

Are you ready to walk?



On Saturday, June 8, 2013, members of the OCD community will gather in Boston and in their communities around the world to participate in the 1st annual *1 Million + Steps 4 OCD Awareness Walk*.

The walk is an awareness-building and fundraising event to support the work of the IOCDF to help individuals with OCD and related disorders live full and productive lives. Our aim is to increase access to effective treatment, end the stigma associated with mental health issues, and foster a community for those affected by OCD and the professionals who treat them. The event will serve to raise vital funds for IOCDF programs, while also increasing visibility for the Foundation and awareness about OCD and related disorders.

OUR INSPIRATION

You may recall a 2012 newsletter story about Denis Asselin and his son Nathaniel.

Last spring, Denis Asselin walked 500 miles — or 1 million steps — from his home near Philadelphia all the way to Boston on a pilgrimage in memory of Nathaniel. Nathaniel Asselin was an amazing young man who battled body dysmorphic disorder (BDD), a disorder related to OCD, until he took his own life at just 24 years old. Denis' pilgrimage was a way to honor Nathaniel's too short life, while also raising awareness

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FROM THE FOUNDATION

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The International OCD Foundation (IOCDF) is a not-for-profit organization whose mission is to educate the public and professionals about OCD in order to raise awareness and improve the quality of treatment provided; support research into the causes of, and effective treatments for, OCD and related disorders; improve access to resources for those with OCD and their families; and advocate and lobby for the OCD community.

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DISCLAIMER:

The IOCDF does not endorse any of the medications, treatments, or products reported in this newsletter. This information is intended only to keep you informed. We strongly advise that you check any medications, products, or treatments mentioned with a licensed treatment provider.

IOCDF Online: News & Updates from the Web

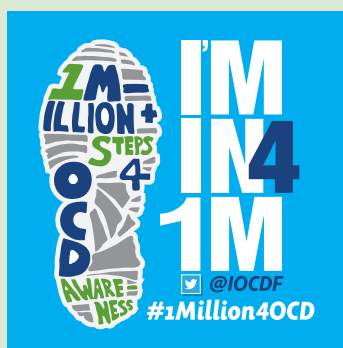
Did you know that the IOCDF uses social media to share updates about OCD research, news, and events? Social media is a great way for us to communicate with you quickly and easily, but it also a great way for us get feedback from you. So drop in, “follow” us, “like” us, and send us a message.

 Find us on Facebook at [Facebook.com/IOCDF](https://www.facebook.com/IOCDF), or on Twitter at [Twitter.com/IOCDF](https://twitter.com/IOCDF). We're even on Instagram (search for IOCDF)!

Join in the conversation by using these hashtags in your social media posts:

#OCDcon — Use this tag to talk about the OCD Conference. What are you excited about? Which talks are you planning to attend? Meet other conference goers in advance of the event.

#OCDchat — Use this tag to join our monthly “Ask the Experts” chats on Twitter. See below for the schedule of recent and upcoming topics and featured experts.



#1Million4OCD — Are you walking or fundraising as part of the 1Million+Steps 4 OCD Awareness Walk? If so, use this hashtag to update us on your progress, tell your friends and family about the walk, or ask us any walk-related questions on Twitter.

And don't forget to download our “I'm in for 1 Million Steps” walk badge (at left) to use as your profile photo on social media. Get your own at: www.iocdf.org/walk-calculator/



#OCDchat on Twitter

Talk to the experts online!

Due to the success of our series of “Ask the Experts” Twitter chats during OCD Awareness Week, we've started hosting Q&A sessions on Twitter each month to allow the public to ask questions directly from leading experts in OCD and related disorders. Join us on the 3rd Monday of each month at 8pm ET, while we answer your questions about OCD treatments, resources, and any other questions you may have about OCD. It's free to participate... all you need is a Twitter account.

You can also read the transcripts of previous chats, such as our March Q&A with hoarding expert Randy Frost, PhD, and our recent chat about body dysmorphic disorder (BDD) with Jamie Feusner, MD, and Carrie Asselin.

To read transcripts of recent chats, see a schedule of upcoming chat topics, and learn more about how to participate in the Twitter chats, visit our website here: www.iocdf.org/twitterchats/

Letter from the President

Dear Member,

As I enter into my second year as President of the International OCD Foundation, I have been reflecting on my 15-year involvement in the organization. The changes I have witnessed over time are both heartwarming and inspiring. You are an invaluable member of the OCD and related disorders community, and in this letter, I have an opportunity to reach out to you directly to share the wonderful benefits associated with being part of the IOCDF.

I am humbled by the thousands of voices standing strong behind our mission to make things better for those affected by these disorders. I am proud of an organization that has funded close to 100 research studies totaling almost \$3 million in research grants over the last 2 decades. I rest easy knowing that our *Scientific and Clinical Advisory Board* ensures that we are sharing the most current information on OCD research, effective treatments, and education opportunities.

And while I am satisfied knowing that together we are all making a significant difference in the lives of many people, I am acutely aware of how much more we need to do. As President of the Board of Directors, I can assure you that one of our primary goals is growth. One opportunity for growth and expansion has been through the use of online media to reach a wider audience. On Twitter, we have over 3,000 followers and host monthly *Twitter Chats* with leaders in the field including Drs. Randy Frost, Fred Penzel, Fugen Neziroglu, Jon Abramowitz, and Jamie Feusner. On Facebook, we have over 6,500 friends and on our page we encourage conversations, post blogs and links to other resources, and organize online awareness raising efforts. In 2012, we had over 1 million hits on our website.

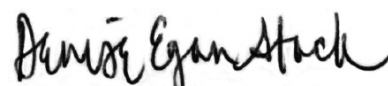
As the 10-year President of OCD Massachusetts, I am excited by the expansion of the *IOCDF Affiliate* program and the innovative programming these groups are engaged in. We added two new affiliates to our ranks this past quarter: OCD New Hampshire and OCD Wisconsin, bringing us to a record total of twenty. I am looking forward to the day when each state in the country has at least one affiliate representing them. We are growing

internationally, too. We now have 8 *Global Partners* and in 2012 we ran our inaugural international *Behavior Therapy Training Institute (BTI)* in Vancouver, Canada — and we had Conference attendees from 10 different countries.

The *Annual OCD Conference* holds a special place in my heart. As co-chair of the Conference Planning Committee since 2007, I am impressed by how much the conference has evolved in such a short period of time and by the innovation showcased each year. As a full-time therapist who specializes in home-based treatment and treating hoarding disorder, I was excited to collaborate with Drs. Steketee and Frost on the addition of the Hoarding Disorder track this year. I believe it is a grand accomplishment and it coincides nicely with the long-overdue addition of Hoarding Disorder as a distinct diagnosis in the upcoming DSM-V.

I am happy to announce yet another opportunity for the OCD and related disorders community to come together to help the IOCDF realize its mission. Inspired by Denis Asselin's 500-mile walk last year from Philadelphia to Boston to raise awareness in honor of his son who battled Body Dysmorphic Disorder, we are organizing the *1 Million + Steps 4 OCD Awareness Walk* on June 8th. I hope that you will join our walk in Boston or our virtual walk and pledge to walk 1,000 steps or 5,000 steps or even 1 million steps. You can walk alone, or invite friends and family to join you. Even if you don't walk, you can be a part of the event by making a donation to individual walkers and/or teams. Our goal is to raise \$25,000 for IOCDF programs, and to promote awareness about OCD and related disorders in our communities. As I write this, we are almost halfway to our goal. For those of you who have already signed up – thank you. For those of you who haven't had a chance yet, you can learn more about the walk on pages 8–9 of this newsletter.

Sincerely,



Denise Egan Stack, LMHC
President
IOCDF Board of Directors

FROM THE FOUNDATION

20TH ANNUAL OCD CONFERENCE:

Find out what's new and what to look forward to in Atlanta!

For the last 20 years, the Annual OCD Conference has been the only national conference focused solely on Obsessive Compulsive Disorder (OCD) and related disorders. If you have attended before, you know that this unique event allows people with OCD and related disorders and their loved ones to learn about the latest in treatments and research alongside the mental health providers and other professionals who care for them. If you haven't been to a conference before, this might be the year to start!

Every year we try to improve on what we've done in the past based on your suggestions from our conference surveys, feedback from speakers, and other recommendations. At the same time, we try to keep the things that bring people back to the conference year after year. This year, we're excited about several new additions to the conference programming based on your requests. We have more talks (over 100!), and more tracks (11 tracks and mini-tracks!) than ever. Here is a taste of some of these additions:

NEW! YOUNG ADULT TRACK

We have heard from our young adult attendees over the years about the need to include talks at our conference aimed at twenty-somethings who are navigating college, dating, first jobs, first apartments, and other experiences unique to young adults. Chris Trondsen and Jared Kant, both veteran presenters at the OCD Conference who have been attending since in their teens, were instrumental in developing the curriculum based on their own experiences as young adults with OCD. Thanks to their work, and the contributions of others, this year's young adult attendees will see a line-up of talks directly aimed at them all day on Friday. To view the list of young adult workshops, go to pages 4-5 of the conference brochure, or visit our website at www.ocd2013.org/young-adults. We are

excited to now be able to offer tracks for everyone from young kids to teens to young adults to the general OCD community!

NEW! HOARDING DISORDER TALKS FOR PROFESSIONALS, INDIVIDUALS, AND FAMILY MEMBERS

While the new DSM classifies hoarding as a separate but related disorder to OCD, as opposed to a subtype, hoarding disorder remains an important part of the IOCDF community, and we are committed to being one of the best sources of information about hoarding for both individuals with the disorder and the many professionals who work with them. We are privileged to have two of world's leading hoarding experts — Gail Steketee, PhD, and Randy Frost, PhD — on our scientific and clinical advisory board, and it is through close work with them that the IOCDF developed this unique hoarding program within this year's Annual OCD Conference.

In addition to an entire track of workshops dedicated to hoarding, we are also offering two professional training opportunities. Each year, we offer an Advanced Behavioral Therapy Training Institute (ABTTI) session at our Annual OCD Conference focused on

a specific topic for mental health professionals, and it always sells out. This year, we are excited to expand that professional offering to include the wide variety of professionals who work with the hoarding community. We will be holding two concurrent training sessions on hoarding: one for mental health professionals treating hoarding disorder (HD), and one for the countless other professionals who encounter individuals with HD in their work as professional organizers, housing authority staff, public safety officers, firefighters, case managers and others. Drs. Steketee and Frost, along with Christiana Bratiotis, PhD, have worked to create this robust training

“Going to the conference each year makes me feel good about OCD. It's like taking something negative and turning it around to look at it in a positive way.”

– Michael Levine, Teen Presenter

program, and we are so excited to be able to offer this at the conference this year. For more details, see page 2 of the conference brochure, or visit: www.ocd2013.org/professional-trainings.

This year's program also includes a 2-day hoarding track with talks for individuals with HD, their family members and loved ones, and professionals who work with them. We will also be offering two support groups on Saturday evening: one for individuals with HD, and one for their family members and loved ones.

