



WALK WITH US...

... IN BOSTON ON JUNE 7, 2014.

... IN SACRAMENTO ON MAY 10, 2014.

... IN YOUR OWN COMMUNITY TODAY.

The 1 Million Steps 4 OCD Walk is back again, and this year we have even more ways for you to get involved. READ MORE ON PAGE 4.



PLUS, Introducing Cameron Lucas, one of our Walk Grand Marshalls

We first met 5-year-old Cameron and his family at the 2013 Walk, and his courage in the face of his OCD inspired all of us. READ CAMERON'S STORY ON PAGE 7.

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The mission of the International OCD Foundation (IOCDF) is to help individuals with obsessive compulsive disorder and related disorders to live full and productive lives. Our aim is to increase access to effective treatment, end the stigma associated with mental health issues, and foster a community for those affected by OCD and the professionals who treat them.

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International
OCD
Foundation

Los Angeles
JULY 18-20, 2014

21st Annual **OCD**
CONFERENCE

- Interact with the country's top OCD experts
- Participate in therapeutic workshops
- Find support groups and treatment
- Hear the latest in OCD research

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MARCH 2014

FROM THE FOUNDATION

Letter from the Executive Director



Dear Friends,

I have been thinking a lot about how to expand our reach and ways to get people more involved with the IOCDF. We know how hard it can be to make time in our lives for advocacy, particularly when just navigating treatment can be

so time-consuming! But we also know that at a certain point in your recovery you may want to get involved in a different kind of way. Or maybe you have been affected by OCD, and now is the time to step up your involvement in advocacy. The desire to raise awareness about OCD and related disorders and their effective treatment is the common ground that we want all of our members — be they individuals, families, or mental health professionals — to believe in.

The desire to raise awareness about OCD and related disorders and their effective treatment is the common ground that we want all of our members to believe in.

Increasing opportunities for individuals to get involved in advocacy has been on the top of my mind as the IOCDF staff gears up for both the 2nd Annual 1 Million Steps 4 OCD Walk and the 21st Annual OCD Conference. Two great opportunities for anyone to participate.

We are excited to announce that we will be hosting two official walks in 2014: Our flagship walk in Boston on June 7th, AND, a new walk in Northern California co-hosted by the OCD Sacramento affiliate! That is in addition to the many virtual walks we hope that you will help organize across the country. Whether you join us in Boston or Sacramento, or just pledge to walk virtually in your local park or on the treadmill at the gym, every bit of your involvement helps to raise awareness and raise funds to support the important work of the Foundation. See page 4 for more ways to get involved.

One of the most interesting parts of my job is helping to choose the program for the Annual OCD Conference each year. We had a record-breaking number of submissions this year, and I want to give special thanks to our Conference Planning Committee for helping to make so many of the tough programming choices. Conference attendees are in for a treat this year with such an

incredibly strong lineup of speakers and topics. Each year, we work hard to provide opportunities for people of all income levels to attend, making the conference more accessible through volunteer programs and scholarships. In this newsletter, we wanted to highlight the various ways we work to keep the conference cost-effective, so that as many people as possible can attend and access the amazing resources and community there. See page 8 for details. In the past 2 years, our conference attendance has been just under 1,200 attendees. I would love to see some attendance records shattered this year.

In addition to looking for ways to increase community involvement, we recognize the need for more therapists and researchers in the field of OCD and related disorders. The Foundation already trains existing therapists through our Behavior Therapy Training Institute (BTI), but

now we want to invest in capturing the next generation of promising therapists and researchers as well. As such, we are excited to announce the launch of our new

student membership for mental health students and trainees. It is our hope that by providing networking and mentoring opportunities, as well as dedicated resources for mental health students, we can encourage more and more therapists to specialize in OCD treatment. This new membership is just one of the many upcoming improvements to our overall membership program. Stay tuned for more details.

So, whether you are participating in the Walk, attending the Annual Conference, or networking with other members, it is our genuine hope to see increased involvement from everyone in the OCD and related disorders community, both for the sake of OCD awareness, and for the benefits gained in building a strong community of supportive and understanding peers. Please contact us here at the office to find out more about how to get involved!

Jeff Szymanski, PhD
Executive Director
International OCD Foundation

FROM THE FOUNDATION

2ND ANNUAL 1 Million Steps 4 OCD Walk **Boston, MA – Sacramento, CA – In Your Community**

by Jeffrey Smith, IOCDF Director of Development



Break out your sneakers! This spring, members from across the OCD community will gather in Boston, Sacramento, and in their own communities around the world to participate in the 2nd Annual 1 Million Steps 4 OCD Walk. The #1Million4OCD 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 Walk will

raise vital funds for IOCDF programs, while increasing visibility for the Foundation and awareness about OCD and related disorders.

While the Walk raises valuable funds that support the work of the Foundation, the real purpose is to create community: a community of people living with OCD, family, friends, and treatment providers who band together to help raise awareness and eliminate the misunderstanding and stigma often associated with OCD and related disorders. People living with OCD often feel isolated, alone, and unable to share what is truly going on inside of their heads. By becoming a community, we create a supportive network of others with shared experiences. The Walk allows us to begin a dialogue with our family, friends, and colleagues about OCD. For many of us, it is an opportunity to share our story and perhaps shatter some of the misunderstandings and incorrect perceptions of OCD and related disorders. By sharing our experience, we are educating others about OCD and inviting them to join us by supporting us in our efforts to raise awareness and make a difference. For many people, taking part in this kind of event is a gateway to real advocacy.

The Boston Walk was conceived as a small community event that would give a platform for OCD awareness in the Greater Boston Area. Initially, the event began as a modest

community walk that turned out to have a much wider impact than initially anticipated. More than 300 people raised \$75,000 and collectively walked 8.3 million steps at the Boston Walk and in their own communities all over the world. It seemed as if the time were right for this type of public event for the OCD community.

This year, we want to see how many MORE million steps we can walk for OCD awareness — together, your support will help raise money for the Foundation, and more importantly, raise awareness about OCD and related disorders along the way. The success of last year's Walk has led us to think BIG! If we can have a Walk in Boston, why not walk in other cities? We are pleased to announce that in addition to Boston, there will also be a Walk in Sacramento, California (see below)! This is the first step in expanding the Walk to other cities all over the country.

OUR INSPIRATION

In 2012, Denis Asselin walked over 500 miles — or roughly one million steps — from his home in Cheyney, PA, to Boston, MA in memory of his son Nathaniel. Nathaniel took his own life at 24 after a long struggle with severe body dysmorphic disorder (BDD) and OCD. After Nathaniel's death, Denis decided to embark on a pilgrimage to honor Nathaniel and raise awareness about the disorder that stole his young son's life. On June 5th, 2012, Denis completed his walk to Boston and was greeted by IOCDF staff, friends, family, and members of the OCD community at a rally honoring Denis and supporting OCD and BDD awareness.

To carry on this tradition, the 1 Million Steps 4 OCD Walk was created the following year in this same spirit of raising awareness, funds, and hope. It is in this spirit of hope that we invite you to join us.

How to get involved

WALK IN BOSTON, MA

If you live in New England, we invite you to join our Boston Walk on June 7th, 2014. Last year, members of the OCD community came from all around from the Boston region, and as far away as Maine, Vermont, and even Pennsylvania, to join the fun. This year, we invite those of you in the Northeast to join us again as we walk for OCD awareness at Jamaica Pond in Boston.

FROM THE FOUNDATION

1 Million Steps 4 OCD Walk *(continued)*

Registration for the walk is \$25 and includes a 2014 Walk T-shirt! There will also be awards for the top fundraisers — both for individual walkers and walk teams. Additionally, a raffle will be held for all those present at the Boston Walk. For each \$100 raised, you will receive a ticket to be entered into a raffle for prizes donated by local businesses. As an added bonus, all Boston walkers who raise \$1,000 or more will be invited to attend a special After Party held on the roof deck of the Residence Inn Boston Back Bay-Fenway — overlooking the famed Fenway Park, home of the Boston Red Sox — immediately following the Walk.

We are also pleased to announce the 2014 Boston Walk Grand Marshalls: Michael Jenike, MD, and Cameron Lucas, a young boy living with OCD. Many of you are probably familiar with Dr. Michael Jenike, a psychiatrist who is widely recognized as a leader in the OCD and related disorders community. He is a Professor of Psychiatry at Harvard Medical School, Director of the OCD Institute at McLean Hospital, Director of the Psychiatric Neuroscience Program at the Massachusetts General Hospital Department of Psychiatry, and Chair of the Scientific & Clinical Advisory Board of the IOCDF. While his professional biography and body of work is truly impressive, what has earned him the respect and admiration of anyone who has been fortunate to be his patient, colleague, or friend is his sincere concern and desire to make life better for people with OCD.

Cameron Lucas is a 5-year-old from Rhode Island who is living with OCD. When Cameron's mom first heard about the Walk last year, she knew that they had to attend so that Cam could learn that there are other people living with OCD and that he is not alone in his journey. Cameron, his mother, Jillian, and his grandmother attended the Walk in Boston in 2013, where Cameron quickly won over the entire staff of the IOCDF. Cameron is our Grand Marshall because of his courage and willingness to be a young advocate for the OCD community. Read more about Cameron's story on page 7.

See the sidebar for more details about the Boston Walk!

