narrow focus treating fear-based disorders such as specific phobias and obsessive-compulsive disorder.

For more information about Mountain Valley, please contact Jen Fullerton at (603) 989-3500 or ***jfullerton@mountainvalleytreatment.org.***

NORTHWELL HEALTH OCD CENTER

Zucker Hillside Hospital
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Email: ***apinto1@northwell.edu***
www.northwell.edu/ocdcenter

The Northwell Health OCD Center is pleased to welcome Aaron Tropper, PhD. Dr. Tropper has considerable experience conducting exposure and response prevention (EX/RP) and is a valuable addition to our staff.

The Northwell Health OCD Center has ongoing enrollment options for individual and group therapy, as well as medication management. We are happy to announce that we are now offering a weekly treatment group for clinical perfectionism/obsessive compulsive personality disorder (OCPD). We continue to offer an EX/RP Group and Maintenance Group. In the weekly EX/RP Group, members have the opportunity to engage in exposures with the support of other individuals with OCD, as well as the guidance of a licensed psychologist. The twice-monthly Maintenance (Relapse Prevention) Group, also led by a licensed psychologist, provides strategies to maintain wellness and prevent relapse for members who have completed individual EX/RP therapy and have attained full or partial remission of symptoms.

Please call for more information and to schedule a confidential screening.

NW ANXIETY INSTITUTE

325 NW 21st Avenue, Suite 100
Portland, OR 97209
Phone: (503) 542-7635
Email: ***info@nwanxiety.com***
www.nwanxiety.com

NW Anxiety Institute (NWAI) is offering a highly specialized intensive outpatient program (IOP), now serving both adults and teens/kids with OCD and other anxiety disorders. The IOP offers a higher level of care that is customizable. With an individual's needs and schedule in mind, our team will design a treatment program that includes frequent and intensive individual therapy, skills training, support groups, family therapy (if applicable), and medication evaluation and management. The IOP is based upon principles of cognitive behavioral therapy (CBT) and exposure response prevention (ERP) to help clients systematically challenge their fears and overcome obsessive thinking, and avoidant behavior.

NWAI was founded in early 2013, and since opening its doors, has enthusiastically embraced the many opportunities to support individuals in finding freedom from anxiety and fear. Allison and Kevin began their collaboration during graduate training, quickly developing a shared passion for anxiety disorders. Their passion for learning and sharing of evidence-based techniques and therapy experiences continues as they welcome clinicians with expertise in treating anxiety disorders to join NWAI.

THE OCD AND ANXIETY TREATMENT CENTER

386 North Main Street
Centerville, UT 84014
Phone: (801) 298-2000
Email: ***paul@itherapycenter.com***
www.theocdandanxietytreatmentcenter.com

The OCD and Anxiety Treatment Center is still growing! Our adult intensive outpatient program (IOP) continues to welcome new clients and produce life-changing results. Our new youth intensive outpatient program (IOP) has also been gaining attention in the community by providing much-needed treatment to children (ages 10 to 17) struggling with OCD.

We have also added two new therapists to our staff: Leah Jaramillo, LMFT and Luann Elliott, CSW! Leah Jaramillo has taken on the role of program supervisor of our youth IOP, and Luann Elliott has joined the team of primary therapists in our adult IOP.

Continued on next page >>

THERAPY COMMUNITY

Institutional Member Updates *(continued)*

Another addition to the OCD and Anxiety Treatment Center is the upcoming launch of a series of evidence-based outpatient programs, for those individuals who do not fit into an intensive treatment model. Our outpatient programs will specifically serve individuals struggling with OCD, panic disorder, social anxiety, body-focused repetitive behaviors (e.g., hair-pulling and skin-picking), body dysmorphic disorder, and hoarding disorder. Each outpatient program will utilize thoughtful, evidence-based treatment approaches and create customized treatment plans to meet the needs of each individual client.

Give us a call with any questions or interest in our treatment programs.

PALO ALTO THERAPY

407 Sherman Avenue, Suite C
Palo Alto, CA 94306
Phone: (650) 461-9026
Email: ***info@paloaltotherapy.com***
www.paloaltotherapy.com/ocd

We at Palo Alto Therapy have renovated our waiting room and expanded! We decided it was time to refresh our space and add an additional therapy office as well. Although our wait times for therapy are generally pretty short, we still want to make sure our clients' visits are as pleasant as possible. We are excited about the transformation and always looking at ways to improve our services!

We also recently hired two new therapists, Whitley Lassen PsyD and Anna Askew LPCC, and our first ever office manager, Ana Vargas. Our new team members are crucial to our success as is all of our staff. Whitley brings with her a great deal of knowledge helping those who struggle with anxiety. Anna is a certified Mindfulness Instructor and is pursuing additional training working specifically with those who have OCD. Our new office manager, Ana, helps create a welcoming environment with her caring and warm style as well as keeping things running smoothly for our staff and clients.