The Special Hoarding Program at this year's conference in Atlanta is so comprehensive, we have taken to calling this a "conference within a conference." You can read more about the hoarding disorder workshops and trainings at: www.ocd2013.org/special-hoarding-program.

OTHER NEW ACTIVITIES

Another new addition based on your requests: more "ice-breaker" social events at the beginning of the conference. Many attendees show up on Thursday night eager to begin meeting folks and to network. In addition to the many Thursday night support groups, this year we are bringing back the OCD Short Film Festival and Ping Pong 4 OCD, as well as a new Storytelling activity from Dr. Allen Weg, and the 1st annual OCD Pub Trivia Night. These activities are a great way to begin developing connections with other attendees that can eventually become long-lasting friendships. Plus, these events should be really fun!

Another addition to keep your eye on is the new two-part exposure-based activity for kids and parents. And, we have added an additional hour of talks on Sunday. Finally, make sure to visit www.ocd2013.org to see our entire conference program and schedule online. Read more about each of the conference talks, speakers, and other attendees. You can view the conference schedule by "track" or look up your favorite presenters by name to see when and where you can hear them. You can even access this schedule on your smartphone!

WHAT'S RETURNING

Long standing favorites of the conference — including the kids and teens art therapy rooms, evening support

(Continued on page 6)

10 Things to Do in Atlanta

Atlanta is a great family-friendly vacation destination for a number of reasons. Here are some of our top picks. The Atlanta Convention & Visitor's Bureau has also offered a special savings card to all conference attendees that offers discounts at many of the attractions below. You can read about those discount offers and get more details on our website at www.ocd2013.org/atlanta.

1. Take a refreshing swim at the hotel pool.
2. Check out the views from the amazing underwater tunnel at the Georgia Aquarium.
3. Play in the fountains at Centennial Park.
4. Go behind the scenes at the Inside CNN Studio Tour.
5. Enjoy a bit of the Bard at the Shakespeare Tavern.
6. Try out Coca-Cola flavors from around the globe at the World of Coca-Cola.
7. Enjoy some southern comfort food at one of many great Atlanta restaurants.
8. Check out *Bodies: The Exhibition* at Atlantic Station.
9. Brush up on your knowledge of antebellum history with the Civil War exhibits at the Atlanta History Center.



10. Say hello to the Giant Pandas at the Atlanta Zoo.

FROM THE FOUNDATION

20th Annual OCD Conference (continued)

groups, the Virtual Camping trip with Dr. Jonathan Grayson, and the Saturday Night Social — will all happen at this year's conference as in years past. Some of the more recent additions to the conference, including the PANDAS/PANS and Spanish Speaking mini-tracks, the kids and teens fashion show and karaoke, and the 5-mile evening run will also return this year.

To see the full line-up of activities and events, go to www.ocd2013.org. ○

Still not sure if you should attend? Here's what others have had to say about the conference over the years:

"I was terrified [when I attended my first conference in 2007]. However, I distinctly remember being calmed by the positively welcoming and supportive energy of everyone involved in the conference. It's a very unique atmosphere to have OCD sufferers, their families and friends, clinicians, and researchers gathered together in one place for the purpose of improving the quality of life for all of those affected by OCD and related disorders."

– Heather Currey, OCD Advocate

"I like the mix of professional and non-professional presenters: Professionals present lots of good information, but non-professionals can offer practical advice and understand the emotional burdens we have. Knowing how far others have come can help tremendously when things aren't looking promising."

– Liz Trondsen, Parent and OCD Advocate

"Going to the conference each year makes me feel good about OCD. It's like taking something negative and turning it around to look at it in a positive way."

– Michael Levine, Teen Presenter

5 Reasons You Shouldn't Miss this Year's Conference in Atlanta

Shala Nicely, MS, has had OCD all of her life and is currently an OCD therapist at Cornerstone Family Services, LLC in Atlanta. She is also the co-founder and spokesperson of OCD Georgia. Shala will be telling the story of her own triumph over OCD in the speech titled, "Is Fred in the Refrigerator?" as the keynote speaker at this year's Annual OCD Conference in Atlanta.

We asked Shala to share her top five reasons for attending this year's conference. (We think one of the reasons should be to hear her speak during the Keynote Address, of course!)

Without giving too much of my keynote story away, I can easily say that the choice I made in 2010 to attend the IOCDF conference literally changed my life. If you've never attended before and are thinking about whether the conference is worth it, let me share the top 5 reasons why this is a conference not to miss:

5. You'll meet others with OCD.

When I walked into the conference in 2010, I was surrounded for the first time by hundreds of other people who, like me, were living with OCD. And they "got it"—they intuitively knew what I was talking about when I described how the disorder affected me. I felt a kind of kinship with everyone I met. I wasn't alone! These people all understood! In fact, it was such a powerful experience that several of us formed a phone-based OCD self-help support group after the conference, and we still hold support calls to this day. What other conference could offer this kind of opportunity?

4. You will have fun!

The IOCDF does a great job making the conference more than just presentations. There are activities, like the trivia night for young adults and storytelling for kids. There's an art therapy room for kids and teens. There's the social on Saturday night and opportunities to meet up with others who have similar interests at the "themes" tables during lunch. And some of the presentations and workshops are downright fun...and funny! While we take OCD seriously, we try to take ourselves less seriously, and

5 Reasons You Shouldn't Miss this Year's Conference (continued)

the conference allows everyone to let their hair down and have a little fun!

3. You'll get the latest information about OCD and its treatment.

Not only that, but you'll get it right from the people who do the research and set the standards for OCD treatment worldwide. And everyone is so open and friendly—you can talk with presenters and ask them questions that most interest you. The night I got back from my first conference, I told a friend, "The conference was just one mind-blowing presentation after another...I learned more today about OCD than I have in the last 10 years combined!" It sounds like I'm exaggerating, but I'm not. With more than 100 presentations and workshops to choose from, you will come away with so much new information about OCD that you can use the very next day to start feeling better.

2. You'll hear from people who have overcome OCD... and how they did it.

Inspiring—if I had to pick one word that describes the IOCDF conference, that's the word I'd choose. People from all walks of life will be sharing their OCD stories,

and how they took their lives back from the disorder. You'll hear heartbreaking stories about their struggles to get the right diagnosis and to find the appropriate treatment, and heartwarming stories of how they were able to put their lives back together. But most of all, you'll hear that it IS possible to get your life back, and that there IS hope, and it's hard to put a price on how valuable hope can be.

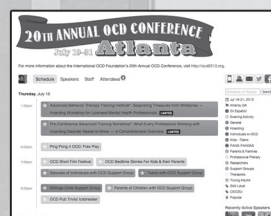
1. It can change your life.

It's hard to overstate how much of a difference the IOCDF conference can make for people suffering from OCD and their friends and families. For all the reasons above and many more, it can change the course of your life for the better. My life would be completely different today had I not attended the conference three years ago. (If you'd like to know more about why, you'll have to come to "Is Fred in the Refrigerator?" on Saturday morning, July 20, to find out!) The conference only comes to Atlanta every 6–7 years, so don't miss this opportunity to have a life-changing experience you will never forget. ○

You can learn more about Shala at www.shalanicely.com.

HAVE YOU SEEN OUR NEW CONFERENCE WEBSITE?

Go to ocd2013.org today to learn more about the conference and register online.



NEW! Interactive Conference Schedule

New this year! You can view the entire schedule online at ocd2013.sched.org

- Bookmark your favorite talks
- See who else is attending
- View speakers profiles
- See evening activities, support groups, and workshop schedules all in one place
- Breakdown the schedule according to track and difficulty level

Also:

- Find information about travel, Atlanta attractions, and discounts at ocd2013.org

See you online... and see you in Atlanta!

FROM THE FOUNDATION

1 Million+ Steps 4 OCD Awareness Walk (continued from page 1)

about OCD and BDD. Along the way, Denis stopped at various hospitals, clinics, doctors' offices, and treatment facilities—the places that his son Nathaniel frequented during his 13-year affliction with BDD. Denis hoped that through his very personal and yet public pilgrimage that he would be able to put Nathaniel's face and story on OCD and BDD and, through doing this, help others along the way.

On June 7th, 2012, Denis reached Boston and was greeted by a crowd of well-wishers at an OCD & BDD Awareness Rally hosted by the IOCDF. At the rally, Denis remarked that while he walked over a million steps, there were still millions more to go towards raising awareness and understanding about OCD and BDD.

Carrie, Nathaniel's sister, recently expressed her thoughts in an IOCDF blog post: "How can we create a society that is comfortable acknowledging and discussing psychiatric illness? I believe the answer lies in awareness. When Nathaniel was first diagnosed, neither of us had ever heard of OCD or BDD. Had we been already familiar with these disorders, could that have helped him feel less odd? Would he have been more open to discussing it? Those with BDD often experience even more shame and self-disgust than those with OCD, resulting in much higher suicide rates. Can spreading awareness about the prevalence of these illnesses help combat some of that?"

We believe that it can.

This year, we want to see how many million steps we can walk for OCD awareness together. Denis is setting out on another pilgrimage, only this time from his home in Pennsylvania to Washington, DC. We are inviting all of you to walk along — helping us raise money for the Foundation, and more importantly, raising awareness about OCD and related disorders along the way. As this newsletter goes to press, 100 walkers from around the country have already pledged to walk over 4 million steps collectively, and have raised over \$13,000 towards our \$25,000 goal! Join them, and let's see how far we can go.

If you live in New England, we invite you to join our Boston walk on June 8th, 2013 (see details below). And if you can't make it to Boston, we invite you to walk with Denis in spirit, by joining our virtual walk, and pledging to walk 1,000 steps, 5,000 steps, or even 1 million steps — whatever you can — in your community. You can walk alone, or invite friends and family to join you. You can walk a few miles each day leading up to June 8th, or you can plan to do all of your walking on one day, and invite your friends and family to come along — it's up to you.

The event will culminate with Denis as the Grand Marshall of the Inaugural walk in Boston on June 8th, 2013.

All walkers — both in Boston and virtual walkers who walk in their own community — who raise \$50 for the IOCDF will receive a commemorative Walk T-shirt! There will also be awards for the Top Walker, Top Walk Team, and Top Virtual Walker.

Additionally, a raffle will be held for all those present at the Boston walk. For each \$50 raised, you will receive a ticket to be entered into a raffle for prizes donated by the local business community. 1 in 100 people in the US are living with OCD. And many of those people don't have access to effective treatment. Help us change that. Take a step and be part of #1million4OCD.

WALK WITH US IN BOSTON!

Saturday, June 8, 2013
Jamaica Pond, Boston, MA

Check-in, registration, and the starting line will be located in front of the Jamaica Pond Boathouse on the southeast side of the pond.



Registration begins at 8:00 AM, with opening ceremonies at 9:30. The walk will conclude at 12:00 noon. Feel free to bring family, friends and the family dog (on a leash)!

For more information, and to register online, visit:
www.iocdf.org/walkBoston

1 Million+ Steps 4 OCD Awareness Walk (continued)

HOW TO WALK IN YOUR OWN COMMUNITY

We invite you to walk with Denis in spirit by joining our virtual walk and pledging to walk in your community. Take a step and be part of #1million4OCD.

