



HELPING HANDS FOR OCD *paws*

Meet Perrie, Henry, & Izzie, the 2015 Grand Marshals for our 3rd Annual 1 Million Steps 4 OCD Walk in Boston.

Perrie Merlin, LICSW, isn't your average OCD therapist. She is a graduate of Simmons School of Social Work with over twenty years of experience working with patients in both inpatient and outpatient settings, and is currently the Senior Social Worker at the OCD Institute (OCDI) at McLean Hospital — the first residential facility in the United States set up for treatment refractory OCD — where she specializes in the treatment of

OCD, BDD & the impact it has on family systems. But Perrie has some unique (and furry) partners in her work: two therapy dogs named Henry and Izzie.



Perrie (center) walking Henry (right) and Izzie at the 1st Annual #1Million4OCD Walk in 2013.

We interviewed Perrie to learn more about her approach to OCD treatment, and how her dogs have helped.

READ MORE ABOUT PERRIE, HENRY, & IZZIE ON PAGE 4.

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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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WALK



**Saturday,
June 6th 2015**

- Boston, MA
- Sacramento, CA
- **New!** Atlanta, GA
- Your Community

visit iocdf.org/walk

Take a step and be part of
#1Million4OCD



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Letter from the Executive Director

Dear Friends,

I am very excited to share with you the news that both **Ethan S. Smith**, our 2014 Annual OCD Conference Keynote speaker, and **Romina “Ro” Vitale**, our 2014 Spanish Keynote speaker, are joining **Elizabeth “Liz” McIngvale-Cegelski, PhD**, and **Jeff Bell** as Official Spokespersons for the International OCD Foundation. All four of these individuals have gone above and beyond to give back, and we are so honored to have them on board as advocates for the IOCDF and the entire OCD and related disorders community.

I first met Liz when I was the Director of Psychological Services at McLean’s OCD Institute in 2007. Liz was diagnosed at the age of 12, and following treatment has made it her life mission to make a difference in the lives of those living with OCD. In 2006, Liz had recently become the new IOCDF Spokesperson and was featured in the Foundation’s first-ever public service campaign for OCD, titled, “What does OCD Look Like? Me.” I had also been watching her spread awareness of her journey with OCD through features on international, national, and local media outlets including *Good Morning America*, *Inside Edition*, and *The View*. I was very excited to hear when Liz entered graduate school and just recently received her PhD from the University of Houston in Social Work! She is currently a post-doctoral fellow at the Houston Michael E. DeBakey VA Medical Center and will begin a faculty position at Baylor University’s School of Social Work this fall. Her goal is to focus as much of her time as possible on being an OCD therapist, advocate, and researcher. Elizabeth is also the founder of the Peace of Mind foundation, which runs ocdchallenge.org — a free interactive self-help website for OCD based on the principles of exposure and response prevention (ERP).

I first heard of Jeff Bell when I listened to him as one of the Keynote speakers at the 2006 Annual OCD Conference. When I first started at the IOCDF as the executive director in 2008, I met Jeff again in his role as both a newly appointed member of the IOCDF Board of Directors and as our second IOCDF Spokesperson. Jeff is an author, health advocate, and radio news anchor. His two books, *Rewind, Replay, Repeat* and *When in Doubt, Make Belief*, have established him as a leading voice for mental health awareness. Jeff is a 20-year veteran of broadcast news and currently co-anchors the KCBS Afternoon News in San Francisco, CA, and he was recently named the winner of the 2014 Edward R. Murrow Award for Best Radio Newscast in America. As someone who has struggled with severe OCD himself in the past, he cofounded the nonprofit A2A Alliance, aiming to showcase and foster the power of turning adversity into advocacy.

Ethan, Ethan, Ethan. I knew about Ethan well before I met him. He is a professional actor, and he has appeared in more than 150 commercials, multiple movies including, *I Love You, Man*; *HBO’s Recount*; and, most notably, as Dexter Morgan’s first victim in Showtime’s critically acclaimed series, *Dexter*. In early 2014, Ethan transitioned behind the camera to writing, directing, producing, public speaking, and full-time OCD advocate. Ethan struggled with OCD the majority of his life until receiving life-changing treatment in 2010. I was part of the committee that selected Ethan as our 2015 Keynote speaker at the 2014 Annual OCD Conference in Los Angeles, and was blown away by his honest, humorous, and, at times, heartbreaking story. He will be an incredible advocate for the entire community.

Ro Vitale is an award-winning singer and songwriter from Argentina who suffers from severe OCD. It is our hope that Ro will help us spread awareness about OCD and the resources available to individuals and families in Latin America and to Spanish-speaking families in the US. Ro wrote the song “My Inspiration” especially for the 21st Annual OCD Conference, and is donating all of the proceeds from song sales to the IOCDF. I think that she won many hearts after performing this song live during the Saturday Night Social at the Conference last summer. Not long after Ro’s diagnosis, she went public with her struggles during an interview for a high profile magazine in Argentina, and has since been featured on several TV shows, magazines (including the Spanish version of Newsweek), newspapers, and radio shows in the US and Argentina. She is in the process of writing a book titled “TOCada” and creating a short film titled “A Little Taste of Freedom” to capture the process of OCD treatment. As the Keynote speaker of the Spanish Program at the 2014 OCD Conference in Los Angeles, she was a stand out, demonstrating incredible strength and vulnerability coupled with honesty and openness.

Thank you Liz, Jeff, Ethan, and Ro for the incredible advocacy work you do on behalf of those affected by OCD and related disorders. We have much collaborating to do going forward!

Sincerely,



Jeff Szymanski, PhD
Executive Director
International OCD Foundation

FROM THE FOUNDATION

Helping Paws: Meet Perrie, Henry, & Izzie *(continued from Front Page)*

How long have you been working with therapy dogs?

I started working with Henry unofficially when he was just a puppy; now, Henry is almost 10 years old. I could sense that he had a temperament that would make him an ideal therapy dog. I began bringing Henry into the OCDI both to train him to the new surroundings as well as to explore how we could utilize him in treatment at the Institute. When Henry was four, I learned about *Dog B.O.N.E.S. Therapy Dogs* of Massachusetts. We went through the training and graduated from the program where he received his vest. Izzie, our second dog, is now two years old and officially became a therapy dog last year through the same program as Henry.

Can you tell us more about your dogs?

Both dogs are Australian Shepherds, but they are very different. Henry is an unusually sweet and calm dog. We were not even sure if he knew how to bark during his first six months! Young children and the elderly are his favorite individuals to interact with. He is unusually bright. Although he is a calm dog, do not confuse that with docile. If he wants something, he will plow right through gates, screens or any obstacle blocking him. He loves to have his hind quarters scratched and will reposition himself every time so you will scratch him. In addition to being a member of the OCDI staff, Henry is a reading dog for a local library, enjoys special events at the Boston Children's Museum and he loves attending the various college and university "stress week" events.

Izzie is the virtual opposite of Henry. She is very "talkative." She loves to bark and thinks she wants to have a say about everything. Izzie adores adolescent girls and I think she would secretly love to be part of a sleepover, having her fur and nails "done." Although she is not a genius like her brother, she is bright and understands more and more words every day. She is more athletic than Henry, and she is beautiful to watch running and jumping. She is a big

cuddle bug and gives lots of hugs and kisses and loves a good cuddle in our lap. Izzie has been a therapy dog for a year and a half and, because she is less experienced, I don't use her in as many different settings as Henry. For Izzie, in addition to being a member of the OCDI staff, she participates in McLean Hospital's adolescent programs.

Both dogs look forward to their daily treats. They get a small cookie when called to come inside, when they get into the car, and of course, for following through with commands. But, without a doubt, their favorite treats are bully sticks, which they get every Saturday evening.



How have dogs made a difference in your experience as a clinician?

There are three ways I have incorporated the dogs into my treatment: i) in family therapy; ii) in individual therapy as a "here and now" mindfulness strategy; and iii) as triggers for Exposure and Response Prevention (ERP).

I found that Henry is particularly useful in family therapy, especially when there is a lot of emotion in the room. At the OCDI, we often invite family members to join "family meetings" as part of an individual's OCD treatment. When things began to heat up at the beginning of some meetings, Henry would stand up and walk over to various family members and they would pet him as if to reassure him that things were okay. While this was happening, the atmosphere in the room often returned to a neutral state, making it a much more conducive work environment to help these families understand what OCD is, how it's treated, and how they can be supportive in a healthy way. As our work would continue, we would be able to explore how OCD symptoms interfered with family function and dynamics. Often, this would raise even more emotions. By then, however, it appeared Henry had trained the family. If voices began to rise, Henry would stand up and almost immediately the voices and intensity in the room would come down, returning to a more neutral state.

Helping Paws: Meet Perrie, Henry, & Izzie *(continued from Front Page)*

In addition to incorporating Henry into family therapy, I also use both dogs to work one-on-one with individuals with OCD.

OCD is a disorder that bullies people into living in the past or future. "What if I hadn't done that?" "What will happen because I did this?" Asking patients to spend time with the dogs helps them to stay in the present tense. By following the dog's lead, patients have a concrete example to follow about how to live in the "here and now."

The challenge with OCD treatment is that even though the message is straightforward (i.e., face your fear and refrain from engaging in compulsions), patients can have a hard time following through with these actions. The first step when working with patients with OCD, is often to help them get out of their own heads. In some cases, I have found that asking patients to imagine what it is Henry or Izzie is experiencing, feeling, or sensing can help them to start applying this kind of reflection to themselves.

OCD can pull you into your head for so long, that you can become out of practice in using the rest of your body to live in the world — in some cases, OCD may even have prevented you from developing that skill in the first place. I use the dogs to help people focus more on behavior and less on mental processing (which almost always gets hijacked by OCD). With the dogs, patients are more likely to be aware of their surroundings through their five senses and not just their cognition. Interaction with the dogs requires movement and activity. If the patient veers off track, retreating back into their mind, it is easier to bring them back to their surroundings with the dogs in the room. Because the dogs live fully in the present, you have to be in the present yourself to communicate with them. This is very similar to asking patients to use "mindfulness" skills they may also be learning as part of their treatment.

Since having Henry trained, the OCDI at McLean Hospital has added five more therapy dogs to use as part of Exposure and Response Prevention (ERP) therapy. These dogs' primary roles are to (when appropriate) function as triggers as part of the patients' ERP treatment. The Behavior Therapists at the OCDI have designed ERP strategies targeting contamination, perfection, intrusive violent and sexual thoughts, fear of harm (both to the dogs or the individual), checking, symmetry, and obsessional slowness. We have also seen times when the dog has increased the speed of the process of the ERP. There is an immediate interaction, which can create dynamics that challenge the OCD for some individuals. For

example, a dog is not going to wait for you to check 14 times, or until you feel just right to move.

