



# #BLM

*Perfect by Valerie Andrews*



*When I was a little girl growing up in the 60s, the 1954 Brown v the Board of Education decision allowing schools to become racially integrated had recently passed. However, it would take the 1964 Civil Rights Act under Title IV for school districts to forcibly enact it. As a result, in 1967-68, I was chosen as one the fifth grade elite negro students of McCullough Elementary School given the opportunity to be bused to a school located on the "upper" side of town. I never thought that my first day at Indian Village Elementary would teach me lifelong lessons about racism, OCD, and perfection.*

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

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

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# Comic Corner

by Clara Klugmann

## the new roommate



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## President's Letter

by Susan Boaz



Dear IOCDF Friends and Family,

In the OCD Community, we talk a lot about becoming "okay with uncertainty." OCD is known as the "doubting disease," characterized by anxiety around needing to

know things for sure. However, there is very little that we can know 100%.

"Will I get sick if I eat this?" I used to answer my daughter's oft-asked questions with, "Probably not. But we can't be sure." We spent her entire life grappling with being okay with the unknown. This led us to breathing and mindfulness techniques as an addition to ERP therapy. Meg did her senior year thesis on mindfulness, as she fell in love with the practice. Along the way, I too fell in love with yoga, mindfulness, and meditation. So, as I write this letter, I can tell you that I have had PRACTICE in accepting the unknown. Along with so many of you, I feel like I should have an honorary doctorate in managing anxiety.

And then 2020 came along. In some ways, I have to say that I've had worse years. The year my daughter first had a sudden onset of severe OCD. The second year my daughter had another severe episode. The year I got divorced (whew, that was a rough one!). But 2020 has knocked the entire world back with a pandemic that most of us never imagined. It's brought uncertainty into the minds of nearly everyone we know — and we are watching everyone struggle. Whether it's finances, job loss, health concerns, love of an elderly person, confusion about online learning, trust in the news or government, running a business on Zoom — suddenly everything is different, nothing is clear anymore, and it's making everyone anxious. To top it off, a lot of our normal coping efforts are no longer available to us. I like to go to yoga classes, act in plays, travel to cool places, and hug random people. Yep, it's time for a new plan!

One of the main coping skills I have not lost, though, is my gratitude practice. Each morning (well, let's say five out of seven), I get up and write down three things I am grateful for, three things that would make today great, and one daily affirmation. Today I was grateful for

oranges, Ron's 70th birthday, and my daughter's laugh. The three things that would make today great are yoga on Zoom, finishing this letter, and talking to a friend. My daily affirmation was, "I can do hard things." I find this practice helps me remember what is good in my life and encourages me to figure out what would make the day great (sometimes I am embarrassed by how long I stare at that question!).

We've been adapting at the IOCDF as well, working non-stop to serve our community in brand new ways during this time. When I look back to March and what looked like an impossible task, I am reminded that silver linings do come — but sometimes we need a little time to see them for what they are. I suspect that is true in all of our lives. What I don't think any of us expected is that we at the IOCDF would be able to reach so many more people in a digital format. While we will go back to having in-person conferences as soon as we are able, we will never again lack a digital format! By hosting more online programming, we reached people in smaller communities, those that can't travel, an international community, and so many more. Here are just a few fun facts about the last six months:

- Over 70 Town Halls with hundreds of attendees
- Research Symposium with over 300 attendees representing 19 different countries
- Over 150 participants in the Online OCD Summer Camp
- Over 3,200 Online OCD Conference attendees

I'm incredibly proud of the IOCDF staff and Conference Planning Committees and everyone involved in speaking, attending, or running any of these fabulous programs. You have truly turned lemons into lemonade, and shown us all that we can run straight into the unknown and come out better than ever.

Wishing you a day where you run into the fear and come out as lemonade <3.

With love,

Susan Boaz

IOCDF Board President and mom to a fabulous teen 



## FROM THE FOUNDATION

### Perfect *(continued from front page)*



*Valerie Andrews as young girl*

Dressed in a brand new green two-piece outfit and window pane stockings I boarded that yellow school bus with anticipation and butterflies in the pit of my unsettling stomach. I was ready after weeks of constant preparation. Here I was, a little negro girl from an all-negro school and community heading towards the suburbs and my soon to be nice new all-white elementary school. My pride outweighed my fears, but not by much. At 11 years old, still yet a baby, I was well aware of the responsibility and the enormity of what I was facing. According to the adults, we had to look perfect, act perfect, and sound perfect, regardless of the stares and snickering that was sure to come from other students. I, alongside the 30 or so other elite students, anxiously prepared to board the awaiting bus. The only saving grace of the day was beating my partner to the window seat.

The trip to the school was long and silent. We had been paired up with a partner and instructed to stay together at all times. My partner wore black frame glasses and his face matched the color of the bus's chocolate vinyl seats, except he didn't have any cracks on his. He looked impeccable in his freshly starched white shirt and bow tie. We never exchanged a single word to one another that morning. To tell you the truth I was perfectly fine with that. I was Bobby's and Rosemary's daughter and I was not going to let them down by talking to some strange-looking boy wearing a bow tie. We just stared straight ahead; even when a bump in the road caused him to awkwardly slide into me causing his tin lunch box to slide off the seat and

tumble unto the gum-infested floor. He never uttered a word; perhaps he was practicing being perfect, too?

The boy with the bow tie and I were ushered into our new classroom. I was given the desk right next to Suzanne, the teacher's pet. Her long hair was pulled up into pigtails and her braces showed whenever she smiled, which was often. She had been assigned as my special helper. The only time we separated all day was during lunchtime. We were not permitted to share the same cafeteria table. Our tables were lined up against the wall next to the kitchen. I was glad because the oil from my fried egg sandwich had begun seeping through the brown paper bag momma had placed my lunch in, and it had begun to smell. I gave the cafeteria monitor a nickel for some milk and hastily finished my sandwich. The rest of the day seemed to fly by without incidents and I was eager to share my day with my family.

As the bell rung ending the school day and we all lined up to get back on the bus to go home, I thought that the day had gone perfectly. I had acted, sounded, and looked perfect (or so I had thought). We waited once more in silence.

And then it happened. "May I speak to you, little girl," said the principal as he motioned me forward to the head of the line. He had come to bid us goodbye. In my childlike fantasy mind, this six-foot, white haired, 60-something white man with beautiful blue eyes had noticed my perfection and was going to acknowledge it. Thank you, Jesus, I quickly mumbled to no one in particular.

As I stood there facing all of my peers, and the dozens of students now passing throughout the hallways and with a booming voice for all to hear, looking straight at me, he says, "Do not come back wearing those things." He pointed to my black window pane stockings. "We don't dress like that here. You can save that for home and your neighborhood, but not here. Do you understand?" I can still feel his presence and disdain towering over my little body as I stood there in disbelief. I think that I left a part of my soul right there in that spot that dreadful day. I could barely shake my head in agreement as a single tear rolled down my face. I shamefully returned to my place in the line, right next to the boy with the bow tie. However this time we quietly exchanged glances, as we returned to our same assigned seats. That was my very first conscious experience of racism, and feeling that my brown skin was blemished.

It was also the first time my OCD told me I wasn't perfect. And I believed it! I've held on to that secret, that belief of being flawed, not good enough, for 50-plus years.

## Perfect *(continued)*

#weshallovercome #daddywhytheyhateus  
#onlywhitegirlsareperfect

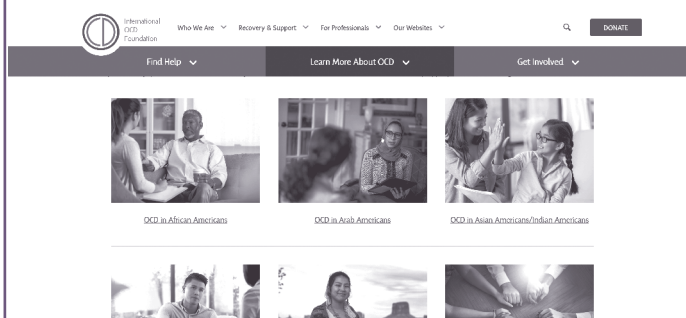
Much has happened since that day, but little has changed in five decades. Dr. King and Malcolm X were assassinated. Alex Hayle showed the world our Roots and the Rodney King police beating was live and in living color on TV. America watched Hurricane Katrina survivors pleading for help while black bodies floated like discarded trash in filthy water. We mourned the senseless killings of Tamir Rice, Trayvon Martin, Michael Brown, Sandra Bland, George Floyd, and countless others being immortalized by hashtags such as #saymyname #drivingwhileblack and yes, #blacklivesmatter.

I cannot afford to view life through the lens of a little negro girl's childhood fantasy eyes in 2020; I must remain woke. I've witnessed too much racism in "real" time. The principal with the blue eyes has moved from the school house to the White House. I am just plain tired, tired of being tired, tired of being angry. Tired of everything thing and everybody. Tired of trying. Tired of my OCD still telling me that I'm not perfect!

Signed, #pissedoffblackgirl 🗨️

*Valerie Andrews is an OCD advocate focusing on outreach within the church and communities of color. She is currently working on getting nonprofit status for msmablesparrows, inc. which focuses on women of color, women of faith, and women over 40 years of age suffering from OCD and mental anxieties.*

## NEW! OCD IN DIVERSE POPULATIONS RESOURCE CENTER



OCD affects all races and ethnic groups and does not discriminate. People of all racial and/or ethnic identities — you belong here in our community, and we're working hard to create resources that address what OCD looks like in different groups. Check out our brand new OCD in Diverse Populations Resource Center at [iocdf.org/ocd-bipoc](https://iocdf.org/ocd-bipoc).





## ADVOCACY CORNER

### Advocacy Corner — Fall 2020



As the summer comes to an end and the air starts to take on a pleasant chill, the IOCDF staff typically find themselves preparing to travel down to Washington, DC to kick off OCD Awareness Week with our annual Capital Walk. Like many traditions, this one has also been disrupted by COVID-19, and we won't be able to gather in person this year like we want to. With that bad news out of the way, here is something good to look forward to: this year we are transforming the Capital Walk into a virtual advocacy event!

On October 12th and 13th, we will join each other from the comfort of our own living rooms for Virtual Voices For Mental Health: An Online Day of Action. On Monday, October 12th, we will hold an evening of live virtual programming that will prepare you to be an effective advocate for key mental health legislation. The next day, you will take action by contacting your elected representatives and making your voice heard. This event is open to people with OCD and related disorders, their families, friends, clinicians, and all other members of the mental health community. To register, please visit [iocdf.org/advocacy](https://iocdf.org/advocacy)!