STEP 1: Register to join the virtual walk online at www.iocdf.org/WALK. This will allow you to create your very own fundraising page which you can use to reach out to your friends, family members, social media networks, coworkers, etc. to ask for their support.

It is FREE to register, but we ask that you make a minimum fundraising commitment of \$50. You can choose to donate the \$50 yourself at registration, or you can use the fundraising page to ask for donations from your friends and family.

STEP 2: Join or create a walk team, or walk and fundraise on your own. Teams are a great way to get family members and neighbors involved. For example, you can create a TEAM EDWARD to raise money in honor of your friend Edward with OCD. You can then invite all of Edward's family members and friends to join your team, and they in turn can reach out to even more people. Teams are optional, but encouraged.

STEP 3: Tell us how far you plan to walk. Figure out how far you plan to walk between now and June 8, 2013. Then, use our Walk Calculator and Virtual Badge Creator

to convert miles or kilometers into steps and create your own walk badge. Use the badge as your profile picture on Facebook, Twitter, and share it via email to tell everyone just how many steps you plan to walk! Create your badge by visiting: www.iocdf.org/walk-calculator/

STEP 4: Start fundraising! We have many resources, tools, and tips in our Fundraising Toolkit to help you get started raising OCD awareness and fundraising for the IOCDF. You can find the toolkit online at: www.iocdf.org/fundraising-kit/. ○

Thank you to our 2013 Walk Sponsors!



MASSACHUSETTS
GENERAL HOSPITAL
OCD and Related Disorders Program

**October
14-20
2013**

SAVE THE DATE

**OCD
Awareness Week
IOCDF.org/awarenessweek**

FROM THE FOUNDATION

Donor Profile: A Sister's Journey

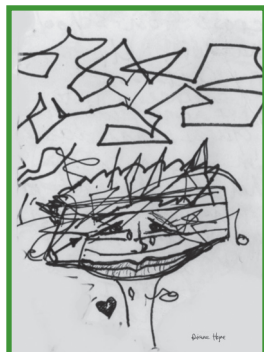
Susan Mrosek first wrote to the IOCDF last fall to submit a piece of writing she had created along with her sister, Diane, who had OCD. In this issue's donor profile, we'd like to let Susan tell her own story:

It wrangles you. It's a control freak, gripping and merciless. Fearful you may forget it, it never leaves you alone. Not for a minute. It hops in the driver's seat before you've had a chance to get to the car and sits there laughing as you try every which way, including sideways, to get in. You scream, "Move over! This is MY life!" but it's already got you pinching every loaf of bread and counting the number of cracks in Safeway's floor, down on your knees, everyone staring. So you make it a joke or like you dropped something, but they can tell when you try to stand and can't remember how, that something's wrong. You're up and down and up and down trying to make it feel right and soon people start offering you fearful glances and a wide berth. Realizing you're in it for the duration, you slap on your worn out sign, "IT'S NOT ME, IT'S MY OCD." If only they knew what that meant.

Diane Hope, my sister, actually made many of those signs. I helped her make them.

I helped her, as did many others, do a lot of things throughout her 45-year battle with OCD. Her disorder was extreme — the doctor used to say she had her own brand. She was the poster child, so often unable to function, but damn did she try! She attacked the OCD with humor, creativity and strength; she medicated and talked to it, tried to reprogram it, outsmart it, and aside from periodic respites, nothing worked.

At age 48, Diane discovered



A sketch by Diane Hope.

"It was the bulge of ruminant thoughts that kept her from entering rooms with tiny doorways where she stood just outside, watching her family and friends have a life."

- Susan

she'd had Hepatitis C for some 25 years. Four years later, the disease seriously kicked in, but because of the OCD she was unable to attempt treatment — you have to be of sound mind in order to maintain and administer the very regimented therapy and even more stable to endure a liver transplant. Diane Hope passed away July 31, 2008 at age 56, due to liver failure.

I can't tell you how often she said that no matter how life threatening the Hep C became, it was the OCD she couldn't live with anymore.

Aside from laughing together, Diane and I also wrote.

The subject matter varied but was often about her living with OCD and me loving someone living with it. She wasn't just someone. She was the funniest most brilliant, creative, compassionate person I've known.

Susan Mrosek is sharing her very personal story of her sister with you and thousands of IOCDF donors and members in this year's Memorial Day Appeal letter. A Memorial Day gift offers the opportunity to remember or honor a loved one with a donation in their name to the IOCDF. A memorial gift to a cause important to you can help bring consolation at a time of grief, and serve to celebrate a loved one's life. This is also an opportunity for you to give in honor of someone living with OCD: a family member's heroic struggle with OCD, a therapist who changed your life by going above and beyond, or someone in the OCD community who has served as an inspiration to you.

The IOCDF is grateful for the support of Susan and many others like her who are committed to the IOCDF's mission. We simply could not do this work alone. If you or someone you know would like more information about how you can support the IOCDF, please call Jeff Smith, Director of Development at 617-973-5801, or visit the IOCDF website at www.iocdf.org.

Parents Need Support, Too

by Barbara Claypole White

I do not have OCD, but the disorder frames my world. My 16-year-old son first exhibited signs of anxiety at four and is now 95% OCD free; yet, I watch for fear constantly. “Is this the voice?” continues to be my knee jerk reaction to anything that borders on a stuck thought.

Later this month, my son is taking the ultimate exposure and flying by himself to New York. Am I terrified? You bet, but I’m almost so proud I want to cry. Years ago when we had to grade fears from one to ten, flying was the highest—a ten. And where will I be while my teenager is in the air? At a support group for parents of kids with OCD. But here’s the kicker: I’m a new member.

During the dark ages of our family history, when OCD held us hostage, I tried to find a local support group—but only half-heartedly. Weekday evenings, the preferred time for meetings, were jammed with bedtime routines we pretended weren’t rituals and later devoted to exposure therapy homework, something I approached with such gusto that my husband frequently remarked, “Are you sure OCD isn’t contagious?” Plus, I was exhausted. That period between school pick-up and bedtime was always my son’s lowest point, and mine. The last thing I wanted was a half-hour drive into town to focus on more OCD. I could do that just fine at home. Besides, our son’s psychologist was a miracle worker, my husband and I formed a good team, and a dear friend offered free counseling every Friday afternoon over cocktails. But I often wished parents of OCD kids had a Masonic handshake or a secret batman signal—anything that wasn’t another what’s-wrong-with-your-child comment. Some days I just wanted another mother to say, “Me too.”

As the years ticked by and my son tackled his fears, we pulled back on exposures, weaned him off his SSRI, and OCD retreated into the shadows. I forgot about support groups. It wasn’t as if I needed one, right? Then earlier this year a friend spotted a poster in her hair salon advertising a local group for parents of kids with OCD. And I had my own brain hiccup—an image of an exhausted mother seeking therapy in a hairdresser’s chair simply because she had nowhere else to go.

My son may be an OCD success story, but I can still see the little boy curled into my lap sobbing over and over,

“Make it stop, Mommy. Make it stop.” This is the real reason I finally joined a support group: to spread hope.

So off I trundled one Thursday after supper, feeling the glow of benevolence and prepared to share stories of my son’s triumphs against OCD. He waved me off with a bemused grin and “Have fun.”

I wasn’t sure what I expected—other than exhausted, stressed-out parents—but I was shocked to discover that I needed the group as much as everyone else did. The moment I entered the room, I stepped into the context of OCD where nothing needed explanation. I could skip preambles and share with like-minded parents who understood the most bizarre twists of obsessive-compulsive behavior. By the end of the session, I was hooked. I’d also learned some important lessons.

The first lesson I learned is that confidentiality is freeing. Because rules of confidentiality apply, whatever happens in the group, stays in the group, and man, is that liberating. You can vent, fume, and rail on the unfairness of messed up DNA and faulty brain wiring, and no one sees you as committing heinous acts of maternal betrayal. No one threatens to report you to child services because you screamed at your kid while he was locked in an OCD moment. In a closed group, no one judges your child, or, even better, you.

Which is the second thing I learned: The support group is for YOU. Most of the help I received as the full-time parent of a child with OCD was for my son, not for me, the emotionally exhausted caregiver. It took years to realize my mental health is as precious as his. After all, how can I help my child if I’m emotionally threadbare?

The third thing I learned is that specialized support groups rock! I’m sure parents of kids with other disorders would be kind and supportive, but what a joy to talk with people who speak the language of irrational phobias and understand the simple phrase, “you’re checking.”

And here’s the most important thing I learned: Finding the right group—or stumbling into it in my case—is a blessing. We may cry in the middle of sessions, but by

(Continued on next page)

FROM THE FRONTLINES

Parents Need Support, Too (continued)

the end we're laughing. And if you can laugh at least once during a day of parenting a child with OCD, you're a momma who can keep on truckin'.

To find an OCD support group in your area, go to: iocdf.org/find_a_support_group.aspx or call the IOCDF office at 617-973-5801

Postscript:

My son is now eighteen. He did board that plane, and the moment he was in the air, I rushed to my OCD support group where other parents were waiting for empirical proof that OCD could be vanquished. Rereading the first paragraph of this story, I realized that I didn't believe that to be true in my son's case. I was right. Three months later, the stress of junior year would retrigger my son's OCD. The anxiety and irrational fear crept back in gradually, while we pretended it hadn't.

In September of last year, the OCD exploded. My son and I were back to crying on the floor, and he told me he couldn't go on. But he did. He taped posters to his bedroom wall that said, "OCD will never win," "I am not my disorder," and, "I am NOT this chordless song playing forever in my head." For a second time, we began the slow, uphill battle against debilitating OCD. Returning to exposure therapy and medication, he leaned on his psychologist and psychiatrist. I leaned on my OCD support group. This

amazing bunch of mothers understood the war on OCD in a way not even my closest friends could. They became my lifeline, rallying with constant message of support and random phone calls to make sure I was okay.

That was seven months ago. OCD is, once again, retreating into the shadows, and my son is contemplating six college offers. His top choice is a plane-ride away. When I asked how he felt about becoming a frequent flyer, he replied, "I can do this. I WANT to do this." I believe him. And me? Every third Thursday of the month, I'll be at my OCD support group meeting—consoling, sharing, crying, and laughing with people who feel like family... but without the baggage. ○

Barbara Claypole White is a writer living in North Carolina with her professor husband and their award-winning poet son. Her essay on raising a child with OCD, "Mom, You're An Asshole," appears in *Easy To Love But Hard to Raise*, published by DRT Press. Her debut novel, *The Unfinished Garden* (Harlequin MIRA, 2012) features the first romantic hero with OCD in mainstream fiction and was recently nominated for the 2013 New England Reader's Choice Bean Pot Award. You can find Barbara at barbaraclaypolewhite.com, or contact her via e-mail at bclaypolewhite@gmail.com.

A version of this article first appeared as a post on easytolovebut.com, a blog for parents raising kids with invisible disabilities.

I Will Rise

by Alanna Lynch

My life moves in seasons. An endless cycle of hopes and happiness, disappointment and despair. Some might find that depressing. But I, I find it strangely comforting. For every Summer there will be a Winter, and for every Winter, I can be sure that Spring will come again.

