International OCD Foundation

OCD Newsletter

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When Obsessive Perfectionism Goes to School by Fred Penzel, PhD

Schoolwork itself can be enough of a challenge for many kids and young adults, especially given the recent disruption of normal school activities. Having to perform under the pressure that parents and school personnel place upon them is never easy and can be quite stressful for some.

This does not begin to compare, however, to what happens when OCD enters the picture. Three well-known hallmarks of OCD are doubt, guilt, and perfectionism. We also observe that OCD has an insidious way of attaching itself to things individuals care about the most. For those students who are already concerned with doing well and achieving high grades in school, having OCD involve itself in this can be an exquisite form of torture.

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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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Comic Corner

by Clara Klugmann

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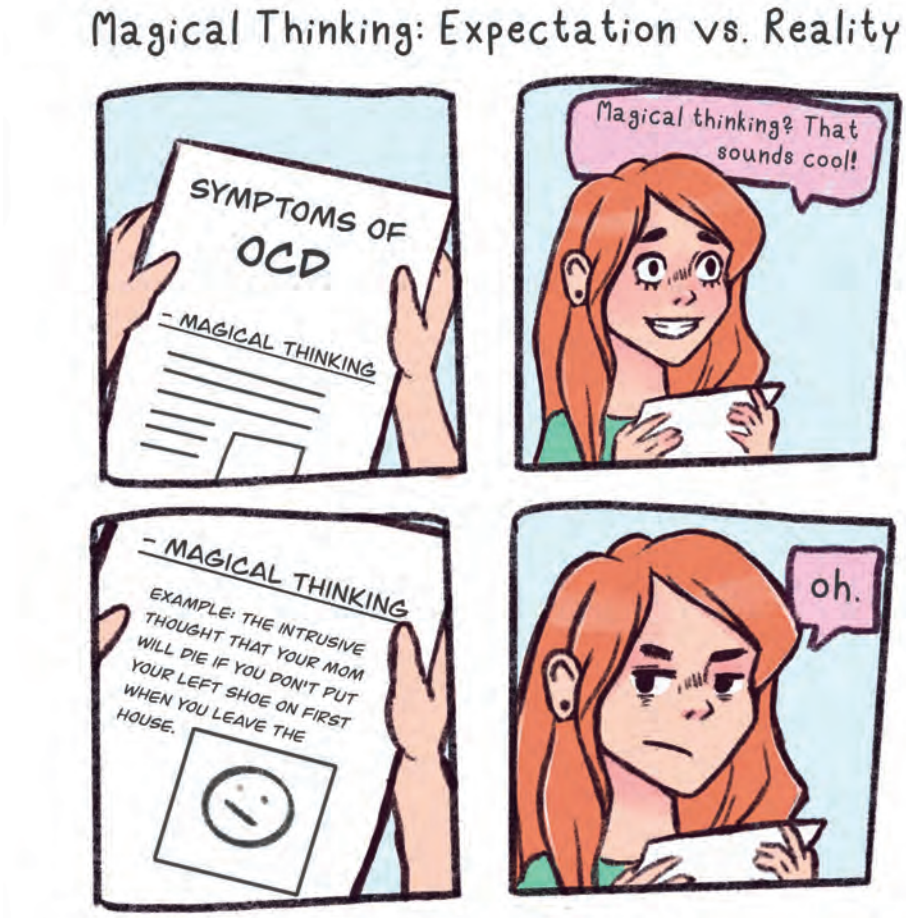

#OCDweek

October 10-16, 2021

International OCD Foundation

iocdf.org/ocdweek

President's Letter

by Susan Boaz

Dear IOCDF Friends and Family,

I hope this edition of the OCD Newsletter finds you well. As back-to-school season comes to a close, I'm reminded of the significant life transitions that we all go through and the uncertainties they bring. We know that getting treatment is only half the battle for people with OCD and related disorders and their loved ones. Life tosses us day-to-day curve balls, along with bigger events like weddings, graduations, and moves. All of these can reignite old anxieties.

At the International OCD Foundation, one of our biggest goals is to provide the OCD and related disorders community with tools to access during these times. At our second OCD Camp this July, we helped kids develop new friendships and a sense of community, and to build the components of an OCD toolkit. This kit included knowing how to cool down feelings, talk back to intrusive thoughts, and cope with uncomfortable body sensations. Parents learned to identify compulsions and to become better at supporting kids without accommodating. In the end, both parents and their kids managed symptoms and felt a sense of hope during the OCD Camp — afterward, one parent wrote "My daughter, who refuses treatment, had so many breakthroughs and 'Aha' moments." We hope after the OCD Camp was over, kids brought those skills out into the world with them.

I'd like to say thank you to over 100 volunteers who helped plan and run the kids OCD Camp. I'd especially like to thank Kyle King, Caroline K., and Darcy H. who are passionate about giving back to the community!

This fall, we will continue this work for the community with the 1 Million Steps 4 OCD Walk program, the second Online OCD Conference, and 13th annual OCD Awareness Week. With so much uncertainty surrounding the COVID-19 pandemic, we were disappointed to cancel our in-person Conference in New York City. But, like last year, we know that hosting the Conference virtually will reduce barriers for those who live far away and may not otherwise have access. Once again, this year, we have a robust program planned, including the return of unique programming on body-focused repetitive behaviors and body dysmorphic disorder, and the introduction of a series on diversity. Immediately following the Conference comes OCD Awareness Week, wherein we will bring you programming that will help you identify and follow your values.

The Conference and #OCDWeek are much more than just events — they're skill-building opportunities that will help you all year round, whether you're a person with lived experience, a loved one, or a professional.

Beyond our major events, we're here for you with skill-building programming. Our Peace of Mind Virtual Community programming continues with live streams being held twice a week. In each stream, hosts like IOCDF National Advocates Liz McIngvale, PhD and Ethan Smith field your questions and provide support. Meanwhile, My OCD Community on HealthUnlocked is thriving, with 4,500 members to date. This free, anonymous community resource was added to our slate two years ago, and since then, it's become an invaluable resource for our community.

Finally, as always, know that the International OCD Foundation is just a phone call or an email away. Our resource specialist is available to help at ***info@iocdf.org*** or by phone at (617) 978-5801. Whatever life throws your way, the IOCDF is here.

With love,

Susan Boaz

IOCDF Board President
and mom to a fabulous teen

FROM THE FOUNDATION

You're Invited to Our Second Online OCD Conference

We're so excited to host our second Online OCD Conference! While we're disappointed that the ongoing COVID-19 pandemic meant we couldn't hold an in-person Conference in New York City this past summer, we are overjoyed at the opportunity to bring together our worldwide OCD community virtually once again!

The Online OCD Conference will take place from **Friday, October 8th through Sunday, October 10th**, and will help kick off OCD Awareness Week (October 10–16) with three days of learning, community, and fun.

The schedule is jam-packed with workshops, discussion groups, networking events, and social activities for the entire OCD and related disorders community, including people with lived experience, friends/families/supporters, and mental health professionals and trainees.

Read on for more on what to expect from this year's Conference.

WHAT TO EXPECT

If you attended the 2020 Online OCD Conference, you'll notice the format is very similar to what you experienced last year. The program includes several tracks for all our audiences and covering a variety of topics. While certain tracks are geared towards certain populations (for example, tracks for therapists or for families), you are welcome to attend anything that might catch your interest

This year, by popular demand, we are bringing back some special topics, including our series for young adults, body dysmorphic disorder (BDD), and body-focused repetitive behaviors (BFRBs). We also are bringing back the professional development series for professionals who are new to the field or simply wishing to grow their practice. Professionals will also be happy to know that they can still get their continuing education credits at the Online OCD Conference (more on that later!).

WHAT'S NEW THIS YEAR

Along with the returning favorites, we are excited to have several new additions to the Online OCD Conference program this year. These include:

- A full-day series for and about racial/ethnically diverse populations.
- A full-day series about comorbidities, such as OCD and substance use disorders, eating disorders, and PTSD.
- New topics that have never been covered in an OCD Conference, including procrastination, grief, peer support, mental health anxiety, and subtypes such as ocular tourettic OCD and responsibility OCD.
- Online OCD Conference "After Hours" — if you ended your Conference day last year wishing for more, we've got you covered this year! In addition to an excellent **Keynote by actress Mayim Bialik**, we will be offering many fun and relaxing evening activities that involve creativity, cooking, and scavenger hunting.

For professionals specifically, some new additions include:

- Offering both introductory and advanced tracks for therapists.
- More options for continuing education credits, between live (up to 15) and on-demand (up to 36.75) options.

***To learn more about the Conference and to register, head to OnlineOCDConference.org** — and let us know what you are most looking forward to at the Conference using the hashtag #OCDCon on social media! We can't wait to see you all through our computer screens this October!*

Addressing the Barriers to Effective OCD Diagnosis and Treatment

by Chris Trondsen, MS, AMFT, APCC

Author's note:

Like many of you, it was a long and complex journey for me to find a treatment provider specializing in exposure and response prevention (ERP) therapy, the first-line treatment for OCD. When I reflect on the many years I suffered from undiagnosed mental illness, and then even more years spent with ineffective therapists, I have always wondered why it took so long to find the right treatment provider. It was not until graduate school, when I worked on my thesis, that I found the answer.

We have all experienced people say that they are "so OCD" simply because they like their room organized. We have also come across misinformation on the internet where a so-called expert promises an OCD cure through something like hypnosis. Previously, the principle reason this upset me was because it minimized my experience with the disorder. The extreme nature of my OCD left me housebound, isolated, and unable to function. Having others trivializing it as a quirky personality trait is both devastating and hurtful.

After going through the research on the topic of treatment barriers that prevent individuals from receiving evidence-based treatment, I have new frustrations with the stigma placed on this disorder and the misinformation that is spread. The following excerpt from my thesis will show how many physicians and general healthcare workers, the first providers someone with OCD often sees about their symptoms, frequently misdiagnose OCD in their patients.

Psychiatrists, another provider often sought out when one experiences OCD, are often unaware of the severity of the disorder and rarely recommend ERP, the gold standard treatment. It shows that these healthcare workers are as susceptible to the trivialization of OCD and the misinformation put out there as the general public.

I hope the following information will reinforce just how damaging the spread of incorrect information about the disorder — and how it is misrepresented in the media and on social media platforms — negatively impacts the ability for people to seek out and receive the proper treatment for OCD promptly.

Despite the effectiveness of exposure and response prevention (ERP) and/or medication to treat OCD, it still takes an average of 14 to 17 years from the onset of OCD symptoms to receive an accurate diagnosis and effective treatment *(Eisen et al., 2006; Kusalaruk et al., 2015)*. During this period, OCD often remains untreated and the individual gets worse *(Olsen et al., 2008)*.

Why does it take so long for people with OCD to find effective treatment? There are a variety of reasons for this *(Robinson et al., 2017)*. Here are a few of them:

1. **Misdiagnosis.** The main reason for the delay in treatment is misdiagnosis. OCD is regularly misdiagnosed as other disorders, such as schizophrenia, generalized anxiety disorder (GAD), and attention deficit disorder (ADD) *(Storch, 2015)*.

   Also, OCD is often overlooked as a diagnosis in strictly medical settings. Glazier et al. *(2015)* conducted a study of the ability of primary care physicians in identifying OCD in a medical setting. More than half the physicians misidentified OCD in individuals experiencing common OCD subtypes. Severe psychiatric disorders, such as schizophrenia, schizoaffective disorder, and psychosis were common misdiagnoses. Since medical settings are often the primary mode of care for individuals with mental health complications, Glazier et al. *(2015)* concluded that an individual with OCD seeking care in these settings has a high likelihood of being misdiagnosed.

Continued on next page >>

FROM THE FOUNDATION

Addressing the Barriers to Effective OCD Diagnosis and Treatment *(continued)*

One explanation for the common misdiagnosis of OCD is the lack of specialized knowledge by frontline providers such as primary care physicians *(Storch, 2015)*. Primary care physicians often receive inadequate training in psychopathology, which reduces the likelihood of accurate mental health diagnoses. Subsequently, physicians are less aware of first-line treatments such as ERP and are less likely to recommend them. This results in ineffective or potentially harmful interventions, such as non-CBT based psychotherapy or powerful antipsychotic medications *(Glazier et al., 2015; Storch, 2015)*. The cycle of misdiagnosis and inappropriate care often leads those with OCD to conclude that medical treatment is ineffective, furthering unnecessary suffering.

> **“ Despite OCD prevalence, the disorder continues to remain under-recognized by mental health professionals. ”**

2. **Lack of awareness of evidence-based practice.** Psychiatrists fare far better at diagnosing OCD than primary care physicians *(Kusalaruk et al., 2015)*; however, psychiatrists can sometimes be difficult to see due to restricted access and long wait lists. They also often operate from a strictly medication-intervention model of treatment and may be unlikely to recommend behavioral therapy despite research showing that medication leads to only partial symptom improvement in 60% of individuals with OCD *(Kusalaruk et al., 2015)*. ERP contributes to full symptom recovery at higher rates, yet fewer than 10% of OCD sufferers receive it *(Kusalaruk et al., 2015; Storch, 2015)*.

3. **Shame and stigma.** Shame is another barrier to treatment. Many people with OCD report embarrassment in disclosing their symptoms due to the frightening or taboo nature of their obsessions. These stigmatizing factors are considered a primary barrier to treatment because it causes individuals to hide their condition from others, including medical or mental health professionals.

When people joke about OCD, either in the media or general conversation, this reinforces negative stereotypes of people with OCD, downplays its severity, and can lead sufferers to not seek the help they need.

Despite OCD prevalence, the disorder continues to remain under-recognized by mental health professionals — and few psychologists, therapists, and counselors specialize in ERP *(Abramowitz et al., 2018)*. Primary care physicians and psychiatrists often misdiagnose the disorder or recommend ineffective treatment that can be detrimental to the sufferer because of lack of awareness and experience working with this population *(Glazier et al., 2015; Kusalaruk et al., 2015; Storch, 2015)*. Furthermore, OCD is often portrayed negatively in the media *(Fennell & Boyd, 2014)* and trivialized on social media *(Pavelko & Myrick, 2015)*, which trivializes the disorder while increasing stigma that may drive the sufferer into isolation *(Robinson et al., 2017)*.

Additionally, it highlights the importance of psychoeducation surrounding OCD diagnosis and symptoms to reduce stigma and the negative impact of society’s portrayal of OCD in the media. This may also suggest a need for more OCD awareness as a type of social justice advocacy. Researchers have found that when accurate information about OCD is being provided to the public, it can be beneficial to people experiencing OCD symptoms who have yet to receive a diagnosis by informing them about the disorder and reducing stigma associated with seeking help *(Robinson et al., 2017)*.

Now that you have read this information, you may be asking yourself, what can be done to create change? An important step is to direct family members, loved ones, and other people in your life to reputable organizations like the International OCD Foundation (IOCDF) that provide research-based information on the disorder. This allows people to learn about OCD and the disorder’s treatment based on research from the top experts in the field.

It is the mission of the IOCDF, through the organization’s conferences, trainings, events, and its team of Advocates, to continue to educate the public on what OCD really is to counter any misinformation spread about the disorder. Additionally, the Foundation works to address mental health stigma and reduce the 14 to 17 years it takes for people to receive a proper diagnosis and evidence-based treatment.