Is this different from how you use therapy dogs when treating other individuals with anxiety?

Traditionally, therapy dogs have been used to help with stress reduction. There have been numerous studies demonstrating that petting an animal can reduce your heart rate and stress hormones by increasing a sense of soothing and well being. While this can be helpful when treating general anxiety, it can actually counteract the effects of ERP when it comes to OCD treatment. The dogs can become a safety cue and interfere with the new learning that ERP provides (i.e., what your brain thinks is dangerous, isn't). Therefore, when using therapy dogs during ERP, we have to make sure the dog is not providing a relief of stress, reassurance, or any kind of soothing side benefit.

That being said, anecdotal evidence suggests that working with a therapy dog might help decrease the dropout rates. Sometimes working with a therapy dog can build a sense of being part of a "team," allowing the person to hang in there for the sake of their team mate when the treatment becomes difficult.

What advice would you offer to clinicians interested in bringing a therapy dog to help in their practice?

I love having the dogs as part of my practice. They have added another layer of both interest and depth to the treatment. The most difficult part of adding therapy dogs to the treatment of OCD has been their potential for distraction. The boundaries have to be very clear and firm from the start. If Henry and Izzie are not scheduled to be part of a patient's treatment, I don't bring them into the OCDI. That said, there have been times I have brought them onto the unit for the more traditional animal assisted therapy (i.e., stress reduction) and just let people enjoy them.

What would you say to someone with OCD who wants to have a therapy dog as part of his/her treatment?

Finding a therapist who incorporates a dog into his or her treatment is still relatively uncommon. However, one way to find a therapist who uses therapy dogs is to go through the local therapy dog association. Dog B.O.N.E.S of Massachusetts has a rolling request that all its members receive. Another way is to ask other clinicians if they know of therapists working with dogs — we tend to stand out.

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FROM THE FOUNDATION

2015 1 Million Steps 4 OCD Walk: BOSTON – SACRAMENTO – ATLANTA – In Your Community

by Jeffrey Smith, IOCDF Director of Development

Walk with us! You will be amazed by what we can accomplish together in just one morning! Be sure to mark Saturday June 6, 2015, on your calendar, when the 1 Million Steps 4 OCD Walk will take place in Boston, Sacramento, and now in Atlanta!

The 1 Million Steps 4 OCD Walk is an inspiring event that unites families, friends, and communities in the fight against OCD and related disorders. The Walk continues to expand each year to cities across the country. This year we are pleased to announce that in addition to our walks in Boston and Sacramento, we will be hosting a third Walk in Atlanta, GA, in collaboration with our affiliate, OCD Georgia! In addition, we encourage IOCDF members around the country to organize their own small, grassroots walks in their communities. These “virtual walks” can have an impact, and help extend our message of hope and awareness around the globe. Whether you have 1 walker or 20, each walk provides an opportunity to raise visibility of mental health issues and help combat stigma.

The 1 Million Steps 4 OCD Walk is the first grassroots visibility and fundraising campaign to spotlight OCD on a national level and gives you, and the entire OCD community, the opportunity to be part of a movement of people advocating and raising awareness about OCD and related disorders! In addition to raising awareness, the 1 Million Steps 4 OCD Walk also supports the vital work of the IOCDF in our effort 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 OCD (as well as all mental health issues), and foster a community for both those affected by OCD as well as the professionals who treat them. The Walk raises funds for IOCDF programs such as our Training Institute and Annual OCD Conference, while increasing visibility and awareness about OCD and related disorders.

When the IOCDF began planning the first 1 Million Steps 4 OCD Walk, we viewed it primarily as a fundraising event. However, we quickly realized how strongly the opportunity to create an “OCD community” resonated with everyone.

Support us in our efforts to raise awareness and together we can make a difference.

The Walk allows us to reach out and begin a dialogue about OCD with our family members, friends, and colleagues and to encourage them to invite even more people into the conversation. For many of us, it is an opportunity to share our story and shatter some of the misunderstanding and misperceptions of OCD and related disorders. By sharing our experience, we are both educating others about OCD and inviting them to join the OCD community by supporting us in our efforts to raise awareness and make a difference. For many people, taking part in an event of this kind can function as a gateway to advocacy.

Walk Teams are also an integral part of the Walk, allowing families and friends to join together in their efforts to raise awareness and funds. In the past, teams have brought signs, made special t-shirts, and worked together to raise funds via social media and in their communities. Last year, at the Walk in Boston, a group of dedicated individuals from Bradley Hospital in Providence, Rhode Island formed a Walk Team that was 47 people strong! They even designed their

own unique Walk T-shirt, and it was so great to look around the pond and see this walk team’s shirts standing out (see their team photo below). They traveled 50 miles from Providence, RI to Boston to be a big part of the day’s festivities! We can’t wait to see what their walk T-shirts look like this year.

So walk with us — and know you are not alone! Join and become part of the IOCDF team along with other members of the OCD community.

We will gather in Boston, Sacramento, Atlanta, and in your own communities around the world to participate in the 3rd Annual 1 Million Steps 4 OCD Walk.



Team Bradley Hospital at the 2014 Walk in Boston with their award for Top Walk Team.

1 Million Steps 4 OCD Walk *(continued)*

So, you don't live in the Boston, Sacramento or Atlanta area? No problem! This year, the IOCDF is offering a **NEW "Virtual Walk Kit."** This kit includes everything you need to plan your own walk, including a walk T-shirt for you (the organizer), walk stickers to pass out to all of your walkers and supporters, a poster template, and one printed poster to help advertise your walk, and a pedometer to help plan your walk route! In addition, you also get access to our fundraising pages on the Crowdrise website to help you fundraise in your community. All virtual walkers who purchase their kit before May 6, 2015 will receive it in time to use the kit for the walk day on June 6, 2015!

You may also register to walk in your community **FOR FREE**, if you do not wish to receive the Virtual Walk Kit. We

want everybody to be able to join the fun and help raise awareness and fundraise.

Whether you are walking in Boston, Sacramento, Atlanta, or in your community at the gym, park, or even around your block, your walk is vitally important to raising awareness in local communities and beyond. Imagine 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. 1 in 100 people in the US are living with OCD. And many of those people don't have access to effective treatment. Help us change that. Take a step and be part of #1million4OCD.

Continued on next page >>

Helping Paws: Meet Perrie, Henry, & Izzie *(continued from page 5)*

However, if you own a dog, many clinicians will allow the dog to come into family or individual meetings. If your OCD has attached itself to your ability to care and love the animal, I would recommend talking with your outpatient therapist about designing ERP strategies that slowly incorporate your dog. Then again, I want to say that when using the dogs for ERPs: err on the side of caution. I believe it is [probably] healthier to consider whether or not to incorporate a dog after identifying your symptoms and possible ERPs. Then, if the use of a therapy dog can enhance the ERP, by all means do so. Use of a therapy dog can be wonderful as long as everyone is absolutely clear that they are not using the dog to reduce stress, provide extra safety/security or any form of accommodation/reassurance.

What are you (and the dogs) most looking forward to about the Walk in Boston?

I love everything about the Walk — beginning with the excitement leading up to the Walk, and the camaraderie of the Walk itself, to the sharing of memories post-Walk. I look forward to hanging a brightly colored walk poster outside my office door and getting questions about the Walk. Inevitably, people walking the halls of McLean Hospital who have nothing to do with OCD will stop and ask questions and sometimes share personal stories. The location of the Walk itself happens to be one of the most beautiful and scenic walks in Boston. To walk it with members of the OCD community, including people suffering with OCD, family members, friends, clinicians, and researchers is a very empowering experience. This disorder can be very

debilitating. The Walk could be a somber and solemn event—but it's not! It is uplifting, happy, and full of hope. To see the number of attendees grow each year is very exciting. The walk gives public voice to the disorder and I am so proud to be a part of it and honored to share Grand Marshal duties with Henry and Izzie.

I am looking forward to seeing the familiar faces and catching up on how people are doing, whether they are up or down. OCD is a lifelong disorder with natural ups and downs and I worry people feel they can only come out to walk if they are doing well. However, I feel that it is just as important that they come out if they are struggling and allow the community to cheer them on and to remind them of their path to health and that this doesn't have to be permanent. I look forward to the laughs, the beautiful scenery, making memories and giving voice to this disorder.

Henry and Izzie live in the present tense so I can only imagine their thoughts:

- "SQUIRREL!"
- "I'm the alpha, I should lead."
- "Oooh more people! That means hugs, kisses, hind quarter massages, ahhhh."
- "Dogs, let me check you out."
- "Talking, talking, talking what's all this noise about?"
- "Smell that earth."
- "DUCKS! DUCKS! DUCKS!"
- "WATER,WATER, WATER — I'm going swimming!"
- "This is heaven!" ○

FROM THE FOUNDATION

1 Million Steps 4 OCD Walk *(continued)*

JOIN US!

3RD ANNUAL WALK IN BOSTON:

We invite everyone in New England to join the 1 Million Steps 4 OCD Walk in Boston at Jamaica Pond on June 6th, 2015. For the third year in a row, members of the OCD community, including individuals with OCD, mental health professionals, friends, family members, coworkers, children, and even four-legged friends (dogs must be on a leash, of course) will gather at our flagship Walk to meet others in the OCD community, and raise awareness about OCD and related disorders. There will also be awards for our Top Fundraisers and the Largest Walk Team. Additionally, a raffle will be held for all those present at the Boston Walk. For each \$50 raised, you will receive one ticket to be entered into a raffle for prizes donated by the local business community.

As an added bonus: all Boston walkers who raise \$1,000 or more will be invited to attend a special "Celebration of Fenway" After-walk Party on a roof deck overlooking famed Fenway Park, home of the 2013 World Series Champions, the Boston Red Sox. The party will take place immediately following the Walk.

WHERE: Jamaica Pond
507 Jamaicaway, Boston, MA

WHEN: Saturday, June 6, 2015

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

LEARN MORE AT: www.iocdf.org/walkBoston

OR REGISTER NOW AT: www.crowdrise.com/iocdf

2ND ANNUAL WALK IN SACRAMENTO:

OCD Sacramento and the IOCDF will host their 2nd Annual 1 Million Steps 4 OCD walk on Saturday, June 6, 2015. Members of the OCD community in the greater Sacramento area, Central Valley, and Bay Area will gather at Southside Park in Sacramento to meet others in the OCD community, and raise awareness about OCD and related disorders. All proceeds from their walk will support programs of both OCD Sacramento and the IOCDF. Leashed dogs welcome.

