

## SPECIAL ANNIVERSARY EDITION OF THE LETTER FROM THE EXECUTIVE DIRECTOR

### 30 YEARS OF THE INTERNATIONAL OCD FOUNDATION: 1986–2016

by Jeff Szymanski, PhD



Our esteemed executive director, Dr. Jeff Szymanski, then and now.

When I first started at the Foundation eight years ago, I remember talking with then-Board President Joy Kant. She told me the story about when her son Jared was diagnosed with OCD in the early 1990s and she went to a bookstore intending to buy every book she could find on OCD. She ended up finding only two books, which she read in their entirety while sitting in the aisle of the mental health section of the bookstore! Today, books come out virtually every month about OCD (even one from Jared Kant himself a few years back).

And recently, Dr. Mike Jenike joked with me that when he spoke at the first conference held by the Foundation (in 1993), he covered all of the research we had at the time about OCD in the keynote address. In just 45 minutes, he reviewed what we knew to date! Compare that with our Annual OCD Conference now, which spans over three days with more than 100 talks from leading researchers and experts in the field. (And, of course, Dr. Jenike is still there, and he has a lot more to say these days).

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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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# A Look Back Over The Years



*Board Members at the OCD Foundation's first national headquarters in North Haven, CT. From left: Richard White, Debra Kelly, Gerturde Trudel, Jenny Amlong, Frances Sydney, Patricia Perkins, Susan Duffy, and Ernest Lillo. Not present: Barbara O'Connor and Gail Taylor.*



*Psychologist Jonathan Grayson running one of the first Virtual Camping sessions at the 2001 Annual OCD Conference, now a staple of each year's Conference.*



*IOCDF staff members at work in 2001.*



*IOCDF members Mari Beraz and Wendy Mueller meet in person after meeting via "cyberspace" back in 1991!*



*Dr. Rapoport from 1994 posing with (left to right) Dr. Stephen Josephson of OCD Treatment Associates, Tal Piccione, Chair of the OCF National Development Committee, Dr. Edna Foa of the Medical College of Pennsylvania, and Dr. Michael Leibowitz of the Anxiety Disorders Clinic of the New York Psychiatric Institute.*



## FROM THE FOUNDATION

**30 Years of the International OCD Foundation: 1986–2016** *(continued from front page)*

It's amazing to look at the progress that has been made in the last 30 years thanks to the dedication of OCD researchers and clinicians and to see how the Foundation has evolved, grown, and changed over that time.

To celebrate the last 30 years of the Foundation, we will be featuring a special anniversary article in each issue of the *OCD Newsletter* this year, looking back at the accomplishments made in OCD research and treatment and looking forward to see where the next 30 years might take us.

In our upcoming editions we will hear from founder Dr. Wayne Goodman about the state of OCD research then and now, as well as from Drs. John Greist and Jon Abramowitz about how OCD treatments have changed over the years. In this first issue, however, I will do my best to trace the history of the organization itself.

**1980S: THE FOUNDERS' ORIGINAL VISION**

In 1986, a group of individuals with OCD found themselves meeting together while enrolled in some of the first medication trials for OCD treatment at Yale University in New Haven, Connecticut. The principal investigator of one of the studies was Wayne Goodman, MD, then a junior faculty psychiatrist who started the OCD program at Yale University School of Medicine during his residency training. It was Dr. Goodman's idea that some of the participants meet together during the clinical trials to discuss their experiences of having OCD, trying to access treatment, and coping with the isolation of not knowing anyone else with OCD.

After the clinical trials were over, the group decided to keep meeting. It was in this very first meeting in November 1986 that discussion centered on how few resources there were for individuals affected by OCD; from this discussion the group decided to develop an advocacy organization focused on helping improve the lives of people with OCD. By the end of that meeting, the Obsessive Compulsive Foundation, or OCF (now the IOCDF), was created. Within this small group, was Patti Perkins, who happened to be an attorney (who better to help file papers to start a nonprofit?), and Frances Sydney, an accountant (who better to manage finances?). Nonprofit incorporation papers were filed just three months later in February 1987.