Addressing the Barriers to Effective OCD Diagnosis and Treatment *(continued)*

If you come across any misinformation on OCD or an instance where the disorder is being trivialized, the IOCDF has created a #RealOCD resource page to provide you with ways to address this. Please visit ***iocdf.org/realocd*** for that information. Additionally, if you want to get involved in helping the IOCDF address these issues related to the misuse of OCD, consider becoming one of the IOCDF's Grassroots Advocates! These Advocates help educate the public, addressing the treatment barriers discussed in the research used in my thesis: ***iocdf.org/grassroots-advocates***!

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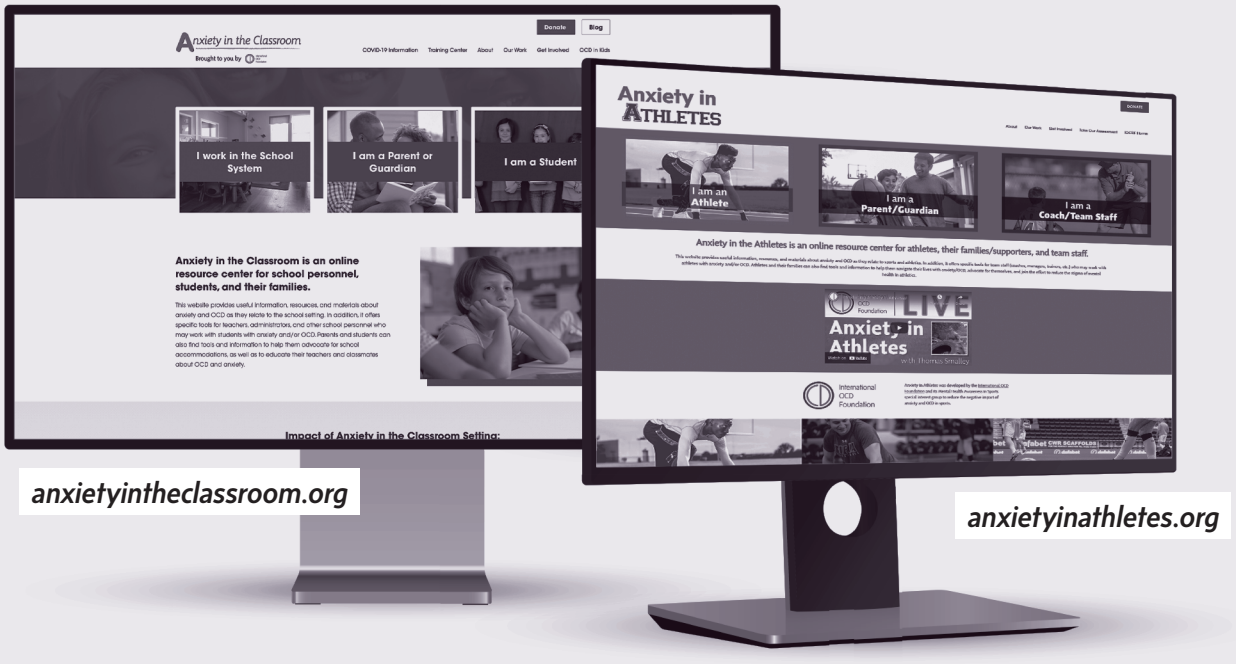
Even more resources!

Be sure to check out our websites Anxiety in the Classroom, and Anxiety in Athletes.



DIVERSITY CORNER

Providing Culturally Competent OCD Treatment for Asians, Asian Americans, and Pacific Islanders

by Erjing Cui, LMHC

Asians, Asian Americans, and Pacific Islanders in the United States have the lowest help-seeking rate of any racial group, with only 23.3% of AAPI adults with a mental illness receiving treatment in 2019 (Asian American and Pacific Islander, 2019). Of those who seek treatment, about 10–22% drop out after the intake assessment (Akutsu, P.D., 2004). *Culturally competent treatment can address these health disparities and improve outcomes in the AAPI population* (Presley, S. Day, S., 2019; Gonzalez, J., Barden, S. M., & Sharp, J., 2018), *and yet, culturally competent treatment is often disregarded in treating OCD. Incorporating four elements of cultural competency (awareness, attitude, knowledge, and skill) into OCD treatment can be effective for helping clients who identified as Asian, Asian American, and Pacific Islander.*

AWARENESS

Awareness is consciousness of one's personal reactions to people who are different. A lack of awareness in cultural competency can create blind spots in the overall picture of a person's condition for clinicians.

I once worked with a first-generation Vietnamese parent who had a hard time accepting their daughter's severe OCD diagnosis. The parent continued to deny their daughter's condition, claiming "my daughter is just a bit stressed and is fine." Because of this, I could not get an understanding of the home situation, and I remember thinking, "I guess she might be doing fine at home, otherwise they wouldn't have said so." This, obviously, was not the case. I was missing the awareness that this parent might have a totally different way of making sense of mental health.

Later, with this realization, I spoke with this family on the phone again. This time, I learned that they had been referring to an ancient cultural story about an individual being caught by a devil (鬼上身), a story often told in Vietnamese and Chinese cultures to describe a severe mental health diagnosis. I simply empathized with this story, acknowledged that it was an expression often used in the past to make sense of mental health, and my action opened this family's willingness to participate in treatment.

In this example, by being aware of how different cultures historically and/or currently talk about mental health, I was able to get the buy-in for continuing treatment. If I were not aware of these cultural differences, I would have practiced with the bias that "the stigma for mental health is too strong, and they simply do not want help." Had I done that, I don't think this family would have gotten treatment.

ATTITUDE

Of course, understanding cultural differences does not mean we respect and honor these differences. As a clinician, carefully examining our beliefs and values about cultural differences is essential in providing qualified OCD treatment.

Given the previous example, while understanding that there might be a difference in culture to describe mental health, a mindset to stay curious and to be willing to see it from clients' perspective requires clinicians to check their own attitude.

Another example I often encounter is therapist bias on what it means to be labeled as "The Asian Model Minority." While therapists might be aware of this label placed on the group, they might carry their bias in conceptualizing clients. An East Asian client coming to treatment feeling depressed due to a 'B' in the report card might be suffering from any of the following: perfectionism OCD, a cognitive distortion, a racist culture that holds unfair expectations due to someone's racial identity, and/or an adaptive response to cope with a highly stressed, overachieving family and/or peer environment. Of course, it can also be a combination of these factors.

In my clinical and personal experiences, while white non-culturally trained therapists might easily jump to pathologize a client and to judge a client's culture, I have also seen Asian non-culturally trained therapists assume their Asian client desires "perfect" grades. Differentiating and understanding layers of clients' presentations requires the clinician to be checking in with our own biases of what it means to have a 'B', as well as what it means to have a label of an "Asian Model Minority."

KNOWLEDGE

While awareness and attitude are good starters for addressing cultural concerns, they miss our unconscious

Providing Culturally Competent OCD Treatment for Asians, Asian Americans, and Pacific Islanders *(continued)*

prejudice that clinicians are often not aware of, making cultural knowledge important. Below are two pieces that are important to remember when working with Asian, Asian American, and Pacific Islander clients in OCD treatment.

The varieties of Asian experiences

Asian, Asian American, and Pacific Islanders in the U.S. are a largely diverse group, including five major regions, each with its unique histories and cultures *(Budiman, A. Ruiz, N., 2021)*. Unlike what the Asian Model Minority label suggests, Asians have the greatest income inequality of any racial group in the U.S. *(Kochhar, R. Cilluffo, A. 2018)*. While Indian, Filipino, Japanese, and Chinese Americans have a higher-than-national-average median income, 25% of Burmese and Mongolian Americans live in poverty; Cambodian, Laotian, Vietnamese, and Hmong Americans have the lowest high school graduation rates compared to all other races in the United States (Overview of Southeast Asian, 2018).

The big differences within and outside of each region of AAPI in the US is often overlooked by both non-Asian and Asian clinicians. While AAPI groups are hardly mentioned and talked about in racial conversations in the U.S, when they are mentioned, the limited research, data, and conversation are often only focused on East Asian Americans. Therefore, I urge clinicians to do your homework to learn about your client's specific racial identity and culture as a first step toward understanding them as a human being.

Acculturation vs. assimilation

The term "acculturation" is often mistaken with the term "assimilation." The first is best described as "psychological changes that occur within a person due to cultural exchange that occurs as a result of extended contact between different cultures" (*Gibson, 2001)*; while the latter describes a linear process with a goal to fully adapt to a new culture and to reject the original one *(Gordon, 1964)*.

The interchangeable use of the term is problematic. **Most Asian Americans or Asians in the U.S. go through a process of acculturation, but not once have I encountered a client that considered themselves fully assimilated.** A common mistake I have seen in white therapists is pathologizing clients' process of acculturation and having their own agenda to have them work on assimilation as a part of treatment. This, of course, often leads to failure to establish rapport and can contribute to drop out.

Clients with different acculturation processes tend to struggle with their OCD differently as well. For example, for a southeast Asian client of mine who identified as an international student, their racism OCD was more connected with a core fear of not understanding the race culture in the U.S., while another second-generation immigrant client who struggled with the same type of OCD had a core fear that was more connected with internalized racism that she had experienced her whole life.

Clients' acculturation process is often intertwined with their mental health presentation, if not directly with their OCD symptoms. OCD clinicians are often trained that the context of OCD does not matter. I argue, in these examples, that understanding the context can really matter.

SKILLS

Language as more than communication

When we are considering clients with a specific language need, it is important to understand that it is more than just about communication, and more of a culture and a structure of thinking *(Rosenblum, S. 2011)*.

I once had a client who is bilingual and was transferred to me not due to culture or language need, but due to a change of style, as she was not making progress with the previous therapist. The both of us decided to use Mandarin as our primary language in therapy, which was different from her previous experience. Surprisingly, after only a few sessions, we had a breakthrough in understanding the trauma that was getting in the way of the client's OCD treatment. This client said to me, "It's very strange. There is something very different about this when I am able to talk about it in Mandarin with you, even though my English is pretty good."

Differentiating presentations of OCD subtypes vs. cultural considerations/systemic racism

Here are a few examples:

- **Hoarding symptoms vs historical trauma:**

  In my work at Asian Counseling and Referral Services, I have found hoarding symptoms to be very common within seniors in Asian families, particularly around themes of "usefulness" (This is consistent with Timpano's finding *(2015)*). My understanding is that seniors who have survived historical trauma such as the Cultural Revolution, Vietnam War, or Korean War

Continued on next page >>

DIVERSITY CORNER

Providing Culturally Competent OCD Treatment for Asians, Asian Americans, and Pacific Islanders *(continued)*

have lived most of their lives on basic survival needs, and the idea of getting rid of items was considered as "extremely wasteful" for them.

- **Body dysmorphic disorder (BDD) vs. beauty standard cultures:**

  Approximately one fifth to one third of South Koreans have had a plastic surgery in their lifetime *(Marx, 2015)*, and similar practices are seen in other Asian cultures such as in China, Japan, and Indonesia *(Henley, D & Porath, N., 2021; Aquino, S. & Aquino, Y. S. J. 2016)*. The plastic surgery culture in Asia plays an important role in understanding these individuals' identity in their cultural context, and it is necessary to differentiate it from clinical symptoms that lead to a diagnosis of body dysmorphic disorder.

- **Systemic racism vs. race-related OCD:**

  This is another of my clinical experiences that demonstrate that the context of OCD can matter. I have worked with Asian clients who struggled with OCD symptoms around "I'm afraid to turn Black" and "I'm afraid to be gay." On the surface, this looks like typical sexual orientation and race-related OCD. As we explored further, however, it turns out that the core fear is centered around insecurity about their own racial identity and years of dealing with microaggressions and racism. Addressing systemic racism, racial identity, as well as doing ERP around willingness to be vulnerable and accepting to all possible identities was the key to treatment.

Other areas of skill include ability to navigate gestures, non-verbal communications, languages, or other subtle areas that tend to vary from culture to culture. Others are continuing awareness of the limitations of traditional assessment and ERP treatment, and, most importantly, willingness to seek out consultation with culturally healing practitioners when appropriate.

Lastly, cultural competence takes continuing learning, reflecting, consulting, and practicing. While you might be the expert of treating OCD, it is impossible for you to be the expert in every single client's culture. Do your work that is needed to make a difference.

Edited by Dr. Judy Mier

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PUBLIC POLICY CORNER

Fall 2021 Public Policy Update

Greetings! This fall we invite you to visit the IOCDF Action Center, which has been re-launched with new messages that you can send to your representatives and senators in support of our 2021–22 legislative agenda. The agenda, which we detailed in the summer edition of Public Policy Corner, covers three overlapping issue areas that are of great importance to the OCD and related disorders community: increasing telehealth access, expanding the mental health workforce to meet demand, and requiring insurers to treat claims for mental health coverage fairly (and to comply with parity laws).

We need your help to get the word out to legislators about five key bills on these issue areas. Please visit the IOCDF Action Center at ***iocdf.org/take-action*** to learn more about each issue and the bills we are supporting, and to send an email to your elected officials.

In other public policy news, the IOCDF recently endorsed several other bills currently under consideration by Congress, including:

- The Medicaid Bump Act (H.R.3450/S.1727), which would incentivize states to expand behavioral health benefits for Medicaid beneficiaries. States that expand benefits would receive additional federal matching funds to help pay for the cost of improving behavioral health coverage.
- The Treatment Expansion Act (S. 2069/H.R. 4323). This bill would expand the successful Certified Community Behavioral Health Clinic (CCBHC) program that brings a wide range of evidence-based mental health services into communities in 40 U.S. States. CCBHCs represent a vital link to mental health services for low-income, uninsured, and underinsured people.
- S.1543, The STANDUP Act, which would greatly expand suicide awareness and prevention training policies in schools targeted at reducing youth suicides. Schools that have implemented evidence-based prevention programs like those encouraged by this bill have seen a 40% reduction in suicide attempts.

*Please be sure to sign up for email notifications about upcoming public policy events, action alerts, and other ways to get involved. Visit **iocdf.org/public-policy** to sign up and view the latest news and updates!*

FROM THE FRONT LINES

Selected Poems from the New Poetry Collection *The OCD Poems*

by Dennis Rhodes

fires

When you have OCD
you are always putting out fires
that flare up round-the-clock:
compulsive little fires
that drive you crazy
and the sad irony
is that you yourself
are the arsonist.

Untitled 12

The past is a bully.
It has no mercy.
It is a power unto itself.
It can pull you down like gravity.

The future—a question mark.
Nothing you need to know.
There is no guarantee
you will even have one.

The present—an enigma.
Our hearts beat relentlessly
for no apparent reason.
Knowing something we don't.

Turbulence

The plane bounced around
like marbles in a blender.
I was terrified.
Give me your hand
you said and we rode it out
for eternity—
two mere mortals.
I kissed the ground like
the Pope in the Holy Land
when we landed.

My Six Word Autobiography

Orphaned.
Molested.
OCD.
HIV.
Still here.

THERAPY COMMUNITY

When Obsessive Perfectionism Goes to School *(continued from front page)*

One of the more common forms it seems to take in school settings is obsessive perfectionism. Obsessive perfectionism should be recognized as an entirely different creature and distinct from a student who simply wants to do their best and is motivated to achieve. There are many students out there who study intensively and work extremely hard, but not to the point where they become unwell and dysfunctional. There is a line that should not be crossed.