#### ADVOCACY UPDATES:

- This spring, we updated you on our efforts to advance a number of our key suicide prevention priorities. We know from research that people with OCD, BDD, and hoarding disorder are at increased risk of dying by suicide, and we are committed to supporting public policy that will save lives. The FCC recently took steps to create a national, three-digit phone number (9-8-8) that will connect callers answer in the US with a local suicide prevention hotline service. The IOCDF applauds the FCC for their leadership on this issue!
- In our previous Advocacy Corner, we took a deep dive into the mental health response to COVID-19 and legislation that the IOCDF was supporting. We have

continued to advocate for legislation that will better meet the needs of Americans during this time:

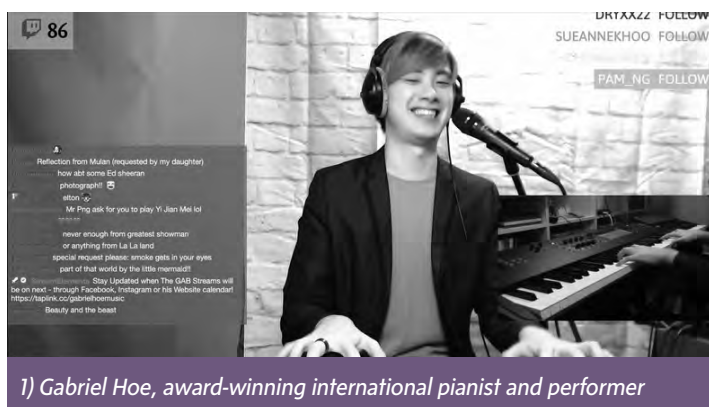
- We went on the record with other mental health organizations as supporting S3792, *Telemental Health Improvement Act of 2020*, which would introduce new requirements for commercial insurers to cover mental health services delivered remotely
- We urged congressional leadership to pass the *Coronavirus Mental Health and Addiction Assistance Act of 2020*, which would establish a grant program for organizations providing on-the-ground, community-level response to mental health and substance use needs generated by COVID-19
- We asked house leadership to advance the *Protecting Access to Post-COVID-19 Telehealth Act of 2020 (HR 7663)*, which would make many of the positive changes that have been made to Medicare's telehealth rules permanent, including: elimination of restrictions on where the patient must be located to receive telehealth services; allowing patients to receive telehealth services in their homes; and expanding the ability of federally qualified health centers and rural health centers to deliver telehealth services to medicare beneficiaries
- We also expressed our support for the *FRONTIER Community Act*, which would expand access to telehealth services in rural areas and address the broadband infrastructure needs of rural communities, a necessity for effective and reliable telehealth services

While we remain in uncertain times, we are optimistic about many of the positive changes that are being proposed in Congress, and look forward to seeing many of you for Virtual Voices for Mental Health on October 12th and 13th! 📞

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If you would like to learn more about the Policy Advocacy Program, or sign up to receive more information, please visit [iocdf.org/advocacy](https://iocdf.org/advocacy).

## OCDNetwork Singapore Unveils New Virtual Interactive Concert to Promote Global Unity



1) Gabriel Hoe, award-winning international pianist and performer

On July 11th, the OCDNetwork Singapore, a global partner of the International OCD Foundation (IOCDF), staged its first-ever virtual music concert with the unique inclusion of audience interaction and real-time engagement.

Gabriel Hoe, award-winning international pianist and composer, served up a familiar range of melodious tunes as people from all across the globe tuned in to busk in the enjoyment of music (*Image 1*). Titled Music As One — and so aptly so — the concert was created with the intention of bringing people together and bridging differences. We hoped to demonstrate how music is a common ground that transcends both generational and cultural barriers. Above all, the event served as a platform for everyone — be it OCD clients, caregivers, family members or friends — to escape from the demands and worries of life, and to fully immerse in the calming notes of the piano.

Whilst enjoying the music, audience members had the chance to listen to the genuine stories of OCD clients and caregivers, thereby gaining a better understanding of how they could best render support and empathy.

Apart from the musical segments, the evening was also peppered with insight from international psychiatric experts and representatives from partner organizations on the topic of OCD and mental health (*Image 2*). IOCDF Executive Director Jeff Szymanski sent his e-greeting, describing the event as a valuable opportunity to enjoy and immerse yourself in a musical experience and to “not feel different, but feel a part of.” OCD expert Dr. Elna Yadin also shared her message of hope for the OCD community in Singapore and around the world, encouraging them to stay focused on their fight and to “go back to their passions and values the way they really want them to be.” It was only with the fervent support of the IOCDF, the Institute of Mental Health, and Clarity Singapore that this event was made possible.



3) Members of the public sharing what music means to them



2) Experts and representatives from partner organizations who graced our event include (from left to right; top to bottom) Dr. Erik Andersson, Dr. Elna Yadin, Dr. Jeff Szymanski, Dr. Lue Ping Ong, Mr. Desmond Ang, Dr. Bhanu Gupta, Mr. Fred Cordeiro, and Dr. Jackki Yim.

As the concert drew to a close, people from all walks of life were invited to share what music means to them (*Image 3*). The spirit of unity and a common passion for music was palpable. The event received overwhelmingly positive feedback — most of them commending the talent and spontaneity of the pianist, the meaningful and educational elements, as well as the camaraderie that was forged with other international viewers within the interactive chat box. The organizing team, comprising of Dr. Jackki Yim, Jiali Teo, Gabriel Hoe, Titus Yim, and Tammy Yim, would like to extend their most sincere gratitude to everyone who showed their support for this event in every possible way. 🌐



## FROM THE FRONT LINES

### Wide Open Spaces: When OCD Goes Rural

by Micah Howe



Back in the 90s, The Chicks (formerly known as The Dixie Chicks) put out a hit called *Wide Open Spaces*. It put them on the map and became a staple country tune in rural areas of the Midwest — and for good reason. In Iowa and surrounding states, we are often proud of how vast and isolated our geography is. I for one grew to enjoy my home state immensely as a kid and young adult. I relished the farmland, the sunrise over a cornfield during summer and fall, the quaint aura that a small town provides, the Friday night lights in September, and the comfort of being so familiar with the older adults in town that I noticed when another forehead line appeared on their brow or their hair began to gray as the years went by.

However, this soulful appreciation for my rural upbringing faded all too quickly into panic and horror shortly after I graduated from high school and developed severe mental health issues. All of a sudden, the “wide open spaces” where I lived weren’t as liberating as they once seemed. While I deeply love and appreciate where I grew up to this day, it is certainly a challenging place to face a mental illness like OCD.

Ironic as it might be, I’ve never felt more trapped than when my OCD symptoms became debilitating out in the middle of nowhere. As my life began to fall apart before my eyes, I wanted nothing more than to be surrounded by people whom I could seek for advice, resources I could use for guidance, and support groups with individuals who suffered just like me. Unfortunately, that was just a dream I had created in my imagination.

The reality was much more grim. I was surrounded by many people who didn’t even believe in mental illness. I was accused of being lazy and exaggerating the intensity of my anxiety. Some thought I should just knock it off. Others felt

that maybe I had some spiritual issues that needed to be sorted out in a pastor’s study. I was hours away from any therapist who really had specialized training in OCD. This made it nearly impossible to get the help I needed on a regular basis. I spent years of my early 20s bouncing from therapist to therapist trying to find someone who knew how to handle OCD. It wasn’t until my mid-20s that three letters changed my life. Those three letters were E-R-P.

This brings me to my first nugget of insight. Please don’t overlook the value of ERP if you live in a rural setting and are completely unfamiliar with this form of therapy. While I am not a licensed therapist and nothing in this article is intended to be taken as any sort of medical or professional advice, I can tell you from my personal experience as a layperson that ERP absolutely transformed my journey with OCD from a hopeless nightmare into a cautiously optimistic endeavor.

However, it wasn’t easy to become acquainted with this therapeutic modality in a rural context. In fact, some therapists I worked with had no idea what ERP was. ERP, which stands for exposure and response prevention, did things for my OCD that I had never even dreamed were possible when I was at my worst. Admittedly, it was a very challenging and counterintuitive form of therapy. It was nothing like the preconceived notions I had about therapy growing up in rural Iowa, but it was transformative. If you are stuck in that vicious cycle of jumping from therapist to therapist and spending exhausting amounts of time on the road with little results to show for it, please don’t be afraid to do some research on ERP and learn more about it from a professional who is properly certified to administer it.

Additionally, if you are in a rural setting, finding a support network can be extremely difficult, but it’s no less vital. I



## Wide Open Spaces: When OCD Goes Rural

cannot overstate the degree to which having support from other sufferers has served as a crucial part of my recovery. Growing up in a rural context, I did not know anyone else who had endured an arduous battle with OCD. No one around me took OCD seriously, and as a result, I began to seriously doubt myself when OCD symptoms would flare up. Is this really a clinical disorder? Am I just being overly dramatic? How come no one around me can attest to having similar struggles to my own?

These inquiries plagued me and impeded my process of finding treatment because they caused me to diminish the validity and severity of my OCD. If I could go back and redo my OCD journey, I would definitely address the issues that rural isolation caused me far sooner than I did. I would not have been so hesitant to admit how serious my OCD was, and I would have invested more energy into finding fellow sufferers and clinicians who understood my predicament. OCD can be a real bear sometimes, and it's not a battle you want to face alone. The sooner you can network with both professionals and fellow sufferers who understand what you are experiencing, the sooner the process of recovery can begin. But how does one find adequate support in a region where it is so challenging to access?

This brings me to my final set of reflections. I don't mean to discourage anyone, but I do intend to be honest in so far as it is helpful to those who are facing adversities similar to my own. Plain and simple, it is very difficult to have OCD in a rural setting. I have met many people who suffer with OCD in the time that I have had this disorder, and nearly everyone

I know from rural settings who are doing well have ventured away from home in some way for specialized treatment. Many of us who grew up in a rural context have a strong connection to our roots. We don't like the idea of relocating, even if it's temporary. We like where we live. We want to be able to get everything we need without having to go very far to get it. But when it comes to effective treatment for OCD, that mentality might not always yield the outcome we desire. Shortly after my diagnosis with OCD, I wish I would have made locating and receiving specialized treatment my chief objective. Instead, my family wasted needless amounts of time, energy, and money on therapy that wasn't effective. We would have been so much better off had we learned what ERP was sooner and assembled our network and resources together to access the desired treatment and support despite how far away from my small town they might have been.