Learn more about joining us! Visit: ***www.paloaltotherapy.com/employment***

Thank you for considering Palo Alto Therapy and be assured of our heartfelt gratitude for referring to us. It's the greatest compliment you can send.

RENEWED FREEDOM CENTER FOR RAPID ANXIETY RELIEF

1849 Sawtelle Boulevard, Suite 543
Los Angeles, CA 90025
Phone: (310) 268-1888
Email: ***ashleybramhall@renewedfreedomcenter.com***
www.RenewedFreedomCenter.com

Renewed Freedom Center is proud to announce the return of Jake Knapik, who is rejoining our team as director of clinical training. Jake will be obtaining his doctorate in clinical psychology from the Chicago School of Professional Psychology upon completing the APA-accredited internship. As a former intern of Renewed Freedom Center, he has worked extensively with adults and children with OCD and severe anxiety. He has also trained at the US Veterans Initiative working with veterans of the Iraq and Afghanistan war suffering from post-traumatic stress disorder (PTSD).

Currently, Jake is training at the Los Angeles Mission, working with the chronically homeless and mentally ill population. His extensive training in cognitive behavior therapy (CBT) and mindfulness-based therapy allows him to serve the diverse population, helping them cope with the stress and anxiety of reintegrating back into society.

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

Rogers Behavioral Health–Minneapolis, located in Eden Prairie, Minnesota, is now offering partial hospital programming for adults with OCD, OC-spectrum and related anxiety disorders. This daytime program offers comprehensive care based in cognitive behavioral therapy (CBT) with an emphasis on exposure and response prevention (ERP). Rogers–Minneapolis opened in May with OCD and anxiety services for children and teens, under the clinical leadership of Tracey Lichner, PhD, LP.

In the coming months, look for information on Rogers' newest regional location, which will open in Philadelphia. This site will be Rogers' fifth clinic outside Wisconsin and eleventh location overall.

Institutional Member Updates *(continued)*

SAGE ANXIETY TREATMENT PROGRAM

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

Our new Child and Adolescent Intensive Program for Anxiety Disorders is now open! The program utilizes ACT-based exposures and is for those between the ages of 5 and 15. There are separate tracks for those ages 5–7, 8–11 and 12–15. The program meets in a separate suite designed with that age group in mind. Sage continues to provide individual treatment for children and adolescents including treatment specifically for school performance.

Sage also offers a group for social anxiety, a group for body-focused repetitive behaviors (BFRBs) as well as our AfterCare Group.

SPECTRUM CBT

1081 Westwood Boulevard, Suite 212
Los Angeles, CA 90024
Phone: (310) 824-4100
Email: ***info@spectrumcbt.com***
www.spectrumcbt.com/ocd

A while ago, we woke up to a big realization. There's more to life than OCD and more to treatment than ERP. Over 50% of individuals with OCD struggle with major depression, social anxiety, and/or other major mental health problems. ERP is very effective, but it is not enough; we have to go beyond it. We have focused on integrating functional targets into our treatment planning and we rely on evidence-based approaches to reach those targets. Our treatment approaches integrate cognitive therapy, behavioral activation, and ACT with ERP. Our therapists are not just OCD specialists; we understand that people are more than our struggles.

Spectrum CBT uses a team-based model to work with our clients and our newest member is Trevor Schraufnagel, PhD. Trevor completed his doctoral studies in clinical psychology at the University of Washington and completed his predoctoral internship at the Seattle Veterans Affairs hospital. Dr. Schraufnagel is a clinical instructor at UCLA's Anxiety Disorder Clinic in the Department of Psychiatry and remains a member of the clinical faculty in the Department of Psychology at UW, where he continues to supervise doctoral students providing CBT as well as Dialectical Behavior Therapy (DBT).

STANFORD TRANSLATIONAL OCD PROGRAM

Rodriguez Lab
401 Quarry Road
Stanford, CA 94305
Phone: (650) 723-4095
Email: ***ocdresearch@stanford.edu***
http://rodriguezlab.stanford.edu

The Stanford Translational OCD program utilizes an interdisciplinary approach to find new treatments for patients suffering from OCD and hoarding disorder.

We are pleased to announce our new website with information about our program, new research studies, and resources. In collaboration with our community partner, Linda Merrifield, RN, MPH, our website also contains a comprehensive list of local resources to help individuals with too much clutter in the Santa Clara and San Mateo counties in Northern California.