My life moves in circles. I feel myself treading the same paths as I grow, encountering the same problems, the same happinesses. Each time with a different outlook, a different approach. I feel myself walking the lines of many before me. I take comfort knowing that millions have faced my fears and conquered them. That many have felt my despairs

and overcome them. When I feel myself on the brink of change in my life, and I worry I won't be able to face it, I remember the countless people that have done it before me. With their strength, I can move forward too.

I am an individual in a sea of individuals. If millions have walked my path, do I matter? Can I possibly be my own person? I've heard some say that because every person is different, no person can truly relate to another. We are like stars. From a distance, we seem close, a finger's width apart from one another. In reality, are we millions of miles away?

I Will Rise (continued)

I find peace in the differences. If we are all alone, we are together in loneliness. We can at least relate to that.

My life moves in cycles. It is a great series of beginnings and endings. I love beginnings. I hate endings. Yet for one thing to begin, often another must end. I do my best to blur the endings, to stretch so thin that by the time they've passed me, I hardly notice. I want to be an adult; I don't want my childhood to end. Where does it end? When I was in grade school I said high school. When I was in high school I said college. In college I say in grad school. Sometimes I tell myself it will never really end. Yet even now I look back and see the little girl I was behind me. I feel myself nearly, completely an adult. Childhood left me as gently as a tide moving out from the ocean. One minute the water is up to your knees, then the next it barely covers your toes. Life is kind that way. I feared growing up would be sharp and quick, like ripping off a band-aid. But I have drifted into adulthood almost accidentally, and now that I find myself here, I can see that there is nothing to fear. My life moves in cycles. Summer will always end, Winter will always begin.

I don't remember my first winter. I think it was probably when I was ten. That was the first time I felt it. The fear, breaking over me in a cold sweat. The nausea. The losing myself in the tangles of my own mind. I didn't realize what it was back then. When I was in middle school the winters would last for months. Months of fear and worry, of longing to talk to someone, but fearing they would tell me I was crazy. There were brief moments of happiness, of course. Ironically, what I mainly remember from those years was the happiness. I have to force myself to remember the fear.

Eventually I did talk, and I proceeded to move in and out of pleasant summers and mild winters. Sometimes the winters didn't seem to exist at all.

I will never forget my first true winter. The winter when I was positive I would never see the sun again. I was 18. I was at the movies. "Inception." Everyone loved the movie. I didn't make it to the end. It seems... well, no, it doesn't seem silly. It was too terrifying for it to ever seem silly. I worried I would end up like her – Leonardo DiCaprio's wife. That I wouldn't be able to tell the difference between dreams and reality and then I would kill myself. Because how could you know? How could you ever truly know that

you were awake, or that you even existed? How could you ever know?

It was like an earthquake. So sudden. So overwhelming. I hid in a bathroom stall, simultaneously praying someone would find me and that no one would see me like this. My body rattled with fear that coursed through me like fire. An earthquake is an apt description. My mind was collapsing in on itself in paroxysms of terror. I tried to find a place to hide, to avoid the falling debris, fearing that I would be crushed beneath my own fear. But no thought was safe. So I curled into a ball and prayed for it to end. But I knew it wouldn't. I knew I would go insane. I knew I would never live a normal life. I knew I would be cut off from everyone important to me. I knew it would become too much and I would kill myself. I knew every single one of my worst fears would come alive and destroy me.

If I rise...

If I rise...

What does that mean?

If I rise there will be more winters

If I rise I will have to live through this again

I will have to endure this again and again, who knows how many times

If I rise...

If I rise...

But I will rise.

I will rise

There will always be more winters

There will always be more glorious summers

I will rise

I will rise

Out of the ashes of my fear and pain

I will always rise. ○

THE THERAPY COMMUNITY

The ABCs of OCD Treatment: Navigating the Many Levels of Care

Jeff Szymanski, PhD, & Carly Bourne, MA

Research has found that approximately 7 out of 10 people with OCD will benefit from either Cognitive Behavioral Therapy (CBT) or medication. And for those who benefit from CBT, they usually see their OCD symptoms reduced by 60–80%. But how do you find the right therapist to conduct CBT? The answer to that question can depend on a number of factors: some of them are personal (finding a therapist whose therapy style is right for you), and some of them depend on the severity of your OCD, as well as financial and insurance factors.

In this article, we will outline the various levels of care available to individuals with OCD, arranged by level of intensity of therapy or frequency of contact with the provider, starting with the least intensive options and working towards the most structured and intensive therapy programs.

TRADITIONAL OUTPATIENT THERAPY

Many people start with private one-on-one therapy, known as “traditional outpatient therapy.” Traditional outpatient therapy refers to individual therapy sessions held 1–2 times a week with a mental health provider (see sidebar on page 16 for descriptions of the many types of certified and licensed mental health providers you may encounter), usually for 50 minutes at a time. For less severe OCD cases, this type of therapy can be very helpful. And for all severity levels, it can be a good place to start to understand what type of care may ultimately be needed.

The IOCDF maintains a Treatment Provider Database of over 1,000 outpatient therapists who deliver this type of care, and who specialize in using CBT to treat OCD and related disorders. Visit www.iocdf.org/treatment_providers.aspx to search for therapists near you, or call our office to let us help you find the type of therapist you are looking for. Our website also offers a list of what to look for in good therapist, including the kinds of questions to ask when selecting your therapist.

In addition to the Database, the IOCDF also recently launched the Specialty Outpatient Clinics (SOCs) listings on our website at www.iocdf.org/specialty_outpatient_clinics.aspx. SOCs are clinics where a number

of outpatient therapists have come together to form a practice that primarily focuses on treating OCD and related disorders. They typically offer traditional outpatient therapy (as described above) but may also offer additional programs such as support groups, and group therapy. In order to be included in the IOCDF’s SOC listings, these clinics must demonstrate that at least 3 of their clinicians are professional members of the IOCDF who specialize in treating OCD and who have a combined 6 years experience of treating the disorder, in addition to participating in other professional trainings, workshops, or research related to OCD.

The two Specialty Outpatient Clinics currently listed on the IOCDF site are:

- **Stress & Anxiety Services of NJ** in East Brunswick, NJ
- **Anxiety & OCD Treatment Center of Philadelphia**

(If you have a specialty outpatient clinic and would like to be listed on our website, please contact IOCDF Program Director Marissa Keegan at mkeegan@ocfoundation.org to find out how to apply).

INTENSIVE TREATMENT PROGRAMS

Though traditional outpatient therapy is helpful to many, some individuals need a higher level of care in order to see improvements in symptoms. There can be many obstacles to successful treatment — about 1 in 3 individuals with OCD either fail to start treatment, or they drop out prior to completing the recommended course of treatment.

Why might traditional outpatient treatment fail? Some individuals come from chaotic living situations, or have minimal family or peer supports, which can make sticking with therapy really tough, especially in the beginning. In other cases, individuals may have family who unknowingly reinforce symptoms by accommodating a their loved one’s OCD requests. And sometimes an individual’s compulsions or avoidance behaviors are just too severe or disruptive to see any benefits from only 1–2, 50-minute sessions a week.

On top of that, Exposure and Response Prevention therapy (often called ERP), the type of CBT typically

used to treat OCD, can be both time-consuming and difficult. ERP involves confronting your fears, and for some individuals the moderate to high levels of anxiety induced by ERP is too much to bear, especially in the beginning.

Finally, significant co-occurring disorders can contribute to an individual resisting treatment, not responding well to treatment, or ultimately, dropping out of treatment. As such, a more structured approach may be needed for some individuals to see benefits from therapy.

For example, in many cases ERP exercises take longer than the traditional 50-minute outpatient session. So for some individuals, they contract with their outpatient therapist to do extended sessions (up to 90 minutes) and meet more frequently than 1–2 times per week. For some OCD specialists, this practice has become a structured part of the services offered at their practice or clinic and is referred to as intensive outpatient treatment.

When intensive outpatient treatment is offered as part of a structured program to several clients at a time, several days a week, for an identified period of time (4–6 weeks, for example) this is now called an Intensive Outpatient Program, or IOP. IOPs may also have additional services associated with them including group therapy, family therapy, and/or support groups. A listing of IOPs can be found on our website here: www.iocdf.org/ITP.aspx.

DAY PROGRAMS

Also called Partial Hospital Programs or PHPs, Day Programs are the next level of care in terms of frequency of contact. Day programs offer structured group and individual based treatment, where an individual typically attends the program with a group of other clients, for 4–8 hours a day, 5 days a week, for a particular length of time (commonly, 6–8 weeks). Like IOPs, there typically are associated services that go along with the individual and group therapy including family sessions and access to professionals who can prescribe medication. These programs can be found along with the IOP's listed here: www.iocdf.org/ITP.aspx on our website (look for “Day Program” in the Program Summary).

RESIDENTIAL TREATMENT

Next in line in terms of intensity and frequency of contact are Residential Treatment Programs. In these

Important Things to Keep in Mind When Looking for a Therapist

Remember that some therapists are better at treating OCD than others. It is important to interview therapists to find out if they know how to do Exposure and Response Prevention (ERP) therapy well. Their responses to your questions are a good guide to what you want to know about a new therapist.

Here are some things to keep in mind:

- **You have a perfect right to ask questions. This is your life and health!**
- **If he or she is guarded, withholds information, or becomes angry at your requests for information, you should probably look for a different therapist.**
- **If the therapist appreciates how important a decision this is for you and is open, friendly, and knowledgeable, you may have a gem of a therapist!**
- **Your relationship with your therapist is important — especially since they will be asking you to do things that you may find uncomfortable during the course of ERP treatment.**

For more information about what to look for in a therapist, including a list of questions to ask on your first visit or during a phone consultation, visit: www.iocdf.org/treatment_providers.aspx

programs, clients live at the treatment center with care available 24/7. As with day programs, these are very structured programs offering CBT (including a heavy emphasis on ERP) in group and individual treatment formats, medication treatment, and family therapy, which all form the core components of the program's treatment services.

While clients live and receive treatment at these programs, they are able to leave the facility or hospital grounds for additional therapy opportunities or for recreation. As a result they are sometimes referred to as “unlocked” units. (This is in contrast to inpatient units described on next page.)

(Continued on next page)

THERAPY COMMUNITY

The ABCs of OCD Treatment: Navigating the Many Levels of Care (continued)

There are currently three specialized residential treatment programs for OCD in the United States:

- **OCD Institute at McLean Hospital** in Belmont, MA
- **OCD Center at Rogers Memorial Hospital** in Oconomowoc, WI
- **Houston OCD Program** in Houston, TX

More information about these programs can be found online at: <http://iocdf.org/ITP.aspx>.

INPATIENT TREATMENT

Finally, there is inpatient treatment. Inpatient care is typically warranted in a crisis: an individual is suicidal, violent, or unable to care for themselves in a way that is putting them at further risk. As a result these units are typically locked, meaning that the patient cannot leave the unit until their inpatient treatment team says it is okay to do so. There are no OCD specialty inpatient units that we are aware of in the United States. Inpatient care

is meant to stabilize the individual and get them back to “lower levels” of care to address their OCD symptoms. In some cases, significant medication changes might occur during their stay, which are then followed up on by their outpatient provider.