Having said that, access to treatment for those in rural areas is improving by the day. For example, the developments in telemedicine are extremely encouraging. Additionally, as more people with OCD and related disorders in rural areas speak out about their experiences, I am hopeful that even the smallest and most remote communities will one day be places where evidence-based treatment will be accessible and affordable to all. 📍

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*If you would like to dialogue with Micah about his experience with OCD in rural Iowa, feel free to reach out to him at [info@ocdiowa.org](mailto:info@ocdiowa.org).*

# Are you a writer, artist, or poet?

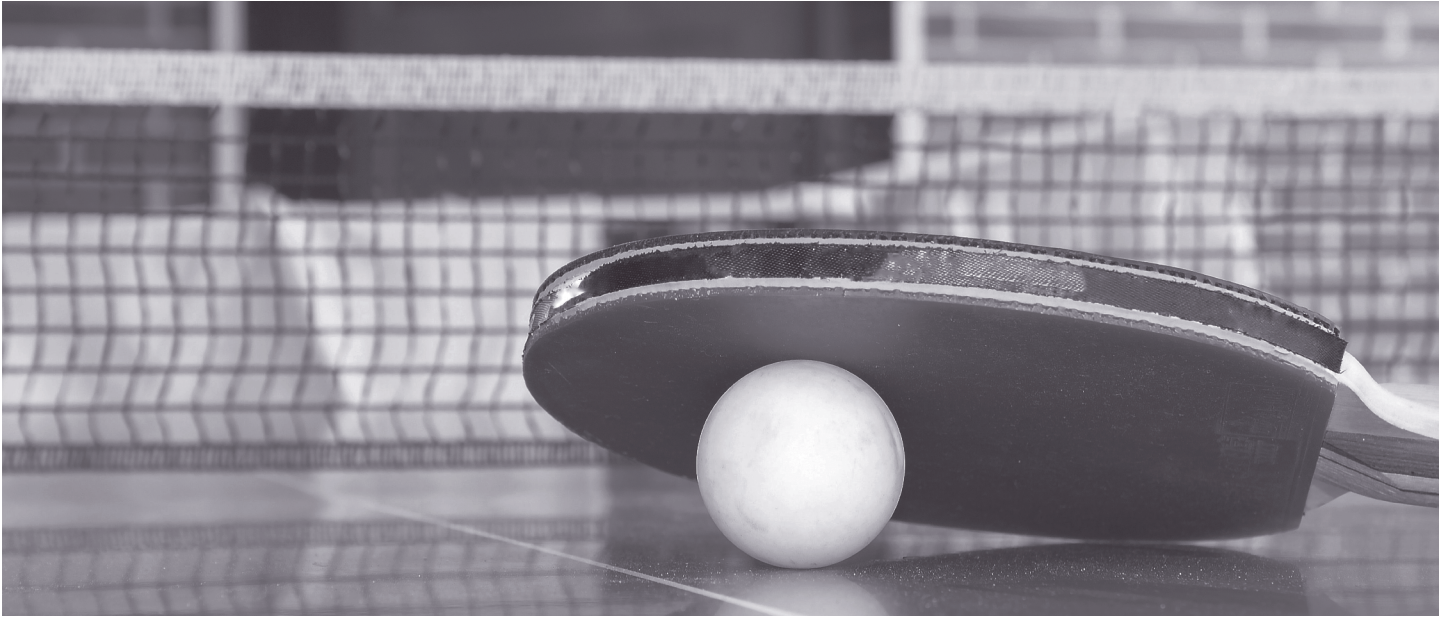
## Want to see your work in the OCD Newsletter?

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## THERAPY COMMUNITY

## How Do I Stop Thinking About This? What to Do When You're Stuck Playing Mental Ping Pong

by Lisa Levine PsyD



*Rationalizing. Predicting. Mentally reviewing a sequence of events. Attributing meaning. Sound familiar? These are examples of what I refer to as compulsive reasoning (CR). While obsessive compulsive disorder (OCD) can involve myriad mental compulsions, in this article I am talking specifically about mental efforts aimed at reasoning or figuring something out. While CR goes on inside a person's head, it is a compulsive behavior, just like hand washing or checking. Like any mental compulsion, it is not something we can see, but particularly because it is so easily confused as an obsession, it is a compulsion that often flies under the radar.*

### COMPULSIVE REASONING AND "MENTAL PING PONG"

While it was previously thought that some types of OCD involved only obsessions (aka "Pure O"), we know now that OCD (almost) always involves compulsions, even when those compulsions are not outwardly observable. Although obsessions are embedded within the CR process, like all compulsions, it is a goal directed behavior — albeit a "thinking behavior" — intended to alleviate anxiety and resolve uncertainty. Like any compulsion, CR involves

striving — in this case, striving to think something through in order to reach an answer and relieve distress, usually in the form of a type of back-and-forth internal dialogue, or "mental ping pong."

A person may spend hours every day trying to "figure out":

- If he ran over someone with his car...
  - What if that bump was a person? ... No, that's ridiculous; I'm not even sure I felt anything. Hitting a person would've jolted the whole car ... well, I think it would have ... maybe the responsible thing to do is to drive back and check ... c'mon, if I hit a person I would know it! But maybe I was distracted ... I could be charged with a hit and run ... no, I know I didn't hit anyone! But do I really know? If I'm wrong, my life would be destroyed ... etc.
- If the cashier was offended...
  - Shoot, I didn't say "thank you"; maybe I really offended him ... but I was preoccupied; I didn't mean to be rude ... even so, what if he was already having bad day? What if I made it worse? That's silly, why would he care, he doesn't even know me ... still, he might think I'm incredibly rude...etc.
- If he is in the "wrong" relationship:
  - I loved the movie but he hated it. What if that means we're not right for each other? N, people can like different things ... but maybe it says something about our values ... that's silly, its just one movie ... but he hated it ... still, we have plenty in common aside from our taste in movies, don't we? What if I'm just wasting my time? ... etc.



## How Do I Stop Thinking About This? *(continued)*

Even when both therapist and client are aware that CR is occurring, it is often difficult to stop. How do you stop your brain from figuring things out, especially when you are desperate for an answer?

### NON-ENGAGEMENT RESPONSES

Let's turn to the often-used metaphor of OCD as a bully — a bully that is highly invested in getting you to play its tormenting game of mental ping pong. You can be empowered to refrain from playing OCD's game, from giving it the reaction it so desperately wants, by "responding" in a way that allows you to actively disengage from its attempts to bait you, using a strategy I call "non-engagement responses" (NERS). NERS are statements that purposefully affirm the presence of the anxiety or uncertainty OCD insists you run away from, empowering you to assert yourself in a way that makes it impossible for OCD to successfully draw you in and engage you. The key here is active disengagement, rather than any kind of attempt to simply refrain from thinking. By using NERS, you are strategically "agreeing" with the message the bully counts on you trying to dispute, thereby disarming it. Understandably, doing this may sound very difficult, and it can be, but it sure beats the alternative of falling deeper and deeper into the pit of anxiety with every moment spent engaging in CR.

The NERS include:

1. Affirmation of anxiety
2. Affirmation of uncertainty
3. Affirmation of possibility
4. Affirmation of difficulty

While NERS are most helpful when used together, for teaching purposes I'm going to talk about them individually, using separate examples for each NER.

**Affirmation of anxiety**, the "gentlest" NER, and the one I teach clients first, involves purposefully acknowledging that you do indeed feel anxious, rather than trying to compulsively reason yourself away from the anxiety OCD wants you to strive to resolve. By choosing to purposefully affirm and acknowledge the feeling of anxiety, rather than trying to desperately scramble away from it, you're able to remain immune to OCD's attempts to goad you into the futile game of mental ping pong.

*Example:*

**Obsession (O):** "The HIV test result could have been a false negative."

**NER:** "I'm feeling anxious about that." (Rather than reassuring yourself that the results were accurate)

**O:** "You should be feeling anxious. You could give your partner a terrible disease because of your denial."

**NER:** "Feeling really anxious about that idea."

**O:** "It's not an idea; it's reality."

**NER:** "Feeling anxious about the idea that it's a reality."

**Affirmation of uncertainty** involves acknowledging the fact that you will never know with 100% certainty the "answer" OCD demands you must reach. Rather than scrambling to find certainty, you're affirming the reality that certainty is simply not something you are going to achieve and, therefore, you are not going to waste your time and effort trying.

**O:** "You didn't say 'thank you' to the cashier a minute ago. What if you really offended him?"

**NER:** "I don't know for sure whether or not I offended him."

**O:** "What if he was already having a bad day and you just made it worse?"

**NER:** "I don't know if he was having a bad day, and I don't know if I offended him. No matter how much I try to think it through, I'm not going to know."

**O:** "But he might think you're incredibly rude."

**NER:** "I don't know what he thought, and I'm not going to know."

**Affirmation of possibility** asserts "maybe so" — anything is possible. Acknowledging that what you fear is possible effectively shuts down OCD's attempts to bait you into a futile quest to achieve certainty. Though you may know the pursuit of certainty is doomed to failure, when you are desperate, it can be hard to stop your mind from trying. Assertively acknowledging that, "sure, anything is possible," is not an act of hopeless resignation. Nor is it an agreement that the thing you dread did or will happen. It is simply an acknowledgment that the feared circumstance, like virtually anything else, is possible. It's possible that a plane will crash into your home; or that we will have a terrorist attack tonight, or even that unicorns exist! Anything is possible — including your fears. Embracing this is difficult, but it's worth it. It puts you in the driver's seat, no longer at the mercy of OCD's taunts. It is something you can actually DO to break free from CR.

## THERAPY COMMUNITY

### How Do I Stop Thinking About This? *(continued)*

**O:** "That bump you just ran over — it could've been a person."

**NER:** "Maybe, anything is possible."

**O:** "The responsible thing to do is to drive back and check."

**NER:** "Maybe so, maybe not, but I'm not going to check."

**O:** "You're leaving yourself open to being charged with a hit and run."

**NER:** "Maybe. Anything is possible in this world."

**O:** "You're going to risk that? Your life will be destroyed."

**NER:** "Maybe, anything is possible."

**Affirmation of difficulty:** If someone advised you to respond to OCD's terrifying threats by simply agreeing that the feared outcome would "suck," you might assume he/she was an insensitive jerk. The key is to use affirmation of difficulty in a matter-of-fact, unabashed, and even slightly condescending way — in a tone that implies that the answer is glaringly obvious. The idea here is that the ANSWER to the question "what if" is pretty simple. The answer is, "it would suck." Because it would. Obviously!

**O:** "What if the fact you loved the movie and he hated it means he's not the one?"

**NER:** "Well, that would suck."

**O:** "Yeah, it would — he seems great in so many ways. What if this is a sign?"

**NER:** "Clearly, that would also suck. Duh."

**O:** "No, seriously, you could end up wasting years of your life with the wrong guy."

**NER:** "That, like millions of other bad things that could happen, would most definitely suck."

**OCD:** "But what if you waste so much time that you never find anyone and end up alone..."

**NER:** "That too would of course suck. Obviously."

You may wonder, don't people have to figure things out sometimes? The answer is, yes — sometimes. But not when a sense of urgency and desperation is present. Note the presence of urgency and desperation and use this as a guideline to help you recognize when OCD is trying to get you to engage.

#### THE NER ATTITUDE: CONFIDENT, CONCLUSIVE, AND PERSISTENT

That attitude in which one uses NERs is of utmost importance. First, NERs must be used in a masterful, strategic way. Agreeing that anything is possible, for example, is not an act of defeat. It's a brave, assertive action that shuts down OCD's attempts to ensnare you. Because each response involves purposely affirming exactly what OCD insists you scramble to deny, NERs enable you to beat OCD at its own game. Second, NERs must be used as conclusions. Saying "maybe," for example, is not an invitation opening the door to further consideration of endless possibilities. "Maybe" is the answer. Period. Lastly, we must match OCD's persistence. OCD certainly does not give up easily. You must consistently continue to respond to any and all of OCD's attempts to draw you into the endless cycle of CR in the same way — with NERs as your only response, until OCD is convinced the ping pong paddle has been abandoned and that you simply are not playing. When this happens, OCD stops trying — often only for 30 seconds, or three minutes, or five hours — after which NERs are used again and again, until they are no longer needed.