Having found one another and realized the importance of mutual support and community, one of the first actions taken by the founders was to cast their net as wide as possible to see who else was suffering in silence. Boldly, they wrote to

ABC's *20/20* news program describing OCD and suggesting the producers do a segment on it. And it worked! In March 1987, John Stoessel of ABC's *20/20* did a feature a segment on OCD with Dr. Goodman, one of his patients, and a founder, Kathleen Page. The reaction was immediate and overwhelming. The network television show opened the door for thousands of people to step forward and put a name on their illness. The small corps of founders was flooded with 20,000 inquiries in the days following the *20/20* segment.

There were so many people hungry and desperate for information about OCD and treatment. Now the Foundation



Frances Sydney (middle) is interviewed with Dr. Gary Tollefson (right) on "CBS This Morning" in 1988.

**Did you know?**

The founders originally wanted to call their new non-profit the OCD Foundation, but another Yale-based nonprofit already existed with this name. The Oldest College Daily (O.C.D.) Foundation was dedicated to preserving the legacy of the *Yale Daily News*, the oldest college newspaper in the United States. As a result, the founders dropped the D and changed the name to the Obsessive Compulsive Foundation (OCF), as the Foundation was known for over 20 years. In 2009, however, the global scale of the Foundation's work began to increase, as did the importance of making sure people remembered the "D for disorder," so we officially became the International OCD Foundation, or the IOCDF.

## FROM THE FOUNDATION

### 30 Years of the International OCD Foundation: 1986–2016

had to determine what they could do to help. And so, the Foundation began to build their structure and sought the guidance of clinicians and researchers. They formed a Scientific Advisory Board (SAB) chaired by Dr. Goodman to make sure the best information about OCD research and treatment was shared with the public. With the help of the SAB, an informational brochure about OCD was developed, and the Foundation began disseminating these brochures in response to inquiries for more information. For the next 10 years under the leadership of James Broatch, the Foundation's first executive director, several education and training initiatives were launched, many of which are still in existence today.

The original mission of the Foundation:

- Educate the general public concerning OCD
- Disseminate the latest information concerning

medications, therapy, and treatment centers

- Provide support to sufferers of OCD
- Fund research, make grants to individuals, and support graduate and post graduate research on OCD.

#### 1990S: LAUNCHING EDUCATION AND TRAINING INITIATIVES

With a board of directors, Scientific Advisory Board, mission statement, and a small staff in place, the Foundation was now poised to translate their mission into a reality. Two major initiatives were tackled during this period: awareness building and training. A conference was held to help educate individuals with OCD, family members, and professionals about what resources were available to treat the disorder and what research was being done. A newsletter was also launched to share information and articles with members and donors of the fledgling Foundation. As education

#### Annual OCD Conferences: A Look Back

	Date	Location	Total Attendees
1st Annual OCD Conference	October 7–10, 1993	Bloomington, MN	400+
2nd Annual OCD Conference	March 2–4, 1995	Boston, MA	500+
3rd Annual OCD Conference	September 9–8, 1996	San Jose, CA	425+
4th Annual OCD Conference	August 8–10, 1997	Orlando, FL	450+
5th Annual OCD Conference	August 8–9, 1998	St. Louis, MO	600+
6th Annual OCD Conference	July 9–11, 1999	Arlington, VA	700+
7th Annual OCD Conference	July 2000	Schaumburg, IL	869
8th Annual OCD Conference	July 20–22, 2001	Denver, CO	643
9th Annual OCD Conference	July 26–28, 2002	Philadelphia, PA	947
10th Annual OCD Conference	July 18–20, 2003	Nashville, TN	566
11th Annual OCD Conference	July 16–18, 2004	Chicago, IL	655
12th Annual OCD Conference	July 29–31, 2005	San Diego, CA	614
13th Annual OCD Conference	July 21–23, 2006	Atlanta, GA	651
14th Annual OCD Conference	July 20–22, 2007	Houston, TX	667
15th Annual OCD Conference	August 1–3, 2008	Boston, MA	1093
16th Annual OCD Conference	August 7–9, 2009	Minneapolis, MN	897
17th Annual OCD Conference	July 16–18, 2010	Washington DC	1057
18th Annual OCD Conference	July 29–31, 2011	San Diego, CA	965
19th Annual OCD Conference	July 27–29, 2012	Chicago, IL	1175
20th Annual OCD Conference	July 19–21, 2013	Atlanta, GA	1140
21st Annual OCD Conference	July 18–20, 2014	Los Angeles, CA	1345
22nd Annual OCD Conference	July 31 – August 3, 2015	Boston, MA	1712
23rd Annual OCD Conference	July 29–31, 2016	Chicago, IL	???