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

WHEN: Saturday, June 6, 2015

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

LEARN MORE AT: www.iocdf.org/walkNorCal

OR REGISTER NOW AT: www.crowdrise.com/iocdf

1ST ANNUAL WALK IN ATLANTA!

We are pleased to announce the newest addition to the Walk: The 1st Annual 1 Million Steps 4 OCD Walk in Atlanta on Saturday, June 6, 2015, co-sponsored by the IOCDF and OCD Georgia. As of press time, location details were still being finalized, so please check www.iocdf.org/walkAtlanta for details, or call the IOCDF office at 617-973-5801.

WHERE: TO BE ANNOUNCED

WHEN: Saturday, June 6, 2015

LEARN MORE AT: www.iocdf.org/walkAtlanta

WALK IN YOUR COMMUNITY

We invite you to walk with other walkers in the 1 Million Steps 4 OCD Awareness Walk in spirit by becoming a virtual walker in your own community. Becoming a virtual walker is easy as 1-2-3:

STEP 1: Register before May 6, 2015 to receive your Virtual Walk Kit (with a \$25 minimum donation) with all the tools you need to help organize your grassroots walk. Visit www.crowdrise.com/iocdf to register now!

STEP 2: Create your walk fundraising page on Crowdrise to reach out to your friends, family members, social media networks, coworkers, etc., to ask for their support and to spread the word about OCD awareness in your community and on social media. Crowdrise is fun and easy to use!

STEP 3: Create a walk team to walk and fundraise with you. Whether you are a small or large group, your efforts will make a difference!

By taking part in the 1 Million Steps 4 OCD Walk, you become part of a nationwide movement to increase the visibility of the IOCDF and educate others in your community about OCD and related disorders. Join us today and be part of #1Million4OCD. ○

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

Donor Profile: Open Arms — A Community Sings and Raises Funds For OCD

by Jeffrey Smith, IOCDF Director of Development

In each of issue of our newsletter, I like to share a story about a donor that I've met while working at the IOCDF. I frequently receive calls and emails from people from all over the country looking for ways that they can give back to the IOCDF while also helping people living with OCD. The majority of inquiries are from people who have benefited from IOCDF services, attended the Conference or have experience treating individuals living with OCD or related disorders. Invariably, my response is to talk with them about hosting a grassroots fundraising event in their community.

Sometimes they are one step ahead of me, and are calling to share an idea they already have about a fundraiser.

For example, I recently received an email from Eileen in Pittsburgh, PA, who was writing to tell me that she and a group of her daughter's friends were planning a karaoke fundraising event in memory of her daughter, Kelly. Kelly had recently passed away following a 20-year struggle with OCD, and after reflecting on her daughter's journey living with OCD, Eileen wanted to celebrate Kelly's life while also helping to contribute to OCD research. Like many people living with OCD, from the outside Kelly seemed to have everything going for her. However, Kelly was living with a daily, unrelenting battle against OCD. Unlike other diseases, OCD is not always visible to others, leaving those struggling with the disorder feeling alone in their fight. "Kelly had an amazing gift of 'hiding' her constant torture," according to Eileen, "even from her closest friends."

Eileen found this passage in Kelly's journal that she felt summarized Kelly's struggle:

It is comforting to know I am not the only one with this disease of the mind. Millions of people worldwide share this challenging disorder. It can be described as a cycle. First, a thought will pop into my mind, usually something disturbing to me, something I normally would not want to think of. Then in order to help alleviate the stress the repetitive thought is causing, I

will engage in some behavior to help reduce my anxiety level. Sounds simple? Wrong! Try doing this for an entire day, everyday, for over three years.

Kelly was always surrounded by a caring group of friends and family. She often joined her friends at a local lounge where she was known as the "Karaoke Queen." She lived for karaoke with her friends. So when Eileen and a group of Kelly's friends contacted the owner of the Level 20 Lounge to ask about hosting the fundraising event there, he enthusiastically agreed. From there, the event began to quickly come together and the **Open Arms Karaoke Fundraising Event** was born. *Open Arms* is a popular song by American rock band Journey, and it was one of Kelly's favorite songs to sing at karaoke.

On January 17, 2015, over 75 people gathered at the Level 20 Lounge to sing karaoke in Kelly's memory and together they raised more than \$1,700 for the IOCDF Research Fund!

"I hope that our efforts will help the IOCDF continue to fund the research that is so important to so many that suffer with

OCD," said Eileen. "I have to thank some amazing people in my life — including my daughter's friends and my family who worked so intently to make this event happen, the venue proprietor, Colin Amos, who opened the Level 20 Lounge to us, and to our amazing DJ, Travis Patterson, who provided the amazing entertainment. The event really defined my daughter, Kelly. She would have loved to have been there. It took some hard work but everyone had a wonderful time! Our guests are encouraging us to do this as an annual event. With God willing, I'll make that happen."

The IOCDF is grateful for people like Eileen and her friends and family. Whether it's their efforts to build awareness or raise money, locally sponsored community fundraising events can have a big effect on the ability of organizations like the International OCD Foundation to succeed in our mission. ○

The IOCDF is grateful for people like Eileen and her friends and family. Whether it's their efforts to build awareness or raise money, locally sponsored community fundraising events can have a big effect on the ability of organizations like the International OCD Foundation to succeed in our mission. ○

Have you held a fundraising event for the IOCDF? Are you participating in a run, a bike ride, or other event to raise money for the IOCDF? If so, please share your story with us... we want to learn more about our members and your efforts to support the Foundation. Please contact Jeff Smith at Jsmith@iocdf.org and share your story today.

FROM THE FRONT LINES

But, OCD Was Right?!

By Ethan S. Smith

Ethan S. Smith was the 2014 Keynote Speaker at the Annual OCD Conference in Los Angeles, and he is a newly appointed Spokesperson for the IOCDF (please see the Executive Director's Letter on page 3 to learn more). Throughout 2015, we will be featuring a special contribution from each of our 4 spokespeople to in this OCD Newsletter column, beginning with Ethan. Please join us in welcoming Ethan aboard the IOCDF Advocacy Team!

As a newly appointed International OCD Foundation spokesperson, I have many amazing opportunities to help raise awareness publically. In doing so, I always represent myself in a professional, well spoken, OCD-educated, and

mentally healthy way. Over time, that image can give other OCD sufferers the illusion that I'm completely cured, never struggle, and am living the dream. But it's very important to remind people that this is not the case. As of now, OCD cannot be cured so it's important to make the distinction between being "cured" and "healthily managing" OCD. I like to say, "Even Yoda has a bad day, not that I'm nearly as cool as Yoda... (same height though)." With that being said, I'd like to share the following story.

Coincidence can be a very powerful force in nature. By definition, it's a remarkable concurrence of events or circumstances without apparent causal connection. For the skeptic, it's a random event. For the superstitious, it's an omen. For the "there's a reason for everything" crowd, it's a hint that there's some universal connection to be uncovered at a later date. For someone with OCD, however, it can be proof. Proof that OCD was right!

I once heard about a case where an OCD sufferer worried that she could kill people with her thoughts. This type of OCD is called magical thinking and is fairly common — other examples of magical thinking may be, "If I don't wear this special red shirt, my mom will die in a car accident." OR "If I write an OCD Newsletter article about my mom dying

in a car accident, she may die in a car accident" (a little exposure and response prevention never hurt anyone... I think). In the case of the woman who believed she could kill people with her thoughts, her behavioral therapist suggested that they set out to become "mental serial killers" as part of her ERP. They set up parameters, to "kill" 3 people with her thoughts in a fairly short time period, and went to work. Within a short time of starting the exposures, the patient's father unexpectedly died. As horrible as this occurrence was, it triggered the question... was her OCD right? Did the girl kill her father with her thoughts and should she have ritualized to prevent his death, or was it just a coincidence? She ultimately failed the test of killing the 2 other people, but it was enough to make her question whether her OCD really was right.

When you boil down the skills and tools you are taught to manage your OCD, it results in this simple idea: you must embrace your ability to live with uncertainty.

I've suffered from health related OCD since birth. One week before Thanksgiving last year, I got a cold. My OCD started screaming **"Go to the doctor right now! It's something more**

serious than a cold this time! You're going to end up in the E.R. if you don't!" Having been well trained in the art of not listening to my OCD, I let it scream itself silly, but I did not give in and I did not go to the doctor. Instead, I continued living my life. Slowly my cold went into my chest and I started having a light cough and asthma. My OCD started screaming again, **"See, I told you! Now go to the doctor, before it gets worse! You're going to end up in the hospital! Your parents are coming to visit for the holiday and they're going to see you die."** Again, I took appropriate action, used my inhaler and drank a lot of water, but continued to live my life. The night of Thanksgiving, what started out as a lovely family gathering suddenly turned horrific when my asthma got so bad the inhaler stopped working and I was unable to breathe. My family called 911 and I was rushed to the hospital. Luckily, it turned out to be a fluke situation in the end — I was released from the hospital after a couple hours with no serious diagnosis, and within a week I was back to normal life.

WAS MY OCD RIGHT? Everything my OCD warned me about actually happened — I ended up in the E.R. Why didn't I listen!?!?! Or, was it just a coincidence? The answer to this seemingly all-important question is — are you ready?? — **WHO CARES!**

But, OCD Was Right?! (continued)

When you boil down the skills and tools you are taught to manage your OCD, it results in this simple idea: you must embrace your ability to live with uncertainty. Let me rephrase that... the ability to LIVE with uncertainty. That doesn't mean just tolerate. It doesn't mean only sit with. "Live", in this instance, means take action, go out and do something important to you despite the uncertainty and anxiety associated with it. That means, acknowledging the possibility that these coincidences may or may not be coincidences, and carrying on anyway.


What prevents individuals with OCD from LIVING? Listening to the OCD, ritualizing, compulsing. Doing those things lead to a very small and uncomfortable existence. So, if you have OCD and your OCD happens to be right one day, whether by supernatural powers or coincidence, guess what: it doesn't matter. You don't change anything you're doing because the alternative is the life you had before you got better.

I know I have no desire to end up in a psych ward again — the food was awful and the company sucked. So, I'm willing to risk taking a few people out with my thoughts and ending up in the hospital a couple of times in order to LIVE happily and meaningfully the other 99% of the time. You should be willing, too.