Instead, obsessive perfectionism can be severe to the point of seriously interfering with school performance or even being able to attend school at all. The accompanying anxiety and depressed moods resulting from not being able to achieve this perfection can be both excruciating and paralyzing.

Some signs of this problem that are frequently seen in this form of OCD include:

- Experiencing high anxiety before having to leave for school or on Sunday nights (or other nights) even to the point of refusing to go to school at all
- Studying for excessive lengths of time, to the point where other important life activities are being neglected — not socializing with family and peers, skipping meals, neglecting personal hygiene, and even becoming sleep deprived
- Constantly doubting whether they are prepared enough for exams, despite excessive studying
- Inability to get started on assignments or to finish them out of fear of not being able to do them perfectly enough
- Having to repeatedly redo assignments that do not seem perfect enough
- Getting upset at receiving less-than-perfect grades, even though they may still be more than adequate
- Asking an excessive number of questions in class to make certain they understood everything perfectly
- Going for extra help even though it is unnecessary
- Not being able to finish tests and quizzes on time due to having to answer each question perfectly
- Frequently erasing and rewriting letters and words until they look perfect (even to the point of making holes in their papers)
- Excessively underlining or highlighting information in study materials and textbooks to the point where it becomes meaningless
- Extreme note taking in class, where every word the instructor says must be written down exactly, word-for-word
- Rewriting or typing up notes after class to ensure that they are perfectly clear
- Rereading study materials over and over to make certain that nothing could have been missed or was misunderstood
- The importance of grades comes to outweigh the value of learning itself
- If grades have been posted online, checking them repeatedly
- Checking and rechecking homework and study materials to bring to school from home or vice versa
- Asking family members to repeatedly check their homework for errors

Clearly, any student suffering from this form of the disorder is not going to have a good school experience and will certainly not be able to do their best work. This is also not something they will simply grow out of, nor can they just be talked out of it. It requires serious treatment, and fortunately can be treated with the right kind of intervention.

Proper understanding of, and treatment for, OCD has been around for decades, although it has not been as widely known or practiced as it should have been. At the heart of OCD is unrelenting doubt and uncertainty. The doubt can be so great that only "perfect certainty" will satisfy a sufferer. This often drives students with OCD to try to over-control themselves and others as they try to be certain that they will achieve perfect grades. Therefore, in school-related OCD we see students driving themselves to the point of exhaustion, high anxiety, and depression as they try to do the impossible.

So, what can be done about this? I believe that to be successful, change has to take place on two levels — the philosophical level and the behavioral level. Philosophically speaking, the idea of achieving perfection can be extremely detrimental to a person's performance at just about anything. I have always identified with the old saying, "The perfect is the enemy of the good." I also like the saying, "Perfection is a standard, not a goal," meaning that it is something we measure against, but do not realistically expect to achieve. Perfectionism ends up being paradoxical. The pressure resulting from the perfectionism that people place on themselves, and the accompanying anxiety, can easily put a damper on anyone's ability to focus on whatever they are doing, and therefore, to do good work. This is all compounded by high parental expectations of "doing your best," societal pressure to achieve, and, in addition, OCD's tendency to pick on whatever seems to be most important to a person.

When Obsessive Perfectionism Goes to School *(continued)*

Instead, students can be encouraged to try to do good work without being pushed over their limits, whether or not they have OCD. Moderation and balance in most things is usually the best approach; healthy high achievers know this. A child burning themselves out, becoming depressed, and giving up will not result in high achievement. Good therapy can help establish better standards and expectations on the part of students and their families.

On the behavioral side, getting students with OCD to confront their fears of imperfection and failure can help them learn to approach their work in more realistic and moderate ways, and to actually see what happens when they give up their perfectionistic approach. This can be accomplished through the creative use of what is known as exposure and response prevention (ERP), the best evidence-based behavioral treatment for OCD. Using daily homework assignments that students follow at home, they can gradually help themselves to overcome their fears of failure and train themselves out of their perfectionistic ways. The main goals are to be able to build up tolerance so they can coexist with their fearful thoughts and at the same time, resist doing the compulsions that can end up controlling their lives.

These assignments could include:

- Not recopying notes
- Resisting the urge to rewrite letters and numbers to make them perfect
- Refraining from highlighting or underlining study materials
- Resisting asking excessive questions in class
- Limiting study hours and taking regular breaks from studying
- Not skipping meals or sleep time to do schoolwork
- Limiting the checking of completed homework or answers on tests and quizzes to only one time
- Not going for unnecessary extra help sessions
- Keeping assignments within their limits and not doing unnecessary extra work
- Deliberately agreeing with thoughts of failing (as a way of building up the ability to tolerate these ideas without having to do things perfectly as compulsions)
- Not continually re-reading textbooks and other material
- Spending more time socializing with friends and family instead of continually studying
- Not checking grades repeatedly online
- Not involving others in checking their work for them
- Doing directed readings on the disadvantages of perfectionism
- Turning in work on paper with small tears or folds, or with typos deliberately left in

This list is by no means complete, and only represents a selection of typical therapy assignments. Therapy sessions are generally held weekly with homework in between. Plain talk therapy will not get the job done, and sessions are best conducted by someone with adequate training and experience in treating OCD.

A question that is often asked is, "How long will therapy take?" There is no simple answer to this. There are many factors that can affect the process. A student's level of maturity and insight are important, and the better these are, the faster the process can go. So is their level of motivation to overcome the problem. Many kids have been so caught up in their perfectionism that it takes time simply to "deprogram" them to get them to see that they will never succeed at what they are trying to accomplish, and that there are better ways to be successful. Even while working on their issues in therapy, they will still be tempted, at times, to fall back on their old ways of approaching schoolwork. Good therapy allows for this and anticipates it. Parents, too, will sometimes need to revise their thinking about their child's achievement, as they learn to not pressure or hover in the case of doing schoolwork or therapy.

One other question I frequently get from parents is whether or not to involve the school. I would answer that if the problem has become very visible, then it may be necessary. It can also help to get understanding from the school staff, providing they do not take it upon themselves to conduct their own idea of therapy. Special accommodations can sometimes be a help but only if they do not make it easier for the student to be perfectionistic. The school psychologist can be a valuable ally, especially if they have a good understanding of OCD. It can often be useful to get educational materials about OCD to help educate school staff.

OCD can be overcome if everyone does their part, sees therapy as a process, and exercises patience and persistence. Recovery takes hard and consistent work, but in the end, it is worth it.

THERAPY COMMUNITY

Checking Ourselves Before Wrecking Our Selves: Considering Humility in Evidence-Based Treatment of OCD

by Jon Hershfield, MFT, & Amy Mariaskin, PhD

We are so lucky. You will rarely encounter an OCD specialist who describes their work as boring, unrewarding, or unfulfilling. Our clients tell us the things they can't tell anyone else, many times at the very first session, after being too afraid or ashamed to open up to anyone else. We are so often the first outreached hand to guide our clients to mastery over this brutal and isolating disorder. Because of this, we remain thirsty for the best information, the latest research, and the most effective training. We do this because evidence-based therapies for OCD and related disorders really do work and being witnesses to the alleviation of suffering really is that satisfying.

But like any amazing honor, it's easy to get so wrapped up in a superhero mentality that we get attracted to concepts that sound good or sound worth pursuing even when they may actually be harmful to our community. We want to help as many people as possible and we want the world to know that there is hope for freedom from OCD. While we are more than just technicians who work on so-called "surface" issues, we are also "just therapists" and we can lose sight of what it means to be a part of a helper community. We are writing this article as an appeal to the therapy community to examine how best to continue dissemination of best practices without falling prey to our own hubris or biases.

HUMILITY IN BEING EFFECTIVE CHAMPIONS OF EVIDENCE-BASED PRACTICE

We've all had clients show up at our offices with a litany of missteps from former therapists. These individuals may have received misdiagnoses, spent hours hunting for nonexistent trauma, or engaged in therapeutic techniques that promote rather than extinguish OC symptoms. It's understandable that we would be quick to defend evidence-based practice. However, how we engage with therapists who use other modalities can mean the difference between educating others in our field and alienating them. People generally become therapists to help others, and those who are inadvertently harming are likely doing so out of ignorance rather than malice. Therefore, adopting a stance that promotes sharing information, rather than shutting others down, is likely to be most helpful both for our helping community and for the clients who seek help from this community.

Recent ire directed at practitioners who use trauma-focused or psychodynamic therapy as first-line treatments for OCD fails to consider both the positive application of these modalities outside of OCD treatment and the good intentions with which they are implemented. Engaging in private conversation with therapists who use suspect methods can help to challenge others while avoiding public shaming. Citing the evidence can go a long way in making the dialogue about a common goal of alleviating suffering rather than one-upmanship.

It's important for us to remember that we are ambassadors of good practice as much as we are defenders of it. Providing resources in your local community to promote education and awareness, holding events during OCD Awareness Week, and connecting therapists to effective training are all options to help promote effective treatment. And while we get that sometimes these methods (and EBP overall) may be poorly received and even denigrated by other clinicians, we can at least try these methods first. Let the real practitioners of snake oil, the ones who attribute OCD to heavy metals, reveal their communication style as distinct from ours.

Considering Humility in Evidence-Based Treatment of OCD *(continued)*

This goes for our smaller OCD treatment community too. Just as those with OCD often benefit from participating in supportive community environments and use advocacy as a healthy part of recovery, many of us who specialize in treating OCD find comfort and solace in our community of specialists. Like how an OCD support group creates a stigma-free zone, the community of OCD specialists thrives in curiosity, openness, and deference to one another. Cherishing what we do can sometimes lead us into thinking "we" do it better than others in our same community. If one of us presents the use of an evidence-based intervention, then we should expect the community to either support it or express curiosity about its use. We should not expect some missive about why one chooses not to use the intervention or doesn't believe in it. If someone has an idea for an exposure, then questions can and should be asked about how that exposure will reduce the suffering of the person doing it. Blanket disregard for the effectiveness of one form of exposure over another without taking into consideration the specific context of the client is dogma, not therapy.

> **"How we engage with therapists who use other modalities can mean the difference between educating others in our field and alienating them."**

HUMILITY IN STYLE AND PROMOTION OF BEST PRACTICES

Perhaps bolstered by the current culture of branding and self-promotion (insert image of the authors shaking their fists at youth on their collective lawn), some of us try to stand out from the pack by using what we call the "my patented formula" technique. This is at its heart a passionate expression of what each clinician believes to be the most effective way to promote recovery. And indeed, aside from some harmful methods advanced by celery juice-slinging folks, there is generally merit in these approaches.

However, we are often left with a clinical version of the blind men and the elephant parable. While some concentrate on and emphasize one aspect of treatment as the most important, others rush in to defend another aspect as the true engine of positive change. The reality is both may be components of effective treatment and may differ in their importance based on the characteristics of the client. Put another way, both the trunk and the tail of the elephant are valid.

Underlying all OCD treatment are some simple yet profound core concepts. Obsessions are unwanted thoughts, images, and urges and compulsions are mental and physical acts aimed at addressing the associated distress. The goal of OCD treatment is to educate and empower the sufferer to recognize and resist compulsions, fundamentally shifting the way obsessions are experienced. Claiming that your patented formula for recognizing and reducing compulsions alone can save the day, or worse, claiming that other evidence-based strategies for helping people recognize and resist compulsions are harmful, is an embarrassing misstep. It's easy to point out potential pitfalls in different aspects of ERP, such as mindfulness, defusion, inhibitory learning, cognitive restructuring, and habituation. But to single any of these out as fundamentally harmful in the treatment of OCD denies the complexity of both the concept and the individual who might benefit from its use.

In our community, much is also said about the role of the E versus the RP in the ERP work that we do. Some may say the E is where it's at. Overcorrect, get this person way out of their comfort zone, and if they can resist compulsions there, they can resist compulsions everywhere. This leads to some beautiful and creative choices but can also fall short of recognizing the humanity of the people we aim to help, putting the focus on our ingenuity and not on reclaiming a life that is not ours from the clutches of OCD. Others may say the RP is all that matters — get the person to stop doing compulsions now, then now, then now, and just drop, block, and resist any efforts to find meaning or purpose in the obsessions. This leads to important psychoeducation and internalizing essential concepts that can help an OCD sufferer regain freedom from the condition, but it also overlooks the fact that while obsessions are normal events, people with OCD do not receive or perceive them as normal events. By disregarding the significance of approaching obsessions directly through exposure, we disregard the role overcoming shame plays in OCD treatment.

Continued on next page >>

THERAPY COMMUNITY

Considering Humility in Evidence-Based Treatment of OCD *(continued)*

HUMILITY IN CHANGING ONE'S STANCE WHEN THE EVIDENCE CHANGES

Recently, a paper came out touting EMDR as a potential treatment for OCD. This paper was published in a journal solely devoted to the practice of EMDR, included no randomized controlled trials of EMDR versus established treatments, and mostly used case studies to defend its stance. While no one in the OCD treatment community should be rushing to trainings for such scant evidence, it is interesting to think of how we might act if new data showed that a new method was both sufficient to reduce symptoms for the majority of clients and superior to other methods.

This would perhaps be the biggest humility challenge of all. The nature of science is such that current best practices depend on current data. If we're truly committed to helping individuals with OCD, we must be willing to pivot to new methods as they become available. And while we have not seen a true revolution in OCD treatment for many years, we have seen a refinement of existing methods and the addition of new techniques. For example, the rise of research supporting acceptance and commitment therapy as a viable treatment for OCD has ruffled the feathers of some staunch ERP proponents who may see this as an incursion on their turf. However, these false distinctions between two very similar and, in our opinion, harmonious approaches are predicated on the idea that the presence of multiple approaches will inevitably edge some out. As we can see with the staggering numbers of untreated individuals with OCD, there's plenty of turf to go around for clinicians who want to make a difference. Again, curious and compassionate dialogue can bring therapists together rather than keep them unnecessarily siloed. Taking care to highlight the similarities in approaches and the fit with both client and clinician personality can make room for many more at the table.

HUMILITY IN EMBRACING CULTURAL DIFFERENCES

Now that we have sung the praises of empiricism in the clinical world, it behooves us to apply a critical lens to the foundations of evidence-based practice itself. Psychological research has long centered certain individuals in its studies and excluded others. White, cisgender, middle-class participants have been the default participants in scores of research studies, ones on which much of our body of current evidence rests. Moreover, we have a history in our field of pathologizing differences, such as classifying sexual orientations as mental disorders and over-diagnosing Black clients with disorders like schizophrenia and oppositional defiant disorder relative to their White counterparts. While this is shifting to include more diverse participants in studies, it is an ongoing concern in our field.

Cultural humility is a concept that involves both self-examination and an openness to developing mutually beneficial practices to benefit individuals of diverse backgrounds. As clinicians, yes, we are experts on OCD treatment, but our clients are the experts on their culture. This means that in addition to educating ourselves about cultural competency, we can also create environments that allow for individuals to share their unique experience of their intersectional identities. We must have enough of our own psychological flexibility to desire to reduce suffering, regardless of the religion, sexual orientation, gender, or political culture our clients come from. We all agree that thought-action fusion is bad, right? Being all-or-nothing is unhealthy, right? Yet at the same time many of our clients come from cultural traditions that may frame these concepts differently, and we can better help them when we approach these subjects with empathy and curiosity instead of assumptions and condescension. It's not our job to help clients see the world as we do but to alleviate their suffering while honoring their cultural beliefs. This includes cultural beliefs we admire and the ones we find difficult to embrace ourselves. Finally, we can strive as therapists to recognize the role that systemic racism, sexism, and oppression play in the development and expression of OCD and related concerns.