# FROM THE FOUNDATION

## 30 Years of the International OCD Foundation: 1986–2016



Patricia Perkins, Michael Jenike, James Broatch, and Philip Levendusky mark the opening of the first residential treatment program for OCD in the United States at McLean Hospital's new OCD Institute in January 1997.

### OCD Newsletter

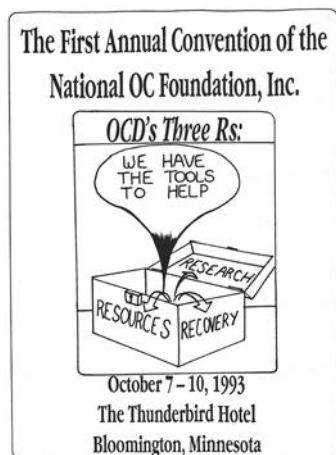
In the summer of 1987, the first edition of the OCD Newsletter was sent to the nearly 10,000 individuals with OCD, family members, friends, medical professionals, and others who had contacted the Foundation and wanted to connect to this growing community after viewing and reading more about OCD from sources like the founders' appearances on 20/20. The newsletter quickly became a space for members and donors connected to the Foundation to share personal stories, as well as professional advice and general updates about the work being done at the Foundation. For a more complete overview of the evolution of the newsletter and how it has changed over the years, be sure to read this month's membership corner on page 14.



Cover of the first ever OCD Newsletter in 1987.

and awareness improved, however, there was an almost immediate recognition that there weren't nearly enough treatment providers and programs available to treat the large numbers of those in need. As a result, the Behavior Therapy Training Institute was born.

### Annual OCD Conference



Cover from the First Annual OCD Conference Program Guide.

The first-ever Annual OCD Conference was held October 7–10, 1993, in Bloomington, Minnesota. According to one of the Foundation's founders Patti Perkins: "The first conference was designed to provide a forum for clients, family members, professionals, and concerned community members... where renowned OCD specialists will share their knowledge of the latest breakthroughs in research and treatment." The idea of bringing all major stakeholders to one place to

share experiences and information was groundbreaking then, and is still innovative and rare to see at conferences today. The Foundation continues to use this mission statement to guide us in all of our Annual OCD Conference planning. At this first conference in 1993, there were just 16 presenters giving 10 different talks with approximately 300 conference attendees. (See previous page for a list of all of the Annual OCD Conference locations and final attendance numbers).

### Behavior Therapy Training Institute

"Effective treatment for everyone with OCD" was one of the original taglines of the Foundation, which represents a core aspect of the mission of the organization from the beginning. It was clear that the best way to do this was to increase the number of therapists trained specifically on treating OCD and related disorders using only the most effective and research-proven methods.

In 1995, the Foundation appointed a committee consisting of Drs. C. Alec Pollard, Gail Steketee, Lee Baer, John Greist, Fugen Neziroglu, and the Foundation's Executive Director, James Broatch, to address the shortage of therapists adequately trained in the effective treatment. Their solution was to develop an intensive and innovative training program for mental health professionals, by mental health professionals.



Participants and staff from the first Behavior Therapy Training Institute, held in 1995.



## FROM THE FOUNDATION

### 30 Years of the International OCD Foundation: 1986–2016

This committee’s recommendations resulted in the launch of the first Behavior Therapy Training Institute (BTTI). The BTTI was conceived as a three-day intensive training program focused on the cognitive behavioral treatment of OCD run by some of the leading OCD clinicians in the country. The course was offered to therapists who were already licensed and practicing but were looking for specific training on the treatment of OCD and related disorders — something not typically covered in graduate school coursework. This groundbreaking course has trained over 1,000 therapists since its launch 20 years ago and continues to be the mainstay of our training programs. Read more about the new directions for the Training Institute below.

#### EARLY 2000S: EXPANSION

In 2000, Patti Perkins, a founder and past board president, took over as the Foundation’s executive director. During this time, Patti oversaw a rapid expansion of the Foundation. The Annual OCD Conference became a mainstay, research grant funding hit record numbers, affiliates began to form around the country, and the “OCD in the Classroom” kit was launched.

