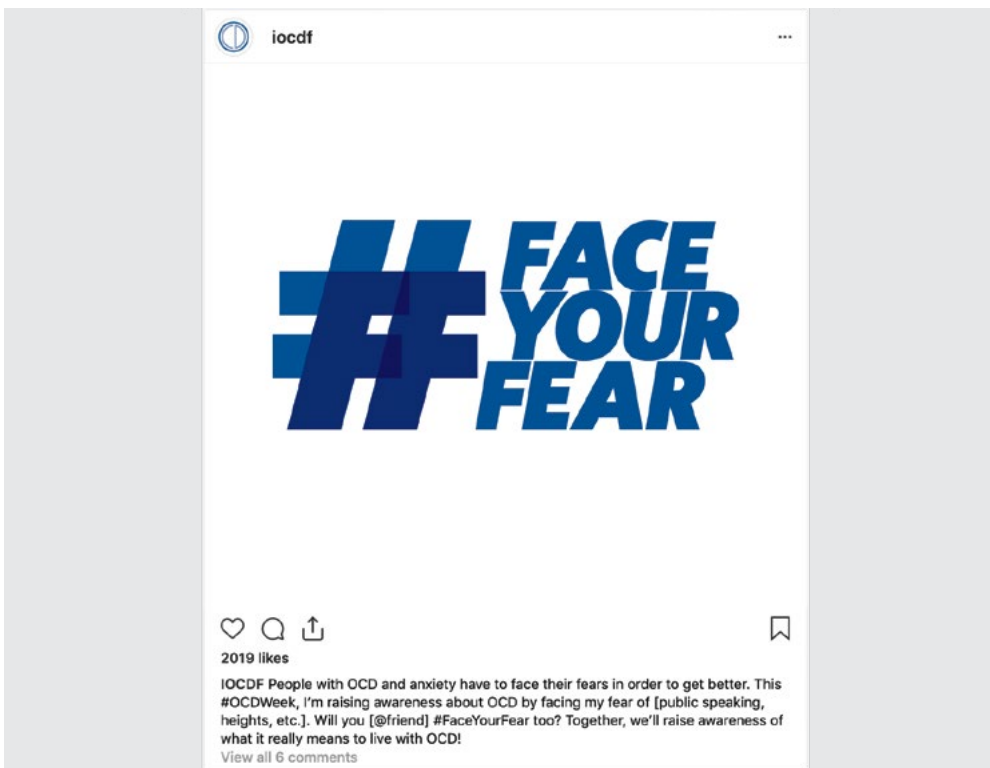




# #OCDWeek October 13-19, 2019



Ever get tired of people not understanding what it's like to have OCD? Ever heard someone say to you: 'Just stop worrying so much?' This year for OCD Awareness Week we want everyone to remember what it's like to be anxious and how it can't just be wished away. Our new #FaceYourFear campaign asks everyone to do something that provokes their own anxiety. Let's see how easy it is to say: 'Just get over it' when they are anxious too! See page 4 for more about this OCD Awareness Week activity and many others.

## IN THIS ISSUE

### FROM THE FOUNDATION

- 1 Million Steps 4 OCD Photo Recap ..... 2
- Letter From the IOCDF Board President *by Susan Boaz*..... 3
- #OCDweek 2019 ..... 4
- Advocacy Corner ..... 6
- 26th Annual OCD Conference Photos ..... 14

### FROM THE FRONT LINES

- Somehow I Surf *by David Lappin*.. 7
- Untitled *by Susan Humphrey* ..... 8

### THERAPY COMMUNITY

- Getting Rubbed the Wrong Way: What Parents and Clinicians Should Know About Sensory Dysregulation *by Jonathan Hoffman, PhD, Fred Penzel, PhD, & Robert Hudak, MD* ..... 9
- Institutional Member Update..... 13

### RESEARCH NEWS

- 25th Anniversary of Research Grant Program ..... 20

- Measuring Brain Waves Can Help Detect OCD Symptoms in Youth *by Elana Harris, MD, PhD, Paul Horn, PhD, Akiva Kirschner, Jing Xiang, MD, PhD* ..... 22
- Research Participants Sought..... 24

### FROM THE AFFILIATES

- Affiliate Updates ..... 26



# 2019 1 Million Steps 4 OCD Walks

## Photos from Around the World

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

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The mission of the International OCD Foundation is to help those affected by obsessive compulsive disorder (OCD) and related disorders to live full and productive lives. Our aim is to increase access to effective treatment through research and training, foster a hopeful and supportive community for those affected by OCD and the professionals who treat them, and fight stigma surrounding mental health issues.

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## President's Letter

by Susan Boaz



Dear IOCDF Friends,  
Your story can change lives. I tell people this all the time, but some are skeptical of the power of the individual to make significant change. I keep repeating myself because I keep seeing it happen. For example, while attending the Annual OCD Conference for the first time in 2011, Michelle

in California, was struck by the number of kids in attendance. However, she also noticed the lack of programming for the siblings attending who didn't have OCD. In 2012, she proposed a sibling panel. Her son, Matt, then 15, was one of the panelists who shared his experience. Many in the audience shared similar stories of trying to learn how to best support a sibling without supporting OCD. Fast forward to 2017. We held our Annual OCD Conference in San Francisco and the Keynote Address was the movie *UNSTUCK: an OCD kids movie*. I LOVE this movie, and was brought to tears the first time I saw it. But what I was the most impressed by was the willingness of the kids to share their stories. Here is powerful storytelling and advocacy in action!

I introduced myself to the movie makers, and was in turn introduced to sisters Vanessa and Charlotte Baier who were both featured in the film. I wanted to tell them what a great job they did, ask if they were enjoying San Francisco, and how their experience was at the Conference. Charlotte, immediately informed me: "There isn't enough at this Conference for siblings." She was young at the time, so I assumed she wanted to watch movies or swim at the pool. And I made the mistake of mistakes: I suggested this to her...

"No," she said indignantly, "I want to learn how to help my sister!" While I was still digesting what had just occurred (I was a newly minted IOCDF Board President and I had been taken down by an 8-year-old...), I also had the opportunity to speak with Naia, another sibling who was equally thoughtful about her own needs for support and education at a very young age. I left San Francisco truly astounded by the wisdom of kids and their passion to help siblings be more welcomed into our events.

We had just revamped all of our programming for youths who attend our Conference to more specifically target elementary, middle, and high schoolers. However, it was clear our work was not quite done! Right away I set about communicating this feedback to the Conference Planning Committee. Two years later, both Naia and Charlotte were panelists on the "Our Turn" panel at the 2019 Annual OCD Conference in Austin, which was moderated by...none other than Michelle Witkin!

Following the 2019 Conference, Naia's mother reached out to the IOCDF with the following note:

*"I have a child with OCD and one without. We have attended the Conference three times and have found it to be a real lifeline for our family. However, this is the first year that my daughter without OCD found a real group of kids to connect with. Sibling-only programming allows these family members to connect with others who share their experience, and gives them a safe space to learn strategies for coping with their unique situations.*

*Naia also loved the sibling support group on Thursday night and*

*the sibling gathering on Saturday night. She has gotten the contact information for other siblings whom she met at those events and has continued to be in touch with them since the Conference."*

*In response to this outreach, Charlotte's Dad, Chris Baier, added "I can confirm the 'Sibling Group Chat' is going strong. They started thinking about a way to join OCD Awareness Week from a sibling perspective. Also, more than one sibling shared the pressure they face in places like school or camp when OCD issues pop up. It's clear that siblings are looked to by adults as being primarily responsible for caring and helping a sibling with OCD if a parent isn't around."*

Again and again, we find that the people who need the resources the most are the ones who willingly jump in to support this amazing community. This is how change happens. Impassioned people tell stories, and think about what others in their community might need. Organizations like the IOCDF listen, and provide space to explore those needs. We are nothing without you. As advocates, you come back and do the hard work of building programming, of telling your stories, and thus, of offering hope and the possibility of change.

This isn't the first time that advocates influenced our programming in a significant way. And even as I write this, I know I will miss more people than I can list, or may even know, because our community is full of generous and compassionate people. Chris Trondsen spear-headed the Young Adult programming at the Conference. Riley Sisson inspired his mother, Margaret, who then teamed up with Patrick McGrath and Stacey Conroy to tackle the topic of OCD and Addiction throughout the Foundation. Randy Frost and Gail Steketee worked with the Foundation to launch the Annual Hoarding Meeting, now in its 7th year. Denis Asselin, inspired us to walk 1 Million Steps 4 OCD in memory of his son Nathaniel. These walks, occurring all over the country — and the world — are now a major program for advocacy, stigma reduction, and OCD and BDD awareness.

People often ask how they can help the IOCDF grow. Participating at the Conference or in one of the Walks held around the country are two impactful ways. But we also recognize that we are supported by the thousands of you behind the scenes, who donate each year to support our staff's efforts to coordinate the many programs we offer. You are literally the foundation upon which the rest of us stand.

Whoever you are — a donor, an advocate, a person fighting against OCD, or a sibling or parent — as you read this, know that you are a part of our history and our future. Each of us are adding our own stone to this foundation, so that our future children and grandchildren and their siblings will be able to live a different life. Thank you for your support! 🙏

With love,  
Susan Boaz

IOCDF, Board President  
and Mom to a fabulous teen

## FROM THE FOUNDATION

### 2019 OCD Awareness Week | #OCDweek



*We are excited to announce what we have planned for this year's OCD Awareness Week, held this year from October 13–19!*

*OCD Awareness Week began in 2009 to raise awareness about OCD and related disorders. Each year during the second full week of October, community groups, service organizations, and clinics across the US and around the world celebrate OCD Awareness Week with events like educational lecture series, OCD-inspired art exhibits, grassroots fundraisers, and more.*

*This year, more #OCDWeek programs are taking place than ever before — read on to learn more and find an event near you. Be sure to visit [iocdf.org/OCDweek](https://iocdf.org/OCDweek) for updates!*

#### **JOIN THE 2019 MENTAL HEALTH ADVOCACY CAPITAL WALK!**

As a kick-off to #OCDweek, on Saturday, October 12th, the IOCDF will once again partner with our local Affiliate OCD Mid-Atlantic to co-host the Mental Health Advocacy Capital Walk at the National Mall in Washington, DC. Building upon last year's event, this awareness and advocacy walk will be open to not only the OCD and related disorders community, but all members of the mental health community, and will serve as a new opportunity to unite and grow our voice.

This event aims to:

1. Increase public awareness about mental health conditions (with a specific focus on OCD, OCD-related disorders, and other mental health conditions that

commonly co-occur with OCD), their impact on all those affected, and the resources available.

2. Build an open and supportive community that includes people living with a variety of mental health conditions, as well as those who support them.
3. Provide tools to help individuals advocate for themselves and others in the mental health community as they seek out treatment and additional support.

All members of the community are invited to join us for this event! To learn more and to register for the Capital Walk, visit [iocdf.org/capitalwalk](https://iocdf.org/capitalwalk).

This is an awareness event designed to promote advocacy by and for the mental health disorders community. No political campaign activity is allowed.

#### **FIND OR HOST AN OCD AWARENESS WEEK ACTIVITY NEAR YOU**

Check the OCD Awareness Week Events Calendar at [iocdf.org/calendar](https://iocdf.org/calendar) for up-to-the-minute information on OCD awareness events and programming in your community.

Don't see an event near you? Start one! Host an open mic night, organize a pizza fundraiser, arrange to speak at a local school or university, or just make it your mission to be a social media advocate for the week. We want you to be part of this!

To have a new event added to the calendar, go to the URL above and fill out the online event submission form.

The IOCDF will also be organizing online events, including a Reddit AMA with IOCDF Executive Director Jeff Szymanski and a Facebook Live event with National Ambassador Ethan Smith, so you can participate from anywhere in the world.



## FROM THE FOUNDATION

#OCDWeek 2019 *(continued)***#FACEYOURFEAR ON SOCIAL MEDIA!**

This OCD Awareness Week, our IOCDF Ambassadors will be inviting all members of the OCD and related disorders community to participate in a new awareness-raising campaign focused on sharing videos of you and your friends facing your fears!