GOT UNCERTAINTY? It does an OCD brain good. ○

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.*

Give the gift of a life changing weekend: Make a donation today to the Frances Sydney Conference Scholarship Fund



Each year, over 1,300 members of the OCD community come together at the Annual OCD Conference to hear from OCD experts, meet others affected by OCD, and discover life-changing information about OCD treatment and recovery. Your gift to the Frances Sydney Scholarship fund will enable someone to attend the IOCDF's Annual OCD Conference who would not otherwise be able to do so due to financial hardship. Please help someone today by making a gift in memory of IOCDF founding Board Member, Frances Sydney. Please help us reach our goal to raise \$20,000 each year and help those living with OCD or related disorders fulfill their desire to attend the Annual OCD Conference and obtain valuable help and information.



In Memoriam

Fran Sydney

To make your donation, call the IOCDF at 617-973-5801, or use our secure online donation form at:

www.oed2015.org/donate

FROM THE FRONT LINES

10 Things for you to Consider

by Shannon Shy

1. Having OCD doesn't mean you are crazy or a monster; it means you have OCD.
2. If you have OCD, it is possible to get better, but you must do the work to get better.
3. To get better, you must learn about OCD and what makes OCD weaker, and then do the things that make OCD weaker.
4. If you focus on whether you are getting better day to day, week to week, or month to month, OCD will make you frustrated.
5. If you focus on doing the things that make OCD weaker, getting better will take care of itself.
6. Lashing out in anger at those who do not understand what you are going through is not going to make you better. Try to educate them.
7. You must stay in the fight. When you start doing the things that make OCD weaker, OCD is going to strike back at you with intensity and may even try to give you thoughts you hadn't experienced before. Don't let this frighten you into quitting the fight. Expect that it will happen and prepare yourself to stay in the fight. It will be OCD that will become frightened of you and demoralized.
8. Again, you must stay in the fight. There will be setbacks. Expect this and prepare yourself for it. You have more strength, courage, and endurance than OCD. Pick yourself up, dust yourself off, and keep moving forward.
9. Know that you are valued, you are special, and you are loved.
10. Remind yourself always: "I know it is possible to get better. If Shannon Shy can do it, I can do it. We are not different."

OCD can be defeated. I'm with you. Let's go!

Follow Shannon on Facebook for more daily updates and inspiration! Find his Facebook page at:

<https://www.facebook.com/pages/Shannon-Shy-OCD-Can-Be-Defeated-Im-Living-Proof/428444560551203>

THE BOXING RING

Day after day I enter the ring.

As I walk towards the stage through a mine field,
I hear cheers around me, but not for me.

The enemy encourages me to lose.

My fear is taking over, the match not yet started.

I look into my enemy's eyes, wonder if I'll survive.

The enemy looks strong, ready to fight.

I am weak, full of flight.

My mind is the referee and asks if we're ready.

My opponent, widely known, unveils his face.

His face is scarred, ugly and full of hate!

We touch gloves, the whistle blows. He attacks.

Determined to paralyze me with just one strike

I am attacked; the floor is sharp, full of nails.

Protecting my face from the endless blows,

I kick him down and spring up, tired of being attacked.

I've had enough and give a knock-out hit.

He falls, I keep swinging. The bell rings. It's a draw.

I've just fought OCD.

I'm ready for the next round. ●

by Kathryn Lampert

Student at Gonzaga Prep

in Spokane, Washington

Increasing Access to Quality Care: The Use of Case Consultation Groups

By Patrick McGrath, PhD, & Charles Brady, PhD, ABPP

Dr. McGrath is President of OCD Midwest and is the Director of the Center for Anxiety and Obsessive Compulsive Disorders at Alexian Brothers Behavioral Health Hospital in Hoffman Estates, Illinois. He is a member of the Scientific and Clinical Advisory Board and the Conference Planning Committee of IOCDF, as well as the President of OCD Midwest. He is the author of a stress management workbook called, Don't Try Harder, Try Different, as well as The OCD Answer Book.

Dr. Brady is the vice president of OCD Midwest, and directs the Lindner Center of HOPE's OCD and Anxiety treatment program. He is Board Certified in Clinical Psychology by the American Board of Professional Psychology. He has made numerous presentations at national conferences and has published scholarly articles about the diagnosis and treatment of OCD.

"What is the part of your job that you like the least?" Eager students love to throw this question out during job shadowing or training experiences. We often respond by saying that having to turn down treating individuals with OCD and related disorders who have been unable to find a trained OCD therapist is one of the most painful parts of our job.

For many experienced OCD therapists, a practice filled beyond capacity is an all-too common situation. We regularly hear gut wrenching stories of lives that are commandeered by OCD and of sufferers unable to find OCD-trained therapists who can provide treatment that can help them reclaim their lives. This is one of the reasons we helped to set up OCD Midwest (an IOCDF Affiliate serving Illinois, Indiana, and Ohio), to help increase access to effective care by those who desperately need it. This is also a core mission of the International OCD Foundation, and why they began their Behavior Therapy and Training Institute (BTTI) that has helped train over 1,000 therapists to date about how to accurately diagnose and effectively treat OCD.

To help address this ongoing need for training and support in the local area, OCD Midwest decided a few years ago to

develop a program for clinicians with an interest in treating clients with OCD and related disorders to improve their skills and boost their confidence in providing successful evidence-based treatments. Our strategy was to pull together a group of OCD experts to provide accessible training opportunities and small group consultations, in the hope that we could build a network of competent and enthusiastic OCD clinicians, consequently increasing access to quality care in the Midwest.

Currently, our training team consists of five therapists. Patrick McGrath has been leading anxiety disorder trainings for professionals for the last 5 years through Alexian Brothers Behavioral Health Hospital in Northern Illinois. Charles Brady and Jennifer Wells, from the Lindner Center of Hope, run a monthly, small group case consultation series in Southwest Ohio (now in its third year!). And Rodney Benson and Robin Ross have been running a small group consultation group in the Chicago area for the past few years.

In this article, we outline the basic strategies we employ when training therapists and, in particular, how to run an effective case consultation group. To begin, we have a few initial suggestions we share with all of the therapists we work with right off the bat:

1. **Accurate Assessment.** People with OCD will tell you things that they may have had hidden for years due to their beliefs that their thoughts, images, and impulses are so awful or vile that anyone hearing them will be disgusted by them or think that they are very strange. Therefore, we often share with our new trainees many of the presentations of OCD that we have heard in our careers to help them become familiar with the themes of OCD. This will also help them with more accurate diagnosis as the content of obsessions can sometime sound like symptoms of other disorders.
2. **Use key phrases.** We often have key phrases that we use with our clients to reinforce the idea that OCD is a problem of anxiety and cognition — not of reality. For example, the thought: "I have a life threatening disease" is not the same as having a life threatening disease. So, we want therapists to remind their clients that, "a thought is just a thought," or, "just because you think it does not mean it is true."

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THErapy COMMUNITY

Case Consultation Groups *(continued)*

3. **Learn to tolerate uncomfortable feelings and uncertainty, just as you ask your clients to do.** Therapists who are comfortable with traditional supportive therapy may struggle with the idea that kind reassurances they may be offering can actually hinder their clients' recovery. These therapists benefit in our consultation group and trainings from the support and encouragement we offer them in making this vital shift in therapy style.
4. **Read some, train some, and read and train some more.** There are great books about OCD out there, and attendance at a BTTI or at the IOCDF's Annual OCD Conference are a must if you are going to work with individuals with OCD. And, as Drs. Ross and Benson have underscored, attendance at a few consultation groups or trainings does not make you an OCD expert — it is simply a way to open the door to further training.

HOW A THERAPIST CONSULTATION GROUP WORKS

When we first started the consultation group, we found that it was helpful for us (the group leaders) to first present a few cases that we have worked on to lay a foundation for how we were going to be talking about OCD and OCD treatment. In this way, we are giving them a comprehensive treatment model to consider and replicate in their own work. We then ask for a volunteer in the group to present a case (client privacy is always protected by using fake names and changing any identifying information about the client), and the whole group works together on creating a diagnostic picture. In fact, we go through all of the OCD diagnostic criteria in the DSM-V to be sure that it is truly OCD.

We then all work together on developing ideas for the initial treatment sessions. In other words, once the assessment is done, where do you start and how do you go about doing the treatment. One place to start is to help the therapist put together an inventory of all of the symptoms the client is reporting. We coach the therapists about how to explain Exposure and Response Prevention (ERP) therapy to their clients. We then talk about how to work collaboratively with their clients to design ERP exercises, as well as where to begin. Sometimes you begin with the least threatening situations, and sometimes you start on the aspects of the client's OCD they are most willing or motivated to work on.

We do a lot of "role playing" with the therapists in the group. For example, we discuss and role play scenarios

about how you conduct an exposure, and how you negotiate with the client about not engaging in compulsive behavior. During these role played sessions, we are also looking for whether the therapist is not pushing the client hard enough or maybe pushing too hard (we follow the rule that we would NEVER have a client do an exposure that we would not be willing to do right alongside of them). During the role plays, sometimes the exposures go well and sometimes they don't. We want therapists to be prepared for all possible outcomes. If an ERP backfires, we want to coach the therapists about how to keep a client motivated to continue. We teach flexible problem solving strategies to our therapists by talking about how to modify their approach or how to target a symptom from a different perspective so that another chance might allow for a successful experience.

From our experiences, we can offer a few additional tips for those who may be thinking of starting a consultation series:

1. **Client privacy is paramount.** Be sure to hold the group in a private location where you can talk freely about clients. While therapists are used to following rules around confidentiality it is important to remind them to not discuss outside of the group what is discussed in the group. Additionally, all therapists are asked to change identifying information about their clients when presenting cases.
2. **Follow up.** We remind the therapists attending the group that if they have talked about a client in the past, it is important for them to provide updates about that client in future groups, so that the group is able to talk about successes and challenges with implementing what they've learned.
3. **Make sure everyone can participate.** DO NOT let just one person take up the whole group or else you will start to lose your other participants. If people need more time than what the group can offer, you may want to consider working out a private consultation schedule with them.
4. **Keep the group manageable.** If the group ratio gets larger than 5 people per group leader, not everyone will be able to present a case. Structure your time in order to review past presented cases, as well as allowing for several new ones. Do not try to cram in too much or the discussion will not go into enough detail to prove productive to people who want to really learn the nuts and bolts of ERP for OCD.

Case Consultation Groups *(continued)*

5. **Get the word out.** Don't just rely on word of mouth to spread the word about your group. For the Cincinnati series, the most successful publicizing tool was the Listserv provided by the Ohio Psychological Association. When we give talks in the community, we also mention these consultation groups so that clinicians in the audience become immediately aware of the opportunity.