#### A Sense of Community at the Annual OCD Conference

Meeting other people with OCD is a very, very powerful experience for attendees at the Annual OCD Conference. The sense of community is palpable — from children meeting other children with OCD for the first time, to parents finding other families navigating similar situations. Many veteran conference goers tell us they keep coming back because of the generosity and support they received at early Conferences they attended. They now enjoy a role as mentor to new attendees. This sense of community did not just happen; from the very beginning, Foundation leadership shaped a norm of generosity at the Conference and in the entire IOCDF community. This was embodied in Patti Perkins and Dr. Michael Jenike, both of whom set a powerful example, but many professionals, family members, and individuals with OCD and related disorders have also followed suit.



Board member Joan Kaylor (left) and longtime member Wendy Mueller (right) at the first Annual OCD Conference held 1993 in Bloomington, MN.

#### Research Grant Program and Launching of the Genetics Collaborative

Almost from the beginning, the Foundation has understood the importance of research. In 1994, the Foundation awarded its first grants, totaling just over \$70,000. Throughout the early 2000s, the Research Grant Program saw record fundraising and support. Since 1994, the Foundation has raised and distributed over \$3 million in research dollars, funding over 100 research projects focused on OCD and related disorders. (see table below for a break down of the different types of research funded over the past two decades).

#### Research Funding since launch of the IOCDF Research Grant Program

Category of Research	# of Proposals Funded
Causes of OCD	25
OCD treatment	34
General OCD topics	2
Pediatric OCD	16
PANDAS/PANS	5
Hoarding Disorder	9
BDD	5

Additionally, the IOCDF Genetics Collaborative (IOCDF-GC) was founded in 2002, holding its first meeting at the Annual OCD Conference. The goal of the IOCDF-GC was to encourage genetic researchers from different countries and universities across the globe to combine their efforts to speed up scientific progress and allow for the completion of very large genetics studies that no single site could achieve on its own.

Since the establishment of the Collaborative in 2002, several clusters of researchers within this group have completed research studies together for the first time. One of the primary aims of the group was to complete a genome-wide association study (GWAS) to examine the DNA of individuals with OCD and their family members. The GWAS project combined participants from 21 sites across North and South America, the Middle East, Africa, and Europe. It included over 7,000 OCD-affected individuals, their family members, and healthy controls to compare differences in DNA (which contains genes). The first GWAS for OCD was completed in 2012. Results of the GWAS indicate that there are likely to be a number of genes (rather than only one), which combine to increase the risk for OCD. As such, it is a more challenging and “complex” illness to study when compared to other disorders such as cystic fibrosis or Huntington’s disease.

## 30 Years of the International OCD Foundation: 1986–2016

### OCD in the Classroom

In 2001, another signature Foundation program was launched. For many individuals, OCD begins in childhood. It became increasingly clear that teachers were often the first people to notice the onset of OCD symptoms in children, even if teachers often couldn't put a name to what was happening. As a result, the Foundation established an Education Task Force to develop a "How to Recognize and Respond to OCD in the Classroom" project, which eventually became "OCD in the Classroom." The idea was to put together an educational kit that could be delivered by mental health professionals or parents to school faculty and personnel. This program continues to be a popular outreach strategy employed by many of our local affiliates to this day.



Still from *OCD in the Classroom* video.



Fred Penzel, PhD and Jonathan Grayson, PhD from *OCD in the Classroom* video.

### 2008–PRESENT: TRANSITION, OUTREACH AND GROWTH

#### The Move to Boston

In 2008, the Foundation moved from New Haven, Connecticut to Boston, Massachusetts while also undergoing a 100 percent turnover in staff. Patti Perkins took her seat once again on the board of directors and in September 2008, I was hired as the new executive director. When I started in 2008, the IOCDF had just four full-time staff members and has since grown to 10 full-time and one part-time staff members.

#### The Website

The Internet has drastically changed the way people consume information, meaning it has also drastically changed how we research health conditions. When the Foundation was started in 1986, there was no way to "google" OCD. You had to go to the library and hope they had a book on the shelves

that would answer your questions or rely on your doctor or psychiatrist to educate you — and hope they knew what they were talking about! When the Internet became more accessible in the 90s, there was suddenly a place to find information — and other people with the disorder. IOCDF board member Chris Vertullo was one of the first people to start an Internet forum devoted to OCD. Wendy Mueller (the 2014 IOCDF Service Award Winner) also started an OCD support group on the Prodigy Network. The Internet (and the resources on it) continued to evolve throughout the next decade.