Dr. Rodriguez presented two research talks at the IOCDF's Annual OCD Conference in Chicago this past July on her pilot work understanding the ability of ketamine, a glutamate receptor modulator, to quickly and effectively quell obsessive thoughts and how to extend its effects.

Doctoral candidates Amanda Mahnke and Sarah Righi recently joined our group in July and will be focusing their projects on novel interventions for individuals with OCD and hoarding disorder.

STRESS & ANXIETY SERVICES OF NEW JERSEY, LLC

A-2 Brier Hill Court
East Brunswick, NJ 08816

110 Hillside Avenue, Suite 203
Springfield, NJ 07081

Phone: (732) 390-6694
Email: ***sas@stressandanxiety.com***
www.StressAndAnxiety.com

SAS of NJ is pleased to announce the hiring of our newest post doc fellow, Rachel Pess, PsyD. A graduate of Kean University in New Jersey, Dr. Pess will complete her APA approved internship at Andrus Children's Center in White Plains at summer's end, and will begin working in September at both our East Brunswick and Springfield offices. Dr. Pess has also had clinical externships at both the Anxiety and Mood Disorders Center at the Child Mind Institute in New York, and the Albert Einstein College of Medicine Early Childhood Center in the Bronx. We are excited to have her join our team!

In other news, our OCD Tips video clips on our YouTube channel went on hiatus over the summer, but look for us starting late August when we plan to resume weekly releases. Simply go to ***www.youtube.com/StressAndAnxietyNJ.*** ○

RESEARCH NEWS

African-Americans with Obsessive Compulsive Disorder: Black Lives Matter

By Monnica Williams, PhD, & Marlena Debreaux, MA

Monnica Williams, PhD is an associate professor at the University of Connecticut, in the Department of Psychological Sciences. She conducts research on the assessment and treatment of obsessive compulsive disorder (OCD); ethnic minority mental health and disparities; and PTSD with a focus on racial trauma.

Marlena L. Debreaux, MA is a research assistant at the University of Louisville, Center for Mental Health Disparities, in the Department of Psychological & Brain Sciences. She conducts research on anti-racism interventions and ethnic identity development in African American youth.

Editor's Note: This article is part of a newly launched "Diversity Initiative" at the IOCDF. Our goal is to become an organization whose reach and impact is as wide reaching as OCD itself. Dr. Monnica Williams is an IOCDF grant award recipient who, in 2009, wanted to better understand how to reach out and include the African American population affected by OCD. Below is a summary of her findings. Please continue to look for additional resources from the IOCDF specifically designed for individuals from a diverse background who are affected by OCD.

– Jeff Szymanski, PhD

Much progress has been made in the understanding and treatment of obsessive compulsive disorder (OCD), but not all segments of our society have benefited from these advances. OCD in ethnic minority groups has been, and continues to be, a neglected area of research.

ETHNIC MINORITY INCLUSION IN OCD RESEARCH AND TREATMENT

In 1993, the National Institutes of Health (NIH) issued a mandate that funded research must include adequate participation by racial and ethnic minority groups and researchers were required to include in their proposals strategies by which they would achieve diversity in their samples. Nonetheless, our own comprehensive review of the literature found widespread ongoing exclusion.[1, 2] Among nearly all major clinical trials conducted in North America, ethnic minorities were either underrepresented or minority participation was not reported at all. For example, African Americans comprised less than 2% of all participants in OCD randomized trials, despite making up 13% of the US population. Researchers have not followed NIH guidelines regarding inclusion of special populations, and greater inclusion of ethnic minorities is essential to fully understand OCD in non-White populations. Minority inclusion in specialized treatment for OCD is likewise inadequate. For example, we recently examined the demographics of OCD patients over a 13-year span at Rogers Memorial Hospital and found that only 6.7% were ethnic or racial minorities and only 0.9% were African American.[3]

AFRICAN AMERICANS AND OCD

Earlier work conducted with non-clinical samples of African Americans noted differences in reports of contamination anxiety and worries about animals. This research was interesting, but it was not clear if the findings would generalize to African Americans with OCD. Very few studies included African Americans diagnosed with OCD, and so researchers could only draw tentative conclusions from non-clinical student or community samples. Other than a few encouraging case studies and one naturalistic (observational) study, there were no other published studies prior to 2008 that focused on the symptom presentation, assessment, or treatment of African Americans with an OCD diagnosis.[4, 5, 6]

Many wondered if it was even possible to identify and recruit African Americans with OCD. There were some concerns that low research participation in this group was because African Americans were not interested in treatment, that OCD symptoms were perhaps less impairing, or that the prevalence rate was lower. It seemed there must be a plausible explanation, but studies to date had yet to uncover any verifiable information regarding OCD in African Americans.