As a result of the tandem efforts of the OCD-Midwest members in Chicago and Cincinnati, several benefits are apparent. Not only is access to quality care more rapid, but there is also a growing sense of community and camaraderie among local OCD therapists, which is fueling further enthusiasm and commitment of these professionals to help individuals and families who suffer due to OCD. The case consultation series has been a strong positive experience for the less-experienced OCD therapists, as well as the series leaders. When asked about the benefits of participation, Dr. Rick Reckman, a private practice psychologist in Cincinnati responded, "As a long-time clinician with an interest in

developing a new practice area, I have found that meeting with other therapists in our community has increased my confidence and broadened my repertoire in treating clients with OCD. When learning something new, it is very helpful for me to be able to talk through how I am approaching a case and draw on the expertise and experience of people I know and trust."

Finally, we wanted to underscore that it is not only the therapists we train that benefit from the consultation groups — we also learn from them and it helps us to become better therapists, because we are always having to work on improving the ways we explain OCD and ERP.

If you are looking to start a case consultation group in your area, we would be happy to work with you more closely — feel free to give us a call or send us an e-mail. [O](#)

To learn more about the OCD Midwest Case Consultation Groups, you can contact Charles Brady at charles.brady@lindnercenter.org, and Patrick McGrath at patrick.mcgrath@alexian.net.

Institutional Member Updates

Institutional Members of the International OCD Foundation are programs or clinics that 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 www.iocdf.org/clinics.

THE ANTIOCH GROUP

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The Antioch Group is excited to announce that the 12-week adult OCD group will be available on two occasions in 2015. Group therapy has been a successful addition to our

outpatient specialty clinic, as evidenced by the outcome surveys, which identified progress on treatment goals for those individuals who attended group. Group members made significant progress in-group as they challenged themselves in ways that they were hesitant to consider in individual therapy. The dates for the OCD group are Thursdays, March 19, 2015 through June 4, 2015 and Thursdays, July 9 through September 24, 2015.

ANXIETY DISORDERS CLINIC OF HAMPTON ROADS

1403 Greenbrier Parkway, Suite 215
Chesapeake, VA 23320
Phone: (757) 410-0700
Email: iop@anxietydisordersclinic.net
www.anxietydisordersclinic.net

The Anxiety Disorders Clinic of Hampton Roads offers a two-day intensive outpatient group treatment for anxiety disorders and OCD in adults (some older adolescents may be considered). Treatment consists of two 7-hour days focused mainly on exposure exercises in the clinic or community. Participants create an at-home exposure plan at the conclusion of the intensive portion. Follow-up appointments can be made if participants are local, or tele-health options

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THE THERAPY COMMUNITY

Institutional Member Updates *(continued)*

are available. The initial evaluation to determine eligibility, as well as any follow-up sessions, is covered by most insurance; however, the intensive portion is self-pay only. Please feel free to contact us with any questions.

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 has expanded its treatment services. In addition to our morning Partial Hospitalization and Intensive Outpatient Treatment programs, we now offer an afternoon IOP track, which offers treatment three to five days per week. For those needing lower levels of care, we also provide individualized treatment one or more times per week as needed, along with group and family therapy services. Our facility also offers housing for those traveling from out of town, which is centrally located within walking distance to the center, bus and light rail transportation, as well as grocery shopping and other convenience stores. This four-bedroom, fully furnished home provides all amenities so that those interested in using this resource only need to supply their own food, clothing, and toiletries.

The ATC is thrilled to share an amazing presentation line-up: Clint Malarchuk will be coming to share his story about living with OCD and how he was able to overcome the impact it had on his life and career. John Preston, PhD, will talk about psychopharmacology and the most recent updates associated with the treatment of anxiety disorders; and Jeff Bell, Author/Radio Announcer will share how he has been able to apply his "Greater Good" perspective to helping those struggling with anxiety disorders. Dates and times can be found at www.AnxietyTreatmentExperts.com. Finally, The ATC is pleased to welcome our newest behavioral health specialist Cynthia Hunter, who brings a wealth of experience and knowledge to our team and will be working in our afternoon track.

BEHAVIORAL SCIENCES OF ALABAMA

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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 along with our OCD support group, L.O.C.K. (Learning Obsessive Compulsive Knockout), and our 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 and when needed, we take treatment into the home or community of our participants. Please contact us for more information about our practice.

BIO BEHAVIORAL INSTITUTE

935 Northern Boulevard, Suite 102
Great Neck, NY 11021
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Email: info@biobehavioralinstitute.com
www.biobehavioralinstitute.com

The Bio-Behavioral Institute is currently recruiting individuals over 18 years of age diagnosed with OCD or BDD for two ongoing studies. One study is examining the relationship between shame, anger, and suicidality in OCD and BDD. The second research study is examining and comparing the visual perceptions of individuals with BDD and OCD. Our long standing free OCD support group meets on the last Wednesday of every month from 7:30–9:00PM. We offer specialized intensive outpatient programs consisting exclusively of individual sessions to meet the unique needs of each patient. We welcome our newest staff member, Dr. Tara Cuskley, who, in addition to treating adults, has extensive experience working with children and adolescents, including training in parent-child interaction therapy. Please visit our website for more information.

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Institutional Member Updates *(continued)*

THE CENTER FOR THE TREATMENT AND STUDY OF ANXIETY

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3535 Market Street, 6th Floor
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Phone: (215) 746-3327
Email: yadin@mail.med.upenn.edu
www.med.upenn.edu/ctsa

The Center for the Treatment and Study of Anxiety (CTSA) at the University of Pennsylvania is an internationally renowned treatment research center dedicated to developing, refining, and testing state-of-the-art therapies for anxiety and traumatic stress disorders in children, adolescents, and adults. Since its founding in 1979 by Dr. Edna Foa, the recipient of IOCDF's inaugural Career Achievement Award, OCD has been a specialty at the CTSA. Decades of research on exposure and response prevention (ERP) clearly support its high efficacy in reducing OCD symptom severity and improving the long-term management of these symptoms. We continue to offer fee-for-service weekly, twice-weekly and daily ("Intensive") individualized treatment regimens based on a thorough evaluation of the sufferer's needs. For those meeting certain inclusion/exclusion eligibility criteria, we are enrolling subjects in a study run in collaboration with Columbia University titled: ***Attaining and Maintaining Wellness in OCD***. For current and former CTSA patients, we also offer a monthly, therapist-facilitated support group where they can share their stories, ask questions and offer support to each other. And, we continue to offer workshops and specialized trainings for professionals. For more information, please log onto our website at www.med.upenn.edu/ctsa and follow us on Facebook and Twitter.

COGNITIVE BEHAVIOR THERAPY ASSOCIATES, LLC

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www.cbtallc.com

Cognitive Behavior Therapy Associates (CBTA) will be moving in August 2015 to our new suite of offices at **394 Lowell St., Unit 15, Lexington, MA**. The new location is closer to downtown Boston yet still accessible to the northern suburbs. Cognitive Behavior Therapy Associates (CBTA) is a growing group of psychologists specializing in OCD and other anxiety and affective disorders. CBTA provides ERP

and CBT for OCD and serves adults and older adolescents. CBTA offers weekly exposure and, where indicated, intensive treatment. Our four licensed psychologists have over 75 years combined experience treating OCD. We currently accept: Aetna, Blue Cross Blue Shield, Cigna, Harvard Community Health Plan and plans managed by United Behavioral Health.

Cognitive Behavior Therapy Associates was formed under the direction of James Vermilyea, PhD, ABPP, who is an expert in anxiety trained by David Barlow, PhD, ABPP, and at McLean Hospital by Phillip Levendusky, PhD, ABPP.

DOORWAYS, LLC

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Doorways, LLC, would like to announce the arrival of Jennifer Wilcox, PsyD, a post-doctoral resident, as a recent addition to our clinical treatment team. Dr. Wilcox completed her pre-doctoral internship at Rogers Memorial Hospital, where she received specialized training in the treatment of OCD and anxiety disorders in adults, adolescents, and children. Doorways, LLC is also excited to announce the addition of our new Young Adult OCD Intensive Outpatient Program (IOP), which is designed for a patient population age 18–25. The program opened on January 20, 2015. The new IOP will include a group process with a focus on fear hierarchy development and Exposure and Response Prevention. In addition, a psychoeducational component will help patients and their families to understand the disorder and treatment. This treatment program will be led by A. David Wall, PhD, a BTTI-trained clinical psychologist and Jennifer Wilcox, PsyD, post-doctoral resident.

THE HOUSTON OCD PROGRAM

1401 Castle Court
Houston, TX 77006
Phone: (713) 526-5005
Email: info@HoustonOCDProgram.org
www.HoustonOCDProgram.org

The Houston OCD Program is excited to partner with the IOCDF by hosting the next IOCDF Behavior Therapy Training Institute (BTTI) this Spring from April 24–26th. Dr. Alec

Continued on next page >>

THErapy COMMUNITY

Institutional Member Updates *(continued)*

Pollard is joined by the Houston OCD Program's Director, Thröstur Björgvinsson, PhD, ABPP; program psychiatrist, Joyce Davidson, MD; as well as Constantina Boudouvas, LCSW; John Hart, PhD; Melinda Stanley, MD; and Aureen Wagner, PhD.

We have launched two support groups to enhance the treatment gains of our clients. We offer a bi-weekly peer support group conducted by past residential patients to further facilitate treatment motivation and hopefulness. Additionally, we now also offer a support group for adolescent clients and their parents. This group provides teens an opportunity to meet peers with OCD while their parents simultaneously receive support from other parents.

UPDATE ON CONSTRUCTION OF THE NEW FACILITY!

Construction is progressing quickly and we remain on target to open the new facility this summer. Every decision made with the architectural design team has been customized to meet our clients' needs. We will continue to embody a therapeutic, home-like environment at our new clinic. Please visit www.houstonocdprogram.org/introducing-the-new-clinic for construction updates and pictures of the new facility.

MCLEAN ANXIETY MASTERY PROGRAM

**799 Concord Ave
Cambridge, MA 02138
Phone: (617) 674-5333
Email: mcleanmastery@partners.org
www.mcleanhospital.org/programs/mclean-anxiety-mastery-program**

We are pleased to announce the official opening of the McLean Anxiety Mastery Program in Cambridge, MA. The program offers intensive group-based treatment for children and adolescents, aged 9 to 18, who suffer from social anxiety, agoraphobia, separation anxiety, panic attacks, specific phobias, and OCD. Grounded in Cognitive-Behavioral Therapy with an emphasis on Exposure and Response Prevention, the program was developed to address the gap in available treatment between inpatient/residential and traditional outpatient levels of care. Participating children and adolescents attend the program four afternoons per week after school for at least a month with the goal of promoting more rapid treatment progress while allowing youth to stay on track with their academics. The program is partly self-pay and partly insurance-based. If you have questions about the program or would like to make a referral, please call (617) 674-5333 or e-mail us at mcleanmastery@partners.org.