CR, like any compulsion, is an attempt to escape anxiety, inadvertently feeding OCD. With NERs, we show OCD that we see through its efforts to mobilize desperate striving and that we are able to remain immune to its attempts to draw us in. While disengaging from the often overwhelming compulsion to "think it through" can feel impossible, with practice, determination, and persistence, freeing yourself from the tormenting game of mental ping pong can become a reality. ①

*Lisa Levine, PsyD is a licensed psychologist at the Behavior Therapy Center of Greater Washington.*



## 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

**Alexian Brothers Behavioral Health Hospital**  
**1650 Moon Lake Blvd**  
**Hoffman Estates, IL 60169**  
**(847) 755-8566**  
[anxiety@amitahealth.org](mailto:anxiety@amitahealth.org)  
[amitahealth.org](http://amitahealth.org)

The Foglia Family Foundation Residential Treatment Center continues to operate in-person therapy for OCD and/or SUD. We have made changes that accommodate best practices for mitigation of COVID-19. Our intakes are done over the phone, so patients from all over the country are still being welcomed in for treatment.

The Center for Anxiety and OCD is now open both virtually and in-person. The PHP and IOP are both available so that our patients can be seen and cared for in an environment that accommodates the best practices for COVID-19.

Though it is a difficult time for everyone, we are here to serve you in a way that is safe, effective, and evidence based. Please feel free to reach out and speak to our staff about how we can work with you to make your treatment experience exceptional.

### THE ANXIETY TREATMENT CENTER OF SACRAMENTO AND ROSEVILLE

<b>10419 Old Placerville Road</b>	<b>1899 East Roseville Pkwy</b>
<b>Suite 258</b>	<b>Suite 140</b>
<b>Sacramento, CA 95827</b>	<b>Roseville, CA 95661</b>
<b>(916) 366-0647</b>	
<a href="mailto:drrobin@atcsac.net">drrobin@atcsac.net</a>	
<a href="http://anxietytreatmentexperts.com">anxietytreatmentexperts.com</a>	

The Anxiety Treatment Center of Sacramento and Roseville have continued to make the necessary adjustments to meet the growing changes as a result of COVID-19. As an essential business, we have worked hard to accommodate those who continue to need treatment for anxiety disorders and related conditions, while honoring the recommendations of the CDC and safety of others. As such, we have many of our staff diligently working from home treating patients both individually and in our intensive outpatient program via telehealth. We also have been able to continue to treat patients in our facility respecting hand washing guidelines, social distancing, and other safety measures.

The ATC will continue to work with the community providing treatment safely and effectively both during COVID-19 and

thereafter. In the meantime, to continue our outreach to the community, we have been promoting the wonderfully executed town hall live streams offered through the IOCDF. Dr. Zasio was pleased to join Ethan Smith, Randy Frost, Lee Shuer, and Becca Belofsky in a three-part series on hoarding disorder, in addition to a town hall meeting to promote awareness for the Affiliates and the resources provided by them, which includes OCD Sacramento.

### BEHAVIOR THERAPY CENTER OF GREATER WASHINGTON

**11227 Lockwood Dr**  
**Silver Spring, MD 20759**  
**(301) 593-4040**  
[info@behaviortherapycenter.com](mailto:info@behaviortherapycenter.com)  
[behaviortherapycenter.com](http://behaviortherapycenter.com)

The Behavior Therapy Center of Greater Washington (BTC) has adapted to meet the virtual needs of our clients as we continue to offer the high-quality initial consultation, intensive, and outpatient therapy through telehealth. With multiple clinicians newly licensed in Virginia, we are even better able to serve new clients from Maryland, Virginia, and other states that permit temporary out-of-state providers.

The GOAL OCD Support Group, a free clinician-facilitated peer support group, is open to all OCD sufferers and continues to meet via video conference every other Wednesday. The Parent Management Training and Anxiety and OCD Exposure Groups continue to run in a telehealth format as well. The Youth BFRB Therapy Group for school-aged children and teens struggling with body-focused repetitive behaviors is also continuing to meet virtually and has now begun its second round.

Finally, BTC Director Charles Mansueto and Senior Clinician Ruth Golumb, developers of the ComB Treatment Model for BFRBs, presented at the first ever-virtual IOCDF Conference on the topics of motivation in BFRB treatment and making the most out of treatment.

### BEND ANXIETY CLINIC

**777 NW Wall Street, Ste 302**  
**Bend, OR 97703**  
**(541) 668-6015**  
[drjasonrichards@bendanxietyclinic.com](mailto:drjasonrichards@bendanxietyclinic.com)  
[bendanxietyclinic.com](http://bendanxietyclinic.com)

The Bend Anxiety Clinic, which opened in September 2017, is pleased to announce that the scope of our services has expanded to include the treatment of children and adolescents in Central Oregon. We welcome Dr. Sara Vice, a clinical psychologist and expert in the treatment of anxiety, trauma, and related disorders in children and teenagers.

## THE THERAPY COMMUNITY

### Institutional Member Updates *(continued)*

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The Bend Anxiety Clinic offers expert-level cognitive behavioral therapy and exposure and response prevention treatment. We treat the full spectrum of anxiety and depressive disorders as well as post-traumatic stress, body dysmorphic disorder, hoarding, and body-focused repetitive behaviors. Unique to our practice, treatment is delivered wherever it is most effective, be it in the office, the home, or the community.

Dr. Vice utilizes evidence-based treatment modalities of cognitive, behavioral, and exposure-based therapies, including CBT, trauma-focused CBT, dialectical behavioral therapy, and parent-child interaction therapy. She also has extensive experience providing comprehensive psychological assessments for children, adolescents, and adults with suspected developmental and learning disabilities, ADHD, and emotional and behavioral disorders. She also conducts competency assessments.

Additionally, she facilitates trainings on exposure, trauma-based interventions, commercial sexual exploitation, harm reduction, secondary traumatic stress, and other topics pertinent to the welfare of children and adolescents.

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#### **CENTER FOR OCD AND ANXIETY-RELATED DISORDERS (COARD)**

**1129 Macklind Ave  
St. Louis, MO 63110  
(314) 534-0200  
[sue.mertens@uhsinc.com](mailto:sue.mertens@uhsinc.com)  
[slbmi.com](http://slbmi.com)**

We are very pleased to announce the addition of Sofia Grewal, MD and Kristin Bulin, LCSW to our clinical team. Dr. Grewal's geriatric expertise and Ms. Bulin's experience with trauma will be highly valued complements to our existing team of specialists.

Welcome COARD trainees for the 2020-21 academic year! Our residents include John Wunderlich, PsyD and Carolyn Lee, PsyD (2nd-year postdoctoral in psychology), Kelly Birmingham-Watts, PhD (1st-year postdoctoral in psychology), and Kayla Zebrowski, MSW (1st-year postgraduate in social work). Our four graduate practicum students are Megan Boehning and Samantha Smith from Southern Illinois University-Edwardsville, Genevieve Davison from Washington University, and Samantha Marr from Lindenwood University. In addition, we are pleased to welcome Alice Andres, PsyD to the clinical team. Dr. Andres comes to us from the Center for Behavioral Health at the University of Missouri-St. Louis and is pursuing re-specialization in OCD and anxiety-related disorders.

All COARD services are available via telehealth, including higher levels of care, groups, family consultation, and specialized services for the treatment-reluctant. At the time this update was written, in-person services had not yet been resumed. For a current status report, please contact the Institute.

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#### **CHILD MIND INSTITUTE**

**101 East 56th St  
New York, NY 10022  
(212) 308-3118  
[appointments@childmind.org](mailto:appointments@childmind.org)  
[childmind.org](http://childmind.org)**

The Child Mind Institute's Intensive OCD Program has begun seeing patients in-person and has availability for English- and Spanish-speaking families. If you'd like to refer a family to our care, please call us — there is currently no waitlist. For more information about how we're keeping our patients, families, and staff safe, visit [childmind.org/covidsafety](http://childmind.org/covidsafety).

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

**155 White Plains Rd  
Tarrytown, New York 10591  
(914) 631-4618  
[ec3486@cumc.columbia.edu](mailto:ec3486@cumc.columbia.edu)  
[columbiadoctors.org/childrens-health/anxietydayprogram](http://columbiadoctors.org/childrens-health/anxietydayprogram)**

CUCARD Westchester continues to provide our full range of therapy and psychiatry services via telehealth. Our Anxiety Day Program offers a comprehensive treatment program including daily group therapy, individual cognitive behavioral therapy, medication management, family support, and educational assistance. CUCARD Westchester also continues to offer intensive courses of exposure and response prevention treatment to individuals with OCD across the lifespan. These courses of treatment consist of 3–5 sessions per week and target highly impairing or distressing OCD symptoms. Telehealth has allowed us to support youth and families throughout New York State. We look forward to supporting children, teens and their families as they transition to the new school year. For more information, please call us at (212) 305-6001 or visit our website.

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#### **CORNERSTONE OCD & ANXIETY GROUP**

**415 Railroad Ave S  
Kent, WA 98032  
(844) 623-9675  
[info@cornerstoneOCD.com](mailto:info@cornerstoneOCD.com)  
[cornerstoneOCD.com](http://cornerstoneOCD.com)**

This fall Cornerstone OCD & Anxiety Group begins training graduate students to treat OCD, BFRBs, BDD, hoarding, and other anxiety-based disorders. Our goal in the field of mental health is to advocate for sufferers of obsessive-compulsive and related disorders by raising the interest of new clinicians to draw them into this clinical niche. Internships and practicums have been a planned part of our vision to grow the practice into a training inpatient facility. So we are very excited to start this next step.



## Institutional Member Updates *(continued)*

### KANSAS CITY CENTER FOR ANXIETY TREATMENT, PA

10555 Marty St, Ste 100  
Overland Park, KS 66212  
(913) 649-8820  
[info@kcanxiety.com](mailto:info@kcanxiety.com)  
[kcanxiety.com](http://kcanxiety.com)

In August, KCCAT celebrated our 15th birthday (and our research program celebrated 16 years)! We've remained open throughout the pandemic, moving all of our services to a secure telehealth format. Luckily, we had been providing telehealth services long before COVID-19, so we were ready! We welcomed our 2020-21 practicum trainee class in June, and are happy to have some excellent students working with us this academic year. Members of our team have also been keeping busy with various research projects related to mental health and COVID-19, spanning from case studies of service changes during COVID-19, examinations of how current patients have been impacted, to international work groups looking at predictors of coping during the pandemic.

### MOUNTAIN VALLEY TREATMENT CENTER

703 River Road  
Plainfield, NH 03781  
(603) 989-3500  
[dvardell@mountainvalleytreatment.org](mailto:dvardell@mountainvalleytreatment.org)  
[mountainvalleytreatment.org](http://mountainvalleytreatment.org)

Mountain Valley received joint commission accreditation in March, the week before suspending operations due to the uncertainty of the pandemic. We immediately began virtual mental health and academic services and resumed full residential operations as of May 18th. Additionally, former resident Kaylie Rosen was featured in the July 2nd issue of People Magazine — "Inside One Teen Girl's Struggle to Manage Anxiety During the Pandemic." We are so proud of Kaylie and her family for sharing some of their story.