WALK IN SACRAMENTO, CA

We are pleased to announce that the IOCDF and OCD Sacramento will co-host the first 1 Million Steps 4 OCD Walk in Northern California on Saturday, May 10th, 2014! Members of the OCD community in the greater Sacramento and Bay Areas, including friends, family members, coworkers, and children will gather to meet others in the OCD community, and raise awareness about OCD and

JOIN THE WALK IN BOSTON

Our flagship event — the 2nd Annual 1 Million Steps 4 OCD Walk in Boston — will take place on Saturday, June 7th, 2014. Members of the OCD community, including friends, family members, coworkers, and kids, will gather at Jamaica Pond in Boston to meet others in the OCD community and raise awareness about OCD and related disorders.

WHERE: Jamaica Pond
507 Jamaicaway, Boston, MA, 02130

WHEN: Saturday, June 7th, 2014

- Registration Begins: 8:00am
- Opening Ceremony: 9:30am
- Walk Start Time: 10:00am

COST: The fee to register is \$25 and includes a commemorative 2014 Walk T-shirt. Raise money and awareness as one of hundreds of dedicated walkers. Ask for donations from your friends and family on your very own fundraising webpage.

Register to walk in Boston at: www.iocdf.org/WalkBoston

JOIN THE WALK IN SACRAMENTO

Together with OCD Sacramento, the IOCDF will host the first ever 1 Million Steps 4 OCD Walk on the West Coast on Saturday, May 10th, 2014. We are so excited to expand this walk to two coasts! We hope to see all of you from Sacramento and surrounding areas show up in force to support OCD awareness and build a strong OCD community.

WHERE: Southside Park
2115 6th Street, Sacramento, CA, 95818

WHEN: Saturday, May 10th, 2014

- Registration Begins: 8:00am
- Opening Ceremony: 9:30am
- Walk Start Time: 10:00am

COST: The fee to register is \$25 and includes a commemorative 2014 Walk T-shirt. Raise money and awareness as one of hundreds of dedicated walkers. Ask for donations from your friends and family on your very own fundraising webpage.

Register to walk in Sacramento at: www.iocdf.org/walkNorCal

Continued on next page >>

FROM THE FOUNDATION

1 Million Steps 4 OCD Walk *(continued)*

related disorders. All proceeds from this walk will support programs of both OCD Sacramento and the IOCDF. The Walk will take place at Southside Park, a popular park in downtown Sacramento located just blocks from the State Capital. See the sidebar on page 5 for more details.

WALK IN YOUR OWN COMMUNITY

Even if you can't take part in the Boston or Sacramento Walks, you can join the Walk "virtually" by setting up a fundraising page and pledging to walk for OCD between now and June 7th. This can be something you do on your own, such as your daily morning walk or run, or you can gather a team of friends and family to walk with you at a local park on a specific day. See below for more details.

WALK WITH US!

Whether you are walking in Boston, Sacramento, or in your community at the gym, park, or even around your block, each walk is vitally important to raising awareness in local communities. Imagine if there were a Walk in every community affected by OCD — imagine just how powerful that would be, and how as a community we could change the way people think about OCD and related disorders. Each year we hope to add more Walks and more walkers, and only you can help us achieve this goal!

1 in 100 people in the US are living with OCD, many of whom don't have access to effective treatment. Help us change that: Take a step and be part of #1Million4OCD. ○

Go to www.iocdf.org/walk to join the walk and make a difference.

JOIN THE VIRTUAL WALK

No matter where you live, we invite you to walk with us in spirit by joining our Virtual Walk and pledging to walk in your own community. This is an opportunity to create your own grassroots fundraising effort! Registering to be a virtual walker is as easy as 1-2-3:

STEP 1: Register to join the Virtual Walk online at www.iocdf.org/virtualWALK. 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. The fee to register is \$25 and includes a commemorative 2014 Walk T-shirt that will be sent to you by June 7th, 2014. Raise money and awareness as one of hundreds of dedicated walkers. Ask for donations from your friends and family on your very own fundraising webpage.

STEP 2: Tell us how far you plan to walk. Figure out how far you plan to walk between now and June 7th, 2014. Then, use our Walk Calculator to convert your walk distance into steps, and enter this pledge amount when you register for the Walk. We want to see just how many million steps our walkers will collectively take by June 7, 2014!

STEP 3: 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 called 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.

Then 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 even download your own Walk badge (pictured at right) to use to promote the walk to your friends on Facebook, Twitter, and Instagram using our #1Million4OCD hashtag. You can find the toolkit online at: www.iocdf.org/fundraising-kit/.



FROM THE FOUNDATION

Donor Profile: Cameron Lucas

by Jeffrey Smith & Jillian Lucas

In each issue of our newsletter, I like to share a story about a donor that I've met while working at the IOCDF. At our inaugural 1 Million Steps 4 OCD Walk in June 2013, I had the pleasure of meeting many amazing people, including a number of families who were walking together in support of one another. But, one family in particular really left an impression on me — the Lucas family.

Grandmother Jeanette, mom Jillian, and 4-year-old Cameron had formed a walk team, the memorably named, "Go Away Mr. Worry Poopy Face." Together, they raised funds and awareness amongst their family and friends — then traveled from Rhode Island to Boston to be part of the day's activities.

In speaking with the Lucas family, I learned that Cameron, who at the time was just 4 years old, had OCD. The Lucas family represents the best in grassroots fundraising: They all understand in a very personal way how OCD can affect an individual, and how it can furthermore affect an entire family. Seeing someone so young — and so courageous — also caught my attention. What a great story to help raise awareness of what OCD is and how it affects people from all walks of life, even those as young as 4 years old. Does the average person even know that OCD affects kids?

As a result, the IOCDF has selected Cameron Lucas, now 5 years old, to be a Boston Walk Grand Marshall for 2014 because of his courage, and for setting an example for how anyone of any age can get involved in the Walk, support the IOCDF, and raise awareness. Cameron's mom, Jillian, shared their story with me that day, and I wanted to share it with you here... in Jillian's own words.

– Jeff Smith, IOCDF Director of Development

CAPTAIN NEVER-GIVE-UP

My son, Cameron, has been battling his OCD for about a year, and generalized anxiety that preceded his OCD diagnosis. OCD is an unfair journey for any 5-year-old to have to deal with. Cameron has fallen victim to numerous, extremely vivid, irrational fears. His anxiety crippled him to the extent that he could not pick up a pencil, marker, pen, scissors, or use scotch tape, which dramatically affected his ability to function in school. His fears socially paralyzed him to the point where he would be petrified in social

situations at playgrounds, stores, libraries, public venues, and especially school.

Cameron explained his fears and worrisome thoughts — which he calls *bad thoughts* — in such detail, that he would begin to cry and beg me to make it stop... "Just make the bad thoughts go away, Mommy."

I could go on, but I think you get the picture of just how devastating Cameron's OCD had become. Cameron named his thoughts "Mr. Worry," and he disliked Mr. Worry so much that he called him "Mr. Worry Poopy Face." And, I have to agree — Mr. Worry needed to go! It's difficult to explain to a 5-year-old that it was OCD causing his thoughts, not him... he initially felt ashamed and did not really understand. We explained that nobody wants OCD, nobody wants anything that makes them feel bad, which is why we need to work at it to defeat it! We are determined to take all of these extra thoughts and make them positive thoughts!

Last year, Cameron, my mother, and I learned about the IOCDF Walk online. We chose to participate in the 1 Million Steps 4 OCD Walk so that we could show Cameron that he was not alone in his struggle and that he was part of a larger community of people living with OCD. There are others who are determined to defeat their own "Mr. Worry," and OCD cannot and will not hold us down!

The good news is that Cameron has been in treatment for a year. His progress is remarkable, and we are so pleased with how he is doing today. I am just awestruck at the progress that he has made and how we have clung together as a family this past year — and now, we get to channel that energy into helping others with our participation in the 2014 Walk. We were thrilled when the IOCDF wanted to honor Cameron as a Grand Marshall for his amazing attitude and courage. Cameron has gone from saying "Mr. Worry won't let me..." to "I am Captain Never-Give-Up!"

I would like to invite you to join Cameron on this journey and walk with the OCD community on June 7th in Boston. If you can't be in Boston, I would like to ask you to walk in your own community. Awareness and visibility are two important ways in which we will shatter the stereotypes of OCD and help kids like Cameron live full and productive lives.

I am so honored to be "Captain Never-Give-Up's" Mommy! ○

Go to www.iocdf.org/walk to learn how you can join the Lucas family at the 2014 1 Million Steps 4 OCD Walk.

FROM THE FOUNDATION

Cost-Effective Ways to Attend the 21st Annual OCD Conference

by Marissa Keegan, IOCDF Program Director

Here at the IOCDF, we understand that it can be expensive to attend our Annual OCD Conference, especially if you will be traveling a long distance to attend. In this article, we wanted to highlight the different programs and opportunities that may help make a trip to the Annual OCD Conference more of a reality.

We work hard to keep costs manageable and make sure that you get the most bang for your buck at the conference, but in the cases when that is not enough, we do have opportunities to attend the conference at a reduced rate.

BECOME A MEMBER OF THE IOCDF

Did you know that current members of the Foundation can go to the conference at a reduced rate? Members of the IOCDF receive a discount of \$50 off of their registration price if they register as an adult, and a discount of \$110 if they are registering as a professional. View our registration costs page on our conference website at www.ocd2014.org/registration-costs for more information about this. Please note that in order to register at the member rate, your membership must be current during the Conference (July 18–20, 2014); if it will not be current as of the Conference, call our office or go online to www.iocdf.org/membership/ to renew your membership before you register.