McLean is still on track to open our residential treatment program for children and adolescents with OCD this spring. For information about referrals, please contact our Program Director, Dr. Lisa Coyne at lcoyne@partners.org or (617) 855-2794.

MOUNT SINAI OBSESSIVE-COMPULSIVE AND RELATED DISORDERS PROGRAM

**One Gustave L. Levy Place, Box 1230
New York, NY 10029
Phone: (212) 659-8823
Email: Michelle.stern@mss.edu
www.mountsinaiocd.org**

The Mount Sinai Obsessive-Compulsive and Related Disorders Program offers comprehensive, evidence-based treatment for children, adolescents and adults with OCD and related disorders, including tic disorders, body dysmorphic disorder, hoarding, skin-picking, and trichotillomania. Our psychiatrists, psychologists, psychiatry residents, and psychology externs work together to provide interdisciplinary coordinated care. We offer expert diagnostic evaluations, evidence-based therapies, medication consultation, and medication management to create individually tailored treatment plans. Deep brain stimulation, under the directorship of Wayne Goodman, MD, leading researcher, and developer of the Y-BOCS, is an option for select adult patients who have not responded to multiple medication trials and CBT.

For families seeking a reduced fee option, specialized care is also available in the OCD and related disorders track through Mount Sinai's child psychiatry outpatient service. Dr. Dorothy Grice, child psychiatrist and chief of our OCD program, and Dr. Ariz Rojas, child psychologist, supervise child psychiatry residents and psychology doctoral students who provide comprehensive evaluations and treatment of OCD in youth. In addition to our individual treatment options, with ongoing support from a generous donor, our program continues to offer a no-cost CBT group for children (age 8-12) with OCD. Led by Dr. Rojas, the program consists of 12 sessions of CBT with exposure and response prevention, with two sessions dedicated to parental management of OCD. For more information on any of our clinical programs, please call (212) 659-8823.

Continued on next page >>

Institutional Member Updates *(continued)*

OCD CENTER OF NORTH SHORE-LIJ

75-59 263rd Street
Ambulatory Care Pavilion, The Zucker Hillside Hospital
Glen Oaks, NY 11004
Phone: (718 or 516) 470-8052
Email: apinto1@nshs.edu
www.northshorelij.com/ocdcenter

The OCD Center of North Shore-LIJ, located on the border of Queens and Nassau on Long Island, features an interdisciplinary approach to treatment, with specialists in psychology (led by Anthony Pinto, PhD) and psychiatry (led by John Christman, MD). It is the only specialized facility in the New York Metropolitan Area to provide evidence-based treatment for OCD that also accepts most health insurance plans, including Medicare and Medicaid. This enables North Shore-LIJ to make the gold standard treatment for OCD more affordable to the general public. The OCD Center also treats related disorders, including body dysmorphic disorder, trichotillomania, skin picking, and obsessive compulsive personality disorder (e.g., self-limiting perfectionism). The Center provides individual sessions in exposure and response prevention (ERP) 1–3 times per week, with adjunctive therapies as needed, as well as medication management, on an outpatient basis. Group therapy for OCD, using an exposure model, and family therapy are also available. As part of a growing academic medical center, our services are informed by the latest research in the field and we are committed to advancing understanding of these disorders through our research program. For more information, contact us at (516 or 718) 470-8052 or visit our website.

THE REEDS CENTER

7 West 36th Street, 15th Floor
New York, NY 10018
Phone: (212) 203-9792
Email: thereedscenter@gmail.com
www.thereedscenter.com

The Reeds Center is an outpatient treatment facility that provides expert cognitive-behavioral treatments for OCD, anxiety, and related disorders in a variety of intensities and formats to ensure the most therapeutic and cost effective treatment for each individual we serve. Treatment is offered both weekly and multiple times per week in standard or extended sessions; sessions can be conducted both at our office in Manhattan, and remotely for those without local access to specialists. Each clinician is trained intensively in

the latest evidence-based treatment protocols to ensure high quality and consistent treatment.

RENEWED FREEDOM CENTER FOR RAPID ANXIETY RELIEF

1849 Sawtelle Boulevard, Suite 543
Los Angeles, CA 90025
Phone: (310) 268-1888
Email: clorisbrown@renewedfreedomcenter.com
www.renewedfreedomcenter.com

Top 5 Reasons for what sets Renewed Freedom Center (RFC) apart from the other Intensive Outpatient Programs:

1. RFC is a boutique-style Obsessive Compulsive Disorder & Anxiety center that has successfully treated over 500 individuals and families from across the nation suffering from severe OCD & Anxiety.
2. At RFC, each clinician is trained under the direction of Dr. Jenny C. Yip to be an OCD & Anxiety Expert.
3. At RFC, each treatment plan is tailored to the sufferer's individual needs. Just as no 2 patients are alike, no 2 treatment plans are the same!
4. RFC provides 5-6 hours of 1:1 individual treatment daily. Our intensive program is structured to allow the sufferer to return to normal functioning in as little as 3-6 weeks.
5. RFC's treatment philosophy centers on a family approach that ensures a smooth transition from our center to the home.

ROGERS MEMORIAL HOSPITAL

34700 Valley Road
Oconomowoc, WI 53066
Phone: (800) 767-4411, Ext. 1050 or (413) 822-8013
Email: kkaul@rogershospital.org or rramsay@rogershospital.org
www.rogershospital.org

2015 is already starting out to be a great year for Rogers Behavioral Health! Our new Tampa Bay location now offers both an intensive outpatient and partial hospitalization OCD and anxiety program. Additionally, they are set to open an eating disorders partial program in March.

We continue to be committed to bringing awareness and services for OCD and anxiety to individuals throughout the country. With Stephanie Eken, MD, as regional medical director, we are busy getting our Nashville, TN location up and running. Both an IOP and PHP program are scheduled to open in May 2015.

Continued on next page >>

THERAPY COMMUNITY

Institutional Member Updates *(continued)*

Following Nashville, a location in Chicago, IL is scheduled for mid-2015. Rogers is excited to announce Brock Maxwell, MA, LMHC as Director of Operations for this location. Each of these clinics, along with our five Wisconsin locations, provides services for children, adolescents and adults.

Lastly, Rogers is looking forward to hosting the IOCDF's Pediatric Behavioral Therapy Training Institute (BTTI) on May 29–31, 2015, at our Oconomowoc, WI campus. This in-depth 3-day training course for mental health professionals will focus on cognitive behavioral therapy for those who treat children and adolescents with OCD and related disorders.

SPECTRUM CBT

1081 Westwood Boulevard, Suite 212

Los Angeles, CA 90024

Phone: (310) 857-6517

Email: info@spectrumcbt.com

www.spectrumcbt.com/ocd

Spectrum CBT is a specialty outpatient clinic with expertise in treating adolescents and adults with OCD. Our program is run by Sarosh Motivala, PhD, a clinical psychologist and also Training Director of the UCLA Adult Intensive Outpatient Program. Because of our ties to research programs at UCLA, we are able to use recent advances in exposure and response prevention (ERP) including expectancy violation, deepened exposure, and compound exposure. Our aim is to improve the effectiveness of ERP in a way that clients can understand, appreciate, and benefit from. Our clinic is located in West Los Angeles and integrates three approaches to helping individuals with OCD, including: ERP; Acceptance and Commitment Therapy (ACT), a research supported approach to treating mental health struggles; and mindfulness based approaches to helping individuals with repetitive, intrusive thoughts. A central aspect of Spectrum CBT is to provide collaborative care, using a team-based approach to guide treatment planning, implementation, and trouble shooting. We also utilize a set of coaches to help individuals learn ways to deal with life's challenges (doing well in school, keeping up with bills, applying for jobs, organizing and time management, etc.).

STRESS & ANXIETY SERVICES OF NEW JERSEY, LLC

A-2 Brier Hill Court

East Brunswick, NJ 08816

Phone: (732) 390-6694

Email: sas@stressandanxiety.com

www.stressandanxiety.com

Stress and Anxiety Services of NJ, LLC, under the direction of IOCDF SAB member, BTTI faculty member, and OCD New Jersey president, Allen H. Weg, EdD, continues to function as Central New Jersey's premiere outpatient treatment facility specializing in the CBT treatment of anxiety disorders. Over 50% of our clients are children and adolescents, and over 80% of our intakes present primarily with OCD Spectrum Disorders. Most of our clinicians are BTTI graduates and are certified by the Trichotillomania Learning Center (TLC).

Drs. Charity Wilkinson and Cindy Haines have been trained in Prolonged Exposure (PE) for PTSD directly under Dr. Edna Foa, and Dr. Wilkinson is also certified in Cognitive Processing Therapy (CPT) for PTSD under Dr. Patricia Resnick, which has allowed our clinic to expand its offerings for PTSD treatment. We continue to offer short term, psycho-educational group treatment for differing anxiety-related diagnoses, and expect to run one for Social Anxiety Disorder later this year. Clyde, our beautiful therapy-certified Golden Retriever, continues to be a priceless asset to our clinical staff. See his web page on our site.

Stress and Anxiety Services of NJ continues to grow, and we are seeking a full-time licensed or licensed eligible clinician to join our team. Please visit our website to learn more about who we are and what we do, and email us directly with any inquiries.

UCSF YOUTH OCD INTENSIVE OUTPATIENT PROGRAM (IOP)

University of California, San Francisco LPPH&C

401 Parnassus Avenue

San Francisco, CA 94143

Phone: (415) 502-3120

Email: melody.keller@ucsf.edu

<http://psych.ucsf.edu/lpphc>

Dr. Carol Mathews and Dr. Melody Keller are pleased to announce the opening of a new 12 hour/week IOP for 6-17 year olds with OCD. The IOP is located at UCSF in San Francisco, California and operates Monday through Thursday from 3:00-6:00PM. Three major advantages of our program are as follows: 1) treatment is supervised by a licensed staff member, such that ERP exercises are being closely observed to ensure that they are done correctly; 2) treatment is intensive, allowing for exercises to be repeated many times throughout the week; and 3) support and learning can take place by being around other youth with similar disorders. There is no pre-determined IOP treatment duration, but youth should anticipate being in the program for at least 8-12 weeks. In order to participate in the IOP, youth need to be motivated and committed to OCD treatment work, and parents need to have a willingness and ability to be involved

Institutional Member Updates *(continued)*

in the treatment process. If you are interested in obtaining additional information, please contact the program director, Dr. Keller, at (415) 502-3120.