For more information or to review the appropriateness of a client, contact Jennifer Fullerton, LICSW at [jfullerton@mountainvalleytreatment.org](mailto:jfullerton@mountainvalleytreatment.org).

### NEUROBEHAVIORAL INSTITUTE

2233 North Commerce Parkway Stes 1 & 3  
Weston, FL 33326  
(954) 280-3226  
[info@nbiweston.com](mailto:info@nbiweston.com)  
[nbiweston.com](http://nbiweston.com)

At the Neurobehavioral Institute (NBI), we continue to develop our evidence-based, highly intensive treatment services and outpatient programs for OCD, anxiety, and related conditions. In addition to our many services we are offering a variety of new virtual therapy groups, including an OCD, anxiety, and

stress management group for LGBTQA+ individuals, an adult OCD and anxiety support group, a parenting program for the "new normal," and an exposure-based therapy group.

We have been conducting intensive treatment services via HIPAA-compliant teleconference platforms in English, Spanish, Portuguese, and Afrikaans. Our team has provided thousands of telehealth hours, helping patients and their families in their native languages.

We also wish to announce the release of Dr. Katia Moritz's children's book "Blink, Blink, Clop, Clop: an OCD Storybook" as a free audiobook! We hope it serves to educate, inspire and help children feel more understood. Feel free to share it with a family or child affected by OCD. Thank you to all the voiceover artists that helped make this happen. Find it through The OCD Stories or on YouTube.

Be sure to check out our social media channels (@nbiweston) for our "Take Two" videos and [medium.com](https://www.medium.com) for Dr. Hoffman's ongoing posts.

### NW ANXIETY INSTITUTE

32 NE 11th Ave  
Portland, OR 97232  
(503) 542-7635  
[info@nwanxiety.com](mailto:info@nwanxiety.com)  
[nwanxiety.com](http://nwanxiety.com)

NW Anxiety Institute (NWI) continues to embrace uncertainty this fall, remaining focused on the health and safety of staff and clients by continuing to provide outpatient services via teletherapy. Hayley Dauterman, PhD began a new six-week parent training program, providing small group meetings and between-session coaching and consultation for parents of children who live with OCD, anxiety, or other behavioral concerns.

Although we're saddened that the Annual OCD Conference was not held in Seattle (our backyard) this year, the NWI team was excited and honored to be represented by speakers Myles Rizvi, PsyD and Hayley Dauterman, PhD at the OCD Summer Camp and Kevin Ashworth, LPC, Ashley Wray, LCSW, and Allison Bonifay, LPC, at the Online OCD Conference. Even more exciting, NWI partnered with the IOCDF to increase conference accessibility by offering 100 attendee scholarships.

Moving into the fall, NWI is launching the much-anticipated Anxiety Training Institute, a clinical training program for graduate students seeking a practicum training experience focused on providing ERP treatment.

Over the past several months, the NWI team has engaged in reflection, listening to and learning from our community. NWI has committed to continuing this learning while investing

## THE OCD & ANXIETY TREATMENT CENTER

targeted focus on increasing treatment accessibility and desirability for all community members.

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### THE OCD & ANXIETY TREATMENT CENTER

**1459 North Main St**  
**Bountiful, UT 84010**  
**(801) 298-2000**  
[admissions@liveuncertain.com](mailto:admissions@liveuncertain.com)  
[theocdandanxietytreatmentcenter.com](http://theocdandanxietytreatmentcenter.com)

**11260 River Heights Dr**  
**South Jordan, UT 84095**  
**(801) 298-2000**

The OCD & Anxiety Treatment Center (TOATC) recognizes the role it plays in following guidelines to slow the spread of COVID-19 while continuing to provide mental health services. That is why we implemented a telehealth option for both our outpatient and intensive outpatient programs. We have continued to see remarkable results utilizing both vehicles for programming. In June, we offered a 10-week body-focused repetitive behaviors (BFRB) group. It was so well received that we have a feeling it will become a regular offering at TOATC! Our website also got a new look recently. Check it out to see all of the fun new features, including our Community tab highlighting our podcasts, TV segments, blog, and mental health book recommendations. As we continue to grow, we are adding passionate and dedicated individuals to our team. Visit our About Us section on the website to learn more about our TOATC team and watch it grow!

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### OCD INSTITUTE AT MCLEAN HOSPITAL

**115 Mill St**  
**Belmont, MA 02478**  
**(617) 855-2776**  
[ocdiadmissions@partners.org](mailto:ocdiadmissions@partners.org)  
[mcleanhospital.org/ocd](http://mcleanhospital.org/ocd)

Lots of changes are happening at the OCD Institute this year. Despite the challenges that COVID-19 has brought, we have continued to provide residential care on our Belmont campus. We are happy to announce that OCDI Jr for children/adolescents has moved onto the main McLean campus and will provide residential and remote (for now) PHP treatment. The adult OCDI program will be relocating to the Belmont campus to be united with OCDI Jr, thereby creating a "OCD center" in one building to treat OCD patients across the age spectrum. We are excited about the many possibilities this will offer in terms of collaborative treatment, training, and research. We continue to expand and refine the remote treatments we are offering in order to offer services to as many people as possible despite the ongoing challenges we are facing. The adult service continues to offer remote PHP services in addition to residential treatment. We are proud of the safe and effective treatment we have continued to offer. Please feel free to reach out to us if you are interested in more intensive care.

## Institutional Member Updates *(continued)*

### PALO ALTO THERAPY

**407 Sherman Ave, Ste C**  
**Palo Alto, CA 94306**  
**(650) 461-9026**  
[info@paloaltotherapy.com](mailto:info@paloaltotherapy.com)  
[paloaltotherapy.com/ocd](http://paloaltotherapy.com/ocd)

**940 Saratoga Ave, Ste 240**  
**San Jose, CA 95129**

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, and other stress-related problems.

We are glad to introduce our newest members in both of our locations, including our fully licensed therapists, Jeanne Jacobs, LPCC and Linda Rolufs, LMFT, and our pre-licensed therapist Samantha Abbatiello, APCC, supervised by Lisa Macedo, LMFT. We are excited to have them join our ever-growing practice with their unique experience and backgrounds.

Our eight-week Anxiety to Wellness class is open for enrollment for both teens and adults! This class teaches anxiety-reducing techniques and offers group support. Classes are offered in January, April, and September.

We are hiring! We are hiring new therapists to 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, please send them our way!

We are happy to announce that many of our therapists are now partnered with Kaiser Permanente.

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

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### RENEWED FREEDOM CENTER FOR RAPID ANXIETY RELIEF

**1849 Sawtelle Blvd, Ste 710**  
**Los Angeles, CA 90025**  
**(310) 268-1888**  
[info@RenewedFreedomCenter.com](mailto:info@RenewedFreedomCenter.com)  
[renewedfreedomcenter.com](http://renewedfreedomcenter.com)

RFC is now offering in-person IOP and outpatient treatment and will continue to offer telehealth options to California residents during and after the pandemic. Due to the generous support of donors, we are most excited about the additional sliding scale and financial assistant treatment options we can now offer.

For additional support, RFC is currently offering two new donation-based telehealth groups. Our COVID-19 support group meets every Thursday at 2pm PST and is accepting new participants aged 18+. This group offers support and skills building for those struggling during these unprecedented times and will continue through the pandemic.





## RESEARCH NEWS

## Scrupulosity is Associated With Greater Distress, OCPD, and Schizotypal Symptoms: A research Update

by Jedidiah Siev, PhD



*Many people with obsessive compulsive disorder (OCD) struggle with scrupulosity, and research has found scrupulosity to be associated with worse outcomes in treatment. Yet, surprisingly little is known about how the presence of scrupulosity can complicate the experience of having OCD and recovering from it. Through a study funded by the IOCDF, we examined levels of depression, stress, anxiety, and two personality disorders in people with scrupulosity with the goal of improving our understanding of this common expression of OCD.*

### WHAT IS SCRUPULOSITY?

Scrupulosity is a manifestation of OCD with religious or moral fears at its core. People with scrupulosity are overly concerned with whether something they did, said, or thought is in adherence to a moral or religious code. We say that scrupulosity is a “manifestation” of OCD because scrupulosity is not exactly a subtype or symptom dimension of OCD (e.g., contamination, checking, incompleteness). Scrupulosity can appear in any OCD symptom dimension. Consider the following examples of religious scrupulosity:

- Obsessions about ritual purity, such as wudu (a practice in Islam where an individual washes themselves before prayer), menstrual purity laws, or dietary contamination, where the individual with scrupulosity excessively performs decontamination rituals beyond what is truly required by their religion
- Checking symptoms related to the performance of religious rituals or one’s “true” beliefs and intentions, to reassure the person that they have performed a ritual correctly or acted with “pure” intent

- Obsessions about intrusive blasphemous thoughts or offensive sexual images during prayer
- Not-just-right, symmetry, and incompleteness symptoms related to articulation of prayers or alignment of religious icons

Although scrupulosity is often religious, some people have secular moral scrupulosity, where the symptoms are not religious, but the core fear has to do with being an immoral, bad, or evil person in some way. Examples include obsessions about being perfectly honest, or doubts about whether one was sufficiently empathic in response to a terrible news story, with a core fear of being a fundamentally callous person.

### WHERE DOES RELIGION END AND OCD AND SCRUPULOSITY BEGIN?

Researchers and clinicians have noted a complicated relationship between religion and OCD. Behaviorally, religion and OCD typically involve the practice of rituals, sometimes seemingly designed to attain peace of mind or to avert catastrophe. In addition, some ways of thinking that we in the OCD world think of as “obsessional” seem similar to common religious beliefs. For example, moral thought-action fusion (TAF) is the tendency to judge thoughts as morally equivalent to behaviors. Someone high in moral TAF might believe that thinking blasphemous thoughts is morally similar to engaging in blasphemous behavior, or that fantasizing about having an extramarital affair is morally similar to having one. You may recognize that way of thinking as common among people with some types of OCD, and if you are Christian, you may also recognize it from doctrine (e.g., Matthew 5:27-28). For these reasons, researchers have examined rates of OCD and OCD symptom severity as a function of religion, and the overwhelming evidence indicates that religion is NOT a risk factor for OCD.<sup>1</sup> Of course, OCD is opportunistic and latches onto important

## Scrupulosity Is Associated with Greater Distress, OCPD, and Schizotypal Symptoms

(continued)

aspects of one's life, so it is no surprise that religious people with OCD often experience scrupulosity.