Using data from the National Survey of American Life (NSAL) epidemiological study, Himle and colleagues demonstrated that African Americans were suffering with OCD in the exact same numbers as the larger US population, but were less likely to receive treatment. Even among those who were able to access clinical care, few received specialized treatment and only 20% were using an SRI medication.[7]

These findings were compelling, but left us with even more questions. If the prevalence was the same, what factors were keeping African Americans from finding help? Did African Americans have different types of symptoms, which could potentially lead to an incorrect or missed diagnosis? Were there aspects of African American culture that discouraged

African-Americans with OCD *(continued)*

treatment-seeking? Were there obstacles in the mental health care system that made it difficult to find help?

These questions could only be answered through an in-depth study of African Americans with OCD, and the International OCD Foundation (IOCDF) made it possible with a generous research grant award in 2009 for a study entitled "African-Americans with OCD: Reducing Barriers to Diagnosis and Treatment & Facilitating Effective Treatment for Everyone."

RECRUITMENT OF AFRICAN AMERICANS

Careful data collection was crucial for the recruitment of a population that by all accounts was invisible. We allocated a portion of the budget to outreach and advertising so we would be sure to find our target population, and we carefully kept track of which initiatives worked. We reached out to community organizations, discussed the study on local radio stations, ran ads on buses and the Internet, and placed ads in community newspapers. Print advertisements featured images of African Americans and verbiage that directly addressed our audience.

Many African Americans are uncomfortable participating in research due to ongoing experiences of discrimination and other difficulties. There is a cultural memory of abuses such as the US Public Health Service (USPHS) Syphilis Study at Tuskegee, which continues to affect medical decision-making today, and more recent research abuses, such as the Baltimore Lead Paint Study, which also disproportionality affected minorities.[8, 9] To reduce possible fears associated with medical research, our study minimized the use of terms like "research" in favor of "project" or "study".

We identified and assessed 75 African American adults with OCD. Our project's first paper, published in Contemporary Clinical Trials, provided a road map to facilitate improved minority participation in future studies.[10] Key recruitment techniques included hiring clinicians who were members of the targeted communities, culturally specific advisements, meaningful incentives for participants, and training in cultural competence for all project staff.[11] No longer will those conducting OCD research need to wonder if they can find African Americans. Now every study is able to diversify their sample by building on our work funded by the IOCDF.

BARRIERS TO TREATMENT

Recruitment into research is only a part of the problem, as one of our overarching goals has been to enable everyone with OCD to obtain treatment. We found that there are many barriers to treatment among African Americans with OCD, including the cost of treatment, stigma/shame associated with receiving treatment, fears of therapy, believing that the clinician will be unable to help, feeling there is no need for treatment, and treatment logistics.[12]

Among our lower income participants, problems with the community mental health system were an obstacle, including a low priority for the diagnosis of anxiety disorders in these clinics, and a genuine lack of community mental health providers sufficiently trained to provide OCD treatment. There were also issues concerning both the recognition of OCD symptoms as well as symptoms not being reported to health care providers. Additionally, there were some cultural issues noted among our sample, including prohibitions against mental health care and a propensity for viewing anxiety as a spiritual problem to be resolved through religious outlets. However, the most prevalent issue volunteered by our participants was that the person did not realize he or she had a disorder or, if they did realize, that there was a treatment for it.

One participant noted, "I was just embarrassed. Getting this type of help has, and continues to be, like a sore thumb in the African American community." Another said, "I was unaware, deluded, or in denial about the level of impact my condition had on life."

We subsequently compared the concerns expressed by our sample to a previous online study of barriers to treatment among White Americans.[13] While there were no group differences in worries about cost of treatment, shame, and stigma, African Americans were significantly less likely to know where to go for help and almost a quarter expressed fears about discrimination. These issues are therefore uniquely important to long-term goals concerning outreach and treatment for African Americans.

Although ours was not a clinical treatment study, treatment was discussed with all participants. The vast majority expressed an interest in being treated, and a notable proportion attempted to obtain or even started treatment during the follow-up period. Unfortunately, many who expressed interest were unable to obtain it, thus an important avenue for future work will be removing these barriers.

SYMPTOM DIMENSIONS

It is important to accurately understand symptom differences in African Americans because patients who do not meet the most common presentations (i.e., excessive washing and overt repetitive checking) may not be quickly

Continued on next page >>

RESEARCH NEWS

African Americans with OCD *(continued)*

identified by medical professionals. Research shows that African Americans are consistently over diagnosed with psychotic disorders and more likely to be hospitalized, even after controlling for severity of symptoms and income.[14] Given the bias toward a psychotic diagnosis for this group, it is possible that African Americans with the most severe OCD, especially those with unusual obsessions or compulsions, may be misdiagnosed as psychotic.[15, 16] Effective treatments for OCD are typically very different than those for psychotic disorders. Thus, it is critical that clinicians have a good understanding of OCD when assessing and treating patients in this ethnic/racial group.