When I came onboard in 2008, the Foundation was in dire need of an easy-to-use, comprehensive website to present all of the information we had accumulated about OCD so it could be accessed by a wider audience. We also wanted to help people find providers who specialized in OCD and determined we could use the Internet to do that. Thus, the new website and Treatment Provider Database was born. We also added new websites devoted to pediatric OCD ([www.OCDinKids.org](http://www.OCDinKids.org)), hoarding disorder ([www.helpforhoarding.org](http://www.helpforhoarding.org)) and later on, body dysmorphic disorder ([www.helpforbdd.org](http://www.helpforbdd.org)) over the next few years.

By 2014, it was time to upgrade the site to meet our ever-growing community, as well as keeping up with technology of the times. We launched [www.iocdf.org](http://www.iocdf.org) in the summer of 2014 with a new, improved Resource Directory that contained not just treatment providers, but also clinics and programs, support groups, affiliates, and global partners so anyone in the world could find existing resources near them by simply putting in a zip code or city and country and pressing "find."

Today, when your psychiatrist or therapist diagnoses you with OCD, you can go online, google, "What is OCD?" and be taken directly to our website to learn about the causes of the disorder and how to best treat it, read expert opinions from leading clinicians about a variety of topics, and then find an OCD specialist in your area with one click. What a difference 30 years has made!

#### Raising Awareness

##### *International OCD Awareness Week (#OCDweek)*

Launched in 2009 and always celebrated during October (Mental Health Awareness Month), OCD Awareness Week began as a way to shed light on OCD in the broader community. Through local storytelling events in Boston, we encouraged individuals with OCD to share their experiences so people could understand and learn more about this disorder. While awareness had definitely improved in the two

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decades since the Foundation's start, there was still a need to break the stereotypes of OCD and to put a real face and a real story to more accurately portray what someone with OCD was actually going through.

In 2012, we wanted to expand this awareness week globally, and so OCD Awareness Week became an opportunity to develop an engaged online community where everyone could learn about OCD and spread awareness on social media, through live online chats, or even by making a YouTube video about OCD as part of the #OCDweek video challenge.

International OCD Awareness Week has also become an opportunity to collaborate with our regional affiliates and international Global Partners to increase its impact. These groups are all asked to coordinate local and regional activities, including informational booths, lectures, storytelling events, and day-long conferences — past years have even included OCD-themed film and book festivals, and a statewide OCD screening day.

#### **1 Million Steps for OCD Awareness Walk #1Million4OCD**

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

In 2013, to carry on this tradition, the 1 Million Steps 4 OCD Awareness Walk was born, with our first walk in Boston on June 8, 2013.

In just a few short years, the Walk has generated a strong group of OCD and related disorder advocates who band together to raise awareness about OCD communities around the US and around the globe. Instead of just being vocal advocates, our walkers have also become visual advocates — it's hard not to be affected by seeing a huge group of people in matching brightly colored Walk t-shirts come together to publicly support OCD and related disorder awareness. The Walk expands to new parts of the country each year, with 2016 Walks planned for Boston, Northern California, Georgia, and a new one in Texas (see page 13 for more details).

What Does OCD Look Like?

Me.  
My Name is  
Elizabeth.

WWW.  
OCD  
GET  
HELP  
.org

Seven million children and adults in the United States suffer from Obsessive Compulsive Disorder.

**DON'T SUFFER IN SILENCE.**

*An early awareness campaign featuring IOCDF Spokesperson Elizabeth McIngvale-Celgeski, PhD.*

#### **Volunteers & OCDvocates**

For many, there is a strong desire to give back. We officially launched our volunteer program in 2009. Volunteers have completed tasks ranging from mailings to Internet research to helping at the Annual OCD Conference. For some of our volunteers this is the first step in a re-entry to the workforce. For others, it is an expression of gratitude and the desire to be part of the mission of the Foundation. In many respects, the IOCDF would be years behind where it is now without the help of volunteers.

Our volunteer program is great if you live in the Boston area, but more and more, we heard from people in the community that they wanted to do more to give back and help in some way. Out of this need, our new advocacy project was born: the OCDvocate program.