Even more complicated is the relationship between religion and scrupulosity. In general, religion seems to buffer against distress for many. For example, religion is broadly associated with less depression and anxiety; however, religiously based struggles can create distress.<sup>2</sup> Referencing the fact that some turn to religion to cope with anxiety, whereas others experience anxiety from religious threats of punishment and damnation, Koenig<sup>3</sup> observed, "There is an old saying that emphasizes this dual role: religion comforts the afflicted and afflicts the comforted" (p. 5). In fact, individuals with religious scrupulosity may find that stress, fear, and dread monopolize their experience of religion; ironically, their compulsive religious efforts interfere with their relationship with God.<sup>4</sup>

### OUR STUDY

Scrupulosity is associated with worse treatment outcome in some studies<sup>5-7</sup>, and many clinicians struggle to work effectively with clients when these symptoms are prominent. Exposure and response prevention, an effective treatment for OCD, requires clients to face the thoughts and situations that trigger their obsessions and core fears, but to refrain from performing the rituals that they normally use to ease their anxiety and avoid feared outcomes. For many, risking eternal or cosmic consequences seems even more intimidating than risking physical consequences, and scrupulous obsessions threaten one's very sense of self. Given the complicated relationship between religion, scrupulosity, and OCD, individuals with OCD may have trouble distinguishing religious concerns from obsessional concerns, and religious rituals from compulsive rituals.<sup>8</sup>

To better understand why people with scrupulosity might be struggling in treatment, we investigated the prevalence of depression, stress, and anxiety, as well as co-occurring personality disorders, in people with scrupulosity. With funding support from the IOCDF, we recruited 29 participants with scrupulosity, 20 with contamination OCD, and 19 control participants with no history of OCD and no current psychiatric diagnosis. Participants completed comprehensive diagnostic assessments, a battery of self-report questionnaires, and several computerized attention tasks.<sup>9</sup> We found through this study that scrupulosity is more strongly associated with a number of negative mental health features than are other types of OCD.<sup>10</sup>

### DEPRESSION AND ANXIETY IN SCRUPULOSITY

Compared even to those with contamination OCD, scrupulous participants reported more severe symptoms of depression and anxiety, and the differences were large. Similarly, it appeared that the scrupulous group had more stress, although in comparison with the contamination group, this difference was smaller and did not quite reach statistical significance, meaning that we can't be sure whether or not the differences we observed are due to chance. Similarly, 24% of the scrupulous versus 5% of the contamination participants met full diagnostic criteria for major depressive disorder, although this difference, too, was a trend but did not reach statistical significance. Of note, the scrupulous and contamination groups were equally severe in terms of OCD, with scores in the upper part of the "moderate" range of symptoms.<sup>12</sup> This means that the reason scrupulous participants experienced more depression, anxiety, and stress was NOT because overall they were simply more severe.

We were also interested in features of two personality disorders that are known to predict poor treatment outcome in OCD, and also seemed likely to be especially common in scrupulosity.

First, obsessive-compulsive personality disorder (OCPD) is characterized by rigidity, focus on details to the point that the big picture is lost, hyper-control, and perfectionism. There is actually symptom overlap between scrupulosity and OCPD, for which one diagnostic criterion is being "overconscientious, scrupulous, and inflexible about matters of morality, ethics, or values".<sup>13</sup> However, we previously found that other OCPD traits predicted scrupulosity symptoms, too, although that study did not examine diagnostic rates of OCPD or primary scrupulosity.<sup>14</sup> In the present study, 45% of the scrupulous versus 20% of the contamination participants met full diagnostic criteria for OCPD.

Second, schizotypal personality disorder (SPD) is characterized by magical thinking or strange beliefs, unusual perceptual experiences, and interpersonal discomfort and suspiciousness. In a large sample of individuals with OCD, those with religious obsessions endorsed more magical thinking and perceptual distortions than did others.<sup>15</sup> In the present study, we used a screening measure for SPD that measures participants on three scales: 1) a scale for cognitive-perceptual deficits (e.g., "Have you ever had the sense that some person or force is around you, even though you cannot see anyone?"), 2) a scale for interpersonal



## RESEARCH NEWS

**Scrupulosity Is Associated with Greater Distress, OCPD, and Schizotypal Symptoms***(continued)*

deficits (e.g., “I feel I have to be on my guard even with friends”), and 3) a scale for disorganization (e.g., “Some people think that I am a very bizarre person”). Scrupulous participants endorsed more symptoms on all three scales than did contamination participants, and the sizes of the differences between the groups were large.

We also examined insight (the ability of a person to recognize that what they are experiencing is due to their mental health disorder and that their obsessional fear is unlikely to come true even if they don’t ritualize) and there was no difference between the two OCD groups in terms of overall degree of insight. However, within the scrupulous group, there was a large correlation between OCD severity and insight. Specifically, among scrupulous participants, the more severe their OCD, the less insight they had about their symptoms.

**WHAT DOES THIS MEAN CLINICALLY?**

Scrupulosity presents a unique set of challenges for patients and therapists. Some are cultural and others have to do with the nature of the core fears. However, scrupulosity is also difficult because all else equal, individuals with scrupulosity are more depressed and anxious, and more likely to struggle with traits that are already known to interfere with treatment or predict worse outcomes.<sup>16-19</sup> Specifically, OCPD, with its characteristic rigidity, over-focus on details, hyper control, perfectionism, and over-conscientiousness can pose a significant hurdle, as can schizotypal symptoms. Finally, more severe scrupulosity often comes with less insight about the symptoms.

We encourage clinicians to assess for these symptoms when working with scrupulous individuals, and to incorporate treatment techniques to target them when appropriate.

**FUTURE RESEARCH DIRECTIONS**

Nearly a quarter (24%) of our scrupulous participants in this study had no religious affiliation, which is similar to what we found previously (18%).<sup>4</sup> There are several reasons people who report having no religion may have scrupulosity. Some may be religious or hold religious beliefs, but not as part of a specific religious group. Others were likely raised in a religious tradition even if they no longer identify as part of that group or reject its teachings. In our sample, for example, scrupulous participants with no religious affiliation still reported obsessions about the devil and “not putting God first.” Indeed, some may reject religion specifically because of their experience of scrupulosity.

It is quite likely, however, that many had secular (non-religious) moral scrupulosity. Examples of scrupulous, but not religious, obsessions among our participants included fears of being a bad or immoral person because of minor transgressions like bumping into someone else’s property, or that if they wasted anything at all they would be harming workers or poor people. One participant feared that they may have unknowingly cheated on their romantic partner without remembering it, and that they were a bad person because of it. Considering how many people with scrupulosity are not religious, it is striking that there has been virtually no research on secular moral scrupulosity. One notable challenge is that the primary existing scrupulosity measure<sup>20</sup> is composed of many questions that are explicitly religious, which severely limits its usefulness for measuring secular moral scrupulosity. In my lab, we recently validated a new measure of both secular moral and religious scrupulosity, and are preparing to publish those data and the measure. This will allow us to learn more about this important OCD symptom manifestation and to track symptom severity and improvement in clinical care, as well.

We are also interested in understanding more about why people with scrupulosity are more distressed than others with OCD. One possibility is that scrupulous fears are inconsistent with one’s values, and therefore threaten one’s very sense of self. In fact, this is likely also true of sexual and violent/aggressive obsessions, which are often grouped with scrupulosity as “unacceptable thoughts”.<sup>21</sup> Further study in this area could help improve treatment for this deeply painful and distressing manifestation of OCD. ☉

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## New Resource for Professionals!



We're excited to offer you access to the **brand new IOCDF Webinars**, the latest addition to the Training Institute. This is an excellent way to get some OCD and related disorders training and earn CEs right from home.

IOCDF Webinars will train professionals and student/trainees who work with OCD and related disorders — or would like to learn to do so — in an easy-to-use, virtual format.

Head to [iocdf.org/webinars](https://iocdf.org/webinars) for information about how to enroll, how to earn continuing education credits, and more!

## RESEARCH NEWS

### Congratulations to Our 2020 Research Grant Award Winners!

The IOCDF is very excited to announce the winners of the 2020 Research Grant Awards! The IOCDF's Research Grant Awards provide funding support for OCD and related disorders research with the goals of bettering scientific understanding of these disorders, improving treatment, and supporting promising young scientists. This year we awarded two types of awards: the Breakthrough Awards, which fund innovative and potentially groundbreaking OCD research, and the Young Investigator Awards, which help early career researchers carry out smaller-scale projects and support their continued engagement in OCD and related disorders fields.

The generous support of our donors has enabled us to award \$1.1 million in research funding this year. We are incredibly grateful to you for making these research awards possible!

All grant winners were selected through a highly competitive process. Their proposals were evaluated by senior research scientists on the IOCDF's Grant Review Committee, and the IOCDF Board of Directors made final funding decisions based on the Grant Review Committee's recommendations. The chosen proposals were deemed to have strong scientific merit and high potential to make a meaningful impact.

We are pleased to announce the following awards:

#### BREAKTHROUGH AWARDS

##### Identifying targets for prevention and early intervention in Obsessive-Compulsive Disorder



David Mataix-Cols, PhD  
Karolinska Institutet  
Sweden

Award amount: \$500,000

We still do not know exactly what causes OCD. Research has found that the risk for developing OCD is not only due to the genes we inherit from our parents, but also due to factors in our environment that can't be explained by genetics alone. In fact, researchers believe that at least 50% of the risk for developing OCD comes from what we experience in the environment around us, but we do not yet know which environmental factors increase this risk. Dr. Mataix-Cols and his team will recruit a large number of identical twin pairs where one twin has OCD and one does not. This means that the twins share exactly the same genes, but one twin experienced

something in their environment that caused them to develop OCD, while the other did not. With the consent of study participants, Dr. Mataix-Cols and his team will access a vast amount of medical information about them using the unique Swedish nationwide register, which collects the medical records of Swedish citizens throughout their lives. They will also build a database of biological samples from each participant, including samples that were taken at birth for the Swedish phenylketonuria (PKU) screening biobank. The project team will then analyze this data to attempt to identify the environmental causes that increase risk for developing OCD. This research project could unlock new information about why certain people develop OCD, and even lead to knowledge that would allow us to prevent OCD from taking hold in the first place.

##### A Precision Medicine Approach to OCD Treatment: Targeting Neuroinflammation



Jeffrey Miller, MD

Research Foundation for Mental Hygiene, Inc.  
/ Columbia University  
New York, New York

Award Amount: \$500,000

Dr. Miller and his team will test a new OCD treatment strategy by measuring and targeting inflammation in the brain. Their work builds off of early evidence suggesting a connection between OCD and brain inflammation, and the possible benefits of anti-inflammatory medication. Dr. Miller's project will precisely measure brain inflammation in a group of people with OCD using PET imaging and blood sampling, and then provide them with treatment using the anti-inflammatory drug celecoxib (the brand name drug Celebrex). Their symptoms will be tracked, and their levels of brain inflammation will be measured after treatment using the same brain imaging and blood sampling techniques as those employed before treatment. Dr. Miller's work will substantially add to our knowledge about the role that inflammation may play for some people with OCD, and whether anti-inflammatory medication could be an effective treatment for these individuals.