ATTEND AS A FAMILY

Have you ever wanted to bring your family with you to the Annual OCD Conference, but decided not to because it did not seem cost-effective? We actually have a special discount available for larger families who want to attend the Conference as a group. Families of 4 or more are eligible to register for the conference at a special rate of 20% off of the member rate, so long as at least one member of the household holds a current IOCDF membership. This discount has significantly helped large families attend the conference in previous years. OCD is a family affair, so we want to make sure that families can attend to get as much as they can out of this life-changing event. This discount is not available online — for more information about this opportunity and/or to register your family of four or more today, please call us at 617-973-5801 or email us at conferences@iocdf.org.

APPLY TO BE A CONFERENCE VOLUNTEER

Volunteers are vital to the success of the Annual OCD Conference — the IOCDF would not be able to run the conference without their support and dedication. Every year, we require 30 volunteers to act as Room Monitors. Room Monitors are assigned to a specific block of workshops for one entire day, and are responsible for:

- Distributing handouts to attendees.
- Distributing and collecting each workshop's evaluation forms.
- Introducing workshop speakers using a script prepared by the IOCDF.
- Taking a head count of people who attended their sessions.
- Making IOCDF staff aware of any problems that arise during the workshops.

In exchange for volunteering for one full day of the conference, Room Monitors receive a FREE Conference registration (volunteers are responsible for paying for their own travel, hotel accommodations, and meals). This is a wonderful way to attend the Conference on a budget, while also helping the IOCDF run a great Conference. There is an application process for these volunteer positions. For more information about volunteering, or to learn how you can apply to be considered for this opportunity, please visit our conference website at www.ocd2014.org/volunteer or contact Stephanie Cogen at scogen@iocdf.org.

APPLY FOR A SCHOLARSHIP

Thanks to the Francis Sydney Memorial Scholarship Fund, which has been sustained by the help of many dedicated donors, we are able to offer a number of conference scholarships every year to qualified attendees who apply. The Conference Scholarship Program allows for low-income individuals and families to attend the Annual OCD Conference at a discounted rate (\$50 registration per person — does not include travel, accommodation, or meal costs). The Program is only for current members of the IOCDF — if you are not already a member, we do have low-income memberships available as well. If you are interested in this opportunity for you and/or your family, please visit our website at www.ocd2014.org/scholarship, or email Stephanie Cogen at scogen@iocdf.org for more information about how to apply.

FROM THE FOUNDATION

Cost-Effective Ways to Attend the Conference *(continued)***DISCOUNTS ON ATTRACTIONS & TRANSPORTATION**

Every year, we work with our host city and the conference hotel to secure discounts on everything from local tourist attractions in the area, nearby restaurants, and transportation (shuttles, taxis, rental cars, etc.). We are currently working on finding some great discounts in Los Angeles — for those who are traveling to LA to just attend the Conference, as well as for those who will be making a larger vacation out of the trip, there will be discounts of all kinds for everyone! Bookmark the Los Angeles Attractions & Discounts page on our website at www.ocd2014.org/attractions and keep an eye on this over the next few months as we add more information about great deals in the LA area.

ROOM SHARES AND CARPOOLING

Are you interested in staying at the Conference hotel, but would like to share a room with a fellow conference attendee to bring the cost down a bit? Do you live within driving distance to Los Angeles and want to see if another Conference attendee lives

nearby as well and is interested in carpooling together each day in order to save some money? If you answered yes to either of these questions, you should consider joining the CC-IOCDF (Conference Chatter for Annual OCD Conference-Goers). This Yahoo Group is run by a group of volunteers who have attended the conference in years past — as such, it is a great place to learn more about the conference from people with firsthand experiences as attendees, and it has been a great way for past attendees to meet other attendees who might be interested in room shares or carpooling opportunities. To join this discussion board, go to <https://groups.yahoo.com/neo/groups/CC-OCF/info>. Please note that you must sign in with a Yahoo username and password in order to participate — if you do not already have a Yahoo account, you must first create one and then sign in. Please note that the IOCDF does not manage this message board: Please use caution and common sense when making plans for carpooling and room sharing. ○

To learn more about the conference, visit www.ocd2014.org or contact the IOCDF office at 617-973-5801 or email conferences@iocdf.org if you have questions about any of these opportunities.

GIVE THE EXPERIENCE OF A LIFETIME TO SOMEONE IN NEED: DONATE TO THE FRANCES SYNDEY SCHOLARSHIP FUND TODAY

Your gift to the Frances Sydney Scholarship fund will enable someone to attend the IOCDF Annual 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 with demonstrated financial need. 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 IOCDF Conference and obtain valuable help and information.

About Frances Sydney

Frances Sydney, a founding member of the International OCD Foundation, then known as the Obsessive Compulsive Foundation (OCF), died on February 26, 2012, after a long and courageous battle with cancer. Throughout the years, Fran contributed to the development and management of the Foundation in many significant ways. Frances served on the Foundation's Board of Directors from its inception in 1986 until she passed away. Frances' tireless advocacy on behalf of the OCD community and her dedication to the IOCDF is legendary. Even when she was too sick to travel, Fran participated in every board meeting via conference call. Frances was instrumental in establishing and promoting the Foundation's research program. Every year, along with soliciting funds to underwrite the Foundation's research program, she participated in selecting the researchers to whom the grants were to be given. Today, the research program awards about \$200,000 in grant money each year and is considered to be a vital resource for researchers in the field.

In memory of Frances and in honor of her exemplary dedication to the Foundation we have established the Frances Sydney Conference Scholarship Fund to help as many people as possible have access to the Annual OCD Conference.

To donate, go to www.ocd2014.org/donate or call the IOCDF office at 617-973-5801.

FROM THE FRONT LINES

For The Love Of My Baby: My Battle With Postpartum OCD

By Carrie F.

I have never loved anything as much as I love my daughter. From the first time I looked into her big beautiful eyes, she had me under her spell. I belonged to her and she to me. I was smitten. I guess that's where it all began — at least, that's what they tell me.

I was never one to worry about germs or bacteria. I was a real outdoorsy kind of girl. I loved to hike and go camping, sit by a bonfire at night, and even sleep under the stars. I would wash my hands after going to the bathroom, but that was really the main reason for doing so. Most of the time I would wash up before eating, but I have to admit, I did not even always do that. So you can imagine how I was very much taken by surprise when a slippery snake called OCD slithered its way into my life, consuming it even.

I guess you could say it started slowly. The first few weeks after giving birth to my daughter I wasn't too worried about much of anything, perhaps because I was simply too exhausted to worry. Then one day, I was watching the news and saw a warning about this year's flu epidemic. They said it was the worst it's been in 10 years, that the very young were especially at risk, and could even die — children already had died. If something so horrible could happen to other families, I decided it could happen to mine. And then I decided that if I didn't take serious precautions, it would happen to us. I just could not let my baby get sick — she was my world and I would protect her at all costs.

And so I started to be very diligent about washing my hands before feeding, diaper changing, and, soon enough, handling my baby at all. I told friends and family that our pediatrician suggested we not have visitors until the flu virus died out a bit. This lasted for weeks, and we spent two long wintry months by ourselves. My husband was the only other adult I saw; he did go to work, but I made sure he sanitized very well and showered the moment he walked through the door. I did not go outside at all except to take her to her check-ups with the pediatrician, which were extremely difficult to endure due to my fear of her catching something from the doctor's office. I kept telling myself that if I could just get her through the flu season, I would lighten up. That if I could just get her to the 3-month mark, her immune system would be much stronger and I could back off. It soon became more than just the flu that worried me.

I decided that if my baby girl were so vulnerable to flu germs, she was most likely at severe risk from all germs. And so my hand washing increased — my hands started to crack, and soon turned dark red in color. By the end of each day my hands would be so dry that even bending my fingers would crack open my skin and cause bleeding. This became a real problem, as I had decided that my blood was dangerous to the baby. I could not handle her with any exposed cuts, and for a while I covered my hands in band-aids until I decided that the adhesive on the band-aids was probably dangerous to her as well. My anxiety spiraled rapidly out of control, and soon my list of contaminants had grown so large that I couldn't even begin to name them all.

I was changing my clothes multiple times a day. If I thought there was even a chance I got too close to a contaminant I would have to change. If I didn't, I would feel as if my skin were crawling. If something of my baby's would fall on the floor, it was promptly thrown away. I didn't care about the money I was wasting — I could not have my baby exposed to the germs. It didn't take long before I had lost my appetite completely, as eating was too stressful, and within a couple months after giving birth I was 15lbs lighter than my pre-pregnancy weight.

I was soon tracking contaminants like a chain — if I used a baby wipe to clean one contaminant, that wipe was then contaminated, as were my hands, so I needed to wash in between cleaning, and so on. It was a drug; I didn't want to do it, I NEEDED to do it. I even started to lie to my husband, giving false reasons for performing cleaning rituals and sneaking them in when he wasn't watching. I was an assurance seeker for sure, every night I would ask my husband if he thought something that happened earlier that day, something small that I knew deep down could not cause real harm, might have endangered our daughter. I was embarrassed by my need to ask these questions and perform these rituals. Doing so would make me feel better for a short period of time, but there was always another worry ready to creep up behind the previous one.

Cleaning products were considered very dangerous, even the natural ones. My husband had to do all of the cleaning, it was just too stressful for me. I only allowed him to clean with white vinegar, because I was assured it was safe for babies, and we had to buy soap by the gallon. I felt guilty about putting so much on him, and hated that I could tell that he was beginning to resent me for it. I'm sure to him it looked as if I did nothing all day but tend to the baby. In

FROM THE FRONT LINES

For The Love Of My Baby *(continued)*

actuality, I had spent every second I wasn't caring for our daughter wiping things, performing decontamination rituals.