To this end, we examined the specific OCD symptoms reported by participants and compared these to symptoms reported by African Americans in the NSAL study.[17] Although the NSAL dataset provided fewer specific details about OCD symptoms, we were able to make some broad comparisons to aid us in understanding this disorder in African Americans nationally.

We found six symptom dimensions, which were similar to those of previous studies in primarily White samples. These dimensions included contamination/washing, hoarding, sexual obsessions/reassurance, aggression/mental compulsions, symmetry/perfectionism, and doubt/checking. African Americans with OCD reported more contamination symptoms and were twice as likely to report excessive concerns with animals as White patients with OCD, which is consistent with studies conducted with non-clinical samples.

We also studied hoarding symptoms in African Americans with OCD. African Americans with both OCD and hoarding behaviors tended to earn less money, have lower levels of educational attainment, and are more likely to rely on a spouse or partner for financial support than those without hoarding symptoms. Hoarders were also more likely to have comorbid mood and substance abuse disorders while non-hoarders were more likely to endorse anxiety-related psychopathological symptoms. Hoarders were also more likely to experience slowness, indecisiveness, and pathological doubting compared to non-hoarders. These differences illustrate that hoarding is a related yet separate disorder in African Americans, that may involve increased disability.[18]

DIAGNOSING OCD

The lack of diversity in the initial development of most OCD assessment measures has made the diagnosis of African Americans more difficult for clinicians who do not have an advanced knowledge of cultural differences. Through the grant awarded by the IOCDF, we have been able to examine the properties of three different clinical measures of OCD in African Americans: the Obsessive Compulsive Inventory-Revised (OCI-R), the Yale-Brown Obsessive Compulsive Scale (Y-BOCS), and the Structured Clinical Interview for the DSM-IV Axis I (SCID).

We found that while the SCID was not a reliable method to determine the presence of OCD in African Americans, other measures like the Y-BOCS and the OCI-R showed good validity when compared to related measures of OCD in African Americans.[19, 20, 21] African American students in a control group reported more contamination concerns when compared with White students. This cultural difference has led to higher cut off scores for African Americans in order to meet diagnostic criteria in the OCI-R.

FUTURE DIRECTIONS

The data collected from this study has many implications that could be important to future research. We can use what we have learned about recruitment to ensure minority inclusion in future research studies. It is clear that one priority is to raise awareness within the African American community about OCD, improve knowledge of effective treatments, and educate more providers so that treatments are available and accessible in underserved communities.

However, we have yet to extend this work to aid in the understanding of African American children with OCD, even though youth with OCD are at an increased risk of depression, academic problems, family problems, and isolation. Minority children with OCD are underrepresented or absent from treatment centers and research studies, although evidence suggests that OCD may be particularly persistent in these groups. In fact, to date there is not one published research study focused on African American children or adolescents diagnosed with OCD.[22] Thus, there is still much work that needs to be done. ○

Read more about this work at:

Williams, M. T., Debreaux, M., & Jahn, M. (in press). African Americans with obsessive-compulsive disorder: An update. Current Psychiatry Reviews. doi: 10.2174/1573400512666160602124146

African Americans with OCD *(continued)*

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* Indicates publications and manuscripts from this study to date

RESEARCH NEWS

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

Seeking Participants for Research on Ownership and Decision-Making

Research conducted at the University of British Columbia

We are currently running a study that examines how people make decisions about their possessions. We are looking for English speaking adults between 19 and 75 years old. There are no requirements concerning one's level of household clutter. You will be asked to talk about your saving habits with a researcher on the phone, make decisions about household objects (online), and complete several questionnaires (online).

Compensation: $8-$20

For more information, please contact us by phone at (604) 822-8025 or by email at ***ubcdmstudy@gmail.com***.

CALIFORNIA

Medication-Assisted Therapy for Treatment of Pediatric OCD

Research to Help Children with Refractory OCD

Do you have a child between the ages of 7 and 17 with OCD or symptoms of OCD? Is your child free of medication or on a stable dose of medication with no planned changes? Has your child failed to improve with previous therapy? If so, your child may be eligible for a research study available through the UCLA Childhood OCD, Anxiety and Tic Disorders Program!

Through a research grant from the International OCD Foundation, we are conducting research comparing whether an existing medication (memantine) improves the benefits of Cognitive-Behavioral Therapy (CBT) relative to a placebo pill.