#### YOUNG INVESTIGATOR AWARDS

##### Using a Machine Learning Approach to Identify Immune Biomarkers Associated with PANS/PANDAS



Lauren Breithaupt, MD, PhD

Massachusetts General Hospital / Harvard  
Medical School  
Boston, Massachusetts

Amount: \$50,000



## Congratulations to Our 2020 Research Grant Award Winners!

Within the past twenty years, researchers and clinicians have begun to recognize that certain cases of childhood-onset OCD are unique. In these cases, a child's OCD symptoms appear very rapidly, and typically set in following an infection like strep throat. Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections, and Pediatric Autoimmune Neuropsychiatric Syndrome (PANDAS/PANS) are proposed diagnoses for these unique pediatric illnesses, and are distinct from a diagnosis of childhood OCD. However, clinicians and researchers often struggle to differentiate OCD and PANDAS/PANS, in part because there is no biological test to confirm that a child indeed does have PANDAS/PANS. In this research study, Dr. Breithaupt will analyze a very large set of biological data from a group of children with PANDAS/PANS, a group of children with PANDAS/PANS who have symptoms that make it difficult for them to eat (avoidant/restrictive food intake disorder, or ARFID), as well as a group of children with more typical childhood OCD, and a group of healthy children. Her approach uses machine learning — a form of artificial intelligence — to sift through this large volume of data and find hidden patterns in it. Her goal is to identify proteins in the blood that could serve as a unique marker that a child has PANDAS/PANS, which could not only lead to a new diagnostic test, but also provide useful information for the development of new medications.

### Understanding and treating OCD in older adults



Carly Johnco, PhD  
Macquarie University  
Sydney, Australia  
Amount: \$50,000

Almost all of the research on OCD, including how it is best treated, has been focused on children and adults under the age of 65. Very little attention has been given to OCD in older adults. With the population aging globally, the number of older adults with OCD is expected to double within the next 30 years. We currently lack important information about the best possible ways to treat the growing number of older adults with OCD, and how approaches that work with children and adults may need to be modified to best serve older adults. Dr. Johnco's project will focus on family accommodation (when a family member of a person with OCD helps that person with their rituals). Accommodation in childhood and adult OCD is well understood, and treatment approaches now commonly involve family members in order to reduce accommodation from family and help their loved one recover from OCD. Older adults have an increased need for support from a variety of people, including their adult children, health care workers in

the home or in a residential setting, neighbors, and others, all of whom are not the typical sources of accommodation for younger people with OCD. This study will investigate the ways that accommodation plays a role in the lives of older adults with OCD, and Dr. Johnco will develop a treatment protocol for addressing accommodation that is age-appropriate and considers the unique circumstances of aging with this disorder.

### Intervening on Loneliness to Reduce Object Attachment in Hoarding Disorder: Two Randomized Controlled Pilot Studies



Keong Yap, DPsych  
University of New South Wales  
Sydney, Australia  
Award amount: \$48,000

People with hoarding disorder experience strong emotional attachment to their possessions and extreme difficulty and distress when throwing things away. This can lead to accumulation of possessions beyond the norm, to the point where the homes of people with hoarding disorder can become difficult to move around in, or even unsanitary and potentially dangerous. One possible explanation for the strong emotional attachment to possessions in hoarding disorder is loneliness: people with hoarding disorder bond with their possessions in order to replace the bonds with other people that are missing from their lives. The social impacts of hoarding disorder may deepen these feelings of loneliness by making it difficult to form or sustain healthy relationships. Dr. Yap's research will attempt to address loneliness in people with hoarding disorder through an online program that is known to be effective in reducing feelings of loneliness. He will then track participants' loneliness and depression symptoms, as well as their symptoms of hoarding, to find out whether addressing loneliness can be a helpful intervention for hoarding disorder. ①

*The IOCDF is incredibly excited to be funding a diverse group of research projects that hold promise for those struggling with OCD, hoarding disorder, and PANDAS/PANS. The IOCDF is grateful to our donors, and to the 76 research scientists who volunteered their time to evaluate the grant proposals we received earlier this year. Thank you also to our Grant Review Committee Chair Christopher Pittenger, MD, PhD, and Vice Chair Jennifer Freeman, PhD, for their work in organizing and leading this year's Grant Review Committee.*

## RESEARCH NEWS

### Research Participants Sought

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

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

#### Are you interested in panic buying and the reasons we acquire and save things?

We are looking for people to participate in a two-part online study about panic buying and the motivations to acquire and save possessions. To be eligible, you need to be 17 or older. Part one takes 70 minutes to complete, after which you will be entered into a drawing to win one of two AUD\$75 cash prizes through Paypal. Part two will occur two weeks after part one, and only takes 20 minutes. After completing part two, you will be entered into a separate drawing to win AUD\$50.

Follow this link to participate in our online study:  
[https://mqedu.qualtrics.com/jfe/form/SV\\_5213w7mh9PETkuF](https://mqedu.qualtrics.com/jfe/form/SV_5213w7mh9PETkuF)

Principal Investigators: A/Prof. Melissa Norberg, Dr. Miriam Forbes, Dr. Nathan Caruana, & Jonathan David, PhD student

Do you have OCD that has not been well managed by medication or therapy?

We are currently seeking participants for an upcoming clinical trial of transcranial magnetic stimulation (TMS) for OCD. TMS has shown to be an effective form of treatment for some individuals with OCD. Our study will use a novel form of TMS termed theta-burst stimulation (TBS), which may deliver faster symptom reduction than traditional TMS. The treatment will include delivery of TBS at two distinct brain regions. Treatment will take place onsite at Stanford University, within the Department of Psychiatry and Behavioral sciences.

Procedure: During your TBS treatments, you will be awake and sitting in a chair. A magnetic device is placed over your head. This device transmits magnetic waves to brain regions linked to OCD by research.

To be eligible for the study, participants are required to be:

- 18-80 years old
- Have a diagnosis/prominent symptoms of OCD
- Are taking or have taken medication for OCD

We reluctantly cannot accept any participants who

- Have any brain lesions or other clinically significant brain abnormalities

- Are pregnant
- Have any non-MRI safe implants
- Have a history of epilepsy or seizures

If you are interested in this study please go to this link for our online screening assessment for eligibility: [https://is.gd/BSL\\_OCDstudy](https://is.gd/BSL_OCDstudy) or contact Nick Bassano at [tmsocdstudy@stanford.edu](mailto:tmsocdstudy@stanford.edu).

#### Effects of the neurotransmitter dopamine on insight and impulsivity in BDD

We are conducting a study to examine the effects of the neurotransmitter dopamine on insight and impulsivity in body dysmorphic disorder. Participation in this study could help researchers better understand the potential role of dopamine in the behavioral aspects of BDD. If you are over 18 and you have a BDD diagnosis without comorbid OCD, or an OCD diagnosis without comorbid BDD, you may be eligible for participation. Your information will be kept completely confidential. Participation will take less than one hour, and remote participation is possible. For more information, or to inquire about joining the study, please contact the primary investigator Madison Fitzpatrick either by phone or by email: [fitzpatrick@biobehavioralinstitute.com](mailto:fitzpatrick@biobehavioralinstitute.com), (540) 878-8308.

#### Facilitating dementia research throughout COVID-19: Neureka at Trinity College Dublin

Dr. Claire Gillan and her team at GBHI have developed Neureka: a free smartphone application which allows anyone, anywhere, to contribute to cutting-edge brain health research. Neureka delivers a collection of research studies through brain games and self-reflection challenges that allow users to have fun and learn about themselves, whilst also providing data crucial to helping us understand major disorders of the brain, like depression, OCD, anxiety, and dementia.

The more Neureka is played, the more we learn about dementia, and the more you can contribute to mental health research: by simply using your smartphone to play brain games and complete challenges at your leisure, you can anonymously and confidentially share your personal experience of mental health with the GBHI research team.

## Research Participants Sought *(continued)*

Please watch the short video introduction to Neureka featuring Dr. Claire Gillan (GBHI Faculty, Assistant Professor of Psychology at TCD and Principle Investigator) for more information: [youtube.com/watch?v=TkWtYafAAT4&t](https://www.youtube.com/watch?v=TkWtYafAAT4&t)

The more people that engage with Neureka, the more we will learn about what causes dementia and mental health problems — and how we can intervene before people get sick ([www.neureka.ie](http://www.neureka.ie)).

Please download Neureka from the Google Play Store or the App Store to participate:

Android: [play.google.com/store/apps/details?id=com.gillanlab.neureka.beta&gl=IE](https://play.google.com/store/apps/details?id=com.gillanlab.neureka.beta&gl=IE)

iOS: [apps.apple.com/us/app/neureka/id1510744878?mt=8](https://apps.apple.com/us/app/neureka/id1510744878?mt=8)

### OCD and COVID-19 survey

A research team based at UC Irvine is conducting a survey to learn about the experiences of people with OCD during the COVID-19 pandemic. The survey takes around 10–25 minutes to complete, and after completing the survey you will be entered in a raffle to win a \$100 Amazon gift card (1/50 chance of winning). The survey is anonymous and does not ask for any information that would reveal your identity. Survey participants must be fluent in English and at least 18 years of age. Please click this link if you are interested in taking the survey: [uci.co1.qualtrics.com/jfe/form/SV\\_ebrU5HHpokFROtL](https://uci.co1.qualtrics.com/jfe/form/SV_ebrU5HHpokFROtL)

### Study examining standard treatment and a mobile application for childhood OCD

Is your child between 9 and 17 years of age? Do they 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 six of the 12 weeks to see if it may help enhance treatment. Telehealth options are available. Interested families should contact us at (310) 825-0122 or e-mail Silvia Orellana at [SilviaOrellana@mednet.ucla.edu](mailto:SilviaOrellana@mednet.ucla.edu).

### Understanding the psychological impact of the COVID-19 pandemic on children with OCD/tic disorders

The Massachusetts General Hospital Pediatric Psychiatry OCD & Tic Disorders Program is conducting a study to understand the psychological impact of the COVID-19 pandemic on the experiences of children and adolescents who present with obsessive-compulsive and/or chronic tic disorders. You are being contacted because you are part of our organization's listserv. To find out more information and participate, please click on the link below

[https://is.gd/PediCOVID\\_OCDCTD](https://is.gd/PediCOVID_OCDCTD)

Our program conducts many studies to advance scientific knowledge about obsessive-compulsive, chronic tic, and commonly co-occurring disorders. This research is made possible by people like you. We hope you will consider taking part in this important survey.

To thank you for dedicating your time to our research, we are holding a raffle for participants to win one of five \$50 Visa gift cards. Entry into this raffle is completely optional.

If you have any questions, please contact the Principal Investigator, Dr. Erica Greenberg, Massachusetts General Hospital Pediatric Psychiatry OCD and Tic Disorders Program, at [MGHPediOCDTics@partners.org](mailto:MGHPediOCDTics@partners.org) or by calling (617) 643-2780.

Thank you for your time and we hope you decide to take our survey!