The goal is to educate the public about the realities of living with OCD and the challenge of having to face your fears on the path to recovery. To participate, we are asking everyone to post a video or photo of themselves doing something that makes them anxious, or an image that represents this anxiety and then to post on any and all social media platforms with the hashtags #FaceYourFear and #OCDWeek. Ask one (or more!) friends to do this as well. Make sure to tag @IOCDF and we'll share your posts! Ever wanted someone to know what it feels like to go through therapy? Let's see if we can give them a taste of what you all experience in treatment!

Everyone is invited to participate! Here is a sample post to help you get started:

*People with OCD and anxiety have to face their fears in order to get better. This #OCDWeek, I'm raising awareness about OCD by facing my fear of [public speaking, heights, etc.]. Will you [@friend] #FaceYourFear too? Together, we'll raise awareness of what it really means to live with OCD!*

We also invite you to show your support for #OCDWeek by sharing facts and images about OCD (available at [iocdf.org/OCDWeek](http://iocdf.org/OCDWeek)), and following us and retweeting our posts. You can also find banners and profile picture frames for social media at that URL.

**GET #OCDWEEK INFORMATION AND UPDATES**

Visit [iocdf.org/OCDWeek](http://iocdf.org/OCDWeek) for additional information on how you can get involved. Don't forget to sign up for our News & Interest email list to make sure you get all of the #OCDWeek news and updates! 📧



**MENTAL HEALTH  
ADVOCACY  
CAPITAL WALK**  
WASHINGTON, D.C.



International  
OCD  
Foundation



**OCD**  
MID-ATLANTIC

**Saturday, October 12**  
[iocdf.org/capitalwalk](http://iocdf.org/capitalwalk)



## ADVOCACY CORNER

### Advocacy Corner Update



Here is what the IOCDF has been up to since the Summer 2019 Newsletter:

- We partnered with the nation's leading mental health organizations to advocate for the enforcement of and transparency for mental health parity (the equal treatment of mental health conditions in insurance plans), ensuring health plans and insurers are compliant with the federal parity law. While this law is nearly a decade old, a large number of health plans and insurers are still not in compliance. It is our hope that through legislation, coverage for mental health care will be easier to access and more affordable for all in the future.
- We joined with other mental health organizations to support policy for school-based health centers, which serve as a catch-all resource for medical and mental health care for youth across the country.
- Michael Petruzzelli, the National Council for Behavioral Health's Director of Federal Policy and Advocacy, spoke to attendees at the 26th Annual OCD Conference about how to be effective advocates with policymakers at all levels — in their local communities, in their state, and federally.
- We've joined a new coalition to increase our voice and presence on policy issues that are relevant to the OCD and related disorders community — the Health Innovation Alliance. As members of this alliance, our specific focus will be on their work with telehealth-related policy, including teletherapy and telepsychiatry.

### Here are some upcoming advocacy activities and ways to get involved:

- National Council's Hill Day 2019: Join us in Washington, DC on September 17–18 for the National Council on Behavioral Health's annual Hill Day, the largest mental health and addiction advocacy event of the year. Participants will meet with their state's members of Congress to urge them to pass crucial legislation. For more information about how you can be part of this event, e-mail us at [advocacy@iocdf.org](mailto:advocacy@iocdf.org).
- 2019 Mental Health Advocacy Capital Walk: This fall, we will gather again on the National Mall in Washington, DC for the third annual advocacy walk on October 12, 2019. Visit [iocdf.org/capitalwalk](http://iocdf.org/capitalwalk) for more info and to register.
- Our webpage for advocacy-related initiatives is now live! Please visit [iocdf.org/advocacy](http://iocdf.org/advocacy) to learn more and see what we've been up to.
- We launched a policy advocacy-specific e-mail list, so interested individuals can stay up to date on our latest initiatives. To sign up, visit [iocdf.org/sign-up](http://iocdf.org/sign-up) and select "Advocacy." 📧

*The success of the IOCDF's advocacy efforts depends upon the participation and support of the OCD and related disorders community — we want to hear from you! We invite you to contact us with your comments, criticisms, or to let us know that you want to be involved. Please get in touch with us by e-mail at [advocacy@iocdf.org](mailto:advocacy@iocdf.org)!*



## Somehow I Surf

by David Lappin



Gripping the steering wheel as I merge onto the freeway, I can feel the small cracks in the webbing between my fingers widen. Blood trickles out of large cuts on my knuckles. It's a Saturday morning and I'm driving to Newport Beach, California, roughly 25 miles from where I live in south Orange County. I haven't gone surfing in almost two months; I'm overdue. I look at my hands and they are dry, while my wrists are red and raw — like a turkey's neck. I work at a school, and it seems that this past week the students have been sick with nearly every common illness imaginable. I would leave each classroom roughly twice during the period to wash my hands, reentering the room by turning the door handle with the sleeve of my jacket or a paper towel. Nevertheless, I couldn't help but believe I was in a constant state of risk. Each and every cough, sneeze, and complaint of a stomachache brought me to a panic. My hands now suffered the consequences of my anxiety. Leaving work on that late Friday afternoon, I contemplated finding a new job.

I have obsessive compulsive disorder. I am also a surfer. I exhibit obsessions and compulsions surrounding contamination, and I have a deep fear of illness and exposure to viruses. I don't willingly travel. I wash my hands upwards of 30 times a day. I go through a bottle of body wash per week. Some of my behaviors are wasteful, you don't need to tell me — a former roommate already did when she screamed at me about my excessive use of dish soap. I yelled that I bought the damn soap; how much of it I use doesn't concern her. She said that I had until the end of the month to move out. So it goes.

The ocean is, tragically, dirty. The sewage from storm drain runoff and the trash found in the water should be enough to make me never set foot in the ocean. Where I live, along with Los Angeles County, is host to some of the dirtiest beaches in California. After a rain, our beaches turn into a hotbed of disease. Surfers have been known to contract

staph infections, intestinal bugs, pink eye, and skin rashes. Sinus and ear infections are commonplace among dedicated surfers who, more often than not, wouldn't think to avoid the water if the surf is excellent but the water polluted. I strictly follow the recommendation of avoiding ocean contact for at least 72 hours after a rain — no matter how good the surf. All of the man made problems in the ocean aside, I'm still surprised I surf. I can hardly drink out of a glass at a restaurant, yet I manage to submerge myself in a natural body of water. I paddle through and dive under waves, formed within a natural toilet for both ocean and land dwelling creatures. I am very much aware of what's floating in the ocean. Yet in the water, in the present moment, something unusual happens. My mind becomes calm. I relinquish any sense of control and fear and uncertainty. Somehow, I manage to surf.

When surfing, there is only one thing to think about. Well, that's not entirely true. There's the changing tide and wind to consider, there are other surfers battling for waves, and then there are the actual waves. But riding a wave requires immense focus on a singular task. Catching a wave is a fleeting experience, an at most 8- to 10-second moment of speed, maneuvers, and focus. With all the present variables, surfers have a remarkable ability to compartmentalize the chaotic nature of the ocean and perform at a high level on a wave.

Over the last 15 or so years, I have learned that focusing on a specific task has helped soothe my anxious, OCD-consumed mind. It's not so much a way to distract myself; no, the worries, the fears are always present. Concentration on something beyond myself serves more as a reminder that there is more to me than what I suffer. There is more to my universe and there is more to who I am than whatever severed wiring or broken circuitry exists in the dark territory of my brain. A surfer focuses on a single creation — at

## FROM THE FRONT LINES

### Somehow I Surf *(continued)*

the mercy of nature — managing the size, the shape, the texture of a wave. Then he tries to do better on the next one, tries to reach a larger level of enjoyment and precision and flow.

I arrive at the parking lot and look at the conditions. I spread lotion over my cracked hands and apply Neosporin to some of the larger wounds while I watch the waves from the warmth of my car. I wish I had stayed in bed. I know, however, that it's important that I'm doing something. My instinct is to stay at home, and at this period of my heightened anxiety, to avoid anything that sparks my OCD. I step out of my car and feel the cold, light wind pass over me. I wrap a towel around my waist and begin to change into an old, filthy wetsuit. The asphalt underneath my bare feet is cold.

I carry my board under my arm, and I jog across an empty plane of sand towards the water. The parking lot is full, but there is hardly anyone on the beach — most people are surfing. I drop my surfboard into the water and run my hands over the top to wipe away sand and dirt. My fingers and wrists sting, and the saltwater turns them bright red. I wade through the ocean until it's up to my waist, and then I begin to paddle. I see a friend and we exchange hellos and patiently wait for waves to roll in. He cannot see my inner conflict— my obsessions—and for this I am grateful.

Deeply embedded in my memory, it's blurry, but I see a boy with long, blonde hair draped over his eyes. He washes his hands only when forced to. He plays in dirt, scrapes his knees — he laughs it off. He is happy. Years away from therapy and medication, the notion that freedom can take a backseat to worry is unimaginable. He fearlessly takes on the ocean, swimming through large waves despite his mother's objections from on the beach. He's convinced, oblivious of his naivety, that he is strong, he is invincible; he can handle anything. I wonder, now, if some parts of our youth are worth holding onto.

A wave forms up ahead and a pack of surfers feverishly race towards it. I paddle over the wave knowing there will be another one — perhaps larger — immediately after it. The second wave slowly builds upwards, and I move into position and eye my takeoff zone. I pick up speed, rise to my feet, and surf down the right side of the wave. It feels effortless and liberating. The wave lasts for around five seconds, and I ride out over the top of it once it has neared its end. I paddle in the direction of the other surfers, and I feel my surfboard underneath me, sturdy and expertly crafted — a vessel to navigate turbulent times. I take a deep breath and dive under an oncoming wave and feel it crash above me. The cold water is shocking. I surface to the top, and I feel calm; there is silence. For a moment, I can't think of anything else in the world. ①

*David lives, works, and plays in Orange County, California.*

### Untitled

by Susan Humphrey

There once was a girl who was scared  
With needles, she was not prepared  
When a nurse tried to stab,  
She'd run from the lab,  
And shirked bloodwork as long as she dared.

She dodged testing for thyroid and lead.  
(She'd rather be poisoned instead!)  
No flu shots for her  
Or tetanus, for sure!  
They triumphed, those fears in her head.

"Get over it", her doctors complained.  
"It's for your own good", her family explained.  
And so with a sigh  
(the time was well nigh)  
She sought ways to keep terror contained.

She shared her dread with a shrink  
And adorned her dermis with ink.  
Hypnotherapy failed,  
Apprehension prevailed -  
"It's time to change my mindset, I think".

So here she sits, writing some verse,  
Watching YouTubes of tourniquets (and worse).  
She hopes at this rate  
Her phobias abate  
And she'll allow herself stuck by a nurse. ②

*Sue lives in Baltimore, MD where she is a self-employed stained glass artist. When she's not cutting glass (and sometimes her fingers), she can be found reading, knitting, and bird watching.*



## Getting Rubbed the Wrong Way: What Parents and Clinicians Should Know About Sensory Dysregulation

by Jonathan Hoffman, PhD, Fred Penzel, PhD, & Robert Hudak, MD



What does “sensory dysregulation” mean? Do you have a child who chews on his or her shirt; constantly adjusts their clothing; is extra cranky about tags, seams, or loose threads; dislikes certain colors; has difficulty dealing with specific noises like chewing sounds (also known as misophonia) or loud noises (also known as hyperacusis); has aversions to odors that others barely notice; feels urges to touch other people or avoid touching certain textures; is a picky eater; or feels a strong urge to sniff certain objects, foods, or clothes? If so, here are some answers to questions you might have.

Children with obsessive compulsive and related disorders, especially those with both a diagnosis of OCD and autism spectrum disorder (ASD), tend to have one or many of these types of sensory symptoms. This presents a unique set of challenges for parents and clinicians, who often seek guidance from the International OCD Foundation (IOCDF). While most questions about this topic concern children, the information provided in this article also applies to adults experiencing sensory problems.