Participation involves:

- Initial visit to UCLA to assess eligibility and OCD severity
- A one-time blood draw
- MRI brain scans (before and after)
- 8 weeks of concurrent CBT through the UCLA Pediatric OCD, Anxiety and Tic Disorders Clinic
- 3-month follow up
- Payment of up to $100

Please contact 310-794-9201 or email (***enurmi@ucla.edu***) for more information.

SDSU Treatment Study for Pediatric OCD

Researchers: Jennie Kuckertz, M.S. and Nader Amir, Ph.D.

The Center for Understanding and Treating Anxiety at San Diego State University is examining treatment of obsessive compulsive disorder in children ages 8-12. Eligible families will participate in exposure and response prevention treatment as well as a novel computerized intervention as part of a research study funded by the National Institute of Mental Health. Participants will also complete an EEG and receive a picture of their brain activity!

If you are interested in participating in this study, or would like more information, please contact us:

Phone: (619) 229-3740
Email: ***SDSU.CUTA@gmail.com***
Website: ***https://nas.psy.sdsu.edu***

Understanding How Ketamine Brings About Rapid Improvement in OCD

NCT02624596, IRB-34622

PI: Carolyn Rodriguez, MD, PhD

The Stanford Translational OCD Research Program is looking for adults, 18-55 years old, with OCD, to take part in a study providing these possible benefits:

- Free Diagnostic Evaluation
- Free Picture of Your Brain
- Free Test of Your Memory and Attention
- Compensation of up to $400 after study completion
- Your choice of free OCD psychotherapy or pharmacology after study completion

Purpose

To understand how a new drug brings about rapid improvement in OCD symptoms

Contact

(650) 723-4095
ocdresearch@stanford.edu

Research Participants Sought *(continued)*

MASSACHUSETTS

Adults with Appearance Concerns Needed for Research Study

The Massachusetts General Hospital is seeking men and women who are very worried about how they look to participate in a research study. We are doing this research study to examine the effect of a nasal spray containing the hormone, oxytocin, on a number of psychiatric measures and social perception tasks (tasks that evaluate how people relate to others). Women must not be pregnant and must be taking oral contraception. If you are eligible, participation involves a clinical interview, questionnaires, use of two nasal sprays containing oxytocin and placebo, and computerized tasks. Participation includes three brief visits to MGH and up to $120 compensation. For more information: (617) 726-5527 or ***agomez6@mgh.harvard.edu***.

Adults with Obsessive-Compulsive Disorder Needed for Research Study

The Massachusetts General Hospital is seeking men and women who have obsessive-compulsive disorder (OCD). OCD is a psychiatric illness characterized by persistent and intrusive obsessions and/or repetitive, time-consuming compulsions. We are doing this research study to examine the effect of a nasal spray containing the hormone, oxytocin, on a number of psychiatric measures and social perception tasks (tasks that evaluate how people relate to others). Women must not be pregnant and must be taking oral contraception. If you are eligible, participation involves a clinical interview, questionnaires, use of two nasal sprays containing oxytocin and placebo, and computerized tasks. Participation includes three brief visits to MGH and up to $120 compensation. For more information: (617) 726-5527 or ***agomez6@mgh.harvard.edu***.

PENNSYLVANIA

Couple/Family Intervention Study for Anxiety Disorders

If you have a primary diagnosis of OCD and are living with a spouse/committed partner or with parent(s), you may be eligible for a treatment study at the Penn Anxiety Program. The program will provide 12 sessions of individual or group cognitive-behavioral therapy along with experimental couple/family therapy without charge. Couples/families will be randomly assigned to brief (1) or more extensive (up to 12 sessions) experimental couple or family sessions designed to assist them in working together to overcome the patient's anxiety disorder. Patients already in individual or group CBT elsewhere are also eligible to participate with their therapist's agreement.

Patients must be 18 to 70 years of age. Both patients and the committed partners, spouses, or parents with whom they live must be willing to participate in the treatment and to complete assessment procedures before treatment and at monthly intervals for 10 months thereafter. Some compensation is provided for assessments.

For more information, please contact:

Penn Anxiety Program
Phone: (215) 898-7376
E-mail: ***sas-anxietytreatment@sas.upenn.edu***
Website: ***https://sites.sas.upenn.edu/pennanxietyprogram/***

WISCONSIN

Developing Effective Response Inhibition Training for Symptom Relief in OCD

We are currently testing computer-based treatment programs designed to help adults (aged 18-60) suffering from problematic repetitive behaviors, including

- Obsessive-compulsive disorder (OCD)
- Compulsive hair pulling (Trichotillomania)

This research is conducted at the Psychology Training Clinic, the University of Wisconsin-Milwaukee (sponsored by the NIMH). All study procedures will be completed in our clinic located within the University of Wisconsin-Milwaukee campus. Participants will be randomly assigned to one of the two similar computer-based training conditions designed to help improve symptoms for individuals with OCD or Trichotillomania. As the first step of the study, we will conduct a pre-screening assessment to determine whether the person is eligible for the study. Our computer-based treatment program is provided to eligible participants, and each participant will receive compensation for completing the study.