WE CAN DO THIS TOGETHER

Evidence-based treatments for OCD work. ERP works. Habituation works. Inhibitory learning works. ACT works. Mindfulness works. DBT works. Pieces of all of these things work together because the evidence shows that people are not protocols. The real evidence shows that people with OCD value their OCD therapists, value the compassion, the understanding, and above all, the relationship, and it is from this relationship that courage to do the work appears. We are so lucky. Let's take good care of one another.

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****.*

AMITA HEALTH/ALEXIAN BROTHERS BEHAVIORAL HEALTH HOSPITAL

1650 Moon Lake Blvd
Hoffman Estates, IL 60169
(224) 299-7481
kathleen.torres@amitahealth.org
amitahealth.org/behavioral

We are offering virtual PHP and IOP services for OCD/anxiety. In addition, we offer a FREE virtual support group for anxiety/OCD on the first, third, and (if there is one) fifth Wednesday of each month from 6:30pm-8pm. Email ***kathleen.torres@amitahealth.org*** to complete a telehealth consent if you would like to receive an invitation to attend the support group.

THE ANXIETY AND OCD TREATMENT CENTER

8832 Blakeney Professional Dr, Ste 105
Charlotte, NC 28277
(704) 631-3980
kevin@anxietyandocdtreatmentcenter.com
anxietyandocdtreatmentcenter.com

The Anxiety and OCD Treatment Center is pleased to welcome two new clinicians to our growing team. Arina Cotuna, LPA joined our staff in August 2020. Arina is a provisionally licensed psychological associate who provides therapy for children, adolescents, and adults with anxiety and OCD-related disorders, including panic attacks, obsessions and compulsions, social anxiety, generalized anxiety, and agoraphobia. She also provides therapy for depression and/or suicidal thoughts.

Victoria Schweiger, LCMHC joined our team in November 2020. Victoria provides therapy to children, adolescents, and adults with OCD and anxiety-related disorders. Additionally, she has specialized training in treating young children as a therapist certified in parent-child interaction therapy (PCIT).

The staff at The Anxiety and OCD Treatment Center in Charlotte, NC specializes in providing evidence-based treatment for anxiety and OCD-related disorders in children, adolescents, and adults. If you are interested in joining our team, please contact us by email.

THE ANXIETY TREATMENT CENTER OF GREATER CHICAGO

707 Lake Cook Rd, Ste 310
Deerfield, IL 60015

656 West Randolph, Ste 4W
Chicago, IL 60661

(877) 559-0001
info@anxietytreatmentcenter.com
anxietytreatmentcenter.com

We are excited to welcome Lauren Caldwell, Sonia Chand, and Ying Hsu to The Anxiety Treatment Center of Greater Chicago! They bring a wealth of knowledge and expertise to our clinic, and we look forward to working with them.

We have been running a hybrid of in-person and telehealth sessions for several months as we adapt to changing protocols and patient needs, and our business is growing as more and more people pursue help for their anxiety. We continue to seek therapists who are passionate about treating anxiety, OCD, and related conditions. Learn more at ***anxietytreatmentcenter.com/career-opportunities***.

THE ANXIETY TREATMENT CENTER OF SACRAMENTO

10419 Old Placerville Rd, Ste 258
Sacramento, CA 95827
(916) 366-0647
drrobin@atcsac.net
anxietytreatmentexperts.com

The Anxiety Treatment Center continues to expand our team of experts. We are excited to welcome Rebecca Douglas, ACSW, who graduated from Capella University with a masters in social work. She has a passion for addressing the person versus isolating specific problems and believes that wellness is a collaborative effort that requires individualized plans and goals. She is experienced in the modalities of cognitive behavioral therapy, acceptance and commitment therapy, dialectical behavioral therapy, and systems theory. Her strength-based techniques center around helping others improve and overcome mental roadblocks that prevent them from living a healthy and full life.

We are also thrilled to have Patricia Jameson, ACSW join The ATC. She graduated from California State University, San Marcos with a BA in human development, counseling services in 2013 prior to obtaining her masters in social work from California State University, Sacramento in 2019. Patricia uses a non-judgmental, empathetic, and compassionate approach when treating clients. Her experience utilizing treatment modalities, including cognitive behavioral therapy, mindfulness-based cognitive therapy, motivational interviewing, and acceptance and commitment therapy have prepared her for working with ATC clients to reach their goals and live a more peaceful and fulfilling life.

ARCHWAYS CENTRE FOR CBT

460 Springbank Dr, Ste 205
London, ON N6J 0A8
(519) 472-6612
info@archways.ca
archways.ca

Based in Canada, Archways Centre for CBT is a private clinic focused on delivering evidence-based treatment to help individuals get well and stay well. Our OCD clinic is one of only three sites in Canada that is an IOCDF institutional member.

Currently we offer OCD programming primarily online using secure video-based therapy. We are permitted to see clients "in person" if there are reasonable barriers to virtual sessions. As more folk become vaccinated, we are hoping to return to more in-person treatment. For those who prefer the convenience of virtual therapy we will continue to offer this model.

Continued on next page >>

THERAPY COMMUNITY

Institutional Member Updates *(continued)*

Aside from convenience, another benefit of virtual therapy is that we are now able to extend our specialized OCD services to all residents of Ontario. In a provincial population of 11 million, we may have between 110,000 and 220,000 individuals with OCD. We are pleased to offer therapy to individuals ages six to 65. Our OCD-trained staff consist of three psychologists, one psychological associate, and two additional trainees in supervised practice.

Wishing everyone in the OCD community good health!

AUSTIN ANXIETY & OCD SPECIALISTS

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Ste 601
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205 Wild Basin Rd S #3
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Austin, TX 78746

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austinanxiety.com

Austin Anxiety and OCD Specialists is excited to announce the return of Camp Courage. Camp Courage is an adventure-based overnight weekend camp for children and teens ages 8–18 with anxiety and OCD and related disorders. Camp Courage offers the traditional joys of a summer camp and also a welcoming and empowering environment where children and teens can relate to one another and support one another to face their fears. On top of learning principles of ERP and ACT, campers are able to partake in activities such as ziplining, rock climbing, crate stacking, archery, hiking, arts and crafts, and campfires. Camp Courage takes place at a beautiful camp facility in the Texas Hill Country and is led by therapists of AAOCDS. For more information, go to: ***austinanxiety.com/camp-courage***.

BEHAVIOR THERAPY CENTER OF GREATER WASHINGTON

11227 Lockwood Dr
Silver Spring, MD 20759
(301) 593-4040
info@behaviortherapycenter.com
behaviortherapycenter.com

It's an exciting fall at BTC! We have initiated our transition to in-person therapy services, beginning with the first phase of in-person sessions. While we are transitioning to in-person therapy, we will continue to offer services via telehealth when mutually agreed upon.

We are pleased to announce our new externs, Melissa Carlin, from Chicago School of Professional Psychology in Washington, DC, and Richard "Rick" Cole, from Uniformed Services University of the Health Sciences. As part of the externship, BTC provides didactic trainings on a variety of topics which include OCD and related conditions.

BTC's professionally assisted GOAL OCD support group continues to run strong via telehealth. If interested in our GOAL group or therapy groups offered at BTC, please contact us at ***info@behaviortherapycenter.com***.

BTC looks forward to seeing you at the Online OCD Conference in October!

BETTER LIVING CENTER FOR BEHAVIORAL HEALTH

1333 W McDermott, Ste 150
Allen, TX 75013
(972) 332-8733
admissions@betterlivingbh.org
betterlivingbh.org

Better Living Center for Behavioral Health has recently expanded to a 14-room facility and added several behavioral clinicians to our staff. Our intensive outpatient program offers exposure and response prevention and acceptance and commitment therapy as a part of a 15-hour per week program. We also provide a day treatment program (30 hours per week). We are now accepting several insurances as well as private pay. See our website for an up-to-date list of insurances accepted. We are also proud to be offering clinical trainings and consultation to interested clinicians who would like to expand or deepen their work in OCD and related disorders. See our website or join our mailing list to receive updates on these offerings.

CENTER FOR ANXIETY

200 W 57th St, Ste 1008
New York, NY 10019
(646) 837-5557
info@centerforanxiety.org
centerforanxiety.org

Center for Anxiety is a diverse team of caring clinicians working and growing together to provide effective outpatient and intensive treatment to make a difference in the communities we serve. Center for Anxiety offers a variety of programs, such as weekly DBT groups for adults and adolescents, a new weekly graduate DBT group, free support groups, a two-week intensive outpatient program, as well as individual therapy and individual IOP.

This year our staff is growing and we have multiple open leadership positions: Director of Child & Adolescent Clinical Services, Director of Clinical Research, a marriage/family therapist, two supervising psychologists, and a VP of marketing.

In other news, we have recently launched a new podcast, A More Connected Life, where trained clinicians discuss how the very real challenges of mental disorders can ultimately lead to greater insight, resilience, and connection. Additionally, we continue to provide corporate seminars and workshops for companies looking to work on Wellness in the Workplace. To inquire about our patient services, open positions, or workshop offerings, please email us.

Institutional Member Updates *(continued)*

THE CENTER FOR EMOTIONAL HEALTH OF GREATER PHILADELPHIA

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Cherry Hill, NJ 08003
(856) 220-9672

601 Ewing St, Ste C-2
Princeton, NJ 08540

drdeibler@thecenterforemotionalhealth.com
thecenterforemotionalhealth.com

The Center for Emotional Health of Greater Philadelphia (CEH) welcomes new postdoctoral fellows to our team! Joshua Lovell, PhD completed his doctoral degree in clinical psychology at Hofstra University and his internship at the VA Connecticut Healthcare System, West Haven VA. Regina Mitossis, PsyD completed her doctoral degree in clinical psychology at the University of Hartford, Hartford, CT, and her internship at Rutgers University Behavioral Healthcare. Both Dr. Lovell and Dr. Mitossis bring a wealth of training experience and enthusiasm to their work and we are excited to welcome them to the CEH family.

CEH has expanded professional education and dissemination programs. In 2021, CEH became an APA-approved sponsor of continuing education for psychologists. Both in-person and live online continuing education programs are offered to enrich the clinical training of practitioners in our areas of expertise. An online schedule of activities and registration is forthcoming. CEH staff members are also engaged in scholarly activities, with publications under review, and a full schedule of upcoming sessions at the Online OCD Conference in October. We look forward to the fall and winter as we move toward hybrid clinical schedules and permanent telehealth expansion and inter-jurisdictional practice that widens access to excellence in specialized care.

THE CENTER FOR OCD AND ANXIETY

6501 North Charles St
Towson, MD 21204
(410) 927-5462
info@sheppardpratt.org
ocdbaltimore.com

The Center for OCD and Anxiety at Sheppard Pratt continues to thrive!

Our outpatient program continues to offer quality evidence-based care for OCD and related disorders with therapists licensed in Maryland and Virginia. We have openings in our bi-weekly OCD support groups.

Our OCD Program at The Retreat, Sheppard Pratt's premier, private-pay residential program for adults 18+, has been providing excellent comprehensive care including nine hours per week of one-on-one ERP with an OCD specialist and access to The Retreat's full breadth of offerings for co-occurring conditions.

Hiring a psychiatrist: We are seeking a psychiatrist specializing in OCD and anxiety to join our team at Sheppard Pratt and work directly with our OCD residential program.

Welcome Shane Hart, LCPC to the team! Shane joined our team this summer and has been providing excellent care in both our outpatient and residential programs. His favorite thing about counseling people with OCD is supporting them in courageously confronting their triggers and stopping compulsions.

Last spring we launched a series of OCD lectures with top experts in the field. Stay tuned for our fall OCD Lecture Series. More info at ***cme.sheppardpratt.org***.

Learn more about our OCD programs at our website.

CENTER FOR OCD AND ANXIETY-RELATED DISORDERS

Saint Louis Behavioral Medicine Institute
1129 Macklind Ave
St. Louis, MO 63110
(314) 534-0200
sue.mertens@uhsinc.com
slbmi.com

Major news regarding the COARD administrative team: Dr. Alec Pollard, program leader for almost four decades, has stepped down as director to devote more time to special projects. He will remain with COARD as founding director and continue to be integrally involved in the program. The director of COARD is now Dr. Alison Menatti, previously program manager for COARD's Intermediate Care Program (ICP). Dr. Menatti's former position will be assumed by Dr. Carolyn Lee. We are excited about COARD's new leadership team and look forward to learning more about these "special projects" Dr. Pollard is up to.

Fall is the time we introduce our new trainees. Dr. Kelly Birmingham-Watts and Ms. Kayla Zebrowski are continuing their training as second-year residents. Dr. Lane Brooke Fahy and Ms. Samantha Marre will be joining us as first-year-residents. Practicum students include Jin Shin, Rita Taylor, and Alison Tuck (Washington University) and Jackie Guidici (University of Missouri-St. Louis). Welcome all our outstanding trainees!

In September, COARD began phasing in resumption of in-person service delivery, following all guidelines recommended by regional health authorities. Telehealth will continue to be an option for COARD patients, including the outpatient, IOP, and partial hospital levels of care.

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

155 White Plains Rd
Tarrytown, NY 10591
(914) 631-4618
acp2137@cumc.columbia.edu
columbiadoctors.org/childrens-health/anxietydayprogram

It has been an eventful spring and summer at CUCARD Westchester. We are excited to announce that Alyssa Ames-Sikora, PhD has joined CUCARD Westchester as a faculty clinician. Alyssa's work focuses on the treatment of childhood and adolescent anxiety disorders, with a particular interest

Continued on next page >>

THERAPY COMMUNITY

Institutional Member Updates *(continued)*

in working with children dealing with medical problems. We are also pleased to welcome our incoming externs, Maria Jimenez-Salazar and Christian Adames, to the CUCARD Westchester team.

Our staff is preparing for the upcoming school year and all it will bring for children and families. This summer we are providing a range of programs for youth with OCD. Our anxiety day program offers individual and group ERP, medication management, caregiver groups, and educational support. Intensive ERP is also available through our outpatient clinic. Moreover, we will be running week-long "back to school" groups for elementary, middle, and high school students with school-related anxiety.

Wishing you all an enjoyable and safe summer!

CORNERSTONE OCD & ANXIETY GROUP

415 Railroad Ave S
Kent, WA 98032
(844) 623-9675
admin@cornerstoneOCD.com
cornerstoneOCD.com

So far 2021 has been a whirlwind for therapists and clients at Cornerstone. We currently have eight masters interns treating OCRDs, and more to start fall term. We're proud of the results from our online intensive groups — still a work in progress. We are calling it the intermediate outpatient program.

We're excited to announce the hiring of Ceci Garrett as our new therapist/clinical director. She joined us to develop our wing for hoarding clients and family members. Olga Caffee also joined us as a new staff therapist and brings with her school therapist experience and extensive knowledge of children and families.

We continue to develop the inclusion of trauma as a primary and secondary diagnosis as well as those affected by the childhood stress/trauma of living with OCD and related disorders or growing up with family members who have the disorders we treat.