MOVING UP AND DOWN LEVELS OF CARE

In general, an individual should consider moving “up” levels of care when:

- They have not able to make significant gains in their current treatment structure.
- An individual needs added assistance in doing ERP as a result of co-occurring disorders or an otherwise complicated or particularly severe diagnostic presentation.
- An individual is unable to complete outside session exercises in order to maximize treatment gains (sometimes called homework or self-directed therapy).

Mental Health Providers: What is the Difference?

If you do start looking into different levels of care you are likely to run across a variety of mental health therapists. Below is a list of the most common and a description of each:

Psychiatrist: This mental health professional has completed a doctoral degree (MD) from a medical school and has specialized in psychiatry and mental illness. S/he can do therapy and prescribe medicine.

Psychiatric Nurse: This mental health professional has a degree in nursing (typically an RN) with a special emphasis on psychiatry and working with mentally ill populations.

Psychopharmacologist: This mental health professional prescribes psychiatric medicines and is an expert in how these medicines work together. This could be either a psychiatrist or a nurse practitioner.

Psychologist: This mental health professional holds a doctorate in either clinical or counseling psychology. A psychologist will have PhD (training in both research and therapy), PsyD (training mostly as a therapist), or EdD (training as a therapist through a school of education).

Therapist: This is a broad term that covers psychiatrists, psychologists, as well as Master’s level therapists. Master’s level therapists might have any of the following after their name: MA/MS refers to a master’s degree in counseling psychology; LMHC or LPC refers to a master’s level counseling therapist who is independently licensed (no longer needs supervision); MFT is a master’s degree in family therapy with LMFT being the licensed version of this degree; and finally MSW refers to a master’s degree in social work with the corresponding LCSW/LICSW being the independently licensed master’s level social worker. Across different states these letters will vary, but essentially mean similar things.

Behavior Therapist: The therapist (any of the listed above) who is in charge of a client’s treatment plan for OCD using behavior therapy, most often Exposure and Response Prevention.

- Individuals want to work intensively on their OCD symptoms, even after making gains on an outpatient basis.
- An individual does not have access to adequately trained OCD treaters, as a result of living in more rural settings.

Of note, some of the larger OCD specialty clinics located in hospitals (though not all of them), offer a “continuum of care” meaning that they have several levels of care all housed at the same institution and a client can move “up and down” between them as the need arises. For example, an outpatient therapist working at an outpatient clinic may refer a client that they are working with to a Day Program at the same facility in order to increase the intensity and frequency of contact in the hopes that this would get the client jump started in their treatment. Once the Day Program ends, they would then return back to that same outpatient therapist. In this way, therapists who work in different programs at different levels of care can coordinate treatment for an individual as their needs change. This can also happen across facilities.

CONCLUSIONS AND RESOURCES

Navigating the different therapies, different levels of care, and different types of mental health providers can be daunting. Hopefully, this article will take some of the mystery out of the process, enabling you or your family member to access the care that you need.

On the next few pages of this newsletter you will see updates from our Institutional Members. IOCDF Institutional Members are Specialty Outpatient Clinics and Intensive Treatment Programs that offer some or all of the different levels of care described in this article, and who maintain professional membership with the IOCDF. You can see the entire list of Institutional Members on our website at: www.iocdf.org/ITP.aspx and www.iocdf.org/specialty_outpatient_clinics.aspx.

We would like to thank Throstr Bjorgvinsson, PhD, and Diane Davey, RN, MBA, for their input on this article. ○

If you need help finding a therapist or a treatment program, you can always contact us in the IOCDF office at info@iocdfoundation.org or by calling 617-973-5801.

Institutional Member Updates

ALEXIAN BROTHERS CENTER FOR ANXIETY AND OBSESSIVE COMPULSIVE DISORDERS

1650 Moon Lake Boulevard
Hoffman Estates, IL 60169
Phone: (847) 755-8566

Email: patrick.mcgrath@abbhh.net
www.abbhh.org

The Alexian Brothers Center for Anxiety and Obsessive Compulsive Disorders has added a new staff member to our Evening IOP who has significant Eating Disorder treatment experience, and a resource therapist who has significant Chemical Dependency treatment experience. These specialties help us to address more of the co-occurring disorders that can occur with OCD.

Our Partial Hospital Program (PHP: 6 hours a day, 5 days a week) and our Intensive Outpatient Programs (IOP: 3 hours a day, 4 to 5 days or evenings a week) continue to accept new patients. If you are looking for an intensive treatment experience, and you are seeking a program covered by almost all insurance plans, then consider our PHP as your treatment program. You will do CBT and ERP during the day and then you can practice your ERP out in the community at night and over the weekends. Patients in our PHP either live at home, with a relative, or at a nearby hotel (shuttle service provided).

You can find information on these programs and lodging at www.abbhh.org, or give us a call at (847) 755-8566 and we would be happy to talk with you in person.

ANXIETY DISORDERS CENTER AT SAINT LOUIS BEHAVIORAL MEDICINE INSTITUTE

1129 Macklind Avenue
Saint Louis, MO 63110
Phone: (314) 534-0200, ext. 407
Email: info@slbmi.com
www.slbmi.com

The Anxiety Disorders Center (ADC) offers two new treatment alternatives for OCD sufferers and their families, focusing on individuals who either refuse or have difficulty participating in treatment:

- 1) Treatment Readiness Therapy (TRT) helps OCD sufferers identify obstacles (e.g., motivational issues, skills deficits, misconceptions about therapy, etc.) interfering

(Continued on next page)

THE THERAPY COMMUNITY

Institutional Member Updates (continued)

with successful participation in treatment and designs interventions to overcome those obstacles. Once obstacles have been adequately addressed, the OCD sufferer resumes work on the OCD.

2) Consultation for Families of Treatment-Refusers (CFTR) is a service designed especially for families dealing with an OCD sufferer who will not seek help. CFTR helps families reduce the negative impact of OCD on their lives and teaches alternative ways to approach OCD sufferers who refuse treatment. This service is available by phone to families who do not live in the St. Louis region.

ADC is also pleased to announce the addition of 2 new clinicians. Laura Taylor, MS, LPC, joined our staff after having practiced for many years in Carlisle, PA. Her practice includes the full spectrum of anxiety-related disorders with a special interest in the treatment of OCD. Laura is a frequent attendee at the IOCDF's annual OCD Conference and a graduate of the BTTI. Amanda Peterson, MAC, LPC, is from the St. Louis area. She received postgraduate training in the treatment of OCD and anxiety-related disorders at Saint Louis Behavioral Medicine Institute under the supervision of Dr. Alec Pollard. Amanda has a particular interest in working with children and adolescents.

THE AUSTIN CENTER FOR THE TREATMENT OF OCD

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The Austin Center for the Treatment of OCD (AustinOCD) is pleased to announce the hiring of two new clinicians, Laura Pelton-Sweet, LPC-S, and Samantha Nicholson, LMSW, in time to help us gear up for the summer demand for intensive treatment (up to 6 hours of individual CBT/ERP therapy per day). For information on our intensive outpatient treatment, call our Admissions and Operations Manager, Brooke Saucedo, at (512) 327-9494.

We are also in the process of hiring an Associate Director and expect that position will be filled in the next few months.

We are sorry to announce the departure of Kat Asbury, LPC, whose internship is now completed and who will be moving to Rochester, NY, where her husband has a postdoctoral internship in clinical psychology. Kat, we'll miss you!

BEHAVIORAL SCIENCES OF ALABAMA INTENSIVE OUTPATIENT PROGRAM

810 Shoney Drive, Suite 120
Huntsville, AL 35801
Phone: (256) 883-3231
Email: david.barnhart@trinitycounseling.com
www.behavioralsciencesofalabama.com

Summer vacation offers an extended period of free time for elementary through college age students to complete intensive work on obsessions and compulsions. Our treatment program works within a 100-mile radius when needed to take treatment into the home or community of our participants. We have added an office in Birmingham, Alabama to allow us to consult and follow-up with prospective patients living in this area. Please contact us for more information about our practice!

BIO BEHAVIORAL INSTITUTE

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

Bio Behavioral Institute recently welcomed a new staff member, Dr. Loren Packer-Hopke, who offers her expertise in Comprehensive Behavioral Intervention for Tics (CBIT) to treat children and adults. Dr. Richard Carlton is an Integrative Psychiatrist with over 35 years experience using "Nutraceutical" treatment for OCD spectrum, anxiety, depression, ADHD, and medical conditions such as migraines and IBS. His integrated approach incorporates holistic and nutrition therapies as an adjunct or in place of standard medications. Dr. Katharine Donnelly provides Acceptance and Commitment Therapy (ACT) skills for patients struggling with ERP. Our other staff members have expertise in a variety of conditions, including trauma, flying phobias, and BDD.

We continue to offer our individualized intensive outpatient treatment program (3 to 6 days a week) for those seeking a higher level of care or for those who need to achieve their goals during a set time period. We welcome children, adolescents, and college students who want to make faster treatment gains during academic breaks. Our comprehensive program emphasizes not only CBT treatment but relapse prevention skills for re-integration into daily life, including jobs, dating, or school. Our long-standing free OCD support group continues to run on a monthly basis.

Institutional Member Updates (continued)

Contact us at (516) 487-7116 or visit our website at www.biobehavioralinstitute.com to learn more.

CHILD MIND INSTITUTE

445 Park Avenue (entrance on 56th Street)
New York, NY 10022
Phone: (646) 625-4257
Email: amy.howard@childmind.org
www.childmindinstitute.com
[facebook.com/ChildMindInstitute](https://www.facebook.com/ChildMindInstitute)
Twitter: [@ChildMindDotOrg](https://twitter.com/ChildMindDotOrg)

We're offering a summer program called Fearless Friends led by Dr. Jerry Bubrick. This program is an intensive behavior therapy program to help children ages 8 to 12 with specific phobias and/or OCD become more confident and less anxious. The program includes activities and groups specifically designed to target a child's individual symptoms, including field trips, which allow for exposure to real-life situations where anxiety symptoms are triggered. Our expert clinicians will help children to learn new behaviors and skills so they can more fully enjoy their lives. There is a required daily Parent Group, which helps educate parents on ways to best respond to their child's anxiety symptoms.

Fearless Friends

Monday, August 19 – Friday, August 23, 2013
9:00 AM – 2:00 PM

To learn more, visit childmind.org/fearless-friends or contact Julia Brillante at julia.brillante@childmind.org or (646) 625-4252.

HOUSTON OCD PROGRAM



1401 Castle Ct.
Houston, TX 77062
Phone: (713) 526-5055
Email: info@houstonocd.org
www.houstonocdprogram.org

The Houston OCD Program (HOP) continues to offer a unique setting aimed at providing quality, compassionate care for OCD and other severe anxiety disorders. Our cognitive-

behavior therapy based programs are stronger than ever, especially with the growth of our Adolescent IOP Program. This individualized track is offered to adolescents ages 12-17 dealing with severe OCD, anxiety or depression.