Launched at the 2015 conference, the OCDvocate program already has over 600 OCDvocates from 23 countries (and



## FROM THE FOUNDATION

counting!) around the world! This program aims to harness the power of the amazing IOCDF community to spread awareness and advocate for those with OCD and related disorders. Challenges are issued regularly by our four spokespeople via the IOCDF blog, social media, and emails with fun, engaging ways for OCDvocates to join and work together and make a big impact as advocates for OCD and related disorders. So far, OCDvocates have participated in OCD Awareness Week by making YouTube videos about their experiences with OCD to help spread awareness, and during the holidays, our OCDvocates sent in over 300 holiday cards filled with messages of hope to share with individuals who were in the midst of intensive OCD treatment at clinics and programs around the country. It was amazing to see this community come together to spread joy at that time of year!

### Training Institute

Improving access to effective treatment for OCD and related disorders has been at the heart of the Foundation's mission from day one. The IOCDF Training Institute continues to offer comprehensive professional trainings for therapists via our flagship BTTI and other courses. Since its inception in 1995, the BTTI has expanded to include training on pediatric OCD, hoarding disorder, and more advanced topics through the BTTI 2. Over 1,000 clinicians have been trained through the BTTI in the last 20 years — that's 1,000 more therapists trained in evidence-based treatment methods to effectively treat OCD! Yet, with better education and increased awareness about OCD in the general public, the need for OCD specialists is continually increasing.

As a result, we are always looking to improve and expand our professional training opportunities. Later this year, we are excited to unveil a new curriculum that builds on the BTTI to offer a broader range of courses in variety of topics and experience levels. By offering more online courses, we also hope to make our trainings more accessible to therapists around the globe.

As many readers may remember from my last ED letter, our "community" is in fact everyone "affected" by OCD and related disorders, not just professionals. As such, we are also developing educational opportunities for the many populations looking for information and resources, including individuals and families. We hope to launch this new program next year, so stay on the lookout!

### International Outreach

I wrote an *OCD Newsletter* article back in 2011 about why we changed our name to the International OCD Foundation. Part

*Continued on next page >>*

### THE HISTORY OF RELATED DISORDERS AT THE FOUNDATION

*Despite our name, the IOCDF has a long history of supporting related disorders that predates the official grouping of OCD and related disorders (sometimes also called OC Spectrum Disorders) in the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) published in 2013. These related disorders include hoarding disorder, body dysmorphic disorder (BDD), and PANDAS/PANS, as well as trichotillomania (hair pulling) and excoriation (skin picking).*

- 1989:** First mention of BDD and trichotillomania in the *OCD Newsletter*
- 1990:** First mention of Tourettes in the newsletter (though commonly co-occurring, not officially a "related disorder")
- 1991:** The first mention of hoarding disorder and the first article mentioning "related disorders" in the newsletter
- 1999:** The first article about excoriation in the newsletter
- 2010:** Launch of the "Help for Hoarding" website with resources for individuals and families affected by the disorder, as well as mental health professionals and communities working with the disorder
- 2010:** Co-sponsor the first NIMH meeting about PANDAS with Susan Swedo, MD and launch the first PANDAS mini-series at the Annual OCD Conference
- 2011:** Creation of a new public service announcement about PANDAS featuring Dr. Michael Jenike and Susan Dailey
- 2012:** Launch of the Hoarding track at the Annual OCD Conference
- 2013:** Publication of the DSM-5, officially grouping OCD and related disorders into their own chapter
- 2013:** Expansion of the Hoarding track into the 1st Annual Hoarding Meeting with three days of programming about hoarding disorder for individuals, family members, professionals, researchers, and communities
- 2014:** Launch first BDD mini-track at the Annual OCD Conference and new "Help for BDD" website for individuals and families affected by the disorder, as well as mental health professionals

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of this name change reflected the fact that the Foundation had truly attracted the cream of the crop worldwide when it came to professionals and advocates working in OCD and related disorders. Because of this, our reach was no longer just limited to those affected by OCD and related disorders in the United States, but also around the world. OCD is universal, and is estimated to effect 1-2 percent of the global population across all demographics. As such, we began to partner with other organizations with similar missions to ours around the world to disseminate more information about effectively treating OCD. Through these Global Partners, we have been able to help individuals in 11 countries on three continents, with the hope that this is just the beginning!

Today, I also personally do international outreach to increase the global presence at our Conference and improve the state of OCD treatment around the world by helping lead trainings about effective treatment of OCD. I have so far done trainings in Shanghai, Xiamen, and Shandong, China; Tokyo and Kyoto, Japan; and Dublin, Ireland as a result.