If you are interested in our study, please contact us at (414) 416-4249, or ***adl@uwm.edu*** for more details about the study.

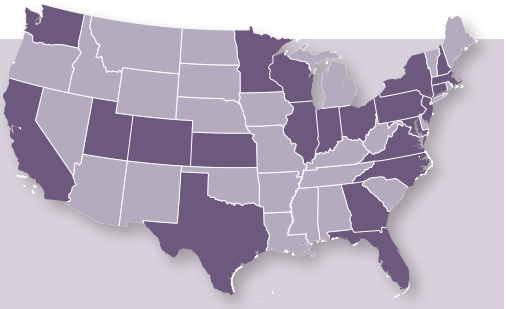
Sincerely,

Han Joo Lee, PhD
Principal Investigator
Director, Anxiety Disorders Laboratory
Assistant Professor of Clinical Psychology
University of Wisconsin- Milwaukee ○

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 continues to provide support and outreach throughout the state of Connecticut. We were in Chicago for the IOCDF's Annual OCD Conference and look forward to sharing information and continuing our mission with excitement from the Conference. Planning is underway for our 3rd annual OCD Awareness Week event entitled Living with OCD. Please check our website for details. Volunteers are welcome to assist with planning for the future of OCD CT and encouraged to email ***CT.ocdf@gmail.com*** to get involved. Please check out our website and like us on Facebook and follow us on Twitter.

OCD GEORGIA

www.OCDGeorgia.org

Walkers at 2nd Annual 1 Million Steps 4 OCD Walk in Atlanta.

What a busy summer it's been! OCD Georgia had a wonderful turn out for the 2nd annual 1 Million Steps 4 OCD Walk in Atlanta on June 4, 2016. We are grateful that Dr. Michael Jenike and Susan Dailey joined us to serve as the grand marshal and emcee for this incredible event. Amongst music, yard games, and a photo booth, nearly 150 members of the OCD Georgia community rallied together to raise awareness, reduce stigma, and support one another, all while raising nearly $17,000! In July, we enjoyed meeting all of you at the Annual OCD Conference in Chicago and also began planning for our OCD Awareness Week events coming up in October. Visit our website for more information!

OCD MASSACHUSETTS

www.ocdmassachusetts.org

OCD Massachusetts is proud to host IOCDF national spokespeople during our many events throughout OCD Awareness Week, including Shannon Shy, current IOCDF president, at our Worcester lecture series on October 13, 2016. The 2016-2017 lecture series is in full swing at our Belmont, Worcester, and Northampton locations. All lectures are free and open to the public. Please visit our website for more information about OCD Awareness Week events and a full listing of our monthly lectures.

OCD MID-ATLANTIC

www.ocdmidatlantic.org

OCD Mid-Atlantic would like to congratulate OCD Mid-Atlantic vice president, Shannon Shy, on his recent election to president of the IOCDF board of directors. Shannon has been a tremendous asset to OCD Mid-Atlantic and we look forward to seeing what he accomplishes at the national level. We are also proud to introduce our new interim program chair, Magda Rodriguez, and our new interim membership chair, Elspeth Bell. Our former program chair, Greg Chasson, recently resigned, as he is moving on to a new position in another part of the country. We will miss Greg and wish him the best of luck in his new position and future endeavors.

OCD Mid-Atlantic held an informational event on March 22, 2016 entitled OCD and the Family: Breakout Sessions with Experts. The program committee is now hard at work preparing educational and fundraising events for OCD Awareness Week in October. We are also continuing to plan for events in other parts of the catchment area. If anyone in Richmond or surrounding areas is interested in hosting an event in your area, please contact us!

OCD NEW JERSEY

www.ocdnj.org

OCDNJ continues with our quarterly presentation series after our very successful presentation in June entitled Applying

Affiliate Updates *(continued from page 27)*

Buddhist Concepts to the Treatment of OCD, given by OCDNJ treasurer, Dr. Rob Zambrano. We aslo held a Success Panel of persons who have successfully come to manage their OCD symptoms at the Cherry Hill Library on September 12, 2016. Throughout the summer, with the help of our new volunteer coordinator, Michelle Villani, we have been able to man tables at several community fairs throughout New Jersey. In addition, OCDNJ VP, Dr. Marla Deibler, spoke with Fox News' Chasing News about Animal Hoarding and spoke on multiple BFRB topics at the annual TLC Foundation in Dallas, TX. OCDNJ president Dr. Allen H. Weg has promoted OCDNJ as part of his OCD presentations at multiple large practices and groups in northern New Jersey, in an attempt to increase awareness of OCD New Jersey in that part of the state. Our annual conference in Garwood, NJ is now scheduled for Sunday, March 5, 2017 and our keynote speaker will be Dr. Carol Hevia of McLean Hospital in Belmont, MA. See our website for details on all our upcoming events.