Historically, the HOP has been active in educating the treatment community and thus, was pleased to host the most recent Behavior Therapy Training Institute (BTI) in March. Over 30 professionals from around the nation attended the training weekend, as well as our valued training faculty Alec Pollard, PhD; Joyce Davidson, MD; Bruce Mansbridge, PhD; Melinda Stanley, PhD; Constantina H. Boudouvas, LCSW; Aureen Wagner, PhD; and our very own director, Thröstur Björgvinsson, PhD, ABPP.

Furthermore, the HOP will be a sponsor of this year's OCD Texas Houston Conference on June 1st. The topic will be Self-Compassion & OCD, and we are excited about participating in this local, important event coordinated by one of our own Behavior Therapists, Christen Sistrunk.

We are also proud to announce two excellent additions to our treatment team: Postdoctoral fellows, Jennifer Sy & Jessica Gerfen-Milligan will be joining us in the fall. Congratulations and welcome to the team!

Finally, we will be sending several members of our team to the annual IOCDF conference in Atlanta this summer. We look forward to seeing you all there!

OCD INSTITUTE AT MCLEAN HOSPITAL

115 Mill Street
Belmont, MA 02478
Phone: (617) 855-3279
E-mail: ddavey@ocd.mclean.org
www.mclean.harvard.edu/patient/adult/ocd.php

The OCD Institute at McLean Hospital will have a strong presence at this year's Annual Conference, with presentations from multiple clinicians including Dr. Michael Jenike, Dr. Darin Dougherty, Dr. Jason Elias, Diane Davey, Dr. Jason Krompinger, Perrie Merlin, Nate Gruner, Leslie Shapiro, and Dr. Jen Cullen. The Office of Clinical Assessment and Research plans to make several poster presentations.

Closer to home, the OCDI's Office of Clinical Assessment and Research hosted a hospital-wide research forum by Dr. Aaron Baker from Boston University, who presented "Moving Beyond Habituation: Utilizing the Mechanisms that Matter in Exposure Therapy." The OCDI also hosted Dr. Katia

(Continued on next page)

THErapy COMMUNITY

Institutional Member Updates (continued)

Moritz and Dr. Jonathan Hoffman from the Neurobehavioral Institute in Weston, FL, who did a day-long staff training on working with patients with autism spectrum disorders.

ROGERS MEMORIAL HOSPITAL

34700 Valley Road,
Oconomowoc, WI 53066
Phone: (800) 767 4411 x1347
Email: bthomet@rogershospital.org
www.rogersocd.org

Rogers is excited to announce the acquisition of Cedar Ridge, a 23-acre lakefront property in close proximity to our Main Campus in Oconomowoc, WI. Rogers will be remodeling the existing lodge with the goal of relocating our OCD Center to this site later this year. Sitting on a peninsula separating two lakes, the OCD Center will expand from 24 to 28 beds. Watch for more information from Rogers as we approach its grand opening.

In addition, Rogers is hosting the IOCDF's first-ever pediatric-focused Behavioral Therapy Training Institute (BTTI) from September 13–15. Bradley C. Riemann, PhD, Clinical Director of the OCD Center, and Stephanie Eken, MD, Medical Director of the Child Center will serve as faculty for the training, along with Eric Storch, PhD; Alec Pollard, PhD; Marty Franklin, PhD; Karen Cassiday, PhD; and Aureen Wagner, PhD.

Other recent initiatives at Rogers OCD Center in Oconomowoc include an expanded IOP for OCD and a soon-to-be-opened Partial Hospital Program. These expansions will result in quicker access to treatment programs and an enhanced continuum of care.

WESTWOOD INSTITUTE FOR ANXIETY DISORDERS, INC.

921 Westwood Blvd., Suite 223
Los Angeles, CA 90024
Phone: (310) 443-0031
Email: edagorbis@ucla.edu
www.hope4ocd.com

We are pleased to announce new treatment services, in addition to our intensive outpatient program (IOP) at Westwood Institute for Anxiety Disorders. We now offer a partial IOP utilizing ERP, Mindfulness Training, and Dr. Jeffrey Schwartz's Four Steps training in two IOPs as well as our new Coaching Programs designed to offer individual ERP coaching through either twice-a-week or weekly coaching sessions. This Coaching Program is designed to offer a low-

cost alternative treatment option, utilizing similar methods to our IOPs and facilitated by expert doctoral-level therapists. We also provide group support sessions every Thursday afternoons.

Our programs offer highly unique treatment options and plans that are designed to meet the individual's needs and symptoms. Located in the heart of Westwood Village with access to the University of California Los Angeles hospital, we utilize a holistic approach with a multidisciplinary team of highly specialized adjunct professionals in order to provide the best treatment plans. Please visit our website at www.hope4ocd.com or call (310) 443-0031 for more information.

YALE OCD RESEARCH CLINIC

34 Pak Street; 3rd Floor CNRU
New Haven, CT 06519
Phone: 1-(855)-OCD-YALE
Email: suzanne.wasylink@yale.edu
www.ocd.yale.edu

The Yale OCD Research Clinic is seeking people whose Obsessive-Compulsive Disorder symptoms have not responded well to first-line medications to participate in a clinical trial of a new investigational medication treatment. This investigational medication, bitopertin, increases the brain's level of glycine, an amino acid that modulates the activity of the neurotransmitter glutamate.

Several recent studies suggest a glutamate imbalance in some OCD patients. Medications that modulate glutamate, directly or indirectly, represent a potential new avenue to treat OCD symptoms. The Yale OCD Research Clinic at the Connecticut Mental Health Center has been a leader in these investigations over the past decade.

Christopher Pittenger, MD, PhD, Assistant Professor of Psychiatry, in the Child Study Center and of Psychology at Yale, and the Director of the Yale OCD Research Clinic, says "OCD is common, and about 30% of sufferers do not improve much despite the best treatments we have to offer them today. This is a study that we hope will benefit some of these millions of patients."

You must be between the ages of 18 and 65 to be eligible to participate in the study. Please call the Yale OCD Research Clinic for further information or to arrange a confidential over-the-phone screening, at no cost or obligation. Interested participants may also visit the clinic's website, ocd.yale.edu. (HIC#10424). ○

Summary of Two Studies of fMRI Brain Activity in People with Hoarding

Jotham Busfield, BA; Andrea Kelley, MSW; & Gail Steketee, PhD

Andrea Kelley is the Project Director for the Hoarding Research Project at Boston University School of Social Work. She received her MSW in clinical social work and is currently finishing her MPH in Community Health Sciences at Boston University. Jotham Busfield is a research assistant with the Hoarding Research Team at Boston University and MSW-level graduate from the School of Social Work. Gail Steketee, PhD, is the Dean of the Boston University School of Social Work and a leading expert in the research and treatment of hoarding disorder.

INTRODUCTION

Hoarding Disorder (HD) is a widespread and often chronic condition. Typical features of HD include an individual acquiring and not getting rid of belongings to the extent that the resulting clutter prevents the normal use of rooms and furnishings within the home (Frost & Gross, 1993). While hoarding disorder has been prevalent in psychiatric literature for years, the underlying causes of the disorder remain only partly understood. We are only now beginning to see more research connecting HD to specific problems in brain function. And this month, HD will for the first time be classified on its own in the newly published DSM-5.

HD is frequently associated with mental problems involving memory, attention, organization, and decision-making. People with HD often have problematic beliefs that add to their hoarding difficulties as well. These include perfectionism, fear of making wrong decisions, fear of wasting things or fear of losing important information, and increased attachment to things they own. The strength of these thoughts and beliefs in those with HD often leads to behavior problems such as avoiding making decisions, not being able to get rid of things they don't need, and collecting things they can't afford and don't have space to store (Frost & Gross, 1993).

A specific form of cognitive-behavioral therapy (CBT) was developed to treat HD and published in manual form by Steketee and Frost in 2007. This treatment method helps sufferers understand how their thoughts and feelings influence their behavior so they can make important changes. A main goal of CBT is to change daily thoughts and basic beliefs an individual has about

themselves in order to reduce unproductive emotional reactions and improve the behavior that follows. When reviewing the research, CBT has been shown to be helpful for the treatment of HD in both individual therapy and group therapy. But there is still room for improvement. In an effort to improve treatment for individuals with HD, recent research has studied what happens in the brains of individuals with HD using brain imaging equipment. The goal is to compare a brain "at rest" (not focused on anything in particular) to a brain of a person trying to decide about what to do with his or her belongings ("Do I keep this item or should I get rid of this item?").

These studies look at areas in the brain that are thought to be involved in decision-making, how we group things together (also called "categorizing"), memory, how we place importance on something, how we process rewards, how we manage our immediate impulses, self-awareness, and how we process emotions (also called "emotion regulation") (Tolin, Stevens, Nave, Villavicencio, & Morrison, 2012). In this article, we will be discussing two recent research studies led by Dr. David Tolin which looked at brain activity in individuals with HD to better understand hoarding behavior and whether CBT has an impact on the brain activity of individuals with HD.

WHAT HAPPENS IN THE BRAIN WHEN PEOPLE MAKE A DECISION ABOUT WHETHER TO GET RID OF SOMETHING?

The first study, called "Neural Mechanisms of Decision-Making in Hoarding Disorder" by Tolin et al. (2012b), looked at decision-making in patients with HD using a functional magnetic resonance imaging machine, or fMRI, to examine the brain activity of individuals while performing certain tasks. In particular, the researchers were interested in what was going on in the brains of individuals with HD when they received a new possession or when making a decision about whether to get rid of something that they already owned.

In this study, the researchers compared the brain activity of HD participants to people with obsessive compulsive

(Continued on next page)

RESEARCH NEWS

Two Hoarding Studies (continued)

disorder (OCD) and to those without any psychiatric problems (known as “controls”). Until recently, HD has been thought of as a form of OCD, but more recent research has shown that HD actually belongs in its own category. One difference is that HD patients feel good when they get new possessions, positive emotions that are typically not associated with OCD symptoms. In fact, by having a separate group of participants with OCD in this study, the researchers were able to see whether the brains of individuals with HD and OCD look different on fMRI scans during the decision-making process.

A particular strength of this study was the large number of participants — the study looked at 107 adults, including 43 with HD, 31 with OCD, and 33 controls. Also, this study focused on how much importance people with HD placed on their own possessions, versus possessions that belonged to others, and they carefully chose the items used for the decision-making activities. Two types of objects were used: One set was made up of junk mail and newspapers that already belonged to each participant (personal possessions or “PPs”), while the other set of objects was made up of similar paper items that did not belong to the participants (experimenter possessions or “EPs”). The researchers expected to see that, compared to both the OCD and control groups, the brains of patients with HD would show more activity in the frontotemporal areas when making decisions about getting rid of their own things, but not when making decisions about things they did not own.

Results of the study showed that the brains of HD patients showed different patterns of brain activity during decision-making compared to individuals with OCD and controls. People with HD had more brain activity in relation to their own things (PPs) and less brain activity in relation to things they did not own (EPs). These reactions happened whether or not the patients also had other obsessive, compulsive, or depressive symptoms.