#### LOOKING FORWARD

We cannot properly look forward without acknowledging how we got here. In addition to our many members, donors, affiliates, partners, Scientific and Clinical Advisory Board members, and those who have served on the Board of Directors, I wanted to acknowledge both the founders and past leadership of the IOCDF and thank them for their vision and determination:

#### Founders:

Patricia Perkins\*  
Wayne Goodman, MD\*\*  
Jenny Amlong  
Susan Duffy  
Debra Kelly  
Ernest J. Lillo  
Kathleen Page  
Frances Sydney  
Gail Taylor  
Gertrude Trudel  
Richard J. White, Jr.

\*Currently an emeritus member of the Board of Directors

\*\*Currently on the Scientific and Clinical Advisory Board

#### Board Presidents:

Patricia Perkins: 1987–1997  
Susan Duffy: 1997–1999  
Janet Emmerman: 2000–2004  
Joy Kant: 2004–2008  
Diane Davey, RN: 2008–2012  
Denise Egan Stack, LMHC: 2012–2016  
Shannon Shy, Esq.: 2016–present

#### Scientific and Clinical Advisory Board Chairs:

Wayne Goodman, MD: 1988–1995  
Michael Jenike, MD: 1996–present

#### Executive Directors:

James Broatch: 1989–1998  
Thomas Styron, PhD: 1998–1999  
Patricia Perkins: 2000–2008

Consider for a moment what these individuals made possible — how they helped shepherd so many other dedicated individuals to work on behalf of those who needlessly struggle for so many years when they shouldn't have to. Consider what it must have been like to sit around that kitchen table in November 1986. And then consider for a moment what you can do to help move us forward in the next 30 years. ○

Sincerely,



Jeff Szymanski, PhD  
Executive Director  
International OCD Foundation



## FROM THE FOUNDATION

**Donor Profile: A Mother, Donor, and Advocate**

by Christina Vertullo, Introduction by Jeff Smith, IOCDF Director of Development

As the IOCDF celebrates 30 years of helping the OCD and related disorder community this year, I began thinking about all of the people who have supported the work of the Foundation. The IOCDF is supported entirely through the generosity of individual donors. Many of these individuals became donors because they needed help and found the information they were seeking at the Foundation, whether through a personal referral, via our website, at our Conference, or on the phone. While some donors decide to stop giving once OCD no longer has a hold on their lives, the IOCDF is truly fortunate to have a very committed group of donors who have supported the work of the Foundation practically since the beginning. Throughout the year, I will be sharing stories from many of these donors about how they connected to the IOCDF and why they continue to support our work, beginning with a name many might find familiar.

Christina Vertullo has been an IOCDF donor since 1993. I asked Christina how she came to know of the IOCDF at a time when the Internet was just getting off the ground. Here is her story in her words:

In 1993 my daughter was hospitalized with severe OCD after the trauma of several car accidents. After learning from her psychologist about the OC Foundation (as it was then named), I called immediately looking for information. I found an understanding voice on the other end of the line and knew for the first time that I was not alone. I remember feeling okay and that I could deal with this disorder in a rational, systematic way. I devoured all of the words in their pamphlets and read my first book on OCD, *The Boy Who Couldn't Stop Washing*. I joined the Foundation as a member and always anxiously waited for the newsletter to give me more understanding of the disorder that was robbing my daughter of her life.

I am an educator and in 1994, I took a semester off from teaching. During this time off, I was able to increase my work in the OCD community. I formed an Internet discussion forum (at a time when the Internet was black and white, and definitely not the Internet we know today) to meet others who had common experiences with this disorder. As an



Christina Vertullo, current IOCDF board member.

educator, I wanted the forum to teach us how to live with the challenges of OCD and not be just ongoing descriptions of the rituals.

I encouraged others to join the Foundation, and several of us met at the Foundation's second Annual OCD Conference held March 1995 in Boston. There, I met others in the OCD community who were able to receive treatment and medication and live a more normal life. Their stories gave me such hope! In 1996, I also started two no-fee support groups together with several psychologists for both adults with OCD and their close family members. Both groups met together during the first part of each meeting and then separated for the second half to work on different OCD-related concerns. We met for more than 17 years in a hospital conference room in Poughkeepsie, NY.