### MR-PET brain imaging study for individuals with obsessive compulsive disorder

The Massachusetts General Hospital is conducting a study investigating the structure and function of the brain of adults with and without obsessive compulsive disorder using MR-PET scans. Healthy participants must be between the ages 18 and 40, and have no serious medical or psychiatric conditions. Female participants must not be pregnant or breastfeeding. Participants must also have no contraindications for MRI. The study includes one screening and one scanning visit at the Martinos Center for Biomedical Imaging. Eligible participants will be compensated up to \$200 for their time. For additional information about study requirements and study procedures, please contact the Hooker Lab Research Group at (617) 643-7811 or [imagingstudy@mgh.harvard.edu](mailto:imagingstudy@mgh.harvard.edu).



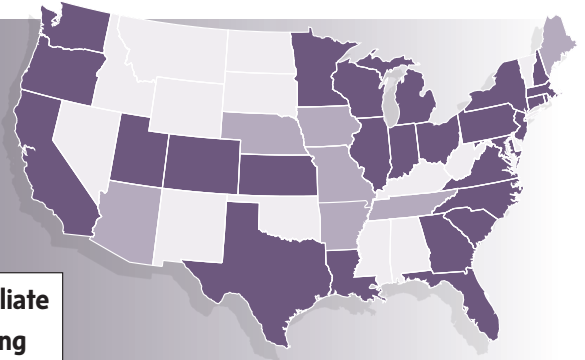
## FROM THE AFFILIATES

### 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 ARIZONA

Initial steps to form an Affiliate in the state of Arizona continue to be underway. OCD Arizona would like to thank everyone for their patience in forming our Affiliate, as the pandemic has delayed some initial progress. We are excited to be a part of the IOCDF community.

#### OCD CENTRAL & SOUTH FLORIDA

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

OCD CSFL has been busy hosting several virtual events in an effort to continue our outreach efforts and provide access to resources. Virtual events included: "Don't Touch Your Face: How to Engage in Habit Reversal Training During COVID-19," "Living with OCD: A Discussion with Teen Advocates," and "Living and Parenting with BFRBs." Recordings of all of these events are available on our website if you missed them!

OCD CSFL board members were also thrilled to participate in the Online OCD Summer Camp and the Online OCD Conference. We even sponsored a contest for free registration to the Conference, for the most creative submission of why someone deserved to attend. In August, we collaborated with Rogers Behavioral Health to host a virtual event and Q&A focused on helping educators address anxiety and uncertainty in the classroom. Joshua Nadeau, PhD (Rogers Behavioral Health) and Karan Lamb, PsyD (OCD Central & South Florida) discussed ways for teachers to ease their own anxiety and how they can help students and parents address worries about the school year. Also in August, we hosted a series of restaurant fundraisers to support local restaurants and our Affiliate, where 20% of takeout orders were donated back to OCD CSFL. We are now looking forward to OCD Awareness Week 2020! On Sunday, October 11th, Jonathan H. Hoffman, PhD, ABPP will be doing a virtual presentation on "What I've Learned About OCD in 30+ Years of Practice." Please check our website to register, and for more details about this event.

Given that our Affiliate spans a large region, a current goal for OCD CSFL is to build a base of volunteers to help with our cause. If you are interested in getting involved, please email us at [info@ocdcsfl.org](mailto:info@ocdcsfl.org) regarding your interest.

Check out our website for information about our events, and to learn more about OCD Central & South Florida. You can also find us on Facebook @OCD CSFL. Contact us if you have any questions!

#### OCD JACKSONVILLE

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

OCD Jacksonville, like the rest of the world, has had to shift and adapt to the restrictions created by the pandemic. In spite of the challenges, we are more inspired than ever by the bravery and perseverance of the OCD community and remain wholly committed to providing programming for clinicians and sufferers. Although we were all unable to attend the IOCDF Conference in person, we are committed to the educational value of the event. We were proud to offer 20 scholarships to the Online OCD Conference to clinicians, sufferers, and family members in our catchment area. We were also excited to be virtual exhibitors at the conference, presenting a new line of products from the Fearless collection by Natural Life, and informing visitors about the programming available at OCD Jacksonville. As stay-at-home orders created challenges for families, we were able to purchase a block of streams of UNSTUCK: An OCD Kids Movie so our families could view the movie safely at home. Our support groups via Zoom continued with great success and have even drawn an international group of attendees. Our connection with the University of North Florida and Jacksonville University continues; we proudly presented another workshop at JU this summer, introducing graduate students to the concept of treating OCD and related spectrum disorders. We also did an educational Zoom live stream event with a community partner, Stronger than Stigma, that brought OCD awareness to a new community of mental health advocates.

## Affiliate Updates *(continued)*

Our OCD Stories event with Stuart Ralph, postponed from the spring, was recorded and will be available for streaming this fall. We are also thrilled to be presenting an OCD week event with OCD Central and South Florida, an initiative we hope will lead to many shared events in the future. We are looking forward to sharing some projects that we have in the planning stage by the next newsletter! In a season of life that is difficult for so many, we offer our very best and most hopeful wishes to everyone.

### OCD LOUISIANA

[iocdf.org/organizations/ocd-louisiana](http://iocdf.org/organizations/ocd-louisiana)

OCD Louisiana would like to give a round of applause to the IOCDF for holding a successful Online OCD Conference this summer! We currently have several opportunities for Louisianans to become more involved in our Affiliate, as board members and committee chairs. We also will be starting a virtual consultation group for professionals working with individuals with OCD. If you are interested in our programming and resources, please go to [ocdlouisiana.org](http://ocdlouisiana.org) to join our email list and/or email [ocdlouisiana@gmail.com](mailto:ocdlouisiana@gmail.com). Lastly, along with the IOCDF and Affiliates nationwide, OCD Louisiana will be co-hosting the Virtual 1 Million Steps 4 OCD Walk from October 3–10. Please look for us on the Walk registration page and check your inbox for information on virtual programming related to this event.

### OCD NEW HAMPSHIRE

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

OCDNH has been busy trying to provide support for the OCD community throughout quarantine and the uncertainty of the COVID-19 pandemic. In partnership with the Dover Mental Health Alliance, OCDNH has been an integral part of helping to create a safe space for those with mental illness to find resources and help locally. We have worked with some of our state level OCD experts and advocates to run weekly virtual support groups for those with OCD and their families. In August, we launched a virtual support group for kids with OCD ages 9–17 as well as hosted a webinar for parents on overcoming the stress and anxiety of returning to school in a COVID world.

If CDC guidelines allow for it, we will be hosting some in-person, socially distanced gatherings like hiking and apple picking in the late fall. Additionally, we are participating in the 1 Million Steps 4 OCD Virtual Walk from October 3–10. For more information on all of the above please visit our website.

### OCD SACRAMENTO

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

OCD Sacramento continues to be a proud supporter of the annual 1 Million Steps 4 OCD Walk held this year on October 10th. As many of you know, this will be the first virtual Walk and we hope that you will join and support us in this exciting event. We have our board members working hard to promote this very important awareness-raising event and hope you too will join us. Registration details can be found on our website.

OCD Sacramento is pleased to welcome Erik Duarte and Christopher Weston as our most recent volunteers. Erik was our grand marshal for our 1 Million Steps 4 OCD Walk in 2015, sharing both his struggles with and recovery from body dysmorphic disorder. Erik speaks openly and candidly about his journey with the hope of inspiring and encouraging others to seek treatment who are also struggling with this condition. Erik will also participate in our monthly lecture series outlining what to expect in treatment for BDD as well as the importance of the inclusion of the family. Chris joins us with his passion to promote awareness for proper treatment of OCD due to his own personal experience. His enthusiasm is a great addition to our mission of reaching others who may be struggling with OCD and need encouragement to seek treatment.

### OCD SF BAY AREA

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

Due to the pandemic, our 1 Million Steps 4 OCD Walk was cancelled, as were all the others across the country. Several support groups in the San Francisco Bay Area have transitioned to online groups. Please check our website for information about these groups. We hope to hold OCD Awareness Week programs online as well. Again, check our website for more information.

### OCD SOUTH CAROLINA

Initial steps to form an Affiliate in the state of South Carolina continue to be underway. Contact [info@ocdsc.org](mailto:info@ocdsc.org) to learn more.

### OCD SOUTHERN CALIFORNIA

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

OCD Southern California has been adjusting our programming to fit with the safety requirements mandated by the state of California due to COVID-19. Unfortunately, this means we will not be hosting our Annual Conference as planned this October. However, we have been in contact

## FROM THE AFFILIATES

### Affiliate Updates *(continued)*

with the conference venue, and we are planning to hold our conference in 2021. The date has not been finalized, but we will announce it as soon as it is set!

In order to continue our mission of providing support to the local Southern California OCD community, our Affiliate will be participating in the IOCDF Virtual 1 Million Steps 4 OCD Walk! Registration for the walk is now open! The Walk will take place in October during OCD Awareness Week! On Saturday, October 3rd, OCD SoCal is planning a virtual kickoff event featuring an opportunity to hear from our board members — made up of clinicians, individuals with OCD, and their loved ones! There will be a culminating Virtual Closing Ceremonies for the OCD Walk held on Saturday, October 10th, that will feature various engagement opportunities for registered walkers. Between October 3rd through the 10th, walkers are encouraged to wear their official walk t-shirts (provided to those who register and donate \$25) and take pictures of themselves walking — safely of course — to spread OCD awareness!

Lastly, our vice president, Chris Trondsen, was featured in a recent IOCDF Affiliate town hall to update the international community on what OCD SoCal has planned in the upcoming months. To watch this update, register for the forthcoming virtual Walk, and to find out more about next year's in-person conference, please visit our website and our social media sites: @OCDSoCal. Thank you!

#### OCD TEXAS

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

OCD Texas is adapting to our changing world and continuing to grow. We welcome Mikayla Leech and other onboarding volunteers to further boost our online presence and support upcoming events. New volunteers are always welcome to inquire at [info@ocdtexas.org](mailto:info@ocdtexas.org)

We are pleased to co-host Virtual 1 Million Steps 4 OCD Walks this fall and will be contributing web-based educational content for Texans as we approach the Walk during OCD Awareness Week (October 11–17). Check out our website or our social media pages for more information. Interested speakers can submit proposals to [info@ocdtexas.org](mailto:info@ocdtexas.org).

Looking ahead, OCD Texas is poised to sponsor the General Behavior Therapy Training Institute (BTTI), rescheduled for December in Austin, where we are also supporting local providers in attending this training.

#### OCD WISCONSIN

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

OCD Wisconsin has pivoted our 2020 strategies to adapt to the COVID-19 pandemic. All of our in-person events have been either cancelled or rescheduled as virtual sessions.

Most significantly, we had planned to participate in the IOCDF's 1 Million Steps 4 OCD Walk event as an Affiliate partner. We are now switching our fundraiser to a virtual walk and in fact are hoping we get a broader base in the state since participants won't have to travel!

Around OCD Awareness Week, we will be broadening our popular "Ask the Experts" series to a virtual presentation! This was planned pre-pandemic as a strategy to reach a broader statewide audience.

We have added several new members to our board, who are excited to get going with a variety of other projects. ☺



# VIRTUAL #OCDwalk

**10/10/2020** Learn more and register at

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