### IDENTIFYING SENSORY PROBLEMS

Defining a sensory problem is not easy, and while the term “sensory dysregulation” has been increasingly used, no one has clearly defined it. Does a child covering their ears in a park when other children are making noise have an issue with hypersensitive hearing? Do they have a neurology that makes it difficult to filter noises? Are they being perfectionistic and rigidly following an unhelpful “rule” in their own thinking that other kids should not be screaming? Or is it some combination of these issues? It’s difficult to say. It seems safe to state, however, that all sensory problems must have at least some psychological or behavioral components.

Sometimes children are very aware of having sensory problems, but many are not and may appear as if they are engaging in them automatically. Children who can recognize their symptoms and want help are, of course, better initial candidates for treatment. However, awareness training (described in more detail below) can help children who initially have trouble recognizing their symptoms learn to do so.

Keep in mind that sensory problems often defy logic. For instance, a child who says he or she cannot bear the sound of a parent’s pants rubbing together may have no problem at all tolerating the perhaps more objectively annoying sound effects of a favorite video game. Of course, this can be quite frustrating for their parents!

Like most developmental or behavioral conditions, sensory problems are more often found among boys. Although sensory problems can occur in isolation, they more typically present in the context of another condition or multiple diagnoses, e.g., the triad of OCD, ADHD, and Tourette or tic disorders. When ASD is also part of the diagnostic mix, sensory problems are prevalent and can be very severe.

## THErapy COMMUNITY

### What Parents and Clinicians Should Know About Sensory Dysregulation *(continued)*

#### WHEN TO SEEK HELP

A common question is whether a child experiencing sensory problems needs treatment. Treatment is indicated if symptoms are severe or are negatively impacting the child's emotional state, self-image, or areas of daily functioning — such as the ability to do homework, get along with other children, or participate in fun activities. Sensory problems are also regarded as more significant if they interfere with a child's overall treatment plan. For instance, imagine a child who is so busy pulling loose threads off his or her socks that they cannot truly engage in an OCD treatment exposure exercise. If a child has severe sensory problems, early intervention is preferred, as opposed to adopting a "wait and see" approach.

Children with mild sensory problems that minimally affect their lives or psychological state generally do not require treatment. In some cases, mild sensory symptoms may be much more of an issue for parents than for the child, and the onus is on the parents to learn to manage their own feelings and reactions. In some instances, mild sensory symptoms may improve on their own given time and maturity.

#### DOES MY CHILD HAVE SENSORY PROCESSING DISORDER (SPD)?

Another question parents often ask is whether a child experiencing sensory problems has sensory processing disorder (SPD), a diagnosis first proposed in the field of occupational therapy (OT) many years ago. "The Out-Of-Sync Child," published in the 1990s, practically made SPD a household name. In fact, the Sensory Processing Disorder Foundation says that one in 20 people have this condition.

Many children with the sort of problems noted at the start of this article might be diagnosed with SPD by an OT, but so might be children who are highly sensitive emotionally, clumsy, or behaviorally dysregulated. Proponents of the SPD model might even suggest that a child who has been diagnosed with OCD (or other diagnoses such as ADHD, Tourette and tic disorders, or intermittent explosive disorder) "actually" has SPD.

Parents and clinicians should be aware that SPD evokes controversy even among some OTs, and currently is not recognized as either a medical or psychiatric diagnosis. The SPD model assumes that the various sensory, emotional,

and behavioral problems present among children are due to a brain disorder impacting "sensory integration." However, data supporting this theory is lacking. At present, there is not enough scientific rationale for the idea that addressing these behaviors will "fix" this alleged brain disorder. Nor is there a scientifically convincing reason for rethinking any other medical or psychiatric diagnosis as SPD, as sensory problems are better accounted for in the well-established models of OCD, body-focused repetitive behaviors (BFRBs), Tourette and tics, stereotypies, perseverations, and bad habits.

#### WHAT TREATMENT LOOKS LIKE

Although certainly not a cure all, many cognitive behavior therapy (CBT) techniques can be applied to sensory problems. A form of CBT called habit reversal training (HRT) includes awareness training. In awareness training, for

example, a child that chews on their shirt might be asked to watch and describe each detail of this symptom in a mirror with the goal of increasing the odds that they will be able to identify and refrain from this behavior when it occurs naturally. HRT also teaches the child how to engage in more desirable behaviors that can compete

with a sensory symptom (e.g., holding their arms straight down rather than covering their ears if they experience an annoying sound). Cognitive restructuring can help an emotionally sensitive child learn how to not take criticism or setbacks personally, as well as identify other unhelpful ways of thinking that contribute to sensory symptoms. Exposure exercises in which children are gradually asked to engage with sensory "triggers" can increase a child's ability to tolerate uncomfortable clothing seams, tags, odors, sounds, or textures.

From our perspective, many recommendations made by occupational therapists using the SPD model overlap with recognized exposure-based interventions. We would consider it to be an exposure-based intervention, for example, for a child to be asked by an OT to engage with a texture or sound they would strongly prefer to avoid in order to benefit "sensory integration."

Another concern about the SPD treatment model is that some of its methods seem to be promoting avoidance

**“ If a child has severe sensory problems, early intervention is preferred, as opposed to adopting a “wait and see” approach. ”**



## What Parents and Clinicians Should Know About Sensory Dysregulation *(continued)*

behaviors. While immediate relief resulting from avoidance behaviors may offer an illusion of improvement, many studies have found that avoidance behaviors increase the long-term symptomatology of conditions such as OCD and anxiety disorders. An example of prescribed avoidance behaviors in the SPD model is asking a child to retreat to a pre-designated clutter-free or quiet zone when feeling overwhelmed. Using popular sensory toys such as fidgets to reduce distress levels is a second example.

We recommend that clinicians who are asked about SPD and its treatment, especially in the context of an OT or pediatrician's referral, have a straightforward discussion regarding concerns about this theory and modality. You could consider sharing a resource like this article with both the parent and the referring professional. In the absence of data supporting the SPD model and its associated treatments, we continue to recommend scientifically supported treatments such as exposure therapy and other CBT treatments.

Parenting skills training is also integral to the successful treatment of serious sensory problems, even for older children and teens. Some parents might reinforce sensory problems by paying too much attention to their occurrence without realizing it. It is not unusual for some parents to be overly sympathetic to their child's symptoms by, for instance, searching high and low to find the "perfect" socks, taking painstaking care to serve food at exactly the right temperature, cutting out clothing tags, or avoiding making noises that distress their child. On the other end of the spectrum, telling a child that they could stop reacting to sensory triggers if they "really wanted to" or getting frustrated when this expectation proves to be unrealistic is counterproductive. Some helpful actions parents can take are to decrease the attention they pay to symptomatic behavior, and to provide encouragement, praise, or even tangible rewards (for example, stickers) when their child resists an urge to engage in sensory-related symptoms or tries a different behavior.

### SENSORY ISSUES IN THE CONTEXT OF AUTISM SPECTRUM DISORDERS: A CASE STUDY

Another form of behavioral treatment, applied behavioral analysis (ABA), might have particular utility for children who experience sensory problems within the context of Autism Spectrum Disorder (ASD). Here is a case example to illustrate how we might conceptualize and treat sensory issues in a child with OCD and high-functioning ASD:

*Patient B. D. was a 10-year-old male with diagnoses of obsessive compulsive disorder (OCD) and autism spectrum disorder (ASD) (high functioning). Patient was diagnosed at an early age with ASD, and displayed many sensory aversions. His diet was extremely limited, and he could only tolerate chicken nuggets, milk, French fries, pizza with the cheese removed, iced tea, chocolate chip cookies, and brownies (all foods that were either brown or beige in color). He could not stand the sight or smell of most other foods, and displayed gagging behavior if he was exposed to these foods or witnessed anyone else eating them. He had also been known to vomit on occasion in reaction to these situations. He showed particular disgust with, and avoidance of, pink or orange foods, and also appeared to be extremely phobic of eggs – in the shell, raw, or cooked. He was unable to even touch the outside of an egg carton, and could not be in the kitchen if an egg was being broken. In addition, he could not wear shirts with collars or buttons, gloves, or socks with seams in the toes. B.D. also had a strong aversion to the noise made by the family's vacuum cleaner and would cover his ears and run and hide when it was turned on. He did not like the sound of certain words, and would correct anyone using them, trying to get them to use other terms for the same things that he preferred.*

*It was decided in this particular case to begin with exposure-based interventions in an attempt to increase the child's ability to tolerate this long list of problematic situations. Fortunately, he had already received applied behavioral analysis (ABA) treatment which had taught him about earning rewards for learning and practicing desirable behaviors such as using language and behaving appropriately in social situations. We began working with his ability to tolerate different types of clothing that he had previously avoided. This was also helped by his joining a special Little League team and having to wear a uniform – something he was very motivated to do. This all proved to be successful, and we were able to then use this success to move on to dealing with disliked noises and words. This, too, was successful, using a combination of real-life and recorded exposures for increasing periods of time. He continued to work for preferred rewards which he was able to select from a menu he had helped create. Food aversions proved to be a bit more challenging, as his reactions to avoided foods were very visceral, and he was likely to gag and/or vomit. We were able to overcome problems associated in seeing eggs and touching egg cartons, but we were unable to help him overcome his fear of breaking eggs or seeing them being broken (in large part due to his refusal to work on these issues).*

## THErapy COMMUNITY

### What Parents and Clinicians Should Know About Sensory Dysregulation *(continued)*

Again, using contingency management-aided exposure, we were able to add a few healthier items to his diet (such as fruit), and increased his ability to tolerate being around others who were eating foods he disliked. In an effort to get him to broaden his diet to even more foods, we tried to gradually introduce items that had some similarities to foods he was already tolerating. This, too, had its limits, and it was decided to hold off on further work as we had seemed to have reached the limits of B.D.'s adaptability at that time. We made it clear that after a break, we would plan to resume treatment and see if developmentally, he might be ready to make further improvements. Our goal was to leave him with a favorable impression of therapy, and with a willingness to commit to further work in the future.

#### DOES MEDICATION HELP?

Unfortunately, there are virtually no studies on the use of medications or medically based interventions in the treatment of sensory dysregulation in children or adults. Therefore, a clinically reasonable approach would be to try a highly recognized psychological therapy like CBT first. In the case of B.D., he was able to make significant progress in therapy without medication; patients who can make this type of progress with therapy alone would not be recommended for a medication trial for their sensory problems. If the patient with sensory problems is experiencing clinically significant anxiety that interferes with treatment or that causes significant behavioral issues, it would then be reasonable to consider medication therapy. Medications that are used to treat OCD and anxiety (e.g., serotonin selective reuptake inhibitors or SSRIs) should be considered as first-line pharmacotherapy.

#### CONCLUSION

As the case of B.D. illustrates, serious sensory problems can no doubt be quite daunting, but when properly understood and treated it can often be greatly improved. Based upon clinical experiences and the limited available studies, the main recommendation that can be offered at this time is to strongly consider CBT or CBT + medication as the first options for severe levels of sensory problems. Parent training is also highly recommended. Clearly, more research is needed in this important area. ☉

*Jonathan Hoffman, PhD, works at the Neurobehavioral Institute (NBI), which he co-founded with Dr. E. Katia Moritz. They specialize in services for individuals with obsessive compulsive disorders and related conditions, anxiety disorders, neurobiologically-based conditions and autism spectrum disorders. Dr. Hoffman is on the IOCDF Scientific and Clinical Advisory Board and the co-chair of the OCD and Autism Spectrum Disorder Special Interest Group.*

*Fred Penzel, PhD, founded Western Suffolk Psychological Services in Huntington, New York, where he is the Executive Director, as well as a practicing psychologist. Dr. Penzel specializes in the treatment of OCD, BDD, Trichotillomania (TTM), and other body-focused behaviors. He is on the IOCDF Scientific and Clinical Advisory Board and the co-chair of the OCD and Autism Spectrum Disorder Special Interest Group.*

*Robert Hudak, MD, is an associate professor of psychiatry, at the University of Pittsburg, and he is the medical director of the OCD Clinic at Western Psychiatric Institute and Clinic. He is the co-chair of the OCD and Autism Spectrum Disorder Special Interest Group.*



# January 23–26, 2020

San Juan Marriott Resort & Stellaris Casino  
San Juan, Puerto Rico

[iocdf.org/educationvacation](http://iocdf.org/educationvacation)

The Education Vacation is a destination training opportunity for clinicians in all fields who interact with OCD and related disorders - psychiatrists, physicians, nurses, nurse practitioners, therapists, social workers, and students/trainees in any relevant field are welcome to attend. The Education Vacation will bring together premier leaders in OCD and related disorders for 4 days of learning, training, networking, and fun in the sun.