Not only was my obsession a financial burden, but it also took a toll on my marriage. My husband is a wonderful person and an amazing father, but he naturally started to get frustrated with my demands. At first he went along with it, he knew how much turmoil I would endure if not and did not want me to suffer. But eventually he told me that I needed to stop, that it was getting to be too much. That was the problem, though — I'd tried to snap out of it, but I knew it just wasn't going to happen. My husband began to rebel more and more over my insisting. And how could I blame him? After all, wasn't I suggesting that he was putting our daughter at risk by not performing my rituals?

I had been trying to keep my anxiety a secret from everyone. Once my stress levels had started to bring on signs of health concerns, I realized that I had to get help. After all, wasn't my whole obsession about keeping my daughter safe? How could I do that if I wasn't around?

It was my mother who ultimately decided I needed to go to the doctor, after a phone call where I told her how I couldn't stop washing my hands, how I would knock on wood when a worrisome thought would enter my mind, and that I had been experiencing panic attacks. All of my fears seemed to stem from very rare dangers that my brain would exaggerate.

I didn't want to go to the doctor for fear that I would need medication. By this point I had done some research on Postpartum Depression and came across an article on Postpartum Anxiety and Postpartum OCD. I knew that there were anti-depressants considered safe to take while breastfeeding, but as my condition revolved around my baby's wellbeing, I would not allow myself to accept that. However, I knew that if I were trying to protect my baby, the best thing for me to do was to seek professional help.

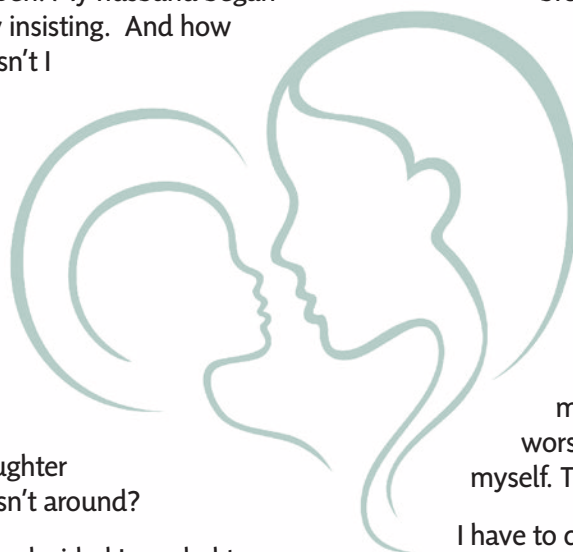
And so I did — I was diagnosed with Postpartum OCD, and was immediately prescribed an antidepressant and referred

to a psychiatrist and a psychologist. I knew that many babies are formula-fed for many reasons and that my daughter would be well-nourished, but I was still overwhelmed with guilt at switching from breastfeeding. It ultimately was the best choice, for my daughter's sake and my own. I wanted to get rid of my anxiety, all of it, before she was old enough to witness it. After leaving the doctor's office that day, I felt relief, for now we had a plan of action.

That first night after taking my medication was one of the hardest. I felt immense guilt about giving up breastfeeding my daughter, and when I woke up in the middle of the night I realized I had leaked breast milk. I immediately decided that I was contaminated, and as long as I was lactating, my milk "laced" with medication was a danger to my baby. I woke my husband up with tears streaming down my face, feeling the need to wash all of my sheets and blankets as well as shower before returning to bed. This was the first time I could see fear in my husband's eyes, fear that I was getting worse; his fear made me even more afraid of myself. The following weeks were very hard.

I have to consider myself somewhat lucky at this point. Don't get me wrong, this has been the struggle of my life so far. I was lucky to have such an incredible, supportive husband who stood by me and continues to do so. I am lucky to have such wonderful and understanding parents — my mom immediately took action when I told her that I needed her. I am lucky because I found an amazing psychologist who has been helping me immensely to work through my hierarchy of contaminants and resist compulsions after exposures. She has helped me to realize that I can talk back to my OCD, and that I will overpower it.

My daughter is now 12 months old and thriving. She never ceases to amaze me. I would say by now I am 50% better than when it all began — I am able to resist compulsions 50% of the time, and the other 50% I submit. I am on a continuous journey of healing and am taking every day one step at a time. But even as I am writing this, I am experiencing healing. ○



FROM THE FRONT LINES

OCD Success Story: Spencer McGruder

Hello!

I would like to share an amazing success story we are living with our son, Spencer, a 17-year-old high school senior in southern Missouri.

Spencer was diagnosed as a young boy with clinical OCD. While his symptoms were basically what we thought was foreign for a little boy, his doctor said at his first visit "Spencer's behaviors are pretty much 'textbook' for Obsessive Compulsive Disorder." While many people connect this condition with the much-publicized germ phobia, hand washing, "everything in order" symptoms, Spencer's OCD also manifested itself with intense anxiety,

fear, and depression. He spent many days in school crying and upset, overwhelmed by self-doubt, concerned he wouldn't get his work complete, that a natural disaster could come and hurt his classmates, or worried about other students who wouldn't obey the classroom or school rules. These symptoms were nearly debilitating at times. Spencer had obvious cognitive potential to succeed, but his emotional struggle due to the OCD also had the potential to sabotage his success. The effects of the OCD at school produced difficulties with learning that Spencer battled with every day.

On hard days, he would say "Sometimes it's hard being a kid like me." Spencer recognized that there were other children who had more difficult situations in their lives and his compassion for them only grew. But, he also knew he had to fight his fight. At about the age of 12, Spencer said "I'm NOT going to let this control me!" He began to take charge of the obsessive and compulsive thoughts and set goals to strive for. He began to set his sights on helping others, joining a local leadership group, reaching out to less fortunate children in the community with his church, and building skills in music and science, where he felt strong in his abilities.

With the investment of countless caring teachers, dedicated doctors, resources of medications, program leaders, youth directors, and loving family and friends, Spencer has reached many of his goals. He will graduate in May with a 4.0 grade point average, valedictorian of his class. He is very active and recognized with awards in several school groups and academic clubs. He was chosen to attend Missouri Boy's State this past summer, and remains actively involved with outreach through his church and other community projects.

We believe he is a shining light to other children and families affected by OCD. He shows hope of a light in the tunnel of darkness that OCD can bring. ☺

*Michelle McGruder
Proud mother of Spencer McGruder
East Prairie, MO*

OCD (not)

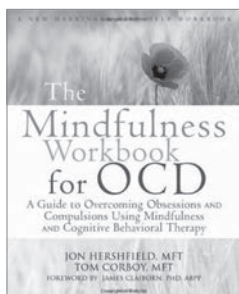
I have cut the cord.
My OCD goes floating away
as if into outer space —
a complete disconnection.
I am now over here.
My OCD is over there.
I am a living marvel of
modern medicine:
my serotonin level is
soaring. Lots of prayers
were said on my behalf, so God
deserves some credit although
my psychiatrist gets the lion's share.
He treated me from the beginning
as if I were a normal person,
as normal as himself, and after a while
I realized he was right.
I am normal as rain, normal
as tears. And I've shed quite a few
along the journey.

– Dennis Rhodes

Have a story to share with other members of the International OCD Foundation? *We are always accepting submissions for publication in the From the Front Lines section of the newsletter. Email your poems, short stories, essays, or artwork to editor@iocdf.org. We welcome submissions from people of all ages.*

Mindfulness and Cognitive Behavioral Therapy for OCD

By Jon Hershfield, MFT and Tom Corboy, MFT



Jon Hershfield, MFT, and Tom Corboy, MFT, are the authors of the new book, *The Mindfulness Workbook for OCD: A Guide to Overcoming Obsessions and Compulsions Using Mindfulness and Cognitive Behavioral Therapy* (New Harbinger Self-Help Workbooks, 2013).

If you suffer from obsessive compulsive disorder (OCD) and you take the brave step of getting professional help, you're likely to start hearing the word "mindfulness" used in reference to some part of your treatment. Mindfulness is really "in" right now, and there's good reason for this.

Over the years, research and clinical experience has shown mindfulness to be an important tool in addressing a number of mental health issues. More recently, many who specialize in treating OCD are finding that mindfulness may be useful at improving the effectiveness of cognitive behavioral therapy (CBT). However, there are concerns that mindfulness strategies can be used incorrectly as a "neutralizing" technique, or, in other words, that it may "cancel out" or weaken the effectiveness of traditional exposure and response prevention (ERP) treatment. So, we are left with two questions: What is mindfulness? And how can it be used to improve, not take away from, traditional CBT treatment of OCD?

In general, mindfulness means paying attention to the present moment without judgment. When you have OCD, this is no easy feat. The present moment can include painful and confusing intrusive thoughts, feelings, and sensations that seem to lend themselves to judgment. Rather than attempting to neutralize (or get rid of) these internal experiences with compulsions, mindfulness asks that we allow the moment to stay as it is. In this way, mindfulness is not very different from exposure with response prevention (ERP). In ERP, you are being asked to confront your triggers and resist responding to them with compulsions. In mindfulness, you are being asked to simply remain aware when you are triggered, to accept the discomfort it

causes, and to resist trying to change it with compulsions. This technique can be strengthened by accepting that the thoughts are simply mental events, capable of being observed without being automatically thought of as warning signs or threats of danger. However, mindfulness may get in the way of the therapeutic process when the concept of "it's just a thought" instead becomes a mantra used to reassure oneself that one's fears will not come true.