Researchers believe that the areas of the brain used in making decisions about personal items are connected to areas of the brain that help determine the emotional value of objects, and the area of the brain that is involved in emotional reactions and how people then respond to these feelings. Researchers also think that the lower amount of brain activity involved in decisions about the

non-personal EPs may be connected to the lower levels of motivation and insight often found in people with HD (Tolin et al., 2012b).

DOES THE BRAIN CHANGE IN RESPONSE TO CBT FOR HOARDING?

This second study by Tolin, Stevens, Nave, Villavicencio, and Morrison (2012) was called “Neural Mechanisms of Cognitive Behavioral Therapy Response in Hoarding Disorder: A Pilot Study.” This study also used an fMRI, this time looking at abnormal brain activity found in those with HD. Changes in brain activity were studied while six patients diagnosed with HD and six control participants made decisions about obtaining new possessions or getting rid of items. Individuals with HD were evaluated before and after receiving CBT. Each HD patient and control participant looked at several items and then made a decision to either keep or get rid of the item.

By looking at brain activity during the process of decision-making, both before and after CBT, this study hoped to determine whether brain activity would look more “normal” after treatment with CBT (in other words, look more like the control participants or individuals without HD). The researchers used a specific version of CBT that focused on changing problematic beliefs and attachment to things, difficulty with decision-making and organization, and avoidance behaviors such as not spending time at home because of the clutter (Steketee, Frost, Tolin, Rasmussen, & Brown, 2010).

In addition to looking at brain activity during the process of deciding whether or not to keep an item, this study also looked at what happens when someone obtains a new possession. This was an important aspect of the research, as collecting new possessions is an important part of HD, with 85–95% of patients demonstrating such behaviors and up to 61% falling under the official definition of compulsive buying (Frost, Tolin, Steketee, Fitch, & Selbo-Bruns, 2009).

The results of this study show initial support for the idea that CBT helps to reduce overactive brain activity in patients with HD during both acquiring and discarding decisions. CBT uses structured mental and behavioral tasks in order to reduce problematic thinking and

Two Hoarding Studies (continued)

behaviors connected to areas of the brain in charge of several important tasks including time management and task planning, learning and self-regulation. Although the treatment improvements were small, the changes in brain activity were large, which made researchers feel that more time may be needed for the positive changes in the brain to show up following CBT. That is, patients may show the most improvement from CBT a few months after the therapy has ended.

CONCLUSION

Both of these studies offer clues to understanding what happens inside the brains of patients with HD. The results of the studies are especially helpful because the HD participants were chosen because hoarding was their main problem and not secondary to OCD symptoms, as in most other studies of brain activity. Together, these studies illuminated key differences in brain activity in people with HD — especially in giving importance or meaning to their own objects, and in making decisions about acquiring and getting rid of objects. The second study was especially important, due to the finding that CBT is a helpful treatment for HD that actually changes brain activity levels in the areas of the brain in charge of time management and task planning, learning, and self-regulation. These results bring us closer to a more clear understanding of HD and treatment. Future research should be directed at helping us learn more about

the emotional, cognitive, and behavioral reactions to personal possessions and how these can best be treated to help hoarding problems. ○

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GIVE THE GIFT OF A LIFE-CHANGING WEEKEND: MAKE A DONATION TODAY TO THE

FRANCES SYDNEY CONFERENCE SCHOLARSHIP FUND

Each year, over a thousand members of the OCD community convene at the Annual OCD Conference to hear from OCD experts, meet others affected by OCD, and discover life-changing information about OCD treatment and recovery.

Your gift to the Frances Sydney Scholarship fund will enable someone to attend the IOCDF's Annual OCD Conference who would not otherwise be able to do so due to financial hardship. Please help someone get help today by making a gift in memory of IOCDF founding Board Member, Frances Sydney. Scholarship Funds are used to reduce conference registration fees for those who would otherwise not be able to attend. Please help us reach our goal to raise \$20,000 each year and help 100 people living with OCD or related disorders fulfill their desire to attend the Annual OCD Conference and obtain valuable help and information.

To make your donation, call the IOCDF at 617-973-5801, or use our secure online donation form at: www.o cd2013.org/scholarship

In Memoriam
Fran Sydney
 1944 - 2012

RESEARCH NEWS

New Research on OCD and Related Disorders

This column highlights abstracts of interesting new research and articles about OCD and related disorders from the first scientific journal dedicated solely to OCD: the *Journal of Obsessive Compulsive and Related Disorders*, edited by IOCDF Scientific and Clinical Advisory Board Member, Dr. Jonathan S. Abramowitz.

The cost of illness associated with stepped care for obsessive-compulsive disorder

by Gretchen J. Diefenbach, & David F. Tolin

Volume 2, Issue 2, April 2013, Pages 144–148

<http://dx.doi.org/10.1016/j.jocrd.2012.12.005>

Stepped care for obsessive-compulsive disorders (OCD) is a promising approach for improving the accessibility and cost-effectiveness of exposure and response prevention (ERP). Previous research has shown that stepped care is less costly compared with standard, therapist-directed ERP, owing largely to the roughly one-third of patients who respond to lower intensity guided self-help (GSH). The aim of this study was to recalculate the costs of treatment in stepped versus standard care when also including the cost of illness; defined as costs related to functional disability in work, school, and home functioning attributed to OCD symptoms. It was found that the cost savings of stepped care was reduced to a moderate effect ($d=0.66$) when the cost of illness was included. Data also indicated substantial potential cost savings if patient-to-treatment matching variables are identified. Exploratory analyses suggested that problems with attention may be an important variable to investigate as a potential treatment moderator in future GSH treatment outcome research. These data highlight the importance of including the cost of illness in cost-effectiveness analyses, and of identifying predictors that will facilitate matched care and prevent unnecessary treatment delay for the roughly two-thirds of patients who will not respond to GSH for OCD.

An update on the efficacy of psychological therapies in the treatment of obsessive-compulsive disorder in adults

By Kathryn Ponniah, Iliana Magiati, & Steven D. Hollon

Volume 2, Issue 2, April 2013, Pages 207–218

<http://dx.doi.org/10.1016/j.jocrd.2013.02.005>

We conducted a review to provide an update on the efficacy of psychological treatments for OCD in general and with regard to specific symptom presentations. The PubMed and PsycINFO databases were searched for randomized controlled trials (RCTs) published up to mid February 2012. Forty-five such studies were identified. Exposure and response prevention (ERP) and cognitive-behavioral

therapy (CBT) were found to be efficacious and specific for OCD. More purely cognitive interventions that did not include ERP or behavioral experiments were found to be possibly efficacious, as were Acceptance and Commitment Therapy, Motivational Interviewing as an adjunct to the established treatments, Eye Movement Desensitization and Reprocessing, and Satiation Therapy. There was little support for Stress Management or Psychodynamic Therapy. Although the majority of the studies recruited mixed or unspecified samples of patients and did not test for moderation, CBT was efficacious for obsessional patients who lacked overt rituals. One more purely cognitive intervention named Danger Ideation Reduction Therapy was found to be possibly efficacious for patients with contamination obsessions and washing compulsions. Although ERP and CBT are the best established psychological treatments for OCD, further research is needed to help elucidate which treatments are most effective for different OCD presentations.

Mediation and interaction effects of doubt, dysfunctional beliefs and memory confidence on the compulsion to check

By Carrie Cuttler, Gillian M. Alcolado, & Steven Taylor

Volume 2, Issue 2, April 2013, Pages 157–166

<http://dx.doi.org/10.1016/j.jocrd.2013.02.002>

According to an integrative model of checking compulsions, experiences with prospective memory failures diminish confidence in the ability to reliably execute tasks and lead to intrusive doubts that previous tasks were not properly completed. These intrusive doubts trigger attempts to recall performing the task in question, however, diminished confidence in retrospective memory combines with dysfunctional beliefs to produce urges to check. The act of checking then has the paradoxical effects of further diminishing memory confidence and increasing perceived responsibility leading to the repetitive nature of checking compulsions (Cuttler & Taylor, 2012). Previous research has demonstrated that checking compulsions are associated with dysfunctional beliefs, diminished confidence in retrospective memory and failures of prospective memory. The present study was conducted to examine the mediation and interaction effects proposed in this model. In line with the model we find that everyday life prospective memory

New Research on OCD (continued)

failures are correlated with intrusive doubts and that these doubts mediate the relationship between prospective memory failures and checking compulsions. Moreover, the results of a series of hierarchical regression analyses indicate that doubt interacts with dysfunctional beliefs and dysfunctional beliefs further interact with diminished confidence in memory to produce checking compulsions.

Longer-term effects of inducing harm related intrusions: Implications for research on obsessional phenomena

By Noah C. Berman, Amanda W. Calkins, & Jonathan S. Abramowitz

Volume 2, Issue 2, April 2013, Pages 109–113

<http://dx.doi.org/10.1016/j.jocrd.2013.01.006>

Although numerous researchers use in vivo thought induction paradigms to study obsessional phenomena, institutional review boards (IRBs) frequently raise questions about the potential harm that these studies

might cause non-treatment seeking participants and clinical psychologists have argued that these paradigms might violate the APA ethics code. Thus, the current study examined longer-term psychological effects of inducing harm-related intrusive thoughts in non-treatment seeking undergraduates. Participants were asked to think about a close relative or friend getting into a car collision and then rated their level of distress and thought action fusion-like (TAF) beliefs. One week later, participants completed an online survey that assessed their current level of distress, TAF beliefs, and their interpretation of intrusions. We found significant decreases in vivo ratings of: anxiety, likelihood TAF, moral TAF, and the urge to neutralize the effects of thinking the thought. Additionally, participants considered their intrusive thoughts to be less significant and dangerous after a week's time. Our data suggest that thought induction paradigms are not associated with longer-term psychological risk and provide a safe and non-intrusive way of studying OCD phenomena in a laboratory setting. ○

Research Participants Sought

The IOCDF is not affiliated with any of the following studies, but we provide this information as a service to our members. The studies are listed by alphabetically by state, with online studies (open to any geographic area) at the end.

If you are a researcher who would like to include your research listing in the OCD Newsletter, please contact Stephanie Cogen, Assistant Program Director at scogen@ocfoundation.org.

MASSACHUSETTS

An Open Trial of Cognitive Behavioral Therapy for BDD by Proxy

The purpose of this study is to develop and test the effectiveness of Cognitive Behavioral Therapy (CBT) for individuals suffering from body dysmorphic disorder by proxy. CBT is the most effective psychological treatment for adults with BDD and may be helpful in treating individuals who have concerns about others' appearance. Participation includes 12 – 20 weekly sessions of CBT and monthly assessments with follow up visits at 3- and 6-months post-treatment.

For more information, please contact the MGH OCD and Related Disorders Program via phone at (617) 643-6204 or e-mail: bdd@partners.org.

MINNESOTA

Do You Have Obsessive-Compulsive Disorder?

Have you tried medications but are still having symptoms?

We are currently seeking volunteers for a research study using a novel, investigational drug for obsessive compulsive disorder.

Sponsor provides funding for optional Cognitive Behavioral Therapy after study completion.