## 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 [iocdf.org/clinics](http://iocdf.org/clinics).*

### AMITA HEALTH, FOGLIA FAMILY FOUNDATION RESIDENTIAL TREATMENT CENTER

801 Gloucester Drive

Elk Grove Village, IL 60007

Phone: (847) 981-5900

Email: [FogliaResidentialIntake@amitahealth.org](mailto:FogliaResidentialIntake@amitahealth.org)

Website: [amitahealth.org/foglia](http://amitahealth.org/foglia)

AMITA Health appreciates all of the visitors and former patients who stopped by our booth at the 26th Annual OCD Conference. It was great to see all of you in Texas.

Our Foglia Family Foundation Residential Treatment Center executive director, Patrick B. McGrath, PhD, was inspired at the Conference to try to get out of the office more. If you are interested in learning how a relationship with our residential treatment center might work for you and your practice, please contact us and let us know. We would be more than happy to come to your center and meet with your staff, do some OCD training, and talk to you about the services we provide at the Foglia RTC. We will even bring you lunch! So, feel free to reach out and become a preferred partner with us to make referrals into the RTC for OCD simple.

Finally, we welcome Margaret Sisson and Riley's Wish Foundation to Chicago this fall for the Riley's Wish lecture series on co-occurring OCD and substance abuse. We are honored that Riley's Wish is coming to our center and working with our providers to provide a great day of training to our community. For further information about our treatment and education programs, please contact Shannon Stowasser at [Shannon.stowasser@amitahealth.org](mailto:Shannon.stowasser@amitahealth.org).

### THE ANXIETY TREATMENT CENTER OF SACRAMENTO/ROSEVILLE

10419 Old Placerville Rd,  
Suite 258

Sacramento, CA 95827

Phone: (916) 366-0647

Email: [drrobin@atcsac.net](mailto:drrobin@atcsac.net)

Website: [anxietytreatmentexperts.com](http://anxietytreatmentexperts.com)

The ATC was honored to be a part of the 26th Annual OCD Conference by attending, participating, and presenting. Robin Zasio, PsyD, LCSW presented on behalf of the Hoarding Disorder

Track, which included Taking Control of My Stuff with co-presenter Renae Reinardy where they outlined how to apply cognitive behavioral therapy and exposure and response prevention to those struggling with hoarding behaviors. Dr. Zasio also led the Expert Panel on Hoarding, featuring Gail Steketee, Sanjaya Saxena, Lee Shuer, and Elspeth Bell. That afternoon the excursion titled Resisting the Urge to Hunt, Gather, and Take It Home helped those wanting to learn how to practice tools and skills in the community to build confidence in resisting the acquisition of items.

The ATC is now looking forward to OCD Awareness Week on October 13–19, 2019, when they will host presentations for the community designed to raise awareness into OCD and offer information that otherwise would not be readily available at no charge. Our annual therapist networking event will be held on October 18th, which will be co-hosted by Spotlight Sacramento.

### AUSTIN ANXIETY & OCD SPECIALISTS

205 Wild Basin Road. S.,  
#3, Suite 202

Austin, TX 78746

Phone: (512) 246-7225

Email: [hello@austinanxiety.com](mailto:hello@austinanxiety.com)

Website: [austinanxiety.com](http://austinanxiety.com)

3000 Joe DiMaggio Blvd.  
Suite 66

Round Rock, TX 78665

Our team has been busy planning for our fall Camp Courage weekend, which will take place on October 4–6. Camp Courage is an overnight adventure camp for children and teens with anxiety and OCD. The weekend will include zip-lining, rock climbing, campfires, lake activities, and more! To learn more about Camp Courage, visit [austinanxiety.com/camp-courage](http://austinanxiety.com/camp-courage).

Dr. Samantha Myhre, Dr. Rebecca Suffness, and Dr. Misti Nicholson enjoyed presenting at the 26th Annual OCD Conference this year. Our team also had fun meeting so many of you at our exhibit booth. Thank you to everyone who stopped by!

We are thrilled to introduce our 2019–2020 postdoctoral fellowship cohort. A warm welcome to:

- Dr. Amanda Hilberg
- Dr. Ellie Shuo Jin
- Dr. Lauren Weathers

We are currently accepting applications for the 2020–21 postdoctoral training year. Interested candidates can apply by emailing [hello@austinanxiety.com](mailto:hello@austinanxiety.com).



# 26<sup>TH</sup> ANNUAL OCD CONFERENCE

July 19-21

# Austin

Photo Review



Emcee, Jeff Bell, welcomes the 2,082 Conference attendees to the Keynote Address and Award Ceremony.



Attendees of all ages check-in and pick-up their conference badges.



The 2019 Conference tote bag.



The Conference is the place for researchers to showcase their findings.



Young attendees show off their badges and ribbons before heading into sessions.



Thursday night's Karaoke Ice Breaker was a great success!



A conference attendee rocking out at the karaoke ice breaker!



The 26th Annual OCD Conference hosted attendees from 24 countries and 49 states!



There were over 200 sessions throughout the weekend, including panels (as seen here), support groups, and evening activities.



Chris Trondsen of OCD Southern California presents on body dysmorphic disorder





*Ethan Smith, Lisa Mueller, and Elizabeth McIngvale, PhD assist new attendees on How to Navigate the Annual OCD Conference.*



*Two young attendees participating in our youth programming broken up by elementary, middle, and high school.*



*IOCDF Executive Director, Jeff Szymanski, PhD, poses with Vanessa and Charlotte Baier after presenting the inaugural IOCDF Youth Hero Award to Alyssa Weninger, presented by UNSTUCK: an OCD kids movie.*



*Reid Wilson giving his acceptance speech after receiving the 2019 IOCDF Service Award.*



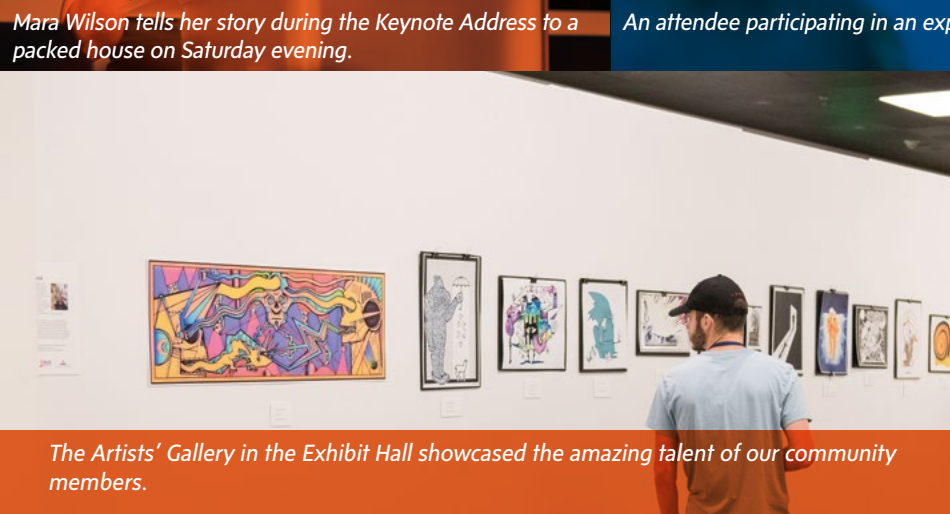
*Attendees pose in front of the OCD is not an Adjective mural in the Exhibit Hall.*



*Mara Wilson tells her story during the Keynote Address to a packed house on Saturday evening.*



*An attendee participating in an exposure in one of the youth rooms.*



*The Artists' Gallery in the Exhibit Hall showcased the amazing talent of our community members.*



*IOCDF Board President, Susan Boaz, and Hero Award winner, Tommy Smalley.*



## THERAPY COMMUNITY

### Institutional Member Updates *(continued)*

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#### **BEHAVIOR THERAPY CENTER OF GREATER WASHINGTON**

**11227 Lockwood Drive  
Silver Spring, MD 20901  
Phone: (301) 593-4040**

**Email: [info@behaviortherapycenter.com](mailto:info@behaviortherapycenter.com)**

**Website: [behaviortherapycenter.com](http://behaviortherapycenter.com)**

Behavior Therapy Center of Greater Washington (BTC) enjoyed attending the 26th Annual OCD Conference in Austin! Our clinicians presented to professionals, families, and sufferers of all ages, and loved meeting these wonderful people!

We are pleased to announce our newest postdoctoral fellow, Joseph Berliant, PsyD. And while our current fellow, Julia Goolsby, PhD just completed her fellowship year, this does not mean goodbye, as she has joined our staff as one of our clinicians! Additionally, we welcome our newest extern, Jason Feinberg, a PhD candidate from George Mason University, and Carla De Simone Irace, a PhD candidate from American University.

Gloria Mathis, PhD and Michael Lent, PhD continue to run their OCD and anxiety exposure group that involves “field trips” for In Vivo exposure activities.

Our Disruptive Behavior Management Program under the direction of Dr. Noah Weintraub is intended for children with OCD, Tourette’s or an anxiety disorder in combination with externalizing behaviors (e.g., anger outbursts, defiance), and is appropriate for families in which PANS/PANDAS is suspected. This program involves a structured parenting group.

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#### **THE CENTER FOR EMOTIONAL HEALTH OF GREATER PHILADELPHIA**

**1910 Route 70 E.  
Suites 7 & 5  
Cherry Hill, NJ 08003**

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

**Phone: (856) 220-9672**

**Email: [mail@thecenterforemotionalhealth.com](mailto:mail@thecenterforemotionalhealth.com)**

**Website: [thecenterforemotionalhealth.com](http://thecenterforemotionalhealth.com)**

The Center for Emotional Health (CEH) is celebrating its 10th anniversary this year. We are thankful to the IOCDF community for your continued trust in us to provide excellence in care.

In staff news, CEH welcomed Dr. Samantha Deana, Dr. Christina Vroman, and Dr. Gabrielle Roberts-Young to our team. In addition to working with OCD, these staff members bring expertise in disruptive behavior disorders, psychoeducational assessment, and bridging the gap between home and school. In addition to on-site services, we look forward to continuing to work with area school districts to meet the emotional wellness needs of staff and students.

Drs. Jacquelyn Gola, Stephanie Scherr, and Marla Deibler attended and presented at the 26th Annual OCD Conference in Austin, Texas.

CEH has expanded its group therapy services to include an exposure-based Social Anxiety Group, OCD Exposure Group, ACT Skills Training Group, and TOPS (Teen Organization, Planning, and Study Skills).

OCD and BFRB clinician-facilitated support groups continue to run on a monthly basis in both Cherry Hill and Princeton and are free and open to the community.

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#### **CENTER FOR OCD AND RELATED DISORDERS AT COLUMBIA UNIVERSITY MEDICAL CENTER/NEW YORK STATE PSYCHIATRIC INSTITUTE**

**1051 Riverside Drive, Unit 69**

**New York, NY 10032**

**Phone: (646) 774-8062**

**Email: [Sarah.Altman-Ezzard@nyspi.columbia.edu](mailto:Sarah.Altman-Ezzard@nyspi.columbia.edu)**

**Website: [columbiapsychiatry.org/ocd](http://columbiapsychiatry.org/ocd)**

Our research program is dedicated to improving the lives of individuals with OCD by conducting cutting edge research to transform how we understand and treat this disorder. For the patients of today, we study how best to deliver current and novel treatments. For the patients of tomorrow, we partner with basic and clinical neuroscientists to examine the causes of OCD.

Our current studies offer treatment for individuals who are on medication, and those who are not. For those currently taking an antidepressant and still experiencing OCD symptoms, we are exploring the efficacy of a novel medication. For those who are not currently taking medication, we are able to offer treatment through our global imaging study. With collaborators from India, South Africa, the Netherlands, and Brazil, we seek to identify potential brain signatures of OCD that are consistent across cultures. We are also seeking siblings of individuals with OCD to examine hereditary risk factors of OCD. Finally, we recently showed that nabilone, a synthetic form of THC, enhanced the effectiveness of EX/RP when both treatments were delivered simultaneously. We are now launching a neuroimaging study to determine nabilone’s mechanism in individuals with OCD.