As our programs stress advocacy as a part of recovery, we are pleased that several clients post-iOP started a peer group, a few are using Instagram to educate others about OCD, and one has been interviewed for The OCD Stories.

EAST BAY BEHAVIOR THERAPY CENTER

45 Quail Ct, Ste 204
Walnut Creek, CA 94596
(925) 956-4636
intakes@eastbaybehaviortherapycenter.com
eastbaybehaviortherapycenter.com

In June 2021, the East Bay Behavior Therapy Center launched the first online class, ACT Beyond OCD, focused on teaching acceptance and commitment therapy and exposure and response prevention skills for any person struggling with OCD that wants to prepare for exposure therapy, or wants to augment exposure exercises.

ACT Beyond OCD is an eight-week live online cohort-based course in which participants will learn ACT and ERP skills to get unstuck from OCD and get back into their life so they can connect with others, pursue a career path, entertain a hobby, do the things they like, and have fun.

Participants of cohort one will receive 16 hours of online coaching, two sessions a week, and will have a chance to learn ACT and ERP skills, practice them, connect with others, and troubleshoot obstacles under the guidance of Patricia E. Zurita Ona, PsyD.

Three scholarships were given for cohort one and we're hoping to continue this tradition for all cohorts. For more information for cohort two, check the website ***actbeyondocd.com***.

KANSAS CITY CENTER FOR ANXIETY TREATMENT, P.A. (KCCAT)

10555 Marty St
Overland Park, KS 66212
(913) 649-8820
info@kcanxiety.com
kcanxiety.com

Hello from KCCAT! We're excited to share several updates about our team. In June, Anna Hunter joined us for a post-masters degree fellowship after completing her studies at Washburn University. As a part of her thesis project, Ms. Hunter published a case study alongside Dr. Katie Kriegshauser (KCCAT Director) and Dr. Cindy Turk (Washburn University) examining the application of ERP to contamination concerns during COVID-19. Dr. Jennifer Hodgson completed her two-year fellowship with KCCAT in August, and we are thrilled that she is staying with us as a staff psychologist! In August we were joined by Dr. Jillon VanderWal, who comes to us after nearly 20 years of experience in clinical practice, teaching, and research. She has special expertise in the study and treatment of eating disorders and health behaviors, and we are excited to have her as part of the team. Additionally, we recently participated in this year's OCD Walk — led by OCD Kansas President and KCCAT Staff Psychologist Dr. Bill Oakley!

MOUNTAIN VALLEY TREATMENT CENTER

703 River Rd
Plainfield, NH 03781
(603) 960-4935
cweatherhead@mountainvalleytreatment.org
mountainvalleytreatment.org

In celebration of ten years of excellent service in residential treatment of anxiety and OCD, Mountain Valley is offering a free, one-day, in person event:

MVTC 10th Anniversary Symposium on Anxiety and OCD

Friday, October 1, 2021
8:30am–4:30pm
Hilton Garden Inn
Lebanon, NH

(6.0 hours of CE Available)

Institutional Member Updates *(continued)*

Featuring presentations and workshops from:

Dr. Ryan Madrigan – Founder & Director, Boston Child Study Center

Dr. Patrick McGrath – Director, Center for Anxiety and OCD & Co-Director, School Anxiety and School Refusal Program at AMITA Health, Illinois.

Kayte Knower – Executive Director and Co-Founder, Knower Academics

Dr. Sandy Pimental – Associate Director of Psychology Training & Associate Professor, Montefiore Medical Center/Albert Einstein College of Medicine; Director, Anxiety and Mood Program Child Outpatient Psychiatry Division

Dr. Timothy DiGiacomo, Clinical Director, MVTC

Learn more and register at ***mountainvalleytreatment.org/mvtc-10th-anniversary-symposium-on-anxiety-and-ocd***

NEUROBEHAVIORAL INSTITUTE

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Weston, FL 33326
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nbiweston.com

2695 S Lejeune Rd
Ste 201
Coral Gables, FL 33134

It's been full speed ahead at NBI in recent months. Our main focus has been on the continued evolution of our intensive treatment programs and adult residential program, NBI Ranch. We are spearheading a new service integrating CBT and expressive arts. Other ongoing initiatives include providing additional meal support for those with food-associated OCD and introducing a new group focusing on the particular needs of emerging adults. We are also pleased to announce the expansion of our neuropsychological testing service.

We remain in hybrid mode, providing options for both in-person and teletherapy amid the still unpredictable COVID-19 landscape in our area. Drs. Moritz and Hoffman are providing a variety of consultation services and presenting on OCD-related topics through podcasts and keeping a busy schedule of both professional and public presentations. We want to acknowledge the efforts of our amazing NBI Team who have pulled together to help so many individuals and families through these trying times. Many thanks to our wonderful colleagues in the OCD professional community for their support as well.

NOCD

225 N Michigan Ave
Chicago, IL 60601
(312) 766-6780
care@NOCDHELP.COM
nocd.com

NOCD is proud of all of you that joined us for the 1 Million Steps 4 OCD Walk. It was an honor to be the lead sponsor of the Walk and to see so many people from across the country bravely putting one foot in front of the other and bringing OCD awareness out in the open.

Your time, your energy, and your fundraising inspire us to continue to make treatment available to people who otherwise do not have access to care.

NOCD is excited to be seeing people not only in the USA, but also in Canada, the United Kingdom, and Australia. We have also opened up a series of support groups for individuals struggling with various themes of OCD. Please download the NOCD app at ***NOCD.com*** and join the largest online OCD community in the world.

NORTHWELL HEALTH OCD CENTER

75-59 263rd St
Zucker Hillside Hospital
Glen Oaks, NY 11004
(718) 470-8052
ocdcenter@northwell.edu
northwell.edu/ocdcenter

The Northwell Health OCD Center offers evidence-based, comprehensive outpatient treatment for OCD and obsessive-compulsive personality disorder (OCPD). It is one of the only specialized OCD facilities in the New York metropolitan area to accept most health insurance plans, including Medicare and Medicaid. Treatment options include individual and group cognitive behavioral therapy as well as medication management.

We have continued to conduct all services through video platforms and we now offer nine virtual therapy groups. These include three ERP and skills-building groups, a CBT group for patients with OCPD, three maintenance groups for patients who have graduated from weekly individual therapy, a multi-family skills group that facilitates support without accommodation, and a DBT skills group in partnership with other specialized clinics at Zucker Hillside. In July, we welcomed our new class of psychology and psychiatry trainees and this month we brought Dr. Alexa Myers on as a staff psychologist after she completed her postdoctoral fellowship with us. We are glad that amidst this ongoing pandemic, we have continued to meet the needs of our patients through teletherapy and we appreciate the ongoing support of IOCDF and its Affiliates. Please email us for more information or to schedule a confidential screening.

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THERAPY COMMUNITY

Institutional Member Updates *(continued)*

NW ANXIETY INSTITUTE

32 NE 11th Ave
Portland, OR 97232
(503) 542-7635
info@nwanxiety.com
nwanxiety.com

NW Anxiety Institute (NWAI) is excited to announce that, since June 2021, both the adult and youth intensive outpatient programs have been held in person. All current COVID protocols will continue to be followed, but it has been wonderful to see so many folks in person. The programs have been quite full, and many treatment successes were celebrated together this year.

While IOP will continue to be provided in person, all process/support groups will remain virtual and low-cost to allow individuals in Oregon and Washington to attend regardless of physical distance or finances.

In August, NWAI welcomed a new cohort of masters and doctorate-level student clinicians. With the influx of students, all NWAI's licensed clinicians are now providing clinical supervision and have been consulting regularly with Robert Reiser, PhD of the Beck Institute to stretch and hone their supervision skills.

The IOCDF conferences this year have been particularly rewarding, as many of our clinicians participated at the OCD Camp in July: Hayley Dauterman, PhD, Myles Rizvi, PsyD, Jessica McKee, LPC, Ashley Wray, LCSW, and Kevin Menasco, LCSW. They all had a fantastic time! More exciting presentations and NWAI collaborations to come at the Online OCD Conference!

THE OCD & ANXIETY TREATMENT CENTER

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(801) 298-2000
admissions@liveuncertain.com
theocdandanxietytreatmentcenter.com

11260 River Heights Dr
South Jordan, UT 84095

In our summer update, we announced that The OCD and Anxiety Treatment Center had been nominated for the Best of SLC 2021 Award for Specialty Medicine. We are honored to share that WE WON! The Best of SLC awards recognize excellent businesses that provide the Salt Lake City area with quality services. Our heartfelt gratitude goes out to all of our staff, clients, and supporters who contributed to our exciting win.

TOATC continues to provide evidence-based exposure therapy to children and adults suffering from obsessive-compulsive spectrum disorders, anxiety-related disorders, and trauma disorders. Our trauma program continues to grow and expand with the acquisition of new trauma-specialist hires.

This summer, our South Jordan location completed its most recent construction project. We are overjoyed to have expanded our clinic with the addition of several new outpatient therapist offices which will help us to accommodate 2020's surge in need for mental health services.

As the COVID-19 pandemic continues, we remain available for telehealth and respectfully distanced on-site appointments.

OCD INSTITUTE MCLEAN HOSPITAL

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Belmont, MA 02478
(617) 855-2776
info@houstonocd.org
houstonocdprogram.org

708 E 19th St
Houston, TX 77008
(713) 526-5055

The McLean OCD Institute at Houston has some exciting new updates to share with you that are happening this fall! We currently have openings in all of our intensive programming and encourage you to reach out today to learn more. We have launched our virtual adolescent intensive outpatient program that runs M/W/Th from 4pm–6:30pm. This is a focused OCD/anxiety-specific program for teens to learn and implement the skills needed to manage their symptoms. Our residential support program for adults continues to fully operate and we are excited to announce that we are re-opening our partial hospitalization program (our intensive day program) effective August 1st.

OCDI Jr continues its expansion of our residential program, and we encourage you to reach out if you are interested. We also welcomed two new postdoctoral fellows to our program, Luisa de Mello Barreto and Rachel Rubin.

The OCDI welcomed a new postdoctoral fellow, Elizabeth Lewis, in August. We also welcomed 18 new practicum students from a variety of Boston programs. We continue to expand our residential offerings and look forward to the return of our in-person PHP.

PALO ALTO THERAPY

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Palo Alto, CA 94306
(650) 461-9026
info@paloaltotherapy.com
paloaltotherapy.com/ocd

940 Saratoga Ave, Ste 240
San Jose, CA 95129

At Palo Alto Therapy, we specialize in cognitive behavioral therapy. With many years of experience in the field of behavioral health, we've supported children, teens, and adults in overcoming anxiety, depression, OCD, panic, social anxiety, and other stress-related problems.

Our newest additions: We are happy to introduce the newest members in both office locations and remote teletherapy: therapist Katherine Jones, LMFT and our newest care coordinator, Liz Irwin. We're excited to have them join our ever-growing practice with their unique experience and backgrounds!

Parent OCD support group: This group helps facilitate connection between parents of children of all ages with OCD who are struggling with similar situations. Living with someone

Institutional Member Updates *(continued)*

struggling with OCD can be challenging, so this group helps provide strength and community for you! The group will run the last Saturday of each month via video.

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!

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

ROGERS BEHAVIORAL HEALTH

34700 Valley Rd
Oconomowoc, WI 53066
(800) 767-4411
rick.ramsay@rogersbh.org
rogersbh.org

In late June, Rogers Behavioral Health opened a new clinic in Sheboygan, Wisconsin, that offers OCD and anxiety adult partial hospitalization care, among other programs. Rogers' first-ever supportive living environment will be opening later this summer on the Sheboygan campus.

The Ladish Co. Foundation Center on the Oconomowoc campus is expected to open in August. The Ladish Center will serve as a resource for patients and their families, and it will house the new Ronald McDonald Family Room, Rogers Behavioral Health Foundation, and Rogers Research Center.

In early June, Rogers broke ground on a new residential care center in Brown Deer, Wisconsin. The 24,000-square-foot, two-story addition to the existing inpatient hospital will open in summer 2022 and offer treatment for up to 32 adults and adolescents.

In August, Rogers hosted a free webinar on Examining co-occurring OCD and depression: Research and clinical strategies. The session was led by Martin Franklin, PhD, clinical director, Philadelphia, and Rachel Leonard, PhD, executive director of clinical services, regional division. It is now available to view at ***Rogersbh.org/resources***. Upcoming webinars and other events are listed at ***Rogersbh.org/events***.

STRESS AND ANXIETY SERVICES OF NJ, LLC

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New Brunswick, NJ 08816
(732) 390-6694
SAS@stressandanxiety.com
stressandanxiety.com

195 Columbia Tpke, Ste 120
Florham Park, NJ 07932

Stress and Anxiety Services of NJ (SASNJ) would like to welcome several new clinicians to our ranks in the fall of 2021.

Dina Siegel, PsyD is licensed-to-practice psychologist in New York and New Jersey. A graduate of the Graduate School of Applied and Professional Psychology (GSAPP) at Rutgers University, Dina completed her postdoc at Cognitive Behavioral Consultants, where she received extensive training in CBT and DBT. Previously, she completed a yearlong internship in CBT at WellSpan PhilHaven, an outpatient community mental health center. While at GSAPP, Dina held clinical practica positions at the GSAPP Youth Anxiety and Depression Clinic, the Rutgers Psychological Services Clinic, and the Rutgers Tourette Syndrome Clinic, where she provided comprehensive treatment for Tourette Syndrome and OCD.

Devora Scher, PsyD joins us as a postdoctoral fellow after receiving her degree from GSAPP and completing her internship at Kennedy Krieger Institute/Johns Hopkins School of Medicine. Formerly a middle school teacher, Devora's practica experiences included a range of outpatient clinic settings including New York-Presbyterian/Columbia University Medical Center, Queens Hospital Center, Kings County Hospital Center, and several public schools, where she delivered evidence-based interventions to youth and adults with anxiety, OCD, tic, and mood disorders.

Ritvik Dutta, MA is our psychology extern. A current doctoral student from Kean University's Combined Clinical and School Psychology PsyD program in New Jersey, Ritvik served as a student clinician at Kean Psychological Services and as a member of the district's child study team in the public school system. Ritvik has published in Kean University's student-based, peer-reviewed academic journal on relational frame theory, experiential avoidance, and emotion regulation in the conceptualization of the treatment of OCD. Currently, he is also collaborating with doctoral-level researchers exploring the effect of Tourettic OCD on high comorbidity between OCD and OCPD, as well as other OCD-related research.

In other news, in the fall of 2021, SASNJ is beginning to launch its webinar services, offering APA CE credits for psychologists. Look for more information on our website. Our first webinar is scheduled for September 24th!

THE WESTWOOD INSTITUTE FOR ANXIETY DISORDERS

921 Westwood Blvd, Ste 233
Los Angeles, CA 07670
(310) 443-0031
thewestwoodinstitute@gmail.com
hope4ocd.com

If you are interested in learning about pediatric OCD as a parent of a child with OCD, please visit our website, where you will find a 12-part lecture series for educating parents of children that struggle with OC spectrum disorders. You can find additional online lectures on our website on topics ranging from OCD to skin picking to bipolar disorder.