THE UNIVERSITY OF FLORIDA (UF) OCD PROGRAM

**8491 NW 39th Avenue
Gainesville, FL 32606**

Phone: (352) 265-4357

Fax: (352) 627-4161

Email: bolsen@ufl.edu (Dr. Brian Olsen)

www.ufhealth.org/medical-psychology-shands-uf

www.psychiatry.ufl.edu/patient-care-services/oed-program

Founded by Dr. Wayne Goodman and Dr. Gary Geffken in 1991, the UF OCD Program in the Division of Medical Psychology specializes in the treatment of OCD and OCD spectrum disorders in both children and adults using cognitive behavioral therapy with exposure and response prevention. Our clinic is housed with UF Child and Adolescent Psychiatry and is located across the street from Adult Psychiatry; therefore, psychopharmacological consults are available as needed. The Division has produced hundreds of published studies and book chapters focusing on the assessment and treatment of these disorders. Numerous OCD spectrum disorder treatment specialists and researchers have been trained in this program.

We offer both intensive outpatient (15 consecutive weekday sessions over three weeks) and weekly appointments. Our research shows that 80-85 percent of patients participating in our program show at least a 50 percent reduction in their OCD symptomology after 15 sessions.

The Division of Medical Psychology in the Department of Psychiatry at the University of Florida is seeking multiple positions for a psychology postdoctoral fellowship. Applicants from Clinical, Counseling, or School Psychology programs are encouraged to apply. Please see our ad in the IOCDF Student/Trainee LinkedIn group if you are interested in a Post-Doctoral Fellowship, or contact Joseph McNamara, PhD, at jpm2@ufl.edu.

UNIVERSITY OF SOUTH FLORIDA OCD PROGRAM

Rothman Center for Neuropsychiatry

880 6th Street South, Suite 460

St. Petersburg, FL 33701

Phone: (727) 767-8230

Email: rothmanctr@health.usf.edu

<http://health.usf.edu/medicine/pediatrics/rothman/patient+care/clinservices.htm>

Since 2008, the USF OCD program has offered evidence-based, flexible, family-based treatment for patients of all ages (children, teens and adults) with OCD and related disorders. Our providers specialize in complex cases – most of our patients suffer from multiple disorders. We also provide evidence-based medical and psychological services for tics/Tourette Syndrome, Hair Pulling/Trichotillomania, Anxiety, Selective Mutism, Skin Picking, and Hoarding. We have extensive experience providing therapy for youth with PANS/PANDAS as well and for patients with OCD and high functioning autism spectrum disorders. We have extensive experience providing care for patients with PANS/PANDAS as well and for patients with OCD and high functioning autism spectrum disorders.

We offer both (1) physician/medical evaluations and care and (2) psychological evaluation and therapy. Led by Dr. Tanya Murphy, our faculty has considerable expertise in the assessment and treatment of PANS/PANDAS. Physician services include comprehensive medical assessments, second-opinion consultations, as well as pharmacotherapy. We are pleased to announce that Justyna Wojas, MD has joined our physician faculty along with Dr. Murphy and Dr. Megan Toufexis. Our psychotherapy service offers a flexible plan of care. Our psychologist faculty, Drs. Betty Horng, Omar Rahman, Eric Storch and Adam Lewin, and team of doctoral level therapists offer individualized (1:1) family-based therapy. Our program is research-supported, but individually tailored to the needs of each patient. Generally, our intensive outpatient treatment consists of an initial evaluation followed by daily cognitive behavioral therapy (CBT) with exposure and response prevention (ERP) each weekday for three weeks. However, the length and frequency of visits is flexible. We accept most insurance and patients are billed for a session cost at each visit (versus program cost), generally serving as a cost-effective option.

The USF Rothman Center is an academic research center specializing in treating OCD spectrum disorders as well as developing new treatments and training the next generation of experts. Our providers are expert clinicians, educators, and leading researchers in the field. Three of our faculty members are on the IOCDF Scientific and Clinical Advisory Board. Many have received training (or are faculty trainers) for the IOCDF BTTI or TSA Behavioral Training Institutes. In addition to CBT, our team is proficient at Habit Reversal Therapy/Comprehensive Behavioral Intervention for Tics. Since the past update, our program was named a Center of Excellence for Tourette

RESEARCH NEWS

Can We Change the OCD Mind Sooner Than We Thought?

by Reid Wilson, PhD

Syndrome. ○

Reid Wilson, PhD, is co-author of Stop Obsessing! and author of Don't Panic. He is director of the Anxiety Disorders Treatment Center in Chapel Hill and Durham, NC. Since 2010, Dr. Wilson has facilitated 2-Day OCD Treatment Groups before and after the Annual OCD Conference to make intensive OCD treatment accessible to more people throughout the country. Recent research by Dr. Wilson and colleagues has shown that this model of treatment has the potential to be very effective for many people. This article highlights those research findings.

For the past twenty years, clinical innovators and researchers have been challenging our preconceived notions about how quickly someone can start recovering from their OCD. Our patients have surprised us! If we can give them the right tools offered through the right delivery system, they exceed our expectations.

The IOCDF has been offering a two-day intensive treatment group, with eight participants and four professional observers, as part of the Annual OCD Conference since 2010. While the participant evaluations have been positive, we felt it was our responsibility to explore more deeply the value of such a brief, intensive, group treatment. Fugen Neziroglu, PhD, ABBP, Brian Feinstein, Rachel Ginsberg, and I collected data from 33 consecutive volunteer participants who completed measures of OCD-related beliefs and symptoms, depressive and anxiety symptoms, and experiential avoidance at three time intervals: the week before treatment began (pre-treatment), the day immediately following treatment (post-treatment), and then one month later (follow-up).

Results showed significant improvements from pre-treatment to post-treatment on 9 out of the 10 possible measures. This result itself is worth highlighting, since it indicates major changes immediately after the 2-day treatment. That's rapid improvement! (Six of the 16 measures could only be administered one time per month; that's why there are only 10 measures taken the day after

treatment.) Participants either maintained those gains or improved them even further from post-treatment to follow-up. When we looked at changes from pre-treatment to the one-month follow-up, we found significant improvements on all 16 measures. Thus, this treatment group was brief and effective, and no one dropped out during the treatment. In September 2014, our results were then published in the *Journal of Obsessive-Compulsive Disorder and Related Disorders*.¹

We cannot make broad assumptions based on these results, since this was an exploratory study with a number of expected limitations. For example, we did not compare this treatment with a waitlist or a different treatment model such as individual therapy. We also didn't control for variables such as age, pre-treatment symptom severity, level of depression, and the influences of any other therapeutic interventions between the pre-treatment measure and follow-up.

And yet, despite those limitations, the data suggests that something valuable is occurring, since participants made significant shifts in their beliefs about OCD by the end of only two days. Let's look more closely at the components of this specific treatment.

The type of treatment that has been used in these groups is a cognitive treatment, and it therefore focuses on challenging thoughts and beliefs that tend to perpetuate OCD behavior² and includes behavioral experiments, which are exercises used to test out new, therapeutic beliefs.³ Research has shown that cognitive therapy, as well as combining ERP with cognitive therapy, is effective treatment for OCD^{4,5} and appears to be better tolerated and results in fewer dropouts than ERP alone.^{6,7}

The central function of this model is to train participants over the course of two days in a simple, active way to change their beliefs about how to handle both obsessions and compulsions that they can carry with them throughout their life. Four principles of change underpin this approach:

- **Cognitive distancing.**⁸ We consider the specific topic of the obsession to be irrelevant to treatment, and we spend no treatment time addressing specific themes. When obsessions pop up, participants are encouraged to accept them as meaningless noise as opposed to threat signals.

Can We Change the OCD Mind Sooner Than We Thought? *(continued)*

- **Reappraisal.**⁹ Participants treat their relationship with OCD as a mental game. OCD is perceived as the challenger that needs you to a) be afraid of specific content and, b) to then, try to get rid of it. The urge to avoid or to ritualize is not about the need to remove a specific threat, even though it appears to be so; it is about an intolerance of generic uncertainty and distress. You defeat OCD by adopting the exact opposite tactic. Therefore, the objective is to seek out and learn to tolerate those generic feelings of uncertainty and distress.

- **Activate competing emotions.**^{10,11,12} Participants adopt an attitude of wanting to feel uncertain and distressed because: a) it is the opposite of resisting, b) it is the opposite of what OCD needs, c) it's the best way for participants to achieve the life they want, and d) it permits the brain to learn new information. Participants end up moving aggressively toward what they fear and seek out distress and uncertainty instead of fighting to get rid of it.

- **Self-talk.**¹³ Participants generate simple messages to be delivered during the moment of uncertainty or distress that motivate them to keep stepping forward. This self-talk reflects an honest willingness to feel uncertain and distressed repeatedly and intensely, over an extended time period, as a way to become stronger.

During the 2-day treatment program, attendees are asked to participate in three sessions of self-administered behavioral experiments: during their lunch break on day 1, overnight, and during their lunch break on day 2. During these behavioral experiments, "success" is defined as purposely stepping into an environment that will prompt their OCD symptoms while also using a self-talk message that encourages their new stance. Participants should not look for a decrease in obsessions, distress, or the urge to ritualize; but instead, they should just notice what happens. This strategic stance aligns them with the primary therapeutic task: to deliberately move into the feared situation in order to seek out their symptoms and, when the symptoms arise, to support their presence instead of fight them, to encourage

them to stay, and then to engage in their chosen activity as the symptoms either remain or dissipate. Once persuaded, participants realize that, as much as they dislike feeling distressingly uncertain, going toward that experience is their best chance to win over the disorder. As resistance diminishes, the disorder begins to lose its power.

"This 2-day treatment offers a completely different strategy than any of the others I have tried and is so much more down-to-earth. The experience of having 7 other group members was also helpful. It was interesting to see myself in them and learn from them."

– Group participant

SUMMARY AND CONCLUSIONS

As participants leave the group, they carry home a simple protocol, one that seemed perplexing to them only 48 hours ago. They are now skillful competitors, and OCD no longer seems so big and powerful.

Our research study contributes to the growing evidence that shorter treatments^{14,15} — for instance, 3 weeks of daily treatment, or twice-weekly treatment over 8 weeks¹⁶ — can be just as effective as longer interventions. Group treatments with as few as seven 2-hour sessions can produce results comparable to individual treatment.¹⁷ Even structured self-help materials show potential, such as internet-based CBT with only email contact with the therapist.¹⁸ This is certainly good news, since as of late, the typical OCD treatment takes about 30 sessions and costs on average \$4300.¹⁹ ○

Dr. Reid Wilson's 2-Day Treatment Groups are offered each year before and the after the Annual OCD Conference. To learn more about the program, or to register for the 2015 2-Day Treatment Groups, please visit www.ocd2015.org/program/reidwilson/.