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#### **CHILD MIND INSTITUTE: INTENSIVE OCD PROGRAM**

**101 East 56th Street**

**New York, NY 10022**

**Phone: (212) 308-3118**

**Email: [appointments@childmind.org](mailto:appointments@childmind.org)**

**Website: [childmind.org/center/intensive-treatment-ocd](http://childmind.org/center/intensive-treatment-ocd)**

The Child Mind Institute exhibited at the 26th Annual OCD Conference in Austin, Texas. We provided pocket-sized “What



## Institutional Member Updates *(continued)*

to Know About OCD" flashcards that include evidence-based treatment tips, as well as copies of our OCD comic books designed to help destigmatize living with OCD for both children and adults. Both of these resources are available for free. If you're interested in receiving these resources, please email [michelle.strom@childmind.org](mailto:michelle.strom@childmind.org).

### COLUMBIA UNIVERSITY CLINIC FOR ANXIETY AND RELATED DISORDERS (CUCARD) WESTCHESTER

155 White Plains Road, Suite 200

Tarrytown, NY 10591

Phone: (914) 631-4618

Email: [acp2137@cumc.columbia.edu](mailto:acp2137@cumc.columbia.edu)

Website: [columbiadoctors.org/anxietydayprogram](http://columbiadoctors.org/anxietydayprogram)

We are excited to announce the opening of CUCARD Westchester's Anxiety Day Program this fall. The Anxiety Day Program will provide full-day treatment for adolescents ages 13 to 18 for whom OCD or anxiety symptoms are significantly interfering with school attendance or other aspects of their daily lives. Treatment will involve individual and group EX/RP, psychiatry consultation, family-based treatment, and educational support, with an emphasis on helping adolescents return to school as quickly as possible. Please visit our website at [columbiadoctors.org/anxietydayprogram](http://columbiadoctors.org/anxietydayprogram) for more information.

### MCLEAN OCD INSTITUTE

115 Mill Street

Belmont, MA 01886

Phone: (617) 855-2776

Email: [ocdiadmissions@partners.org](mailto:ocdiadmissions@partners.org)

Website: [mcleanhospital.org/programs/ocd-institute](http://mcleanhospital.org/programs/ocd-institute)

Team OCDI and Team OCDI Jr. participated in the 1 Million Steps 4 OCD walk at Carson Beach in Boston in June. It was a fantastic day, and our combined teams were happy to have raised over \$6,000 for the IOCDF!

The OCDI was also proud to be a sponsor of the 26th Annual OCD Conference in Austin in July. We hope you had an opportunity to attend some of the many talks given by our staff members, look at some of our research posters, or stop by our exhibit booth. We enjoyed seeing old friends and meeting new people!

We are happy to announce that our child and adolescent program, OCDI Jr., will be relocating to our Belmont campus from our McLean Southeast campus in an expanded space sometime this fall. Due to the overwhelming demand for child/adolescent services, we are thrilled to be able to relocate this high-demand program into a large and newly renovated space

on our main campus. Please stay up to date about the exact date of the move and updated information about contact and application information on our web site.

### NORTHWELL HEALTH OCD CENTER

Zucker Hillside Hospital

75-59 263rd Street

Glen Oaks, NY 11004

Phone: (718) 470-8052

Email: [ocdcenter@northwell.edu](mailto:ocdcenter@northwell.edu)

Website: [northwell.edu/ocdcenter](http://northwell.edu/ocdcenter)

The Northwell Health OCD Center offers evidence-based, comprehensive outpatient treatment for OCD and related disorders, including body dysmorphic disorder and obsessive compulsive personality disorder. It is one of the only specialized OCD facilities in the New York metropolitan area to accept most health insurance plans, including Medicare and Medicaid. Treatment options include individual and group cognitive behavioral therapy as well as medication management. For more information about our Center and to schedule a confidential screening, email us at [ocdcenter@northwell.edu](mailto:ocdcenter@northwell.edu).

The Northwell Health OCD Center team enjoyed connecting with the OCD community at the 26th Annual OCD Conference in Austin, TX. The team was also excited to participate in several presentations. Dr. Pinto differentiated OCPD from OCD and explained how OCPD impacts OCD treatment. He presented on developments in research on family accommodation of OCD symptoms. He also took part in a panel on enhancing treatments for OCD and OCPD. Drs. Pinto and D'Urso presented, along with families affected by BDD, on ways family members can support loved ones with BDD and not participate in the symptoms. Dr. D'Urso pulled from her experiences in assisting families of loved ones with OCD and related disorders through the Center's treatment group for family members and patients.

### THE OCD & ANXIETY CENTER

1100 Jorie Blvd,

Suite 132

Oak Brook, IL 60523

Phone: (630) 522-3124

Email: [info@theoecdandanxietycenter.com](mailto:info@theoecdandanxietycenter.com)

Website: [theoecdandanxietycenter.com](http://theoecdandanxietycenter.com)

The OCD & Anxiety Center is delighted to announce that we have expanded our services to Orland Park, IL! The southwest suburbs of Chicago will now have more convenient access to the highest quality services available for the treatment of OCD and OC-related disorders!

We are also excited to be able to offer externship training opportunities to advanced doctoral students! Sarah Lee, MA has

## THERAPY COMMUNITY

### Institutional Member Updates *(continued)*

been selected to be our first-ever extern! We have high hopes for Sarah, and she has come highly recommended through the Clinical Psychology Doctoral Training Program at Northern Illinois University.

All of our locations are easily accessible via major roadways, and there are options for accommodations for those from other states who make the decision to come receive treatment from our dedicated, passionate staff!

We have expanded exponentially during our three years in the southwest suburbs of Chicago. Hiring opportunities are regularly available, and we invite any interested parties to contact us for more information!

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#### THE OCD & ANXIETY CENTER OF GREATER BALTIMORE

**11350 McCormick Rd, EP3, Ste LL4**

**Hunt Valley, MD 21031**

**Phone: (410) 927-5462**

**Email: [jon@ocdbaltimore.com](mailto:jon@ocdbaltimore.com)**

**Website: [ocdbaltimore.com](http://ocdbaltimore.com)**

The OCD and Anxiety Center of Greater Baltimore (OCGB) is very excited to join our colleagues as IOCDF institutional members this year! Director Jon Hershfield, MFT and team members Brenda Kijesky, LCMFT and Molly Schiffer, LCPC provide individual and group treatment options for those with OCD or a related disorder in our office in northern Baltimore County and via teletherapy throughout Maryland.

In addition to individual outpatient CBT for OCD, we also offer brief intensive/accelerated treatment for those who may come in for a limited time and want to develop OCD-fighting tools to take back home. We also offer a CBT group for adults with OCD and a group for family members of a loved one with OCD that meet every other week. This summer we will be recruiting for a limited CBT program for teens with OCD. Contact us through our website for more info.

Lastly, OCGB is looking to expand our team to offer more services and availability to the OCD community this year. The ideal candidate is a licensed masters-level clinician with a passion for treating OCD. Supervision for the right LGPC or LGMFT may also be considered. Email cover letter and CV to [jon@ocdbaltimore.com](mailto:jon@ocdbaltimore.com)

#### OCD & ANXIETY PROGRAM OF SOUTHERN CALIFORNIA

**3205 Ocean Park Blvd., Suite 250**

**Santa Monica, CA 90405**

**Phone: (310) 488-5850**

**Email: [info@socalocd.org](mailto:info@socalocd.org)**

**Website: [socalocdprogram.org](http://socalocdprogram.org)**

The OCD & Anxiety Program of Southern California is expanding! We are moving to a beautiful new suite just down the street from our previous location in Santa Monica, CA. We are also delighted to welcome to the team Todd Brown, PhD and Bitia Mesri, PhD from UCLA, who will be completing their postdoctoral fellowships with us. In August, we said goodbye to Ally Sequeira, PhD but we are thrilled that she joined our sister program, The Houston OCD Program. We appreciate her significant contribution to the team over the past two years!

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#### PALO ALTO THERAPY

**407 Sherman Ave.**

**Suite C**

**Palo Alto, CA 94306**

**Phone: (650) 461-9026**

**Email: [info@paloaltotherapy.com](mailto:info@paloaltotherapy.com)**

**Website: [paloaltotherapy.com/ocd](http://paloaltotherapy.com/ocd)**

At Palo Alto Therapy, we specialize in cognitive behavioral therapy and have many years of experience in the field of behavioral health helping children and adults overcome anxiety, depression, OCD, panic, social anxiety, and other stress-related problems.

Our newest addition: We are glad to introduce our newest care coordinator, Alexis Bolick. We are excited to have her join our ever-growing practice with her unique experiences and backgrounds.

Breaking Free From OCD Group: Our eight-week OCD class for teens consists of the most effective therapy for OCD: exposure response prevention (ERP) and cognitive behavioral therapy (CBT).

Anxiety to Wellness Class: Our eight-week CBT class for teens and adults consists of teaching and practicing anxiety-reducing techniques and group support.

Both classes will be offered in September and we are open for enrollment.

We are hiring! We are actively hiring new therapists so that we can create a quality team that will match the success of the incredible therapists that we already employ. If you happen to be, or know of any good candidates for us, please send them our way!

For more information on our individual, couples, family, and group therapy, please feel free to email or call us.



## Institutional Member Updates *(continued)*

### ROGERS BEHAVIORAL HEALTH

**34700 Valley Road.**

**Oconomowoc, WI 53066**

**Phone: (800) 767-4411**

**Email: [rick.ramsay@rogersbh.org](mailto:rick.ramsay@rogersbh.org)**

**Website: [rogersbh.org](http://rogersbh.org)**

Rogers Behavioral Health completed its residential expansion in June, increasing its capacity to treat a total of 284 patients in a residential setting. The expansion includes new adolescent residential care for OCD, anxiety, and depression recovery that will serve 12 patients.

This summer, Rogers is adding OCD and Anxiety Intensive Outpatient Care for adults in Hinsdale, IL. In December, a new Rogers location will open in Los Angeles, offering OCD and Anxiety Partial Hospitalization Care for children, adolescents, and adults. The clinic will also provide care for depression and co-occurring mental health disorders and addiction.

Rogers sponsored this year's 1 Million Steps 4 OCD Walks across the U.S. More than 50 team members from Rogers supported those with OCD and helped to spread awareness of the disorder by participating in the walks in Philadelphia, Oakland, Chicago, and Minneapolis.

Rogers also launched a new podcast series on school refusal, which explores how anxiety, OCD, and related mental health issues can lead to school refusal behaviors, and offers strategies for helping kids get back to class. The four-part series features Rogers clinicians Heather Jones, PhD, director of clinical services in Oconomowoc, and Dave Jacobi, PhD, lead psychologist for child and adolescent CBT services.

### STANFORD TRANSLATIONAL OCD PROGRAM - RODRIGUEZ LAB

**401 Quarry Road**

**Stanford, CA 94305**

**Phone: (650) 723-4095**

**Email: [ocdresearch@stanford.edu](mailto:ocdresearch@stanford.edu)**

**Website: [rodriguezlab.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 invite you to find out more about our current research studies by calling (650) 723-4095 or emailing [ocdresearch@stanford.edu](mailto:ocdresearch@stanford.edu) or [clutterhelp@stanford.edu](mailto:clutterhelp@stanford.edu). We also invite you to follow us on Twitter and Facebook @RodriguezLabSU.

We enjoyed participating in the 26th Annual OCD Conference in July. Dr. Carolyn Rodriguez chaired the panel, Ask the Experts: Enhancing Treatments for OCD and OCPD. Thank you, IOCDF, for the work you do to foster a community for those affected by OCD.

In October, we will host a free OCD awareness event at Stanford University with our partner, the OCD SF Bay Area chapter of the IOCDF. Details are on our website.

Congratulations to our research assistant Catherine Sanchez for receiving in May Stanford's Firestone Medal for Excellence in Undergraduate Research for her thesis *A Cluttered Past: Exploring the Relationship Between Early Life Stress and Hoarding Disorder*.