While a chicken-and-egg debate may be present in the clinical community over which should come first — behavioral change through ERP, or a change in perspective through an acceptance-focused approach (for an interesting discussion on the subject, see J. Grayson's 2013 article, "ACT vs. ERP for OCD," and its subsequent follow-ups) — our shared clinical experience suggests three main areas in which mindfulness can be used along with traditional CBT to boost the effectiveness of CBT. In other words, an "and" approach instead of an "either/or" approach can improve these three elements of CBT:

Acceptance – OCD wants you to be afraid of your internal world, driving you to do compulsions to push thoughts away, which then keeps the disorder alive. Psycho-education on how the brain interacts with the mind is often the first step in introducing the CBT model to someone seeking treatment. Understanding this interaction and the obsessive-compulsive cycle is essential for preparing someone to engage in the therapy. Thus, understanding first what it means to be mindful can be as useful as understanding what it means to be cognitive or behavioral in your approach to treatment. To be "mindful" means observing and accepting unwanted thoughts, feelings, and physical sensations without judging or attaching meaning to them, or trying to stop or change them. This can be implemented moment to moment during a person's day, simply by noticing what's going on inside as you go about your day (for example, noticing the sound of running water during a shower or the sensation of your body pressing against the seat you are in). Formal meditation — the practice of setting aside a specific period of time to focus on an "anchoring concept," such as one's breathing or heartbeat, while letting the internal world come and go without judgment or analysis — also provides a strategy to practice confronting OCD.

Continued on next page >>

THERAPY COMMUNITY

Mindfulness and Cognitive Behavioral Therapy for OCD *(continued)*

Assessment – Traditional cognitive therapy focuses on figuring out the distorted thinking at the heart of OCD. The use of automatic thought records (writing down your thoughts to review with your therapist) and learning to notice and identify cognitive distortions (problematic styles of thinking and beliefs that are getting in your way) offer those with OCD a way to assess how they are thinking about their experience without attempting to get rid of thoughts or push them down. Consider the difference between trying to mindfully accept the thought “Because my hands are not 100% clean, I am going to get a terrible disease” versus “I don’t know if my hands are clean in this moment and can’t predict the future.” By helping people be more aware of the way in which they are thinking about their uncomfortable thoughts, feelings, and sensations, mindfulness can help people redirect themselves away from their desire to do compulsions. Instead of challenging the likelihood of fears coming true, one can challenge the seriousness with which they understand their internal world in the first place by using mindfulness concepts.

Action – Effective action against OCD ultimately means confronting one’s feared thoughts, feelings, and sensations using ERP. This behavioral component of CBT — intentionally exposing one’s self to the very thoughts and situations that cause so much suffering — naturally increases the urge to do compulsions. Mindfulness strengthens ERP by encouraging acceptance of one’s uncomfortable reactions to exposures, thus reducing the powerful draw of compulsive behaviors. Rather than being used as a tool for resistance to compulsions, the inclusion of mindfulness in ERP allows for an openness to discomfort — a curiosity toward what happens when you lean in to it instead of running away.

RESEARCH SUPPORTING MINDFULNESS FOR THE TREATMENT OF OCD

With any update to OCD treatment, clinical experience is going to have a longer history than clinical research. However, a growing pool of research coming out over the last few years suggests that those who are adding mindfulness into treatment for OCD are on the right track:

- felt less of an urge to neutralize thoughts with compulsions, while those who used only distraction strategies (i.e. trying to think of something else) saw no change in their urge to use compulsions.
- A 2012 German study (Hertenstein et al.) researched the impact of an 8-week mindfulness-based group therapy program on adults with OCD. All study participants had already completed a course of ERP within a two-year period before the study began. Of the 12 participants, 8 reported having fewer OCD symptoms as a result of the group therapy program. Additional benefits reported by study participants included an increased willingness and ability to allow unpleasant emotions to surface, feeling able to handle these emotions more flexibly, a sense of living more consciously in the present, a calmer attitude towards their OCD, and generally improved mood and sleep.
- A small 2010 study (with only 3 participants) on intrusive thoughts in OCD (Wilkinson-Tough) looked at whether mindfulness-based therapy could help those who were using thought suppression (that is, trying to stop thinking certain things) and experiencing thought-action fusion (in other words, believing that thinking something in your head means it actually happens in real life). Three participants received a six-session mindfulness-based intervention with an emphasis on using mindfulness skills every day. Following treatment, all participants received improved scores on the Yale-Brown Obsessive Compulsive Scale (Y-BOCS), an assessment tool used to figure out which OCD symptoms are present and how severe they are.
- A 2010 study on group treatment for OCD (Fairfax) explored several different clinical interventions that could strengthen evidence-based practices and found that the participants responded well to mindfulness-based interventions in particular. The authors suggested that the use of mindful awareness and strategies focused on attention may support efforts to participate in ERP.
- A 2008 Dutch study (Hanstede et al.) examined the impact of mindfulness meditation on a group of 17 university students. Subjects were taught the mindfulness techniques of “meditative breathing, body-scan, and mindful daily living,” as applied to OCD, over the course of eight one-hour sessions. Researchers found that mindfulness meditation had “a significant

Mindfulness and Cognitive Behavioral Therapy for OCD *(continued)*

and large effect” on OCD symptoms, specifically on thought-action fusion (again, the belief that having a thought is the same as acting on the thought), and the ability to “let go” of unwanted thoughts.

- A 2006 study (Twohig et al.) explored the effect of Acceptance and Commitment Therapy (ACT), a treatment modality that in part includes a focus on developing mindfulness skills and participants’ willingness to accept and tolerate unwanted obsessive thoughts. Study participants reported decreased avoidance of uncomfortable or unwanted internal experiences (negative thoughts and feelings), decreased believability of obsessions, and decreased anxiety and depressive symptoms, as well as fewer compulsions by the end of treatment for all participants.

Mindfulness, the ability to remain in the presence of the moment (even the unpleasant moment), also seems to be a very flexible approach. OCD sufferers who struggle with intrusive thoughts of a sexual or aggressive nature may find that a well-developed ability to watch thoughts go by makes the difference between desperately using compulsions to make the thoughts go away, or instead successfully managing their OCD. But, a person trapped by an endless cycle of washing, checking, or cleaning is experiencing exactly the same struggle with accepting thoughts, feelings, and sensations as people with intrusive thoughts. So, mindfulness is really for anyone who wants to stop feeling like what is going on inside their mind is a burden. It’s hard to imagine anyone with OCD who would wish to continue feeling that way. ○

Jon Hershfield, MFT, is the associate director of the UCLA Child OCD Intensive Outpatient Program at Resnick Neuropsychiatric Hospital, and is a psychotherapist specializing in the treatment of OCD and related disorders using mindfulness-based cognitive behavioral therapy (MBCBT).

Tom Corboy, MFT, is the executive director of the OCD Center of Los Angeles, where he is a licensed psychotherapist specializing in MBCBT for the treatment of OCD and related anxiety-based conditions.

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THERAPY COMMUNITY

Institutional Member Updates

Institutional Members of the International OCD Foundation are programs or clinics who provide intensive treatment and/or specialty outpatient treatment options for OCD and related disorders. These institutions are committed to providing evidence-based treatment for OCD and related disorders, and have staff members who dedicate time to advancing OCD treatment and research. For a full list of these Institutional Members, go to "Find Help" on the IOCDF website, and select either "Specialty Outpatient Clinics" or "Intensive Treatment."

THE ANXIETY TREATMENT CENTER OF SACRAMENTO

**The Compulsive Hoarding Center
The Cognitive Behavior Therapy Center**
9300 Tech Center Drive, Suite 250
Sacramento, CA 95827
Phone: (916) 366-0647 ext. 4
Email: drrobin@atcsac.net
www.AnxietyTreatmentExperts.com

The Anxiety Treatment Center of Sacramento is offering a 4-week Partial Hospitalization scholarship. Treatment will consist of an individualized treatment plan utilizing Exposure and Response Prevention as the front-line therapeutic approach. The individual selected will also have an opportunity to participate in our new Equine Assisted Activity Program. Individuals must have a diagnosis of OCD and no insurance benefits. Interested applicants should send a letter of interest to P.O. Box 279276, Sacramento, CA, 95827 or to drrobin@atcsac.net. Deadline for submission is May 15, 2014. For more information about our program and services, visit www.AnxietyTreatmentExperts.com.

BEHAVIORAL SCIENCES OF ALABAMA

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

Behavioral Sciences of Alabama continues to offer a high quality, uniquely specialized intensive treatment program for those battling OCD and related disorders. Our intensive

ERP program, OCD support group called L.O.C.K. (Learning Obsessive Compulsive Knockout), and OCD Family support group continually show positive results. Our participants have shared their thoughts, stating "It was a relief to meet others who have similar struggles as mine... I feel like the members are my friends... The support group is a very good way of not being alone in your struggles in life, and sharing with others brings great comfort, you leave having a good feeling about yourself." Our treatment program works within a 100-mile radius when needed to take treatment into the home or community of our participants. Please contact us for more information about our practice.

CENTER FOR ANXIETY AND OBSESSIVE COMPULSIVE DISORDERS ALEXIAN BROTHERS BEHAVIORAL HEALTH HOSPITAL

1650 Moon Lake Blvd.
Hoffman Estates, IL 60169
Phone: (847) 755-8566
Email: patrick.mcgrath@abbhh.net
www.abbhh.org

The Center for Anxiety and OCD at Alexian Brothers Behavioral Health Hospital is proud of the fact that we have seen many individuals coming from out of town for treatment. We wanted to let everyone know that we have a list on our website of local hotels who give discounts to individuals who are in treatment in our program. For a full list of hotels, please visit our website at <http://www.alexianbrothershealth.org/abbhh/patients-visitors/local-hotel-accomodations/>.

Some of these hotels also have shuttles, so a car may not be necessary while you are here in treatment. The shuttles will even take you to some local stores for your daily needs.