In addition, the institute is now offering specialized treatment for pregnant individuals struggling with OCD during or after pregnancy as well as treatment for OCD with a co-occurring diagnosis of bipolar disorder. If you struggle with these issues and are looking for help, reach out to us through our email, office phone, or website listed.

RESEARCH NEWS

IOCDF Announces 2021 Research Grant Awards

The International OCD Foundation is pleased to announce the 2021 Research Grant Awards.

Seven exciting research projects were selected to receive a total of more than $800,000 in funding support thanks to the generosity of IOCDF donors.

RESEARCH GRANT CATEGORIES

Our research grant program includes two categories:

Innovator Awards

Award recipients in this category are investigating the big questions in OCD research using cutting-edge technology and ideas. Their research has the potential for a deep and lasting impact on treatment and scientific understanding of OCD. These awards are made possible by the generosity of an anonymous donor.

Michael Jenike Young Investigator Awards

Awardees are promising early-career researchers who are working to establish themselves in the field of OCD and related disorders, and who have strong research projects. Funding is made possible by the thousands of individual donors who contribute to the IOCDF Research Grant Fund each year. A grant from OCD Jacksonville established a fund for research on the role of race, ethnicity, and culture in OCD, and supports the Jenike Award made to Dr. Amanda Sanchez at the University of Pennsylvania.

Applications are accepted January through February, annually.

2021 GRANT WINNERS

These seven winning grants were selected through a highly competitive peer-review process where top researchers were asked to review grants in their areas of expertise, and the most highly rated projects were then subjected to a second round of scrutiny from the full committee. The final seven projects represent the strongest and most promising science from an excellent pool of applications.

IOCDF INNOVATOR AWARD RECIPIENTS

How Disease and Medication Shape the Brain, and How the Brain Predicts Individual Treatment Response; Learning from Global Collaboration

Principal Investigator: Odile van den Heuvel, MD, PhD
Amsterdam UMC, Amsterdam, The Netherlands
Award amount: $300,000

Brain imaging has revolutionized our understanding of mental health disorders like OCD. It has revealed important information about which parts of the brain are impacted by OCD, and has given us new clues about why certain treatments work, or how to improve treatments so that they work better.

An important part of many types of scientific research, including brain imaging research, is sample size. It's not possible to collect brain imaging data from every person on Earth with OCD. Instead, researchers must recruit a small number of people with OCD – a sample of the overall population – and compare data collected from this sample with data from a sample of healthy individuals. Then, researchers can use math to determine whether differences they see in people with OCD are real and not just due to random variations from one person's brain to another. The more people in a sample, the more likely that the differences observed are real and not due to chance. Larger samples also allow researchers to be more confident about minor differences they observe between people with OCD and healthy people – and those minor differences may actually have important meanings.

This grant was awarded to Dr. Odile van den Heuvel to continue her work and the work of the ENIGMA-OCD collaborative working group. ENIGMA-OCD has allowed brain imaging researchers at institutions around the world to coordinate and pool their data together to create a much larger sample of people with OCD than any one researcher would be able to study on their own. The working group has already discovered small changes in brain structure that may exist in people with OCD, and with this funding support will begin to look at new questions, such as: Does the length of time that a person has had OCD have an impact on brain function? How does medication for OCD alter brain function? And can differences in brain function observed using brain imaging technology predict how well a person will respond to OCD treatment?

IOCDF Announces 2021 Research Grant Awards *(continued)*

Pairing tVNS and Exposure and Response Prevention to Improve Symptoms of OCD

Principal Investigators: John Williamson, PhD
and Carol Mathews, MD
University of Florida
Award amount: $300,000

Cognitive behavioral therapy (CBT) with exposure and response prevention (ERP) is a safe, effective, and proven treatment for OCD. Researchers have tried to better understand why ERP is helpful for OCD, and some believe that ERP helps patients "un-learn" the connection between compulsive behaviors and feelings of relief from anxiety or fear. If this process, called "fear extinction learning," could be accelerated or enhanced during therapy, that may bring faster relief to people with OCD, or help patients who haven't benefited from ERP see an improvement in their symptoms.

Previous research has suggested that stimulating the Vagus nerve – the nerve that connects the brain to the heart, lungs, and gut – could help enhance fear extinction learning. Advances in device technology have made it possible to stimulate the Vagus nerve through the skin without incisions, and with only limited discomfort to patients, making it possible for patients to receive Vagus nerve stimulation and other therapies (like ERP) at the same time. Dr. Williamson and Dr. Mathews have already studied Vagus nerve stimulation in patients with post-traumatic stress disorder (PTSD) and found promising results. Their research on Vagus nerve stimulation in OCD could not only help us better understand how ERP works to benefit patients, but could also create a new option to enhance its effectiveness.

2021 MICHAEL JENIKE YOUNG INVESTIGATOR AWARD RECIPIENTS

Optimization of Parent-Led Exposure Delivery in Pediatric OCD

Principal Investigator: Erin O'Connor, PhD
Pediatric Anxiety Research Center at Bradley Hospital
Award amount: $50,000

When children develop OCD, the most effective treatment available for them is cognitive behavioral therapy with exposure and response prevention (ERP). In this treatment, children engage in exposure work where they intentionally trigger their fears (or engage in activities that are likely to trigger their fears) and prevent themselves from engaging in compulsive rituals meant to reduce or eliminate their anxiety. Most exposure work occurs outside of the therapist's office, and for children, parents are often deeply involved in this work.

Dr. O'Connor's project will train parents in the essentials of ERP, and test the effectiveness of this training. Dr. O'Connor and her colleagues hope that through this training, parents will become better equipped to guide their children through exposures at home, and will be able to help children engage in a greater quantity of high-quality exposures, leading to better treatment outcomes.

Developing a Cultural Adaptation Toolkit to Increase Equity for Underserved Youth with Obsessive-Compulsive and Related Disorders

Principal Investigator: Amanda Sanchez, PhD
University of Pennsylvania
Award amount: $50,000

While many effective treatments for OCD have been developed through research, most of the studies that were used to develop and test these treatments did not include diverse groups of research participants. This lack of diversity creates a missed opportunity: when groups are not included in research, researchers miss the chance to learn how treatments can be adapted to meet the unique needs of diverse populations. These needs can be influenced by race, ethnicity, culture, income, gender identity, sexual orientation, immigration status, and other social, economic, and cultural factors — or a unique combination of these factors.

Clinicians on the front lines are often the ones left figuring out how to adapt OCD treatments to meet the challenges that their clients face, without any research to guide them. Dr. Sanchez's award funds her and her team's work to collect proven strategies for adapting OCD treatment to meet the needs of low income youth and youth of color. Through interviews with youth and clinicians, as well as data collected at a clinic serving youth of color and low-income youth in Philadelphia, they will create a toolkit and training that will help clinicians overcome barriers and provide effective treatment to youth with OCD from a greater range of backgrounds.

Continued on next page >>

RESEARCH NEWS

IOCDF Announces 2021 Research Grant Awards *(continued)*

Correlates of Treatment Outcome Using Multimodal Neuroimaging in Children with PANDAS

Principal Investigator: Sarah O'Dor, PhD
Massachusetts General Hospital/Harvard Medical School
Award amount: $50,000

Researchers are increasingly interested in the connection between inflammation in the brain and OCD symptoms in both Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcal infections (PANDAS) and more typical childhood onset OCD. The IOCDF has funded several studies in recent years investigating this link, including ongoing research that is testing the use of anti-inflammatory medications as treatments in both adults and children.

Previous research has found that naproxen sodium (often sold using the brand Aleve) can treat inflammation in the brain, and that taking naproxen sodium helped alleviate OCD symptoms in children with PANDAS. Dr. O'Dor's study will investigate how naproxen sodium changes the brains of these children by using cutting-edge MRI techniques to measure inflammation — these same techniques are being utilized in Dr. Kyle Williams' 2019 Innovator Award project. The project's findings will provide additional data regarding the role of inflammation in childhood OCD, and may unlock new avenues for treatment.

Beyond the Goal versus Habit Binary: A Computational EEG Study of the Neurocognitive Mechanisms of Obsessive Compulsive Disorder

Principal Investigator: Amy Rapp, PhD
Columbia University
Award amount: $50,000

In order to better understand OCD, researchers are investigating what happens in the brain when people with OCD perform compulsions. Some believe that in OCD, the parts of the brain that allow us to control and regulate repetitive habits aren't working right, which leads to repetitive, ritualistic behaviors.

Dr. Rapp's project will look deeper into this question and examine whether multiple pathways in the brain — not just those related to repetitive behaviors — are responsible for compulsive behaviors in OCD. They will collect highly-detailed information about brain function from 30 people with OCD and 30 healthy individuals using electroencephalogram (EEG), which measures electrical activity in the brain using sensors in a cap that participants will wear on their heads. Ultimately, Dr. Rapp's project may provide a richer and fuller understanding of what happens in the brain during compulsions in OCD, and provide new avenues for treatment and prevention.

Waxing and Waning: Using Ecological Momentary Assessment to Assess Chronotype as a Potential Mechanism of Within-Day Obsessive-Compulsive Disorder Symptom Fluctuations

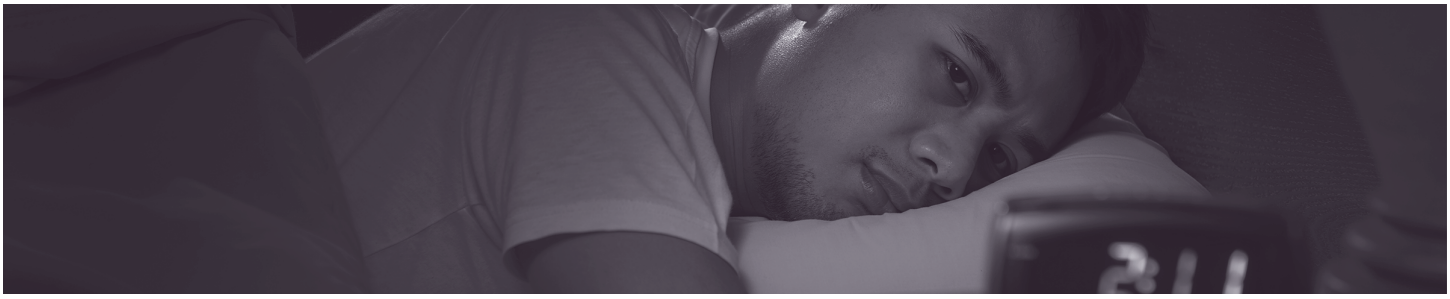
Principal Investigator: Hadar Naftalovich, MA
Hebrew University of Jerusalem
Award amount: $44,500

Research has suggested links between a person's sleep habits, their biological clock (circadian rhythm), and OCD symptoms. Many people with OCD report that their symptoms are better or worse at certain times of day, and that they may struggle more with their OCD when they are tired. We can't just say that OCD symptoms are likely to be worse at night or better in the morning, because each person has a unique circadian rhythm that influences when they feel most alert. Some people are "morning people" and feel energized early in the day; others are "night owls," or fall somewhere in between.

Dr. Naftalovich's study will examine the links between these individual characteristics (called "chronotypes"), levels of alertness, and OCD symptoms. She and her team will closely track OCD symptoms in a group of study participants for a period of seven days, and ask them throughout the day how alert they feel. They'll also closely monitor each participant's sleep patterns, including when they go to bed, get up, and how long they sleep. Their goal is to gain a better understanding of how and why OCD symptoms fluctuate throughout the day, and to give people with OCD additional tools and information they can use to understand when their symptoms may be the easiest or most difficult to control. Their findings could provide clues about how treatments that influence alertness and circadian rhythm (like light therapy) could be combined with existing forms of OCD treatment to better serve patients.

A Closer Look at the Association Between Sleep Disturbances and Symptoms of OCD and Hoarding Disorder

by Kiara R. Timpano, PhD; Hannah C. Broos, MS; Zachary T. Goodman, MS; & William K. Wohlgemuth, PhD



This project was funded by the International OCD Foundation's Michael Jenike Young Investigator Award program. Learn more about our research grant fund and donate at ***iocdf.org/research****.*

WHAT IS SLEEP AND WHY DO WE STUDY IT?

Virtually all living organisms have a rhythm in their daily functioning, which swings between periods of wakefulness and sleep[1]. While the true reason we sleep remains a topic of scientific inquiry[2], we do know two things for certain: humans spend approximately one third of their lives asleep, and as such, sleep represents a process as important to our existence as breathing. Sleep has also been found to have a wide range of important functions[1], such as helping our bodies control the process of converting food and water into energy (metabolism), helping to repair damaged tissue, and forming new memories. Incredibly, sleep does all these things without much awareness on the part of the individual. In fact, sleep is such a universal part of the human experience that it is often taken for granted — that is, until difficulties arise.

So how do we begin to understand sleep? Our sleep is influenced by two interrelated processes that work in unison. The first is known as our circadian rhythm, which reflects an internal, biological clock that generally keeps our daily rhythm grounded to a 24-hour cycle[3]. Circadian rhythms manage multiple physical, mental, and behavioral processes that ebb and flow across the day. The second process that influences our sleep is the homeostatic sleep-wake drive. This drive simply means that the longer we are awake, the more tired we become, and that the longer we sleep, the more our need for sleep decreases. As might be expected, many external and behavioral factors influence the sleep-wake drive, and have the ability to shift or influence our circadian rhythms. Examples include: staying up late to watch a movie; having to work a night shift; or taking a red-eye flight and then struggling with jet lag.

The fact that one's sleep is influenced by both biological and behavioral factors demonstrates just how complex of a process sleep is. Research seeking a fuller understanding of sleep must therefore gather data about behavior and biology, as well as information about how people perceive their own sleep quality and patterns. Biological data about the changes that occur during sleep can be gathered by measuring and tracking physiological processes like heart rate and brain activity[5] using sensors (called polysomnography, or PSG — the "gold standard" for assessing and diagnosing sleep disorders). Data about behavior can be collected using less invasive technology like wrist actigraphy[6], which consists of wearable devices (imagine a high-tech Fitbit) that capture activity levels and sleep patterns by continuously recording movements several times per second[7]. In addition to data about biology and behavior collected using sensors, low-tech questionnaires and daily sleep diaries[4] allow us to capture self-reported information about sleep quality, sleep duration, and sleep disturbances as they are experienced by individual study participants.

HOW DOES SLEEP RELATE TO OCD AND RELATED DISORDERS?

Almost 30% of Americans report difficulties with their sleep[8], and between 50–80% of individuals with psychiatric symptoms complain of sleep difficulties[9]. Problems with the circadian rhythms and homeostatic sleep-wake processes that govern our sleep cycles are found in a range of mental health disorders, including major depression and other mood disorders[9–11]. There is also mounting evidence which indicates that poor sleep (e.g., more frequent awakenings and nightmares, less sleep time, and difficulties falling asleep) is a common complaint among individuals with OCD[12,13] and related disorders[14,15]. Research findings have revealed that OCD is associated with delayed bedtimes,

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RESEARCH NEWS

A Closer Look at the Association Between Sleep Disturbances and Symptoms of OCD and Hoarding Disorder *(continued)*

suggesting a delayed circadian rhythm[16,17], and that insomnia may be specifically linked with the experience of obsessions[18,19]. There is also some indication that hoarding disorder (HD) is associated with sleep difficulties. Even though only two studies have been conducted so far on HD and sleep, findings indicate two things: that greater hoarding severity is associated with insomnia and can't simply be explained by whether or not a person has co-occurring depression[20], and that patients with HD report similar levels of sleep difficulties as those with OCD[15].