We are delighted to have Becky Fullmer in our new administrative associate position to support our growing lab.

### STRESS & ANXIETY SERVICES OF NEW JERSEY, LLC

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**195 Columbia Tpke, Ste 120**

**Florham Park, NJ 07932**

Stress and Anxiety Services of New Jersey is pleased to welcome back Jennifer Kennedy, PsyD to our practice. Jenn had been with us throughout the course of her postdoc fellowship, and once licensed, went to work for a couple of years at Penn Medicine Princeton House Behavioral Health, where she joined the child and adolescent team there, and received extensive training in dialectical behavior therapy (DBT). Jenn also has had extensive training and experience with trauma-focused cognitive behavioral therapy (TF-CBT), and parent-child interaction therapy (PCIT) when she was a graduate student in the APA-accredited clinical psychology program at the Florida Institute of Technology. With over a year previously at our practice under supervision of several of our clinicians, we are confident in her working skills with OCD and other anxiety-related disorders, and are looking forward to her contributing to our growing practice of specialized clinicians.

We are also looking forward to the addition of another postdoc fellow to our staff in the fall of 2019. Megan Cannavina Cox has completed her APA-accredited PsyD program at Loyola University Maryland, and has been working as a predoctoral intern at the Faulk Center for Counseling in Boca Raton, Florida. Her enthusiasm for working with OCD was demonstrated when she flew up to New Jersey to join us for our OCD New Jersey annual conference six months before she was scheduled to begin working with us, and also independently registered for the Massachusetts General Hospital Psych Academy Training on CBT for OCD. We are looking forward to her bringing her energy and passion for OCD work when she joins us in the fall. ☺

## RESEARCH NEWS

### IOCDF Marks 25th Anniversary of Research Grant Program by Awarding a Record Amount of Funding to Researchers Studying OCD and Related Disorders

*We are incredibly excited to announce our 2019 Research Grant Awardees, who are investigating a range of innovative and potentially high-impact topics in the OCD and related disorders field.*

*Their research holds the possibility for many new discoveries that will benefit patients, including new medications for OCD and new therapies for treatment-resistant OCD.*

*The generosity of our anonymous donors has enabled us to invest \$1.6 million in these exciting projects over the next three years! We are thrilled to make these awards in the milestone 25th year of our Research Grant Program, which has supported over 100 research projects with a total of nearly \$6 million in funding.*

*In addition to these awards, the reliable support of thousands of donors to the IOCDF Research Fund has allowed us to award funding to Young Investigators year after year. If you want to see your donation fund the next potential breakthrough in our understanding and treatment of OCD and related disorders, go to [iocdf.org/research](http://iocdf.org/research).*

#### 2019 RESEARCH GRANT AWARDS

##### BREAKTHROUGH AWARDS



**Wayne Goodman, MD**  
Baylor College of Medicine

**Darin Dougherty, MD**  
Massachusetts General Hospital

Clinical Trial of Image-Guided Low-Intensity Focused Ultrasound Pulsation (LIFUP) for the Treatment of Obsessive Compulsive Disorder (OCD)

Award: \$499,950

About one in three people with OCD do not get better after trying first-line treatments. For patients with severe, treatment-resistant OCD, Deep Brain Stimulation (DBS) is an effective option, but requires surgery to implant electrodes

within the brain and a pacemaker-like controller in the chest. Dr. Goodman and Dr. Dougherty are studying a new brain stimulation technique (LIFUP) that could mimic the effects of DBS but uses ultrasound to stimulate the brain, eliminating the need for surgery. This study will evaluate the safety and effectiveness of LIFUP in a group of 24 patients who have tried both ERP and at least two SSRIs but continue to experience OCD symptoms.



**Carolyn Rodriguez, MD, PhD**  
Stanford University

Pilot Study of the Glutamate AMPAR Modulator RR-HNK in OCD

Award: \$498,393

Currently available medications for OCD take up to two to three months to begin working and rarely relieve 100% of patients' symptoms. Dr. Rodriguez is investigating new medications that could begin working faster and relieve OCD symptoms more completely. In a pilot study of ketamine as a treatment for OCD, she found that patients experienced immediate relief from symptoms after a single dose, and that 50% reported beneficial effects lasting one week or more. This grant funds a trial of an experimental drug (RR-HNK) that could potentially mimic the therapeutic effects of ketamine without side effects like nausea and disassociation.

##### INNOVATOR AWARDS

#### Kyle Williams, MD, PhD



Massachusetts General Hospital

Assessing correlates of neuroinflammation in children with PANDAS, obsessive compulsive disorder, and healthy controls using Magnetic Resonance Imaging

Award: \$299,018

Inflammation of the brain is suspected to be present in children with PANDAS, but confirming this hypothesis is difficult. The best tools for revealing brain inflammation expose patients to ionizing radiation, which limits their use generally, but especially in children. Dr. Williams will use a new and innovative technique to measure inflammation with MRI, which emits no ionizing radiation. His study will compare children with PANDAS to children with pediatric-onset (non-PANDAS) OCD, as well as healthy children, to further our understanding of the role that inflammation plays in PANDAS.



## IOCDF Marks 25th Anniversary of Research Grant Program by Awarding Record Amount of Funding to Researchers Studying OCD and Related Disorders *(continued)*



**Bethany Wootton, PhD**  
University of Technology Sydney

Towards optimal use of internet-delivered interventions for obsessive compulsive disorder

Award: \$292,040

Cognitive behavioral therapy (CBT), including exposure and response prevention, is a proven and effective treatment for OCD. However, many people with OCD are not able to access effective treatment that is both affordable and located near where they live. Internet-based CBT has helped overcome many barriers to access, but we do not know much about which patients are best suited to try an internet-delivered approach. Dr. Wootton's research will evaluate which patients respond best to internet-delivered CBT, and will help clinicians match patients to these services in a safer and more effective way.

### YOUNG INVESTIGATOR AWARDS

#### Clara Westwell-Roper, MD, PhD



British Columbia Children's Hospital Research Institute

Celecoxib as an adjunct to treatment as usual in childhood-onset OCD: A double-blind randomized controlled trial

Award: \$33,038

Non-steroidal anti-inflammatory drugs (NSAIDs) like celecoxib (sold under the brand name Celebrex) are increasingly recommended by physicians as a treatment for children with PANDAS. While there is some evidence that suggests that NSAIDs should help reduce symptoms, there has not yet been a randomized controlled trial to measure their effectiveness. Dr. Westwell-Roper's study will provide high-quality data on whether celecoxib is indeed an effective PANDAS treatment.

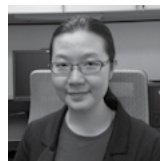


**Jacob Nota, PhD**  
McLean Hospital/Harvard Medical School

Circadian Rhythm Changes as a Predictor of OCD Symptom Severity and Outcome in Residential Treatment

Award: \$49,944


Problems with sleep — in particular a delayed sleep cycle where a person falls asleep late at night and wakes up in the late morning or early afternoon — have been associated with more severe OCD symptoms and poorer outcomes in treatment. Dr. Nota's research will help clarify the cause and effect relationship between sleep and OCD symptoms, and what role sleep plays in patients with severe and treatment-resistant OCD. Findings from this project will reveal whether altering sleep patterns could help patients recover from OCD, and whether sleep-based interventions should be added on top of standard OCD treatments.



**Gwyneth Zai, MD, PhD**  
Centre for Addiction and Mental Health

Identification of Peripheral Biomarkers of Antidepressant Response in Obsessive Compulsive Disorder

Award: \$50,000

Many people with OCD who take medication to manage their disorder need to try several different medications before finding one that works. This means months or even years of trying — and failing — to find effective treatment for their symptoms. Dr. Zai's research seeks to reveal biomarkers that can be identified through a blood test, and could predict the type of antidepressant that will work best for each unique patient. Matching patients with effective medication immediately could dramatically improve outcomes for many people with OCD. 

## APPLY FOR A 2020 IOCDF RESEARCH GRANT

Are you a researcher studying OCD or a related disorder? If so, please consider submitting your proposal for a Research Grant from the IOCDF.

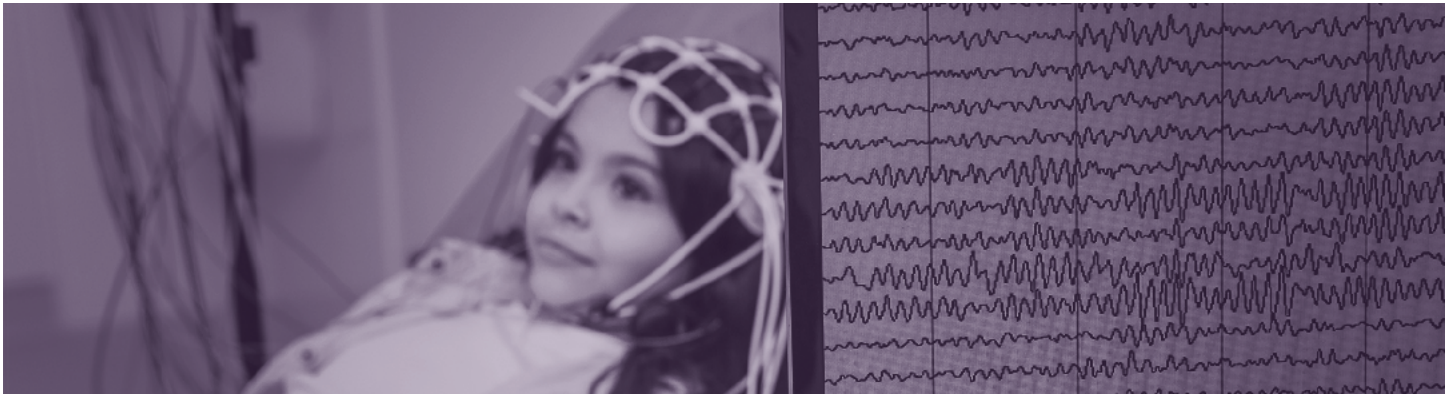
We will offer grant opportunities in 2020 for young investigators as well as senior researchers. Applications will be accepted beginning in January 2020.

For more information, and to view our complete Request for Proposals, please visit [ocdresearch.org](http://ocdresearch.org).

## RESEARCH NEWS

**Measuring Brain Waves Can Help Detect OCD Symptoms in Youth**

by Elana Harris, MD, PhD with Paul Horn, PhD, Akiva Kirschner, Jing Xiang, MD, PhD



*Editor's Note: We are excited to share the results of this investigation of brain waves in youth with OCD, which was funded by a donor-supported grant from the International OCD Foundation, as well as a K23 research grant from the National Institute of Mental Health (NIMH).*

As a child and adolescent psychiatrist, I have seen firsthand that youth with OCD are often reluctant to share their symptoms and even to acknowledge that they have a disorder at all. In youth, as in adults, OCD symptoms are often overlooked or unnoticed by others or hidden by the patient. These factors present barriers to early detection and treatment of OCD in children, and are complicated by the lack of an objective test that can augment the questions clinicians ask their patients during clinical interviews. As a result, treatment is initiated in adolescents an average of two years after the first symptoms of the disorder begin to appear (Walitza et al., 2008).

### BACKGROUND & RESEARCH GOALS

Brain waves are patterns of electrical activity in the brain that can be measured using specialized equipment, such as an electroencephalogram (EEG). Researchers have found detectable differences when looking at the brain wave patterns of people with mental health disorders like OCD and ADHD, compared to brain wave patterns observed in healthy individuals. The U.S. Food and Drug Administration has approved the use of an EEG, together with a clinical interview, to confirm a diagnosis of ADHD in children (Snyder et al., 2015), and EEG may also be used to better understand the course ADHD will take in these children (Arns et al., 2013).

In these ways, brain waves are being used as a biomarker. In other words, they are something that we can detect in the body that has changed due to an illness and can be measured through a test.