If you are from out of town and are interested in getting intensive treatment for your OCD, please contact us. We would be happy to get you any information that you need to get you started.

THE CENTER FOR COGNITIVE-BEHAVIORAL PSYCHOTHERAPY

137 East 36th Street, Suite #4
New York, NY 10016
Phone: (212) 686-6886
Email: center686@gmail.com
www.cognitivebehavioralcenter.com

The Center for Cognitive-Behavioral Psychotherapy is now offering an intensive outpatient treatment program for

Institutional Member Updates *(continued)*

individuals struggling with OCD. This program is designed to benefit those who have traditional forms of OCD, including contamination or germ concerns, those who experience intrusive thoughts, and those who experience an over-attached responsibility to protect others through physical or emotional harm factors. This program is appropriate for individuals who have tried other treatments, as well as those who may have more severe symptoms.

The initial step of the program involves a phone screening to assess the individual's qualifications for the program. This time-intensive program is overseen by Dr. Phillipson and is directed by our treatment team of licensed psychologists and pre-doctoral psychology fellows. This program includes participation in exposure and response prevention (ERP) therapy. Anxiety-provoking challenges are comprehensively outlined during the initial stages of treatment. During future sessions, these challenges are confronted with the support, guidance, and expertise of our treatment team. Sessions last from 2–5 hours per day, occurring up to 5 days per week.

Please contact us if you would like more information about this program.

THE HOUSTON OCD PROGRAM

1401 Castle Court

Houston, TX 77006

Phone: (713) 526-5005

Email: info@HoustonOCDProgram.org

www.HoustonOCDProgram.org

Houston OCD Program researcher wins awards! Nathaniel Van Kirk is a member of the Houston OCD Program research team and a clinical psychology intern at the Michael E. DeBakey Veterans Affairs Medical Center. Nathaniel successfully defended his dissertation in February 2014 at the psychology department at Virginia Polytechnic Institute and State University using data that was collected as part of the Houston OCD Program's research initiative. The PhD dissertation was entitled "A Clinical Validation of the Obsessive Compulsive Consequences Scale-Revised". This study evaluated the clinical utility of a new scale, the Obsessive Compulsive Consequences Scale-Revised. Nathaniel was also awarded the American Psychological Association Dissertation Award for this study. Additionally, a poster comparing data from the Houston OCD Program to a non-treatment seeking sample, analyzing the impact of the perceived functional behavioral outcomes of OCD behavior on treatment motivation and processes, was selected as an

Anxiety Special Interest Group award winner at the 2013 ABCT conference.

LINDNER CENTER OF HOPE

OCD and Anxiety Disorder Treatment Programs

4075 Old Western Row Rd.

Mason, OH 45040

Phone: (513) 536-0532

Email: kathleen.neher@lindnercenter.org

www.lindnercenterofhope.org

Lindner Center of HOPE is opening an Adolescent Diagnostic Assessment and Short-Term Intensive Treatment Program in May 2014. This specialized and intimate unit will be located within Lindner Center of HOPE, near Cincinnati, OH. It will offer comprehensive diagnostic assessment and a short-term intensive treatment program for patients aged 11 to 17 suffering with complex, co-morbid mental health issues (including OCD and anxiety disorders). The private-pay program will feature a safe and welcoming environment and highly credentialed treatment team that meets adolescents where they are. The assessment will result in a detailed, but concise, diagnostic picture with a strengths-based approach to treatment recommendations and future focus. Parents will be involved in treatment, and follow-up support will be provided for up to three months after discharge. Please contact us for more information about this new program, as well as our other programs.

THE OCD INSTITUTE AT MCLEAN HOSPITAL

115 Mill Street

Belmont, MA 02478

Phone: (617) 855-3279

Email: ddavey@ocd.mclean.org

www.mclean.harvard.edu/patient/adult/ocd.php

The OCD Institute (OCDI) at McLean Hospital is pleased to announce its expansion into the treatment of children and adolescents with a residential treatment program opening later in 2014. The new program, to be located at the hospital's McLean Southeast site, will treat children and adolescents ages 10-16 in a newly renovated space. The program will have the benefit of being within the well-established continuum of high quality child/adolescent services already provided at McLean, while maintaining close ties with the adult OCDI.

The adult OCDI will also look to expand its partial hospital program this spring in response to added demand from

Continued on next page >>

THERAPY COMMUNITY

Institutional Member Updates *(continued)*

patients seeking this service. McLean and the OCDI welcome these opportunities for growth, as they continue to provide integrated assessments and the most comprehensive treatments for patients and families struggling with OCD and related disorders.

PSYCHOLOGICAL CARE & HEALING (PCH) OCD INTENSIVE TREATMENT PROGRAM

11965 Venice Blvd., Suite 202

Los Angeles, CA 90066

Phone: (310) 566-7625

Email: intake@pchtreatment.com

www.pchtreatment.com

Psychological Care and Healing (PCH) was established in Los Angeles in 2010 as a treatment center with residential and day treatment options for severe psychiatric disorders. Last year, PCH launched a separate, self-contained OCD program to meet the demand for specialized treatment for OCD and related disorders with empirically supported, evidence-based interventions. ERP and pharmacological management are the primary evidence-based therapeutic modalities used to treat OCD. The use of these interventions is complemented by other treatment strategies that have been shown to help those suffering from OCD, such as ACT, DBT, and cognitive therapy. Our program is tailored to each person's OCD presentation, with individual therapy five days per week and a minimum of four hours of OCD-specific treatment per day.

While our program is designed primarily to treat OCD and related disorders, clients at PCH also receive treatment for co-occurring disorders frequently associated with OCD thanks to additional services from our main program that clients can access as part of their treatment plan. In fact, one of the unique features of our program is the availability of clinical resources from our main program that allow us to treat clients for multiple co-morbidities. Our immersive day treatment program with or without the residential option is also closely integrated with our stand-alone family treatment program.

OCD CENTER AT CEDAR RIDGE AND COGNITIVE BEHAVIORAL THERAPY SERVICES AT ROGERS MEMORIAL HOSPITAL

34700 Valley Road

Oconomowoc, WI 53066

Phone: (800) 767-4411 (Ext. 1347 or 1050)

Email: bthomet@rogershospital.org, kkaul@rogershospital.org

www.rogershospital.org

Help has a new home. Rogers Memorial Hospital takes our high-quality care one step further with the opening of the relocated OCD Center at Cedar Ridge. Nestled in a serene, lakeside setting amid 23 wooded acres, this new adult residential facility expands our capacity, supports the patient experience and enhances growth and healing.

Building on the strong foundation of Rogers OCD treatment programs and the CBT leadership of Brad Riemann, PhD, we are expanding our child and adolescent OCD programming with the additions of a new partial hospitalization program in Oconomowoc (age 6 and up) and intensive outpatient program (age 8 and up) in Kenosha. The goal of both programs is to alleviate OCD and anxiety symptoms while offering the appropriate level of structure and support.

Our most exciting new development is the extension of our comprehensive OCD treatment programming to Tampa, FL. Initially, our new office, Rogers Behavioral Health — Tampa Bay — will offer intensive outpatient programming for all children, teens, and adults, with plans to add a partial hospital program. Eric Storch, PhD, a University of South Florida Health/Morsani College of Medicine clinical psychologist, will serve as clinical director through an affiliation agreement with USF for professional services.

Finally, Rogers is once again excited to be selected to host the International OCD Foundation's Behavioral Therapy Training Institute (BTTI) at our Oconomowoc campus. Taking place May 30 through June 1, the BTTI encourages collegial advancement in the treatment of OCD by helping provide training, spreading awareness and furthering advocacy. Please contact the IOCDF at (617) 973-5801 for more information about the BTTI and how to attend. ○

A New Review Looks at What Works Best for Pediatric Obsessive Compulsive Disorder (OCD): Cognitive-Behavioral Therapy Tops the List

by Jennifer Freeman, PhD; Abbe Garcia, PhD; Christine Conelea, PhD; and Hannah Frank, BA

OCD affects between 2 to 3% of all children and adolescents and causes significant distress and day-to-day impairment for these kids and teens. A new article published in the January issue of the Journal of Clinical Child & Adolescent Psychology (JCCAP) provides a review of the best psychological treatments for obsessive compulsive disorder (OCD) in children and adolescents.

Researchers have examined different psychosocial therapies (treatments that don't include a medical intervention like medication) and worked to create expert guidelines for mental health therapists and families seeking the best treatments available. This article provides the most current review of the research on treatment for OCD in children and teens.

FINDING AND RATING STUDIES ON TALK THERAPY FOR PEDIATRIC OCD

First, a comprehensive search of research on the psychosocial treatment for child and adolescent OCD was completed. The focus was studies published between 2007 and 2012 (another paper reviewed research published between 1994–2007; Barrett et al. 2008). Even though we looked for studies that used any kind of talk therapy, all of the treatments that we found for this review included some form of Cognitive Behavioral Treatment (CBT). Because this was a review of talk therapy for OCD, medication-based interventions were included only where the study also included a talk therapy component. Some studies used all of the standard CBT strategies while others used parts of the larger CBT approach (e.g., cognitive therapy by itself; exposure therapy by itself). The review also covered the frequency of treatment (e.g., brief treatment; intensive treatment) and who was involved in treatment (e.g., one-on-one treatment; family-based treatment; group treatment).

Each research study was rated as the following:

- Level 1: This is a well-established (highly effective) treatment.
- Level 2: This is a treatment that is likely to be helpful (the research term is called "probably efficacious").
- Level 3: This is a treatment that has the possibility of being helpful (the research term is called "possibly efficacious").
- Level 4: This is an experimental treatment.
- Level 5: This treatment may or may not be helpful or efficacious.