The research published to date clearly points to the need for further investigations into how sleep may be connected to OCD and related disorders. Most importantly, studies that consider the complexity of sleep and include biological, behavioral, and self-report data are needed. Almost all studies conducted up to now have relied solely on self-reported data to assess sleep difficulties and have therefore not examined the sleep architecture of OCD or HD using behavioral data, like the kind that can be collected through wrist actigraphy. This limitation, along with other limitations of previous studies — including research on non-clinical samples, which may not replicate in clinical samples, and failure to consider other factors that might be influencing sleep (e.g., depression) — complicate our ability to draw firm conclusions about the link between sleep difficulties and how they may affect the symptoms of people with OCD or related disorders.

OUR STUDY

To better understand the potential link between sleep disturbances and OCD and related disorders, our research team at the Program for Anxiety, Stress and OCD (PASO) at the University of Miami set out to conduct an investigation of sleep, OCD, and HD that included biological, behavioral, and self-report data. With support from the International OCD Foundation's Michael Jenike Young Investigator Award, we recruited a sample that included patients with OCD (n=22), patients with HD (n=20), individuals with mild symptoms that were below the threshold for a diagnosis (n=13), those with co-occurring OCD and HD (n=10), and healthy subjects of the same age and gender as the subjects with OCD or HD symptoms (n=43). In total, 108 adults participated in a two-part study that involved a thorough baseline assessment to characterize their symptoms, detect co-occurring mental or physical health concerns, and gather self-reported data about their sleep difficulties. Next, participants completed a seven-to-nine-day assessment period during which they wore an actigraph device on their wrist and completed daily sleep diary entries. During a final follow-up laboratory visit, we gathered clinical interview data on OCD and HD symptoms during the preceding week, which coincided with participants' sleep ratings. This study represents the first examination of sleep in people with OCD or HD where their sleep patterns were studied through the collection of behavioral data (using wrist actigraphy).

KEY RESEARCH FINDINGS

Our first aim was to replicate the findings of previous research studies that linked OCD and HD symptoms to self-reported sleep difficulties, as measured by questionnaires such as the Insomnia Severity Index and the Pittsburgh Sleep Quality Index. We found that when people had more severe OCD and HD symptoms, they also had greater symptoms of insomnia and poorer sleep quality.

Our second aim was to examine whether OCD and HD symptoms might be related to measures of sleep collected through daily self-reported sleep diaries. Participants completed daily diary entries each morning and at bedtime throughout the week-long assessment period, and were specifically asked about their perceived sleep quality, experiences during the night, bed/wake-time, and other relevant factors. We found that both HD and OCD symptoms were associated with feeling less rested and having difficulties quieting one's mind. While co-occurring depression was linked to whether or not participants felt rested, it didn't explain why certain participants had difficulty quieting their minds — but the presence of HD or OCD symptoms did.

Our final aim considered how behavioral data collected using wrist actigraphy was connected to sleep, sleep quality, OCD, and HD. Using the second-by-second data generated from participant's movements or stillness, we calculated statistics that describe different aspects of sleep, including: sleep efficiency, total sleep time, the number of awakenings during the night, and average bedtime and wake times. In our analyses, we considered average scores across the assessment period, but also examined the consistency for each score from night to night. We discovered an interesting pattern across these measures. In line with previous reports of a link between OCD and delayed bedtime, we found that greater OCD symptom severity was connected with a later bedtime and a later awakening time and couldn't be explained by co-occurring depression alone. This finding

A Closer Look at the Association Between Sleep Disturbances and Symptoms of OCD and Hoarding Disorder *(continued)*

provides the first behavioral data that points to delayed sleep phase (or the tendency to get up later and go to bed later) as a common feature of OCD. For HD, we found that while symptom severity was not linked to differences across the sleep statistics we collected, participants with more severe HD symptoms had greater variations in their sleep and circadian rhythms from night to night.

FUTURE RESEARCH DIRECTIONS & CLINICAL IMPLICATIONS

This study was the first of its kind to conduct a comprehensive examination of sleep in relation to OCD and HD. Our procedures addressed key limitations of past research, and as such, this study represents the first investigation to examine both self-report and behavioral facets of sleep jointly in two different OCD-related disorders. First and foremost, our findings confirm what past research has already told us: sleep matters when attempting to better understand OCD and HD symptoms. However, the data also indicate that sleep and circadian rhythm might affect OCD and HD in different ways. While OCD is associated with a potential shift in one's internal clock, HD is associated with a less regular time-keeping mechanism. Our results also highlight all of the questions we do not yet fully understand, and consequently present a roadmap for future research. For example, does sleep play as central a role in other disorders related to OCD, such as body dysmorphic disorder or body-focused repetitive behaviors? What are the potential mechanisms by which sleep difficulties are associated with OCD and HD? And, why are OCD symptoms linked with delayed bedtime, but HD symptoms with greater variability in one's daily rhythms? These questions, and more, will need to be investigated in a larger sample of patients using a similar assessment strategy that takes into account the biological, behavioral, and self-report data that can be collected about sleep.

Our findings are additionally interesting to consider from a treatment perspective. By better understanding the link between sleep problems and OCD and related disorders, we will be able to develop more targeted techniques that could be used as stand-alone or adjunctive treatments to improve a patient's health. Insomnia in particular can be treated effectively with cognitive behavioral therapy for insomnia (CBT-I)[22,23] and interventions for circadian phase shifts are also available (bright-light therapy, melatonin)[24].
If future studies also point to sleep difficulties as an important mechanism in OCD and related disorders, incorporating relevant pieces of interventions for insomnia or circadian rhythm disturbances into OCD-specific treatments could yield an immeasurable benefit in improving both sleep and treatment outcomes. Given that sleep may play an important role in mental health disorders like OCD and HD, gaining a better understanding of exactly which sleep processes influence symptoms, and which elements of sleep could be modified to have the best possible effect for patients, will make an important contribution to scientific research and have indispensable implications for people with these disorders.

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Research Participants Sought

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

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

Seeking Research Volunteers

You are invited to participate in a research study conducted by J. Christi Nagy, a doctoral student in the School of Clinical Psychology at Fielding Graduate University, Santa Barbara, CA. This study is supervised by Dr. Raymond C. Hawkins, II. This study involves the study of emotional attachment to objects and is part of Christi's Fielding dissertation.

Participation is open to individuals 18 years of age or older who have difficulties with clutter and discarding belongings. Participation involves filling out multiple surveys and will require approximately 30 minutes of your time. As a result of your participation, you may develop greater personal awareness of factors related to emotional attachment to objects.

Interested participants are also eligible to participate in a draw to win one of several $25 gift cards.

If you are interested and meet the participation criteria, please use the link below to access informed consent information and the study items.

fielding.az1.qualtrics.com/jfe/form/SV_299Z8FCQs5LJ3kF

Racial and Ethnic Disparities in the Diagnosis and Treatment of Obsessive Compulsive Disorder

Aim: The goal of this research is to investigate racial and ethnic inequalities in obsessive compulsive disorder (OCD) diagnosis and treatment using an online survey. Survey responses will help determine whether or not racial and ethnic minorities with OCD experience symptoms for longer periods of time before receiving treatment than non-Latinx Whites. Responses will also help identify specific barriers to OCD treatment that may differ for different racial/ethnic groups.

Who can take part: We are inviting anyone who meets the following criteria: (1) previous or current OCD diagnosis from a physician or mental health professional based on the Yale-Brown Obsessive-Compulsive Scale (Y-BOCS) or the Children's Yale-Brown Obsessive-Compulsive Scale (CY-BOCS), (2) age of 18 years or older, and (3) status as United States citizen or permanent resident (green card holder).

What we will ask you to do: We will ask participants to complete online questionnaires about sociodemographic information, OCD treatment history, and barriers to OCD treatment. This should take about 10 minutes. You will also have the opportunity to enter your email address if you would like to participate in a follow-up interview to offer deeper insight into barriers to OCD diagnosis and treatment. These interviews will be conducted via telephone to ensure confidentiality.

Compensation: As a thank you for taking part in this study, participants who participate in the follow-up phone interview will be entered in a drawing to win a $100 Amazon gift card.

Contact: If you have any questions, please contact Laura Smestad at ***lsmestad@antioch.edu***.

To take part and find out more, please visit: ***https://uwartsandsciences.sjc1.qualtrics.com/jfe/form/SV_20hx5W06jSd7tci***

Research Participants Sought *(continued)*

Contribute to Our Research on OCD!

Childhood experiences associated with feelings of responsibility in adult OCD

The OCD Clinical Research Group is conducting a study on common traits in obsessive compulsive disorder (OCD). It is understood that a high sense of responsibility for one's self and for others is common for people living with OCD. This study aims to explore whether certain factors in childhood/adolescence may be related to this increased sense of responsibility. Understanding this would give clues to how we can prevent and treat OCD.

Who can take part?

English-speaking adults over the age of 18 with access to a computing device.

Do I have to have OCD?

No! We are recruiting both people who live with OCD and people who do not have OCD.

What will it involve?

- A brief telephone interview with a clinical researcher (around 15 minutes).
- The completion of an online questionnaire (around 15 minutes).

What are the advantages to taking part?

Your input with this project will help improve our understanding of OCD so that we can develop better treatments for others. We unfortunately will not be able to offer reimbursement for taking part in this study.

Who is conducting the research?

This study is being conducted by researchers from the Oxford Institute of Clinical Psychology Training and Research. This study has been reviewed by, and received ethics clearance through, the University of Oxford Central University Research Ethics Committee (Reference number: R74411/RE001).

Learn more about the study and take part:

If you are interested in learning more about the study and taking part, please email Dr. Lucas Shelemy at ***lucas.shelemy@hmc.ox.ac.uk*** with your name and contact information (email/phone number) and he will get back to you. Thanks!

New Mothers' Thoughts of Harm

Our mission: To reduce stigma and learn more about new mothers' unwanted, intrusive thoughts of infant-related harm and their relationship with mental health and parenting.

Background: Unwanted, intrusive thoughts of harming one's infant are reported by 50% of new mothers. There is no evidence that women who experience these kinds of thoughts are at increased risk of harming their infant. However, many women are reluctant to disclose them to their health care providers.

Participation: An anonymous, online survey (45 minutes) for English-speaking mothers of 0–12-month-old babies living in Canada, the USA, the UK, Australia, or New Zealand.

Appreciation: In appreciation for your time, you will receive personalized feedback on a portion of the study questionnaires. Participants will also have a one in 100 chance to win a $100 e-gift card.

Lead researcher: Dr. Nichole Fairbrother, Clinical Associate Professor, Department of Psychiatry, University of British Columbia

To participate, please scan this QR code:

ubc.ca1.qualtrics.com/jfe/form/SV_emxiBqeLlKbH8zk

For more information please contact ***par.lab@ubc.ca***

Safety and Efficacy of Psilocybin for Body Dysmorphic Disorder

Are you concerned about the appearance of a certain part of your body like your hair, skin, or nose?

Do you spend a lot of time checking how you look in the mirror, asking others how you look, or thinking about parts of your body that you dislike?

Do you avoid certain situations or try to hide parts of your body because you worry that people will judge you for your appearance?

You may be eligible to participate in a research study about how psilocybin can be used to treat people with significant concerns about their body image. For eligible participants, the research study will involve one visit that is around eight hours during which they will receive psilocybin with the support of a therapist. Participants will then return for follow-up visits over the course of 12 weeks. The study will also assess the effect of the treatment on brain activity using a scan called magnetic resonance imaging (MRI). Participants will receive compensation for completing the study.

If you are local to the NYC metropolitan area and are interested in participating, please contact our study coordinator, Gloria Gomez, at ***Gloria.Gomez@nyspi.columbia.edu*** or (646) 450-4572.

Investigating the Impact of the Coronavirus Pandemic on Children with PANS/PANDAS

We are inviting you to take part in a 40–60-minute research study, conducted by the Massachusetts General Hospital and Harvard University, assessing the impact of the coronavirus pandemic on children with PANS/PANDAS and their families. This survey is completely anonymous. It will ask you questions regarding your child's medical history, you and your child's experiences in the pandemic, your relationship with your child, and the severity of your child's PANS/PANDAS symptoms. Please use the link provided if you are interested in participating. Thank you! ***redcap.link/panscovid***

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RESEARCH NEWS

Research Participants Sought *(continued)*

OCD Patients Taking an SSRI

You may be eligible to participate in a study with an investigational medication that would be added onto your current treatment.

To learn more, please contact:

Bravo Health Care Center

Phone: (305) 763-8573

Email: ***bravoresearch@gmail.com***

We Need Participants to Understand Experiences of Shame Related to OCD Intrusive Thoughts

Are you an adult (aged 18 to 65 years) who has been formally diagnosed with obsessive compulsive disorder with intrusive thoughts including themes, thoughts, or images around aggressive, violent, immoral or sacrilegious themes?

If so, we are interested in hearing about your experiences.

Although intrusive thoughts are common, they can be distressing for some people. Shame is one emotion that is associated with these types of intrusive thoughts, but this relationship is not well understood. We are therefore seeking to explore the specific characteristics and experiences of shame related to OCD-type unacceptable/ intrusive thoughts. We are also interested in hearing about your experience of sharing these concerns with health professionals.

The information gathered in this study will inform the development and validation of a shame measure that is specific to OCD unacceptable thoughts. It is hoped that this measure will inform treatment approaches and highlight factors that contribute to the concealment and stigma associated with these experiences.

Eligible participants will be compensated with a $20 Amazon e-gift card after completing their interview.

Who should not participate in this study?

Although recruitment in studies aims to be inclusive, in some cases, additional eligibility criteria needs to be stated to minimise potential risks for participants and ensure their involvement is voluntary. You will not be eligible to participate in this study if any of the following apply to you.

- Current and severe suicidality
- Current mania or psychosis
- Severe cognitive impairment or disability that may impact your ability to understand the purpose of the study, the procedures, your involvement in it, and your right to withdraw consent at any time.
- Non-English speaking

If you are interested in participating or would like more information about this study, please email Michelle Laving at ***Michelle.Laving@myacu.edu.au***.

Chief Investigator: Associate Professor Keong Yap

Student researcher: Michelle Laving, PhD candidate

Research Associate: Dr. Oscar Modesto

Worry Strategies Study – British Columbia

The Interpersonal Lab at the University of British Columbia (UBC) is investigating different strategies that people use to manage their worries, including what leads people to use each strategy and how effective each strategy is at reducing feelings of anxiety or discomfort.

Two groups of adults (ages 18–65) are being recruited for this research study:

- Adults who have obsessive compulsive disorder (OCD) as their primary mental health concern
- Adults who have no significant mental health challenges
- All participants must be currently residing in British Columbia, Canada. All participants must also meet the following criteria:
- Fluent in English (reading, writing, and speaking)
- Use a smartphone with Internet access
- Access to a computer with camera and microphone
- No severe depression, posttraumatic stress disorder, psychosis, or difficulties with substance use
- No cognitive impairment (e.g., recent concussion)

Participation involves taking part in three Zoom sessions, completing two questionnaires as part of these sessions, and completing seven brief daily surveys sent via text. Altogether, participation takes a maximum of four hours spread across two weeks. Participants receive a $60 CAD gift card for completing the entire study.