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RESEARCH NEWS

Can We Change the OCD Mind Sooner Than We Thought? *(continued)*

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Research Participants Sought

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

If you are a researcher who would like to include your research listing in the OCD Newsletter, please email Tiia Groden at tgroden@iocdf.org or visit www.iocdf.org/research.

ONLINE STUDIES

Participate in OCD Genetics Research

Research has shown that genes can make some people more likely than others to develop Obsessive Compulsive Disorder and related disorders (OCD). Researchers at the Keck School of Medicine of University of Southern California are trying to find these genes. Once these genes are identified, new and improved treatments may be possible.

OCD is characterized by obsessions (unwanted thoughts, images and impulses) that “pop” into a person’s mind. These can generate anxiety and lead to compulsions, or actions aimed to reduce the distress generated by the obsessions

You may be eligible to take part in this study if you:

- Are at least 7 years old; and
- Have symptoms or a diagnosis of OCD

If eligible, you will be asked to participate in an interview and to give a small blood sample. If you are unable to donate blood, a saliva sample may be acceptable. The study does not involve the use of any medications, devices or treatment. Participation is not limited to California. You will be compensated for your participation.

Please view our website at keck.usc.edu/gpc-ocd or contact us at cgp@usc.edu or (323) 863-3995. All inquiries are confidential.

Research funded by the National Institute of Mental Health. Approved under USC HSC-IRB protocol 10-00299.

MULTIPLE SITES

Do you have OCD? Are you taking one of the following medications: Anafranil, Prozac, Luvox, Zoloft, Paxil, Lexapro, OR Celexa?

Are you still having bothersome symptoms? You may be eligible for a research study investigating whether OCD

therapy can help improve your symptoms. The study will also investigate who can and cannot come off their medication after getting better. Therapy is offered at no cost in this research study.

For more information about participation or for a confidential phone screening, please contact the Center for OCD and Related Disorders at the New York State Psychiatric Institute at Columbia University in New York at (646) 774-8062, or the Center for the Treatment and Study of Anxiety at the University of Pennsylvania in Philadelphia at (215) 746-3327, or visit our website at www.ocdtreatmentstudy.com.

CALIFORNIA

Research Study on Investigational Treatment for Hoarding

The UCSD Obsessive-Compulsive Disorders (OCD) Program is looking for people who have problems with hoarding, saving, or clutter to take part in a study that is providing:

- Diagnostic Evaluations
- Brain Imaging Scans
- 12 weeks medication treatment
- and Neuropsychological Evaluation

You may be eligible if you:

- Have no history of psychiatric disorder
- Are in good physical health
- and you are not taking any medications that affect the brain.

Study Conducted by Sanjaya Saxena, M.D. UCSD Obsessive-Compulsive Disorders Program, Department of Psychiatry, UCSD School of Medicine

For more information, please contact: OCD Research Program (858) 246-1872 or ucsdocdresearch@gmail.com.

Continued on next page >>

RESEARCH NEWS

Research Participants Sought *(continued)*

NEW YORK

Novel Antibiotic Treatment Study for Children, Adolescents and Young Adults with OCD

Novel Antibiotic Treatment Study for Children, Adolescents and Young Adults with OCD – Columbia University Medical Center / New York State Psychiatric Institute

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

Your child must be taking a stable dose of a serotonin reuptake inhibitor (SRI) in order to participate in this study. SRI medications typically used to treat OCD include Fluoxetine (Prozac), Fluvoxamine (Luvox), Sertraline (Zoloft), Paroxetine (Paxil), Citalopram (Celexa), Escitalopram (Lexapro) and Clomipramine (Anafranil). During the 12-week study period, your child will continue to take the SRI s/he is currently taking.

This study consists of two phases:

Phase 1

- A screening period of 1-2 visits to determine if your child is eligible, including a free, thorough psychiatric evaluation.
- 12 weeks of medication treatment with minocycline or placebo* (pills with no medication in them) at no cost.
- 7 visits with the study doctor: one hour visit at the start, followed by 30 minute visits every 2 weeks.
- 2 brain scans in a magnetic resonance imaging (MRI) machine.

*There is a two out of three chance that your child will receive minocycline instead of placebo in phase 1.

Phase 2

Medication management and/or Cognitive-Behavioral Therapy (CBT) for OCD for three months at no cost:

- Minocycline offered to participants who received placebo in Phase 1.
- OCD-specific CBT treatment by experts, including Exposure and Response Prevention (ERP) therapy if appropriate.

- Additional medication care by psychiatrists specializing in OCD treatment.

Individuals will be compensated up to \$350 for their participation in the research program. Onsite school services through PS186X at the Children's Day Unit are provided for all eligible participants.

Organization:

Columbia University Medical Center/New York State Psychiatric Institute

Principal Investigators:

Moira Rynn, M.D. and Helen Blair Simpson, M.D., Ph.D.

Eligibility Criteria:

- Age: 8 - 20 years
- Genders: both
- Key inclusion criteria: Primary diagnosis of OCD and currently on a stable and adequate dose of an SRI

Exclusion Criteria:

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

Lifetime diagnosis of psychotic disorder, bipolar disorder, eating disorder, pervasive developmental disorder, mental retardation, substance/alcohol dependence, or pediatric autoimmune neuropsychiatric disorders associated with streptococcus (PANDAS)

- Current diagnosis of major depressive disorder, tourette's/tic disorder, or substance/alcohol abuse
- Active suicidal ideation
- Hoarding as the primary OCD symptom
- Pregnant, nursing, or planning to become pregnant

Contact:

For more information, please contact Project Manager Prerna Martin at (646) 774-5793.

Location:

New York, NY

State:

New York

Website:

<http://columbiapsychiatry.org/pamrc/OCD> ○



International
OCD
Foundation

ocd2015.org



presented by



McLean *OCDInstitute*

HARVARD MEDICAL SCHOOL AFFILIATE

CHILD AND ADULT TREATMENT PROGRAMS



22ND ANNUAL OCD CONFERENCE

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 CONNECTICUT

www.ocdct.org

OCD Connecticut has a busy spring planned. This winter we have been present at "Community Conversations" about mental health that are taking place throughout the south central region of the state and will continue to be available to spread awareness and give support to local programming. We will be present for the 4th Annual Course on the Treatment of Obsessive-Compulsive Disorder and Related Conditions being held at Yale on May 8th and planning is underway for Team Connecticut's attendance at the 1 Million Steps 4 OCD Walk in Boston in June. Volunteers are welcome to assist with planning for the future of OCD CT. Please check out our website at www.ocdct.org and like us on Facebook.

OCD MASSACHUSETTS

www.ocdmassachusetts.org

OCD Massachusetts partner Dr. Edward Plimpton is running a book club for individuals with OCD in the Western part of the state. The group will run for six months and will use memoirs about living with OCD to discuss the different ways the writers were able to free themselves from their "OCD narrative". For more information, please call (413) 253-1482.

In an effort to develop resources in all parts of the state, this spring OCD Massachusetts is expanding our monthly lecture series program to Smith College in Northampton. Presentations will run on the fourth Wednesday of the month from 7-8PM. Upcoming lectures include: March 18th, "Sleep & OCD," by Alan Siegel, and April 22nd, "OCD in Kids," by Dr. Ted Plimpton. Our lecture series continue in Belmont and Worcester. Please visit www.ocdmassachusetts.org for upcoming dates and topics.

OCD MIDWEST

www.ocd-midwest.org

We are in the planning stages for a mini conference in Cleveland on October 16th. We would like to have volunteers to assist us in the planning of the conference. Our Parent Support group in Chicago is continuing on the first and third Mondays of the Month from 7:00 to 8:30PM. Please contact Susan Bacon at bryansue88@aol.com if you would like to attend. Meetings are free! Our OCD-Midwest case consultation groups continue in both Illinois and Ohio (see article on page 13 for more information). If you are a clinician seeking consults, e-mail us to get info on these great groups. We are looking for someone with Web experience to assist us in increasing the use of our website. Any volunteers would be welcome in this area. Finally, several fundraiser ideas are now in the works. Thanks to those who

have already volunteered. We will be contacting you shortly. Please contact Patrick McGrath at patrick.mcgrath@alexian.net for any information or volunteer opportunities.

OCD NEW HAMPSHIRE

www.ocdnh.org

We are very excited to share updates on our monthly OCD Support Group for those with OCD and their support networks. We meet every third Thursday of the month in Concord Hospital. The attendance grows each month as the word is getting out about this wonderful resource. For more information about the group, please contact Mary Giveen at (954) 648-0720, maryldowning@aol.com or info@ocdnewhampshire.org. Also look out for more local events in NH on our website www.ocdnewhampshire.org and visit our Facebook page as well.

OCD SACRAMENTO

www.ocsacramento.org

OCD Sacramento continues to hold their 2015 monthly presentation line up! On March 17, there will be a panel discussion on OCD: "Those who have been through treatment and experienced success," by Brian McPeak and Jill Kruse; April 21, "Medication Updates For OCD and Anxiety Disorders," by Dr. Mitchell Galerkin, MD; May 9, "Finding Your Greater Good," Saturday workshop by Jeff Bell and Robin Zasio, PsyD, LCSW; June 16, "How to Help Your Loved One Struggling with OCD," by Holly Wang, LMFT; and on August 18, there will be a Q&A, "All You Need to Know About Medication Management for OCD and Anxiety Disorders," presented by Laura Nasatir, MD. More speakers to come!

The 1 Million Steps 4 OCD Walk is an annual grassroots awareness-building and fundraising event to support the work of the International OCD Foundation to help individuals with OCD and related disorders live full and productive lives. The 2nd Annual 1 Million Steps 4 OCD Walk in Sacramento will take place on June 6, 2015 at Southside Park in Downtown Sacramento (see page 6 for details). In order to make this year's walk a success, we need your help! If you are interested in volunteering to serve on the walk committee or helping out on walk day, or want to help sponsor the Walk, please contact Dr. Robin Zasio at (916) 366-0647, ext 4.

OCD WISCONSIN

www.ocdwisconsin.org

OCD Wisconsin was an exhibitor at the Wisconsin School Counselor Association Convention in Madison on Feb 17-19 (see photo). We are giving out two \$500 scholarships to high school students in April (The Barry Thomet Scholarship) and we are preparing for our first OCD Awareness Walk (Making Strides OCD Awareness Walk on June 13 in Oconomowoc, WI). ○