OCD SACRAMENTO

www.ocdsacramento.org

OCD Sacramento president Robin Zasio, PsyD (left) with IOCDF director of communications Carly Bourne (center) and OCD SF Bay Area president Mary Weinstein (right) at the 1 Million Steps 4 OCD Walk at Lake Merritt in Oakland, CA.

OCD Sacramento congratulates our sponsors and attendees who supported the Northern California 2016 1 Million Steps 4 OCD Walk in Oakland. Partnering for the first year with OCD SF Bay Area, our neighboring NorCal IOCDF Affiliate, hundreds of individuals walked to raise awareness into the importance of reducing stigma and promoting proper awareness.

OCD Sacramento continues to host our monthly presentation line-up. In August, Guy Taylor, LPCC hosted a Medication Discussion Group presentation covering the medications commonly prescribed for OCD and anxiety disorders. It also offered an opportunity for individualized questions and answers. In September, Dr. Ashleigh Golden, PsyD gave a talk entitled An Introduction to Academic Perfectionism, where she outlined its signs and symptoms, how to differentiate when someone wants to do well versus perfectionistic behaviors, and how this condition can be treated. October will include a presentation by Elizabeth Dale on Barriers in Treatment. View the website for more information.

In support of OCD Awareness Week taking place October 9–15, 2016, we will offer our Annual Wine & Cheese Event bringing local therapists and organizations together to raise awareness into reducing stigma associated with OCD and the importance of proper treatment. Presentations will also be held throughout the week including a venue in which individuals will share personally about their OCD and success in treatment. See our website for more information.

OCD SOUTHERN CALIFORNIA

www.ocdsocal.org

OCD Southern CA at their first-ever 1 Million Steps 4 OCD Virtual Walk.

Three teams of OCD SoCal volunteers from Orange County, San Diego, and the Inland Empire participated in the 1 Million Steps for OCD Virtual Walk in June and raised over $1,000 for the IOCDF!

Following the success of our first Virtual Book Club featuring author Janet Singer, OCD SoCal was honored to host a second event with Jon Hershfield discussing his book, "When a Family Member Has OCD." Participants heard Jon discuss his book in detail, as well as had the opportunity to interact with the author during a Q&A session.

OCD SoCal will be active during OCD Awareness Week by hosting several events with the IOCDF spokespersons on Sunday, October 9th and Monday, October 10th. We are also planning a community "OCD Fair" for November. Please visit our website for details on these events and to sign up to receive regular activity updates.

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FROM THE AFFILIATES

Affiliate Updates *(continued from page 31)*

OCD WASHINGTON

www.ocdwashington.org

OCD Washington is proud to announce its incorporation this year! We are newly formed and planning several community activities. Events will include an improvisation workshop, a virtual camping outing (modeled after Dr. Jonathan Grayson's yearly exposure workshop at the Annual OCD Conference) and panel presentations from clinicians in the area. We are also currently looking for a volunteer coordinator! Anyone who is interested can email ***volunteer@ocdwashington.org***. Please visit our website to view our calendar of events and connect with us.

OCD WISCONSIN

www.ocdwisconsin.org

OCD Wisconsin held its 2nd Annual "Making Strides" OCD Awareness Walk on Saturday, June 18. We had 115 walkers and our walk included live music, a talk by Dr. Nick Farrell, a clinical psychologist from Roger's Memorial Hospital, presentation of the Barry Thomet Scholarship, giveaways, and a 2-mile walk around the beautiful Fowler Lake in Oconomowoc, WI. It was amazing to see individuals at the park that were not involved in our walk stop by and grab information and check out what was happening!

We are very excited for our Fall Community Talk Series. Our line-up includes top professionals in the field of OCD and related disorders:

- September 29, 2016 | Parent University: Family Accommodation in OCD | Dr. Dave Jacobi | Appleton, WI
- October 20, 2016 | Obsessive-Compulsive Disorder | Dr. Bradley Riemann | Waukesha, WI
- November 1, 2016 | OCD Basics | Dr. Dave Jacobi | Madison, WI

In 2016, one of our objectives was to expand our Speakers Bureau and we have had several professionals and people with lived experience join our group of speakers to share information and awareness in our Wisconsin communities.