**Given the difficulty of diagnosing OCD in patients, particularly in children, and the limitations of clinical interviews (e.g., patients may choose not to disclose some or all of their symptoms), the potential for brain waves to be used as a biomarker in detecting OCD has attracted a lot of interest from researchers.**

### RESEARCH DESIGN OVERVIEW

Previous investigators looking for differences in brain waves compared adults with OCD to adults without OCD, and looked at brain wave patterns that repeat themselves slowly (from just a few times per second to up to 30 times per second). Their tests were conducted while the adults were awake and had their eyes closed, referred to as the "resting state." These investigators found that the brain wave patterns that repeat themselves slowly were more powerful in individuals with OCD, and that the faster brain wave patterns that they measured were less powerful in individuals with OCD (Velikova et al., 2010; Pogarell 2006; Karadag et al, 2003; Tot et al., 2002). We decided to focus on even faster (or higher-frequency) patterns called gamma waves, which repeat themselves between 30 and 55 times per second. We did this because gamma waves support the higher cognitive functions that are relevant to the thoughts and obsessions of individuals with OCD. Our theory then, was that based on what we know about how OCD works in the brain, we expected to measure stronger gamma waves in youth with OCD than in typically developing youth. Additionally, we expected to find stronger gamma wave activity in individuals with OCD to be concentrated in the frontal parts of the brain.



## Measuring Brain Waves Can Help Detect OCD Symptoms in Youth *(continued)*

Instead of using EEG equipment, we measured brain waves using a technique called magnetoencephalography (MEG). Using MEG had several advantages over EEG: it allowed for us to collect better data about the higher frequency brain waves that we wanted to study, and allowed us to collect data using a helmet instead of many individual electrodes attached to the head – an advantage with any group of patients, but particularly with children. Like researchers who studied adults with OCD, we measured brain waves in youth while they were in the “resting state” — awake with their eyes closed.

Our subjects were between the ages of 11 and 17, and were recruited from 2010 to 2016 from an academic outpatient hospital in the Midwestern United States through clinic referrals and emails sent to hospital employees. Written informed consent and assent were obtained from each parent and subject, respectively, prior to participation. Participants with OCD had a score of at least 15 on the Children’s Yale Brown Obsessive Compulsive Scale (CY-BOCS) indicating that they had at least moderate OCD symptoms. In total, we enrolled 10 children with OCD, and 10 typically developing children in the study. Eight of the 10 participants with OCD were in some form of treatment: two were receiving cognitive behavioral therapy with no medication, and six were being treated with a selective serotonin reuptake inhibitor (SSRI).

### WHAT WE FOUND

To our knowledge, we are the first to have found differences in resting state gamma wave activity in symptomatic youth with OCD compared with typically developing youth. We found that gamma waves in youth with OCD were stronger in all regions of the brain — not just the frontal areas like we had hypothesized. Gamma waves in these children were stronger in every way we measured them: their minimum power, or baseline strength, was increased, as was their average power and maximum power.

Although gamma waves were stronger in all areas of the brain that we measured, we found that the most consistent differences between youth with OCD and typically developing youth were in the temporal lobe. Whenever we measured stronger gamma waves in this part of the brain, it was a consistent predictor that the individual being studied belonged to the group of youth with OCD.

At this stage, we aren’t sure exactly what is causing the stronger gamma waves we observed in individuals with OCD. Further research studies could examine connections in animal brain slices — a method of analysis that allows researchers to keep brain tissue alive for eight hours after the brain is removed — to better understand the underlying circuitry and its connection to gamma wave activity. Another

approach would be to use computer simulations to model various neurotransmitter receptors that may be responsible for differences in gamma activity in children with OCD. This technique was used to identify a receptor that is less active in people with schizophrenia and is linked to increased gamma wave activity (Kirli et al., 2014). Computer modelling could help answer similar questions about the increased gamma activity we saw in OCD.

### CONCLUSION

Our discovery may have revealed a new biomarker in gamma waves that can serve clinicians and patients as an objective measure of illness! Information about a patient’s gamma wave activity may give clinicians another layer of information on top of the responses they receive from patients during clinical interviews, and could prove useful as a tool for confirming an OCD diagnosis and predicting the course that the illness will take in that individual.

Unfortunately, magnetoencephalography (MEG) is an expensive tool; clinical charges for a session may run several thousand dollars and it is not yet approved by the FDA for use in OCD. However, progress is being made in the MEG field and costs may decrease as the system changes from being contained in a full room to being worn as a transportable helmet.

Future research should also explore the underlying differences between brain waves at both lower and higher frequencies in children. A better understanding of the brain activity that supports obsessions and compulsions could inform therapies like transcranial stimulation or deep brain stimulation. Further work on gamma waves may show that they can serve as a marker to predict treatment response to medication or therapy; they may also be measured throughout the course of OCD treatment, and be used to gauge whether a patient is responding.

As interest in the discovery of biomarkers grows, we are excited about what we have found through this study and the potential that it could hold for patients with OCD, particularly children. We are grateful for the funding support that we received from the IOCDF that helped make this study possible.

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## RESEARCH NEWS

### Measuring Brain Waves Can Help Detect OCD Symptoms in Youth *(continued)*

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Velikova, S., et al., Dysfunctional brain circuitry in obsessive-compulsive disorder: source and coherence analysis of EEG rhythms. *Neuroimage*, 2010. 49(1): p. 977-83.

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### Research Participants Sought

The IOCDF is not affiliated with any of the following studies, although we ensure that all research studies listed on this page have been reviewed and approved by an Internal Review Board (IRB). The studies are listed alphabetically by state, with online studies and those open to multiple areas at the beginning.

If you are a researcher who would like to include your research listing in the *OCD Newsletter*, please email Will Sutton at [wsutton@iocdf.org](mailto:wsutton@iocdf.org) or visit [iocdf.org/research](http://iocdf.org/research).

#### ONLINE

#### Investigating noticeable signs and symptoms of Obsessive Compulsive Disorder (OCD) in childhood and adolescence (retrospectively).

#### VOLUNTEERS NEEDED

My name is Rudi Coulter and I am currently studying for an MSc in Psychology with the University of Roehampton, London, and I need 3-6 volunteers (aged 25-70) for my study investigating noticeable signs and symptoms of obsessive compulsive disorder (OCD) in childhood and adolescence retrospectively.

This study focuses on the occurrence of overt compulsions and/or noticeable behaviors/habits associated with OCD in childhood, adolescence and as a young adult, exploring associated feelings and emotions of the sufferer. Interviews will be conducted through Skype.

Please contact Rudi if you would be willing to participate, if you would like more information or clarification, or for any other questions.

Many thanks and kind regards,

Rudi Coulter (researcher)

Email: [rudi.coulter@roehampton-online.ac.uk](mailto:rudi.coulter@roehampton-online.ac.uk)

#### Study Examining Standard Treatment and a Mobile Application for Childhood OCD

Is your child between 9 to 17 years of age? Does your child have obsessive-compulsive disorder (OCD)? Do they have intrusive thoughts or pictures that come into their head and make them feel bad? Do they have to do things over

and over again in order to make themselves feel better? If so, your child may be eligible to participate in a trial being conducted at the UCLA Child OCD Program. All eligible participants receive a free 12-week course of standard psychological treatment, known as exposure and response prevention (ERP). Participants will also be using a mobile application along with standard treatment for 6 of the 12 weeks to see if it may help enhance treatment. Interested families should contact us at (310) 825-0122 or e-mail Silvia Orellana at [SilviaOrellana@mednet.ucla.edu](mailto:SilviaOrellana@mednet.ucla.edu).


#### The Emotional Experience of Individuals with Obsessive Compulsive Disorder

How do you feel on any given day? What's it like experiencing your emotions while trying to manage your OCD symptoms?

Richmont Graduate University is conducting a study exploring the emotional experiences of individuals with OCD. The goal of the project is to better understand how to help individuals with OCD to identify, express, and regulate their feelings.

Enter the url below to complete the survey, which consists of questionnaires regarding your emotional experience. If you are over 18 years of age and have OCD, you may participate.

[surveygizmo.com/s3/4991993/Emotional-Experience-in-OCD](http://surveygizmo.com/s3/4991993/Emotional-Experience-in-OCD)

Participation is completely anonymous. If you have any questions, you can email [mplico@richmont.edu](mailto:mplico@richmont.edu) 

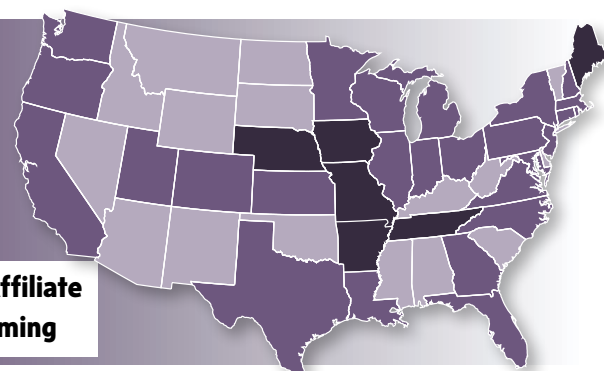


## Affiliate Updates

### Affiliate Updates

Our affiliates carry out the mission of the IOCDF at the local level. Each of our affiliates is a non-profit organization run entirely by dedicated volunteers. For more info, visit:

[iocdf.org/affiliates](http://iocdf.org/affiliates)



■ State with Affiliate  
■ Affiliate Forming

#### OCD CENTRAL & SOUTH FLORIDA

[ocdcsfl.org](http://ocdcsfl.org)

OCD CSFL was thrilled to represent our Affiliate at the 26th Annual OCD Conference in Austin, TX! The Conference continues to be an amazing event that provides us with the opportunity to connect with other regional Affiliates who share our same mission.

On September 10th, 2019, we hosted a workshop in Boca Raton, FL for healthcare professionals, conducted by Marni L. Jacob, PhD, ABPP and Stephanie Sacks, PhD, on how OCD, anxiety, and O-C Spectrum Disorders present across healthcare settings. This workshop discussed common clinical presentations seen across health care settings: gynecology, dermatology, primary care, cardiology, emergency rooms, plastic surgery, and other health care/medical settings. The workshop also included a review of clinical assessment, case examples, Q&A, and group discussion.

For OCD Awareness Week, we will be having a day conference on Friday, October 18th, 2019 at the Braman Miller Center in Coral Gables, FL. We already have a solid program of speakers, including Jill Ehrenreich-May, PhD (University of Miami), Marcia Rabinowits, PsyD (Rogers Behavioral Health — Miami), Jedidiah Siev, PhD (Swarthmore College), and faculty from the UM Department of Psychiatry and Behavioral Sciences/Division of Child and Adolescent Psychiatry. We will also have a program in the late afternoon geared toward anyone affected by OCD, their family members, and other supporters of the OCD community.

Check out [ocdcsfl.org](http://ocdcsfl.org) for registration information, and to learn more about OCD Central & South Florida. Please contact us at [info@ocdcsfl.org](mailto:info@ocdcsfl.org) if you have any questions, or if you are interested in getting involved!

#### OCD IOWA

Initial steps are being taken to form an IOCDF Affiliate in the state of Iowa! If you are interested in getting more involved and helping in the establishment of an Iowa affiliate, please contact Micah at [info@ocdiowa.org](mailto:info@ocdiowa.org).

#### OCD JACKSONVILLE

[ocdjacksonville.com](http://ocdjacksonville.com)

Summer started with a presentation about OCD and ERP to graduate students at Jacksonville University. We are keenly aware that master level students rarely get to cover OCD, so our hope is to get them excited about learning to treat OCD.

We were thrilled to scholarship four individuals plus send three board members to the Annual OCD Conference in Austin. It is our hope to expand our Conference scholarship program because we so strongly believe in the educational value of the annual event.

OCD Jacksonville was also able to present 20 of our ERP canvases at the conference. They were created at our art therapy nights at The Museum of Contemporary Art Jacksonville. We resumed our art nights at the museum in August and plan to have an event at the museum for OCD Awareness Week in October. We will be exhibiting the art created and will also be presenting the new FEARLESS collection by Natural Life.

Early September brought our first conference for families and loved ones of OCD sufferers. Dr. Jonathan Abromowitz presented "A family affair: How to best support your loved one with OCD." Navigating OCD at home is exhausting; accommodation and reassurance happen even with the best of intentions. Dr. Abromowitz shared valuable tools for aiding treatment and shared his most recent research on couples' therapy.