The treatment methods with the best science behind them (i.e. level 1 and 2) are based on research studies that use "randomized controlled trials" or RCTs, in addition to treatment manuals, reliable assessment tools, appropriate data analysis techniques, and that clearly define who can be included in the research study. Level 3 and level 4 treatments do not necessarily need to use Randomized Control Trials, but must use the other elements listed above. An RCT involves putting people into one treatment group or another by chance, which helps researchers compare different types of treatment. Finally, treatments classified as Level 5 were those that did not have a good research design or showed poor treatment outcomes and were excluded from the article as a result.

We found 18 research studies that were appropriate for this review. These were all studies written in English, involving more than one person, and including children and adolescents between the ages of 5 and 17. All studies used some form of CBT – individual CBT, family-focused individual CBT, non-family focused group CBT, family-focused group CBT, or a new category, technology-based (or non face-to-face) CBT. This new technology-based CBT format uses recent technology-orientated interventions via web-camera or telephone, which are unique both in how they are delivered and how they increase access to care for a greater number of youth.

Among the 18 selected studies, two were classified as level 2 (individual CBT and family-focused individual CBT). Two were classified as level 3 (non-family focused group CBT and family-focused group CBT) and one was classified as level 4

Continued on next page >>

RESEARCH NEWS

New Research Review for Pediatric OCD *(continued)*

(non-face-to-face or technology-based CBT). No studies were classified as well-established or level 1 treatment.

WHAT THE RESEARCH SAYS

Theory Behind CBT

All of the studies described in this treatment review include some type of CBT as the primary intervention. CBT for pediatric OCD contains several fundamental parts including education, Exposure with Response Prevention (ERP), cognitive strategies (changing your thoughts), reward programs, family/parent training, and relapse prevention. While all of these components are thought to be important in CBT, there is limited evidence regarding the “active” ingredients (in other words, which of these pieces actually works to make someone get better). By contrast, research on adults with OCD (e.g., Abramowitz, Whiteside, & Deacon, 2005) suggest that ERP, which emphasizes exposure to feared thoughts/situations while patients refrain from engaging in compulsions and/or avoidance, is one of the most important parts of CBT for OCD.

Individual Treatment Studies

We found seven studies examining one-on-one or individual CBT. Together, these studies indicate that individual CBT is a Level 2 treatment. Those studies share an individual (child primarily seen alone) CBT model, but some use different versions of CBT (i.e. exposure only, emphasis on cognitive strategies, intensive treatment). At this time, there are too few studies of these “variants” of CBT to evaluate their comparative value or unique benefits.

Family-focused Individual CBT

There were six studies that examined individual CBT with a focus on family involvement. Unfortunately, these studies had significant limitations. These include different approaches to defining whether treatment is a success, as well as weaker control groups (groups that don’t get the full treatment that is being tested) in some studies. However, given that multiple studies published before the timeframe of this review showed positive outcomes from this treatment format, family-focused individual CBT is considered a Level 2 treatment.

Group-delivered CBT

Two non-family focused Group CBT studies have been published in this time period. Group CBT typically involves one therapist working with multiple kids in a group format, and “non-family focused” means that families weren’t

involved in the group. Similar to previous studies providing preliminary support for this approach, both of these studies had limitations with regard to lack of control group and small sample size. Despite these limitations, the addition of these two studies to the literature shifted group CBT from a Level 4 to a Level 3 treatment.

Family-focused Group CBT

The time period used for our review yielded two additional studies of family-focused group CBT. Family-focused CBT involves strategies for parents and a focus in therapy on how family relationships are affected by OCD. Both of these family-focused group treatments show promising results, but the few studies and lack of control groups limit the conclusions that can be drawn at this point. This treatment remains Level 3.

Technology-based CBT (Non face-to-face CBT)

Treatments incorporating the use of technology, which allow greater access to care, have been developed and preliminarily examined over the last few years. Specifically, two studies examining virtual (using technology such as phone or web camera) formats of CBT were identified. The inclusion of these studies of technology-based CBT demonstrates an important future direction for the field. Though the results are encouraging, they are at this point limited by small sample sizes and the lack of active control groups, and are thus classified as an experimental (level 4) treatment.

WHAT THIS ALL MEANS

Together, this review highlights that CBT is an effective first line treatment for youth with OCD (either alone or in combination with medication). No other psychosocial treatments have been shown to be effective. Right now, the evidence shows that individual (or one-on-one) treatment and family-focused individual treatment are the top two CBT choices. In practice, most CBT providers do not only do one or the other — therapists may add a family focus if it seems like it will be helpful or if the family asks for this type of help. There have been many new and high quality studies demonstrating how well CBT works across different settings, formats, age groups, and ranges of severity since the original review (Barrett et al., 2008). Compared with the 2008 review, a greater number of studies reviewed above used active treatments as comparison groups (such as relaxation therapy), an advance from earlier studies. As a result, a number of newer CBT treatment formats have higher evidence levels.

New Research Review for Pediatric OCD *(continued)*

Room for Improvement

Although it seems clear that youth can benefit from CBT at different ages, levels of OCD severity, comorbidity, and medication status, some questions remain. Most of these studies were done with groups of children from similar backgrounds. We don't know if CBT for OCD works the same in racially, ethnically, and economically diverse populations, as well as for children with more severe and complicated symptoms and behaviors. In addition, more research needs to be done to figure out if certain CBT strategies and formats are more helpful than others (e.g., cognitive emphasis vs. exposure only group vs. individual treatment, or added ingredients, such as medication).

CBT is at this point the best studied and most efficacious psychosocial treatment for OCD. It is important to underscore the significant, positive advancement of the pediatric OCD treatment literature. ○

Dr. Freeman is Associate Professor (Research) in the Alpert Medical School of Brown University. She is also the Director of Outpatient Child Psychiatry and Co-Director of the Pediatric Anxiety Research Clinic at Rhode Island Hospital and the Bradley Hasbro Children's Research Center. Dr. Freeman is Clinical Co-Director of the Intensive Program for OCD at Bradley Hospital.

Dr. Garcia is Assistant Professor (Research) in the Alpert Medical School of Brown University. She is also Assistant Director of

Outpatient Child Psychiatry and Co-Director of the Pediatric Anxiety Research Clinic at Rhode Island Hospital and the Bradley Hasbro Children's Research Center. Dr. Garcia is Clinical Co-Director of the Intensive Program for OCD at Bradley Hospital.

Dr. Conelea is a Postdoctoral Fellow in the Alpert Medical School of Brown University and the in the Pediatric Anxiety Research Clinic and Rhode Island Hospital and the Bradley Hasbro Children's Research Center. Ms. Frank is a Research Assistant in the Pediatric Anxiety Research Clinic and Rhode Island Hospital and the Bradley Hasbro Children's Research Center.

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Freeman, J., Garcia, A., Frank, H., Benito, K., Conelea, C., Walther, M., & Edmunds, J. (2014). Evidence base update for psychosocial treatments for pediatric obsessive-compulsive disorder. *Journal of Clinical Child & Adolescent Psychology*, 43(1), 7–26. doi: 10.1080/15374416.2013.804386.

A brief video with information for parents is available on www.effectivechildtherapy.com.

Introducing the New Mental Health Student/Trainee Membership!

The International OCD Foundation is excited to unveil a new membership option for undergraduate and graduate students currently studying a mental health field, as well as unlicensed recent mental health graduates.* This membership allows students and trainees access to many of the benefits we provide to professional members, but at a significant cost savings.

BENEFITS:

- Subscription the quarterly **OCD Newsletter**
- Access to members-only Newsletter Archive (coming in June 2014)
- Email updates from the IOCDF (with opt-out available)
- An IOCDF wristband
- Reduced registration fee for the Annual OCD Conference
- Invitation to Professional Networking Luncheon with leading OCD experts at the Annual OCD Conference
- Eligibility for Annual OCD Conference Research Poster Travel Awards and Scholarships
- Access to a members-only LinkedIn group for professional networking and access to a databank of OCD specific training opportunities (coming soon)

FEE: \$50- Introductory rate of \$45 if you join before July 2014! Go to www.iocdf.org/membership/ to join today!

*In order to qualify for the student/trainee membership, you must be a student currently enrolled in a mental health training program, or a recent graduate who is not yet licensed. This includes those studying psychology, psychiatry, counseling, or social work at the undergraduate or graduate level. To verify eligibility, after signing up as a member, we request a copy of your transcript or a letter from your advisor, confirming your course of study, to be emailed to Stephanie Cogen, scogen@iocdf.org. Once we receive your documentation, your membership will be activated, granting you access to the benefits listed above.



RESEARCH NEWS

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 alphabetically by state, with phone and online studies, and those open to multiple areas, 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@iocdf.org.

CALIFORNIA

Do you have Obsessive-Compulsive Disorder?

UCLA RESEARCH STUDY

Cognitive-Behavioral Therapy for OBSESSIVE-COMPULSIVE DISORDER (OCD)

- Have thoughts or fears that don't make sense but still make you feel bad?
- Have to check or do things over and over again?
- Wash excessively or avoid touching things for fear of contamination?

We are looking for people with OCD to participate in a study providing these benefits:

- Free Diagnostic Evaluation
- 4 WEEKS FREE INTENSIVE COGNITIVE BEHAVIORAL THERAPY
- Free Magnetic Resonance Brain Imaging
- Free Neurocognitive Testing

You may be eligible if you:

- Are 18-65 years of age
- Are in good physical health
- Have no history of certain other psychiatric illnesses

Study conducted by Joseph O'Neill, PhD, Jamie Feusner, MD, and Susanna Chang, PhD.