If you are interested in participating, send an email to ***worrystudy@psych.ubc.ca*** with:

- Your name
- Your phone number
- Where you saw this ad (e.g., IOCDF website)
- Your availability for a 15–30 minute phone interview

Participation is voluntary and confidential. All study procedures have been approved by UBC's Behavioural Research Ethics Board (ethics ID H20-02430).

Lifestyle Habits and Physical Health in OCD

Our research team at the Karolinska Institutet in Sweden has developed an online survey to collect information on the physical health and lifestyle habits (physical activity, diet, alcohol use, and tobacco use) of individuals with OCD from all over the world. We are hoping that the results of the survey can lead to a better understanding of these topics in the group of people with OCD.

Research Participants Sought *(continued)*

You are welcome to participate if you are at least 18 years old, have a diagnosis of OCD, and you agree for your anonymous answers to be used for research purposes. Your answers will be completely anonymous and no identifiable information will be stored anywhere. Your participation is completely voluntary. The survey will take approximately 15 minutes to complete.

If you would like to take part, please find the link to the lifestyle survey below.

In English:

survey.alchemer.eu/s3/90342595/Lifestyle-habits-and-physical-health-in-OCD-English

In Spanish:

survey.alchemer.eu/s3/90358619/Estilos-de-vida-y-salud-fisica-en-el-TOC-Spanish

Please do not hesitate to contact us if you have any questions about the study: ***anna.holmberg.2@ki.se***

Feel free to share the link with others that may be interested to take part.

Thank you very much in advance!

Anna Holmberg, PhD Student

Department of Clinical Neuroscience, Karolinska Institutet

Dr Lorena Fernández de la Cruz, Principal Investigator

Department of Clinical Neuroscience, Karolinska Institutet

Participants Needed for Research on OCD in Older Adults

Most of the research on the causes and treatment of OCD has focused on youth and younger adults. As a result, our understanding of OCD in older adults (aged 65 years and older) is limited. With an internationally ageing population, and prevalence estimates of late-life OCD ranging from 0.6–2.4%, it is projected that there will be between 56 and 234 million older adults affected by OCD by 2050. Thus, it is critically important that we improve our understanding of how OCD presents in older adults, and the best way to deliver treatment.

Most of the information we have on OCD treatment in older adults comes from individual case studies, or studies with a small handful of individuals. These studies suggest that exposure and response prevention (ERP) continues to be an effective treatment. However, older adults are a diverse age group, and there can be huge variability in physical, social, and cognitive abilities. While treatment may not need to differ for many older individuals, there may be some necessity to develop targeted and age-appropriate treatments for other individuals, particularly for those who experience physical health or cognitive issues.

Accommodation refers to the ways in which family members and loved ones may participate in a person's rituals and compulsions, or facilitate avoidance of OCD triggers. We know that accommodation is extremely common among families of children and young adults with OCD, and is associated with greater OCD severity, impairment, and poorer treatment outcomes. As such, treatments in these age groups typically incorporate family members, and focus on reducing accommodating behaviors. However there is currently no information about accommodation in older adults with OCD, and it is unclear whether accommodation is a relevant issue in this age group, how this varies across the spectrum of abilities in older adults, and whether this is something that needs to be incorporated into treatment. For example, individuals with physical health limitations or cognitive decline may require appropriate support and assistance from loved ones to ensure their functioning. Differentiating between OCD-related accommodation and appropriate functional support may be particularly important in this age group in order to ensure that treatment only targets unhelpful behaviours. Similarly, many older adults live alone, or have more diverse relationships with the people who may provide accommodation compared to research with children and young adults (e.g., adult children, neighbors or aged care staff rather than predominantly parents among young age-groups). When considering age-appropriate treatments, accommodation is an important area to understand in order to determine the necessity, interest, and feasibility of including supporters in treatment.

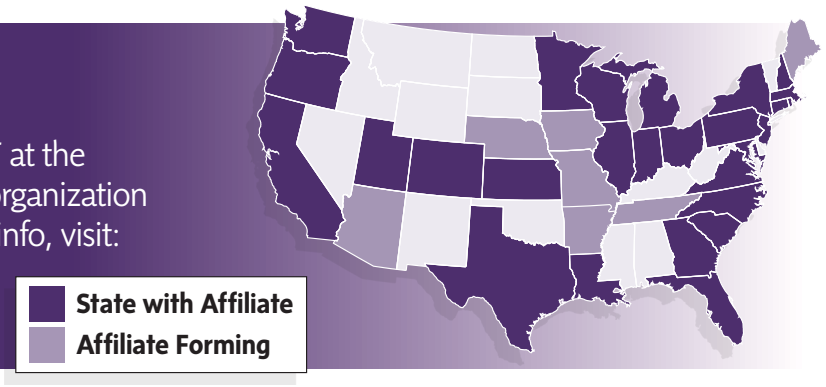
We are currently conducting a study on late-life OCD to examine the nature of late-life OCD presentation and accommodation, and to seek input from individuals and their loved ones about involving supporters into treatment for late-life OCD. We are seeking adults aged 65 years and older as well as their supporters. Participation involves completing an online survey and an interview with one of our researchers via phone or videoconference to provide your opinions on OCD in older adults, supporter accommodation, and whether you feel it would be helpful to include supporters in treatment or how this might be done. Participation would take around 2.5 hours, and both individuals with OCD and their supporters will be given a $30 gift card to thank them for their time. If you are interested in getting more information or participating in the study, please email Dr. Ron Smith at ***ron.smith@mq.edu.au***.

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***



OCD CENTRAL & SOUTH FLORIDA

ocdcsfl.org

OCD Central & South Florida is hosting its first 1 Million Steps 4 OCD Walk on September 25th in St. Petersburg, FL. We were able to raffle off some fantastic prizes and loved everyone's enthusiasm. We couldn't be any happier to have had so many wonderful participants and volunteers show up to contribute their time, resources, and efforts to a great cause. We were thrilled to support this initiative to raise awareness, and we look forward to hosting more Walks in the future! We are also excited about all the OCD Awareness Week events coming up, and we are especially looking forward to the Online OCD Conference.

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 @OCDCSFL. If you are interested in getting involved with OCD Central & South Florida, or if you have any questions, please email us at ***info@ocdcsfl.org*** regarding your interest.

OCD IOWA

OCD Iowa is still in the early stages of development in part due to the limits of the pandemic. Having said that, now is the perfect time for anyone who desires to be part of this exciting project to make their interest known! Please contact Micah at ***info@ocdiowa.org*** for more information.

OCD JACKSONVILLE

ocdjacksonville.com

We all know that the best way to help the community we serve is to ensure that OCD sufferers see adequately trained clinicians. OCD Jacksonville is thrilled to be hosting a BTTI in November, an initiative we have been working toward for years! We have also been able to create two endowments that will help ensure best practices for treating OCD in our catchment area. The OCD Jacksonville Innovation Fund was established at the University of Florida for the COARD program (Center for OCD, Anxiety, and Related Disorders).

We were also able to commit to a multi-year fund to support the Fear Facers camp at UF, an annual summer camp for children with OCD. Additionally, through the Baptist Foundation, we established The OCD Jacksonville Education and Development Fund. This endowment will support continuing education for clinicians at Baptist, the largest hospital and healthcare group in our region. Our summer activities included a presentation to graduate students at Jacksonville University and a cooperative educational event with NAMI Jacksonville. We will be offering many scholarships to the Online OCD Conference to complete the year's focus on education.

OCD MASSACHUSETTS

ocdmassachusetts.org

OCD Massachusetts is gearing up for a new lecture series in September and we welcome anyone interested in speaking in our series to reach out to us at ***info@ocdmassachusetts.org***. We have also been working on editing and uploading our lectures to our YouTube channel so everyone can access them.

The OCD Massachusetts Walk team is up and ready to walk in September and we look forward to seeing all our friends and supporters and raising awareness! Please follow us for updates on Facebook and Instagram!

**The picture attached is Arrow, a member of OCD Massachusetts Walk Team.*

OCD MID-ATLANTIC

ocdmidatlantic.org

OCD Mid-Atlantic would like to thank Gail Quick and her volunteers in Richmond for once again spearheading the Richmond 1 Million Steps 4 OCD Walk! We are currently planning events during OCD Awareness week and hoping to be able to do both virtual and in-person events, depending on COVID restrictions in place. Keep looking for our member stories on Facebook, as well as other content coming in the near future!

Affiliate Updates *(continued)*

OCD MIDWEST

ocd-midwest.org

OCD Midwest has worked to expand its board membership and strengthen representation from the Chicago and Ohio areas, and is also looking to add Indiana-based members.

Gabrielle Faggella, LISW-S, ACSW assumed the role of President as Patrick McGrath, PhD steps into an Immediate-Past-President role for the board after many years of serving as President himself. The board wishes to express its gratitude to Dr. McGrath for his long tenure and dedicated service to OCD Midwest and to the IOCDF!

We hosted five 1 Million Steps 4 OCD Walks on September 18th — one in Chicago, and four in Ohio!

We're also launching our third OCD Consultation Group in Ohio later this fall under the coordination of Joanna Hardis, LISW-S, which will complement our two Chicago-based consult groups coordinated by Blair Famarin, LCSW and Annie Jaworska, MBA, LCPC, CADC from Rogers.

OCD NEW HAMPSHIRE

ocdnewhampshire.org

Exciting things are happening here in NH! Introducing the OCDNH Listserv, helping to connect those with OCD and their loved ones, with clinicians who know how to treat it! If you are a clinician who would like to be added to the listserv, please fill out the form at ***forms.gle/UQynhqVj39xQ7fz4A***. If you are looking to find a clinician in the greater NH area, please visit our website.

In August we launched our virtual, monthly Lunch & Learn series with a webinar and Q&A on returning to school post (midst) pandemic. On September 12th we held our 1 Million Steps 4 OCD Walk in Concord NH's White Park. Thank you to all who walked and donated to help make our event a huge success!

OCD Awareness Week is just around the corner and we encourage you to visit our website for a full schedule of in-person and virtual events. In mid November we will be holding a day-long training for clinicians featuring information on ERP, ACT, a Q&A with those with lived experience with ERP/ACT, and small group case study. Please visit our website for more information and details.

OCD PENNSYLVANIA

ocdpennsylvania.org

In its commitment to improving access to clinically proven care for OCD sufferers, OCD Pennsylvania has awarded 29 scholarships to mental health providers in Pennsylvania for obtaining ERP training.

OCD Pennsylvania is also hosting multiple Walks throughout the state of Pennsylvania at the end of September. We are planning on having a banner year for participation and fundraising for the 1 Million Steps 4 OCD Walk.

OCD SACRAMENTO

ocdsacramento.org

On August 3rd, Chanel Tadgris presented Trichotillomania: My Personal Recovery and Experience Treating Others. Chanel shared her personal experience in her struggles with trichotillomania and how she was able to overcome it. She also discussed the roadblocks that can come up in treating trichotillomania that she has experienced both personally as well as observed in others. Finally, she outlined the front-line treatment modalities in working with individuals struggling with trichotillomania and specific strategies that have been most helpful in individual and group settings.

Mallory Eastman will present Seeking Reassurance: Support vs. Certainty — A Guide for Family and Friends" on August 24th from 5:30–6:30pm. She will discuss how attempts at reassurance and certainty feel like the right thing at first, but for anyone wanting to get help for anxiety, seeking reassurance and wanting certainty can lead to feeding the anxiety even more. Mallory will also answer some of the most common questions she receives from families on how to respond to reassurance seeking and preserve their relationship during treatment. Using Howard Glasser's Nurtured Heart Approach, she will show you how you can resist giving reassurance while providing recognition for the wins in the treatment and recovery process. This is a free presentation to the public and will be held on the Zoom platform — check out our website for information on how to access.

OCD Sacramento will host Ethan Smith, IOCDF National Advocate, on September 21st from 5:30–6:30pm. Please join us on Zoom as he shares his lifelong struggles with OCD which nearly cost him his life. In 2010, his life turned around once receiving the treatment that he needed. Ethan now works as a writer, producer, and mental health advocate.

OCD SOUTHERN CALIFORNIA

ocdsocal.org

OCD Southern California successfully held our 5th Annual Conference, which took place virtually this year on Saturday, July 31st. Our conference had nearly 700 attendees from all around the globe! We want to thank our incredible keynote speakers, IOCDF National and Lead Advocates Liz McIngvale, Ethan Smith, Chris Trondsen, Tom Smalley, and Valerie Andrews. They kicked off our conference, and then following the keynote, conference goers had an opportunity to attend sessions from the 36 breakout presentations and activities offered. These sessions were led by over 70 OCD experts including doctors, psychiatrists, and therapists — as well as individuals and family members with lived experience. We are grateful to Keck School of Medicine of USC for sponsoring the CEs available at our event. A huge thank you to our speakers,

Continued on next page >>

FROM THE AFFILIATES

Affiliate Updates *(continued)*

volunteers, conference sponsors, attendees, and everyone who made our conference a success!

OCD SoCal will be participating in the IOCDF's 1 Million Steps 4 OCD Walk! We are offering walks in four counties in our catchment area: Los Angeles, Orange, Inland Empire, and San Diego. Each walk will take place on a different day, so for dates and times of each walk, please visit the Programs tab on our website!

Our Affiliate is also planning an event for OCD Awareness Week on Saturday, October 16th. More details are available on our website!

Visit our website or email us at ***info@OCDSoCal.org*** if you have questions about our upcoming events!

OCD TEXAS

ocdtexas.org

This fall, OCD Texas is partnering with the IOCDF Anxiety in the Classroom team and Communities in Schools to pilot a local training for central Texas public school staff, featuring a comprehensive curriculum to give school staff the baseline knowledge they need to recognize anxiety/OCD, learn how they impact youth in the school setting, and understand how they are treated. We are thrilled to bring these resources to local school systems!

OCD Texas is also excited to reunite with our communities at the 1 Million Steps 4 OCD Walks in Austin, Houston, and San Antonio on October 23rd. At long last, and in cooler-than-June temperatures, it's time to register, gather, and make an impact. In the meantime, we continue to welcome clinicians to our monthly Learn-At-Lunch educational series. Mental health providers, clinicians-in-training, and clinical graduate students are invited to join us on these first Fridays, and continuing education credits are provided for licensed clinicians in Texas. Check out our social media pages or our website to learn more about our events!

OCD WASHINGTON

ocdwashington.org

OCD Washington is looking forward to both in-person and virtual activities for OCD Awareness Week. Be sure to follow us on your favorite social media platform to get details on our exposure scavenger hunt, movie screening, and more.

OCD WISCONSIN

ocdwisconsin.org

We are enjoying the enthusiasm and engagement of numerous board members whose terms have begun in 2021, around newly formed committees on development, communications, and education. For the first time we are using a structured giving model to seek sponsorships and donations, and have found a generous anonymous donor who is offering a matching gift drive heading into late summer to provide an incentive.

It's never too early to make plans for OCD Awareness Week! We are considering some new avenues of education and activities this year and will be collaborating with outside stakeholders to bring these ideas to life. Part of these plans include assembling a speakers bureau to be at the ready when requests come in to present about OCD in a variety of settings (mental health professionals, families, schools, communities of faith, etc.).