- Must be at least 18 years old •

(612) 626-5167

University of Minnesota Medical Center, Fairview

(Continued on next page)

RESEARCH NEWS

Research Participants Sought (continued from page 19)**NEW YORK****Minocycline Augmentation to Serotonin Reuptake Inhibitor Therapy**

This study aims to determine whether adding a medication called minocycline to antidepressant treatment can help reduce symptoms of pediatric OCD. This study also aims to learn more about the brains of children and adolescents with OCD.

Your child must be taking a stable dose of a serotonin reuptake inhibitor (SRI) in order to participate in this study. During the 12 week study period, your child will continue to take the SRI s/he is currently taking. Your child will also be given another medicine to take which will be either minocycline or pill placebo (a pill with no medicine in it). There is a two out of three chance that your child will receive minocycline instead of placebo.

You, your child, and the study doctor will not know whether your child is receiving minocycline or placebo until after the study is over, but the information will be available in case of a medical emergency.

Participants will be compensated for their participation. After the study period, follow-up care including medication management will be provided for three additional months at no cost to you.

Principal Investigators:

Dr. Moira Rynn, M.D. and Dr. H. Blair Simpson
Columbia University Medical Center/New York State
Psychiatric Institute

Eligibility Criteria:

- 8–20 years
- Genders: both

Key inclusion criteria:

- Primary diagnosis of OCD and currently on a stable and adequate dose of an SRI
- Your child may be eligible to participate in this study if he/she is diagnosed with Obsessive-Compulsive Disorder.

Exclusion criteria include, but are not restricted to, the following:

- Lifetime diagnosis of: psychotic disorder, bipolar disorder, eating disorder, pervasive developmental

disorder, mental retardation, or substance/alcohol dependence

- Current diagnosis of major depressive disorder, attention-deficit hyperactivity disorder (ADHD), Tourette's/Tic Disorder, or substance/alcohol abuse
- Diagnosis of pediatric autoimmune neuropsychiatric disorders associated with streptococcus (PANDAS)
- Active Suicidal Ideation
- Hoarding as the primary OCD symptom
- Pregnant, nursing, or planning to become pregnant

For more information please contact Study Coordinator Amy Rapp at (212) 543-5592.

Do You Have Obsessive-Compulsive Disorder?

If so, you might be eligible for a research study looking at cognition at The Mount Sinai Medical Center. You must be between the ages of 18 and 50 and in good physical health. We will ask you to come in for 2-3 separate appointments for a total time commitment of approximately 2 to 6 hours. You will be reimbursed for your participation at the rate of 25 dollars per hour. You will receive no direct benefit for your participation in this study.

During this experiment you will be asked to complete some computer tasks. You may be asked to do this while sitting in an office, or while having your brain activity measured using functional magnetic resonance imaging (fMRI). We may also ask to record some physiological changes in your body while you complete the task.

For more information, call the Mount Sinai Psychiatric Neuroscience and Cognition Laboratory at (212) 241-2857 or email us at SinaiBrainLab@mssm.edu. Please do not disclose any personal or sensitive information via e-mail.

ONLINE STUDIES**Online Child OCD Study**

Does your child engage in repetitive behaviors they cannot control? Does your child worry excessively about germs, orderliness or health? Help CWRU researchers learn more about children with OCD and their families. If your child is between 4-8 and struggles with OCD please fill out our online questionnaires! We hope to use this study to learn more effective ways to treat OCD. You can participate by going to http://psychology.case.edu/research/fear_lab/participate.html. ○

Affiliate Updates (continued from back, page 28)

at deganstack@gmail.com or Carla Kenney at carla@ocd-therapy.net, or visit www.ocdmassachusetts.org.

OCD MA Lecture Series* at McLean Hospital

De Marneffe Cafeteria Building, Room 132, Belmont, MA

- June 4 – “Special Education Advocacy for Students with Social and Emotional Issues,” by Lynne Rachilis

OCD MA Lecture Series* at UMass Medical Center

Lazare Auditorium, 55 Lake Avenue North, Worcester, MA

- June 13 – “Acceptance & Commitment Therapy,” by Jennifer Cullen, PhD

*Two support groups run after each lecture

Cape Cod Support Groups

- Falmouth – 1st Thursday of each month at 7pm. Call for more information: 508-457-0440
- Hyannis – 3rd Wednesday of each month at 6:30pm. Hyannis Youth and Community Center, 141 Bassett Lane, Hyannis, MA 02601

OCD Massachusetts and the Cape & Islands Cognitive Behavioral Institute are sponsoring the **RUN OCD OUT OF YOUR LIFE** challenge to raise funds for the IOCDF. Runners will participate in one of several races in Falmouth, MA, in October 2013. Please visit ocdmassachusetts.org or capecbi.com for more information.

OCD MIDWEST

www.ocd-midwest.org

A free Parent Support group for OCD at Alexian Brothers Behavioral Health Hospital is running smoothly, and Michael Bloomberg is also running one in the northern suburbs. Alexian Brothers continues to host open and free support groups for individuals with OCD and other anxiety disorders and their family members on the second and fourth Wednesdays of the month.

A new support group for Parents and Caregivers of Children (including Adolescents and Adults) with OCD and related anxiety disorders has been started in Cincinnati. The group will meet the third Thursday of each month from 7:00–8:00 pm at Knox Presbyterian Church. There is also a new support group in Chardon, OH. Contact information for all of these support groups is available on the IOCDF website.

Plans are in the works for a Ping Pong for OCD event in Chicago in September. Ohio is planning a second annual

Ping Pong for OCD in the fall during OCD Awareness Week. To find out more about Ping Pong 4 OCD, please visit our website or contact us at ocd-midwest@ocfoundation.org.

OCD Midwest was also an exhibitor at the Tolerance Fair in Cleveland, Ohio on March 10 and received a steady stream of visits from attendees. Additionally, OCD Midwest has a case consultation group that meets monthly in Chicago that over 20 therapists attend regularly.

OCD NEW JERSEY

www.OCDNJ.org

We are excited to announce some changes in our Board of Directors membership. After 14 years of tireless dedication, Ina and Julian Spero, our President and Treasurer, respectively, have retired. Co-founders of OCD New Jersey, they have been the driving force behind our organization since 1998. They will be staying on as “board member consultants,” but will take a much less active role in the organization.

Our new president is Adrienne Friedman. Adrienne is a powerhouse, and brings a lot of energy and creativity to our organization. She has a family member with OCD, and has volunteered in NAMI and other organizations.

Our new treasurer is Dr. Rob Zambrano. Dr. Zambrano is a licensed psychologist at Stress and Anxiety Services of NJ in East Brunswick. He is certified by the Trichotillomania Learning Center and has attended the IOCDF’s Behavior Therapy Training Institute (BTTI). He also serves as our videographer for all OCDNJ events.

Yet another addition to our board is Dr. Marla Deibler, a licensed psychologist in both New Jersey and Pennsylvania. She is Founder and Executive Director of The Center for Emotional Health of Greater Philadelphia.

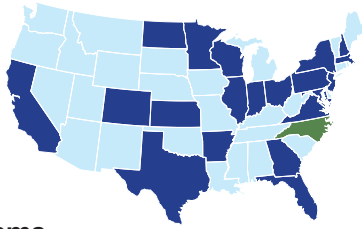
COMING UP: Our next quarterly presentation will be on Monday, June 10, 2013, at 7:30 PM in our usual meeting room at RWJ hospital in New Brunswick. Erica Lander, PsyD Founder of the Behavioral Care Center of New Jersey in Livingston, will present “*Getting Past Go for OCD: Motivational Interviewing*.” Dr. Lander will discuss how to apply the principles of motivational interviewing in helping avoidant and/or resistant OCD clients to better commit and follow through with treatment for OCD. As always, this talk will be free and open to the public, with free refreshments. ○

FROM THE AFFILIATES

What is an Affiliate?

Our affiliates carry out the mission of the International OCD

Foundation through programs at the local, community level. Each of our affiliates are non-profit organizations that are run entirely by dedicated volunteers. If you would like to find help in your community or would like to volunteer in grassroots efforts to raise awareness and funds locally, please contact one of our affiliates. For more information, please visit: www.iocdf.org/affiliates



NEW AFFILIATES!

We are excited to announce two new IOCDF affiliates serving the OCD community:

OCD New Hampshire

Contact: Dr. Szu-Hui Lee

Email: info@ocdnh.org

Phone: (603) 427-8581

Area served: State of New Hampshire

OCD Wisconsin

Contact: Megan Welsh

P.O. Box 623

Oconomowoc, WI 53066

Email: info@ocdwisconsin.org

Phone: 1 (866) 869-6238 (toll-free)

Area served: State of Wisconsin

Get Involved in North Carolina!

IOCDF members in North Carolina are establishing a new affiliate to better connect and serve the local OCD community. If you would like to be a part of building a grassroots presence in the service of OCD awareness as well as support others in the OCD community, we encourage you to become involved! If you are interested, please contact Jeff Sapyta at jeffrey.sapyta@duke.edu.

OCD GEORGIA

www.ocdgeorgia.org

OCD Georgia is pleased to welcome Kathleen McKinney Clark, LPC, who has recently been elected President by

the OCD Georgia Board of Directors. Kathleen has been a therapist for more than 20 years and will do a great job of leading OCD Georgia as the organization continues to grow and expand. You can learn more about her on the “About Us” page on our website.

Shala Nicely will continue to be involved with OCD Georgia and speaking about OCD, including as the keynote speaker for this year’s IOCDF Annual Conference where she will tell the story about her triumph over her own OCD. The OCD Georgia team looks forward to the conference in “our own backyard.” Registration for the conference is now open, and we hope to see you in Atlanta from July 19–21.

If you have ideas that you would like to share with us or you would like to get involved with the organization, please contact Kathleen at kathleen@ocdgeorgia.org. Keep up with OCD Georgia activities by visiting our website at www.ocdgeorgia.org and on social media at [Facebook.com/OCDGeorgia](https://www.facebook.com/OCDGeorgia). If you would like to receive notifications of upcoming activities, or if you would like to volunteer, please send us an email at info@ocdgeorgia.org.

OCD JACKSONVILLE

www.ocfjax.org

We are looking forward to our most important event of the year in October: **The OCD Symposium**. Our featured guest is Eric Storch, PhD. Dr. Storch is Professor of Clinical Psychology in the USF Departments of Pediatrics and Psychiatry. Dr. Storch has received grant funding from the National Institutes of Health, the IOCDF and other entities for his work on OCD and related disorders. He has published more than 300 peer-reviewed articles and serves on the editorial boards for six journals. We expect 500 mental health professionals, students, nurses, lay folks, and those with OCD to be in attendance for this event. More to come as our program unfolds!

OCF Jax is also proud to announce our two newest board members: Brian Fisak, PhD, Assoc. Professor of Psychology at UNF (V.P) and Ashley Beech-Mavrantzas, Social Work Intern at FSU (Secretary).

OCD MASSACHUSETTS

www.ocdmassachusetts.org

OCD Massachusetts is running three monthly lecture series and support group programs throughout the state. For more information, please contact Denise Egan Stack

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