UCLA OCD Research Program, Semel Institute for Neuroscience and Human Behaviors at UCLA

For more information contact:

(310) 206-0468

csheen@mednet.ucla.edu.

PHONE STUDIES

The Impact of Hoarding Cleanouts

Primary Investigator: Jennifer Sampson, PhD, LMFT is President and Research Director of The Hoarding Project (THP), a 501(c)3 non-profit organization aimed at providing

education, research, and treatment for people who hoard, their families, and communities.

Dr. Sampson is currently conducting a research study titled, "The Lived Experience of People who Hoard who have Undergone a Forced Cleanout of their Home."

Hoarding has long been identified as a community health problem and has been found to have a significant economic and social burden on communities at large. It is clear to experts that forced full — and partial-cleanouts — or abatements- are not helpful without mental health assistance. In fact, these cleanouts may even be harmful to the homeowners who are forced to clear out their homes to avoid serious consequences, like eviction or loss of child custody. To date, there have been no academic studies on the long-term effects of abatements, and we know almost nothing about the financial and emotional costs of these approaches, both to the community and the individuals who hoard and their families. This significantly limits professional and government agencies in their ability to intervene and respond in appropriate, effective, and ethical ways.

THP appreciates your voluntary participation in this study designed to explore the impact of forced cleanouts on a person who hoards. To be eligible for this confidential phone interview study, you must reside in the United States or Canada and be of age 18 or older and have undergone a forced cleanout by some authority (e.g. court-ordered, code enforcement, housing authority/property manager, protective services, etc.) at least 6 months ago. The survey is open to anyone that meets these requirements. There is a \$40 compensation (e.g. Amazon gift card) for interview completion. If you are interested in participating in this study or getting more information, please contact research@thehoardingproject.org.

ONLINE STUDIES

Shame and Self-Consciousness Study

The Bio-Behavioral Institute in Great Neck, NY is conducting a study looking at the role of shame, self-consciousness,

Continued on next page >>

Research Participants Sought *(continued)*

and disgust in individuals with OCD, BDD, and non-clinical controls. The study involves answering a few short online measures that will take between 20 minutes to a half hour to complete. The study is completely confidential. To begin, simply click on the following link: <https://www.surveymonkey.com/s/5DNXWWR>. Thank you for your time.

Volunteers Wanted to Help Learn about BDD and OCD

Volunteers wanted to help learn about Body Dysmorphic Disorder (BDD) and Obsessive Compulsive Disorder (OCD) in a study being conducted through George Mason University. If you have, or think you have, BDD or OCD, you can contribute to scientific knowledge about risk factors for poor outcomes in these disorders. Participation is confidential and involves completing questionnaires about your experiences online, at your convenience. All participants are entered in a raffle for compensation (up to 75 participants will receive compensation).

If you are interested in participating, visit our website for further information and to complete the survey:

https://gmupsych.qualtrics.com/SE/?SID=SV_OVBNTiY74GZOnGt

MULTIPLE SITES

Cognitive-Behavioral Therapy versus Supportive Psychotherapy for BDD — Boston, MA & Providence, RI

Principal Investigators: Sabine Wilhelm, PhD (Boston) and Katharine Phillips, MD (Providence)

Boston, MA
Rachel Schwartz
(617) 4MGH-BDD
raschwartz@partners.org

Providence, RI
Joseph Donahue
(401) 444-1644
BDD@Lifespan.org

Massachusetts General Hospital and Rhode Island Hospital are conducting a research study to learn more about two different forms of therapy to help individuals with BDD: cognitive behavioral therapy (CBT), a promising new treatment for BDD, and supportive psychotherapy (SPT), the most commonly received therapy for BDD. We would like to find out which treatment is more effective for BDD. Participants will be randomly assigned (like the flip of a coin) to receive 22 sessions (over 24 weeks) of either CBT or SPT. Study visits will take place at either Massachusetts General Hospital in Boston, Massachusetts or at Rhode Island Hospital in Providence, Rhode Island. ○

Want to help us promote IOCDF events such as the Walk and Conference in your community?

Help us shout it from the rooftops by requesting your own Annual OCD Conference and 1 Million Steps 4 OCD Walk posters to hang in waiting rooms, community centers, billboards, and other high-visibility places in your local area.

Call or email the IOCDF today to request posters at 617-973-5801 or info@iocdf.org.



FROM THE AFFILIATES

Affiliate Updates

Our affiliates carry out the mission of the IOCDF at the local, community level. Each of our affiliates are non-profit organizations run entirely by dedicated volunteers. For more info, visit: www.iocdf.org/affiliates

OCD JACKSONVILLE

www.ocfjax.org

OCD Jacksonville is busy planning our 2014 OCD Symposium to be held during OCD Awareness Week on Friday, October 17, 2014. We are excited to announce that this year's expert speakers include Dr. Sabine Wilhelm and Dr. Bruce Hyman. Our theme is OCD Related Disorders. This conference will once again be open to mental health professionals, those affected by OCD and their families, students, and the general public.

Dr. Wilhelm will lead off with a two-hour lecture on Body Dysmorphic Disorder. Dr. Hyman will speak next on Health Anxiety Disorder, also for two hours. The audience will be invited to participate in a question and answer session with each expert. This promises to be an exciting conference with two leading experts in the field. Please stay tuned for further announcements from OCD Jacksonville. Mark your calendars and we'll see you there!

OCD MASSACHUSETTS

www.ocdmassachusetts.org

OCD Massachusetts is working with treatment providers in Western Massachusetts and the North Shore area to develop OCD resources in those under-served areas. OCD Massachusetts continues to run two lecture series and support group programs at McLean Hospital in Belmont and at UMass Medical School in Worcester. You can always view the most up-to-date lecture series and support group schedules at www.ocdmassachusetts.org.

OCD Massachusetts is again participating in the 2nd annual **1 Million Steps 4 OCD Walk** in June. Please consider joining our walk team to help raise funds for OCD research and IOCDF programs!

If you would like to get involved in these initiatives, please contact Denise Egan Stack, LMHC at deganstack@gmail.com.

OCD MIDWEST

www.oed-midwest.org

OCD Midwest will be running more Ping-Pong for OCD tournaments this year. We are looking for volunteers in Cincinnati, OH, and Chicago, IL, this year to assist us. We will also be filling our Parent, Consumer, and Scientific Advisory Boards. If you are interested in becoming involved, please e-mail Dr. Patrick B. McGrath at Patrick.McGrath@alexian.net.

OCD NEW HAMPSHIRE

www.ocdnh.org

OCD New Hampshire was founded this past summer and since that time we have developed our website and social media presence. Our affiliate president, Dr. Szu-Hui Lee, began our lecture series in October

2013 with a talk entitled "OCD 101: What is OCD and What Can I Do About It?" Leslie Shapiro, LICSW, who works at the OCD Institute at McLean Hospital, followed up in December 2013 with a presentation entitled "The Role of Guilt and How it May Be an Interfering Factor in OCD Treatment Outcome." Both lectures were given at the Portsmouth Public Library. In an effort to expand our presence in the region, our next lecture will be given in Manchester, NH. George Samuels, MA, MSW, BCD, will be presenting on "OCD and the Family". The lecture will be held on March 13 at the Manchester Main Library at 7:00pm. For more information, please visit our website at www.ocdnh.org and our Facebook page at www.facebook.com/OCDNH.

OCD NEW JERSEY

www.ocdnj.org

On December 9, 2013, Moira Rynn, MD, Director of the Children's Day Unit and the Child and Adolescent Psychiatric Evaluation Service at New York State Psychiatric Institute and Columbia University spoke on "The Treatment of Pediatric Obsessive Compulsive Disorder: Present Approaches and Future Directions." This was one of our quarterly meetings, and was free and open to the public.

Our next quarterly meeting will be on March 3rd. Dr. Rebecca Sachs, Director of the Midtown Center for CBT in Manhattan and a staff psychologist with the Fay J. Lindner Center for Autism in Brookville, NY, will present "The Role of Autistic Spectrum Disorders in OCD Treatment: Complicating Co-Morbidities." For more information about this event, please visit our website at www.ocdnj.org.

OCD SACRAMENTO

www.ocdsacramento.org

OCD Sacramento is pleased to announce the 1st annual **1 Million Steps 4 OCD Walk** to be held in California! This will be an event to support the mission of the IOCDF to help individuals with OCD to live full and productive lives. Our aim will be to increase access to effective treatment, end the stigma associated with mental health, and foster a community for those affected by OCD and the professionals that treat them. We hope you will join us in our inaugural walk by creating your own team to walk, or sending sponsorship on behalf of yourself, an individual, or team. The walk will be held on May 10 at Southside Park in Sacramento, CA. For more information, see the article on page 4, or visit the walk website at www.iocdf.org/walkNorCal. You can also contact Dr. Robin Zaslo, President of OCD Sacramento at drrobin@atcsac.net or (916) 366-0647.

OCD WISCONSIN

www.ocdwisconsin.org

We created and began distribution of a poster to promote OCD Wisconsin. We will continue to use this as a way to create awareness in local medical, professional, educational, and public areas. Artwork is available to other affiliates by contacting megangwelsh@gmail.com. We have also established our Programs Committee and our Fundraising Committee. These committees met at the end of February to schedule programs for the remainder of 2014. We are planning to hold lectures and talks for both professionals and consumers during OCD Awareness Week, dates and topics to be announced. Please check our website for updates. Additionally, we plan to join the IOCDF in their **1 Million Steps 4 OCD Walk** in June. Please visit our website for more information. ○