#### OCD LOUISIANA

Several OCD Louisiana board members were able to make the trip down to Austin for the 26th Annual OCD Conference in July. It was a wonderful opportunity to connect with other Affiliates, attend many interesting talks, and see the sites of Austin.

Due to the very hot weather Louisiana experiences during June, OCD Louisiana opted to host their 1 Million Steps 4 OCD Walk at the end of OCD Awareness Week in October. We hope to see you on Sunday, October 20th in City Park. Please stay tuned for other events during OCD Awareness Week.

## FROM THE AFFILIATES

### Affiliate Updates *(continued)*

#### OCD MAINE

Initial steps are being taken to form an IOCDF Affiliate in the state of Maine! If you are interested in getting more involved and helping in the establishment of a Maine Affiliate, please contact Betsy at [betsy.shasta.cook@gmail.com](mailto:betsy.shasta.cook@gmail.com) or 860-462-1555.

#### OCD MASSACHUSETTS

[ocdmassachusetts.org](http://ocdmassachusetts.org)

The new season for the OCD & Related Disorders Lecture Series has begun! Please view the schedules on [ocdmassachusetts.org](http://ocdmassachusetts.org). We want to thank those who completed the anonymous evaluations about our lecture series. You provided us with positive feedback and suggestions and we are listening! We are excited to announce that we are planning to start video recording some of our lectures this season. Please stay tuned for details.

We are also excited to announce that we are participating in Benefit Night at the Flatbread Company in Somerville, MA on September 3rd from 5pm to closing. Please join us with your family and friends for a fun night of delicious pizza, bowling, and raffles to help support OCDMA.

On October 8th, we will be participating in the 2019 Seacoast Anxiety and OCD Symposium in Portsmouth, NH. This event focuses on the latest treatment for OCD and anxiety disorders.

OCD Awareness Week is coming up from Oct. 13-19. We are in the process of putting together some events so be sure to follow us on Facebook, Instagram, and Twitter for these announcements.

#### OCD MICHIGAN

Initial steps are being taken to formally create a Michigan Affiliate of the IOCDF (OCD Michigan). As this process begins, we are seeking involvement and input from the community. OCD Michigan welcomes individuals with OCD or a related disorder, their family members and friends, mental health professionals, researchers, educators, and/or other interested community members. If you are interested in becoming involved at any level, want to stay updated on developments, or have a suggestion about a need in your community, please contact Beth Hubbel ([mbhubbel@sbcglobal.net](mailto:mbhubbel@sbcglobal.net)) or Sara Greschuk, LMSW ([sgreschuk@anxietyannarbor.com](mailto:sgreschuk@anxietyannarbor.com)).

#### OCD MID-ATLANTIC

[ocdmidatlantic.org](http://ocdmidatlantic.org)

The year is flying by! OCD Mid-Atlantic had a great time at the 26th Annual OCD Conference with several board members presenting at the Conference in Austin. We are pleased to share that we were once again able to provide two scholarships for Conference attendance this year and hope to continue this in future years.

OCD Mid-Atlantic would like to welcome two more new board members, Brad Hufford LCSW-C and Bob Falk, PhD. We look forward to their contributions in the coming years.

OCD Mid-Atlantic is excited about several activities in the fall, including the 2nd Annual Mental Health Advocacy Walk we are co-sponsoring with the IOCDF. This year several new organizations have been invited to join us in promoting mental health awareness at the National Mall. Visit [iocdf.org/capitalwalk](http://iocdf.org/capitalwalk) for more info or to register today. We are sponsoring other events throughout OCD Awareness Week, so check our website as that time gets closer.

Finally, we are looking forward to co-sponsoring a pediatric BTTI in Baltimore in November. We are always looking for ideas for new events so please send us your ideas!

#### OCD MIDWEST

[ocd-midwest.org](http://ocd-midwest.org)

OCD Midwest continues our partnership with the Chicagoland Hoarding Task Force and looks forward to working with local communities and governments to do trainings on hoarding. If you are interested in a training in the Chicago area, please contact us so that we can work with you to schedule a training.

OCD Midwest in Chicago is also excited that a third consult group in the western suburbs is now up and running. We continue to welcome therapists in the area to come to our consult groups and learn about OCD treatment.

Finally, OCD Midwest is thankful to the IOCDF for allowing us to sponsor the BTTI in Chicago this summer. It was a great success and we look forward to doing more in the future!

#### OCD NEBRASKA

Initial steps are being taken to form an IOCDF Affiliate in the state of Nebraska! If you are interested in getting more involved and helping in the establishment of a Nebraska affiliate, please contact Coralie at [ailerscoralie@gmail.com](mailto:ailerscoralie@gmail.com)

#### OCD NEW HAMPSHIRE

[ocdnewhampshire.org](http://ocdnewhampshire.org)

On May 21st, OCD New Hampshire launched a precursor to its upcoming fall outreach to local schools by hosting a showing of UNSTUCK: an OCD kids movie at the Strand Theater in Dover, NH. The event attracted those living with OCD, family members, clinicians, and school personnel. Following the showing, a panel was convened including a local teen living with OCD, her father, a local psychologist treating OCD, and a school district counselor. Continuing education units were available through local school districts. The event also raised over \$300 for OCD NH.

The recently launched Seacoast of NH Area Support Group is going strong. The group meets on the fourth Tuesday of each month from 7:00–8:30pm in the DF Richard Conference Room at Wentworth Douglas Hospital in Dover.



## Affiliate Updates *(continued)*

OCD NH's website has been recently updated with more resources for those living with OCD and family members alike. Check out the Local Resources tab.

OCD NH Vice President Jodi Langellotti attended the 26th Annual OCD Conference in Austin, TX.

OCD NH has created two Facebook communities. The first is open to those living with OCD and family members of all ages. The second is for teens (ages 12–20). These groups will serve as a place to connect, ask questions, and share resources. If you have not already, be sure to like OCD NH on Facebook.

The 4th Annual 2019 Seacoast Anxiety Symposium will be held in Portsmouth, NH on Tuesday October 8th, 2019 from 8:30–8:45pm. OCD NH, OCD MA, and OCD RI along with Mountain Valley Treatment Center are co-hosting the event. CEs will be available through the New Hampshire Psychological Association. This year's Symposium will focus on anxiety and OCD in schools and will be open to parents, teachers, and clinicians. Check out [seacoastanxiety Symposium.org](http://seacoastanxiety Symposium.org) for more information.

There will be a BTTI training in Portsmouth on October 18-20. An OCD NH collaborator, the Mountain Valley Treatment Center, is sponsoring a General BTTI in Portsmouth, NH on October 18–20, 2019.

### OCD NEW JERSEY

[ocdnj.org](http://ocdnj.org)

OCD New Jersey has continued with tabling at local fairs throughout the summer.

We have procured a new webmaster, so once again people can sign up on [OCDNJ.org](http://OCDNJ.org) to get our OCD News Alerts and E-Newsletter.

OCDNJ board members were at the 26th Annual OCD Conference this summer, with Dr. Deibler presenting on several occasions.

Mark your calendars well in advance for Sunday, March 15th, 2020, when we will present our 20th Annual OCDNJ Conference. We will have as our keynote speaker Dr. Eric Storch, who will present on two OCD topics: a) Clinical complexities in treating youth with OCD: Tips for parents and professionals, and b) Determining the right level of care for people with OCD. We are proud to have Dr. Storch speak for us, as we continue to provide annual conference headliners from around the country who are leaders in the field of OCD treatment and research. As always, we will also have a Living with OCD panel. Remember, this is open to non-mental health professionals (persons with OCD and their families/support people) as well as to mental health professionals. Details may be found on [OCDNJ.org](http://OCDNJ.org).

### OCD RHODE ISLAND

[ocdri.org](http://ocdri.org)

OCD Rhode Island is pleased to announce the re-installment of the OCD and Related Disorder Lecture Series at Butler Hospital in Providence, RI. Please join us the first Wednesday of each month from 6:00–7:00pm. For a full list of lectures please visit our website and Facebook page.

Please consider joining us at the Seacoast Anxiety Symposium (SAS) on Tuesday, October 8th at the Portsmouth Harbor Events Center in Portsmouth, NH!

In honor of OCD Awareness Week, Bradley Hospital and OCD Rhode Island will be co-sponsoring a screening of UNSTUCK: an OCD kids movie followed by a panel discussion on Thursday, October 17th from 6:30–8:30pm at Bradley Hospital. This event is free and open to the public. For more information about this event and a list of OCD Awareness Week activities, visit us on the web!

### OCD SACRAMENTO

[ocdsacramento.org](http://ocdsacramento.org)

OCD Sacramento is honored to welcome Jennifer Look and Charzell Stallworth to our board. Jennifer has previous experience working on various non-profit boards with enthusiasm, utilizing her fantastic organizational skills. Charzell joins the board with a passion for raising awareness and working to reduce stigma as a result of her own personal experience related to having a loved one who has struggled with OCD. We are looking forward to the amazing contributions these two will offer as they work to build community awareness.

OCD Sacramento also hosted two presentations offered to the community at large. In July, board member Mallory Eastman, LMFT presented Take Me to Church: An Introduction to Scrupulosity OCD, offering education and insight into the impact that this type of OCD can have on those affected by it. In August, board members Valerie Andrews and Charzell Stallworth presented Personal perspectives on OCD. This included Valerie's personal testimony of living with OCD, and Charzell shared the impact OCD can have on family members.

### OCD SOUTHERN CALIFORNIA

[ocdsocal.org](http://ocdsocal.org)

OCD Southern California wants to thank all of the individuals that donated and walked at one of our three official 1 Million Steps 4 OCD Walks! The walks were located in Orange County, San Diego, and Los Angeles. OCD So Cal is proud to say that this year we had the most participants walking at our events and earned more donations than in any previous year we have participated in this event! The money raised supports the mission statements of both the IOCDF and our local Affiliate. Additionally, at the events we focused on

## FROM THE AFFILIATES

### Affiliate Updates *(continued)*

education and community building. We were pleased to see individuals learn more about the disorder, some for the first time, and witness connections being made that will last long after the event is over!

OCD So Cal was present at the 26th Annual OCD Conference. We held our official OCD So Cal meeting on Friday, July 19th and manned the conference's Affiliate booth on Saturday, July 20th. Individuals attended our meeting to help brainstorm ways to expand on our annual OCD Carnival Event that will be held this year during OCD Awareness Week — October 13-19. Additionally, board members met individuals interested in helping OCD So Cal to continue to grow while manning the Affiliate booth.

To get involved with OCD So Cal either as an advocate or a member of one of our subcommittees, visit [OCDSocal.org](http://OCDSocal.org) and follow us on Facebook and Instagram @OCDSocal.

Additionally, please visit our website to get more details on the upcoming events that will be held during OCD Awareness Week!

#### OCD TEXAS

[ocdtexas.org](http://ocdtexas.org)

OCD Texas will host a full-day conference from 9am–4pm at the Hurst Conference Center in Hurst, TX (DFW) on Saturday, October 12th during OCD Awareness Week. The keynote speaker will be Shala Nicely, LPC, author of *Is Fred in the Refrigerator? Taming OCD and Reclaiming My Life* and co-author of *Everyday Mindfulness for OCD*. Cathal Grant, MD from Bedford, TX will give a presentation on medication management for OCD and related disorders. Additional agenda items include a success panel of sufferers sharing their stories of dealing with and overcoming OCD, local treatment professionals giving presentations on ERP, tips for support persons, and school accommodations for OCD. The conference is free to the public, and CEUs will be available for clinicians. For additional information, contact Robert Norris at [treasurer@ocdtexas.org](mailto:treasurer@ocdtexas.org). 📍

# #OCDWeek October 13–19

OCD Awareness Week is an international effort taking place during the second week in October each year to raise awareness and understanding about obsessive compulsive disorder and related disorders, with the goal of helping more people to get timely access to appropriate and effective treatment. Launched in 2009 by the IOCDF, OCD Awareness Week is now celebrated by a number of organizations across the US and around the world, with events such as OCD screening days, lectures, conferences, fundraisers, online Q&As, and more.

[iocdf.org/ocdweek](http://iocdf.org/ocdweek)