Today, I have the privilege of serving as a member on the IOCDF's board of directors, where I continue to witness and remain involved in the wonderful work of the IOCDF. So much has changed in the past 30 years. The IOCDF has a family of websites with all of the most up-to-date information for anyone who needs it all over the world. I believe there is just as much reason to donate to the IOCDF today as there was when I began giving so many years ago. I hope my story has inspired you to donate to the IOCDF. Or, perhaps you haven't made a donation in a while and might consider joining us once again to make sure resources are available for anyone who needs them, both now and in the future. You can donate securely online today at [iocdf.org/donate](https://iocdf.org/donate). ○

*Have you been a donor or member of the IOCDF for many years? If so, I would welcome the opportunity to hear your story. Please contact Jeff Smith, director of development, at [jsmith@iocdf.org](mailto:jsmith@iocdf.org) or (617) 973-5801.*

## FROM THE FOUNDATION

### Riley Sisson Memorial Conference Scholarship Fund

By Jeff Smith, IOCDF Director of Development

*I first met Riley Sisson at the 2013 Annual OCD Conference in Atlanta. Upon our initial meeting, Riley was somewhat shy, but it was clear he was an engaging and warm young man. It was his first Conference and, like many who are attending for the first time, he was there to learn all that he could about OCD while also supporting the advocacy work of his mother, Margaret. Riley graduated from Kennesaw State University with a bachelor's degree in psychology and had begun a master's program in social work with plans to become a therapist specializing in mental health and addiction. Unfortunately, Riley Sisson lost his life to an accidental overdose on September 1, 2014. Riley, an energetic advocate for the OCD community, also suffered from severe OCD and addiction.*



Riley Sisson

Despite his own struggles, Riley was always reaching out to others and leading the way to help people who were also struggling. When Riley and I met again at the Conference in Los Angeles in 2014 just before his death, Riley was presenting a talk called "Treatment of OCD and Addiction/Alcoholism (Dual-Diagnosis): An Integrated Treatment Approach." I remember riding the elevator in the Conference hotel with

him right after his presentation. Riley was excited, and we talked about how he really thought his participation in the Conference was going to help others — that was truly all he wanted to do.

Riley's mother Margaret says, "Riley believed that the Conference was a place where someone suffering with OCD or a related disorder could go and meet others who would understand the struggle of what daily life could be like living with OCD. Riley felt he was at a place where he could

share his journey with others in the hope that they too could be inspired."

To honor Riley and his dedication to helping others, the IOCDF has established the **Riley Sisson Memorial Conference Scholarship Fund**. Donations to this fund will make it possible for individuals to attend the Annual OCD Conference who are interested, but could not attend otherwise due to financial hardship. Imagine living with OCD or a related disorder and knowing there is a place you can go to learn more about why you are suffering, gain information about new and innovative treatments for OCD, and have the opportunity to meet and ask questions of the leading experts in OCD and related disorders. Now imagine knowing that help is only a weekend away, but you are not able to attend the Conference due to financial hardship. Through opportunities like the Riley Sisson Memorial Conference Scholarship, the IOCDF is strongly committed to making the Annual OCD Conference as affordable and accessible as possible, so that all who want to attend are able to do so, and no one has to struggle alone.

Attending the Annual OCD Conference can open doors and literally changes lives. The IOCDF is committed to raising \$10,000 each year for the Fund in order to help 50 people living with OCD or related disorders fulfill their desire to attend the Conference and obtain valuable help and information. Scholarship funds are used to significantly reduce Conference registration fees for those with financial need.

Jeff Szymanski, PhD, executive director of the IOCDF, says, "I have never been to a Conference where an attendee hasn't come up to me and said the Conference experience hasn't made a significant difference in their life. We want more people to have this same opportunity."

Riley believed strongly that the Conference could be a transformational experience. By making a gift today to the Riley Sisson Memorial Conference Scholarship Fund, you will continue Riley's commitment to helping others have an opportunity to experience the life-changing potential of the Conference. Donate securely online at [ocd2016.org/donate](http://ocd2016.org/donate). ○

*Your gift will create the opportunity of a lifetime for someone. Join with other generous donors and make a gift to the Riley Sisson Memorial Conference Scholarship Fund today. Your gift will not only help others, but will also leave a lasting legacy for Riley.*



## FROM THE FOUNDATION

## Announcing the 2016 1 Million Steps 4 OCD Walks

### SAVE THE DATE — SATURDAY, JUNE 4, 2016

#### FOUR WALKS ON ONE DAY!

The 1 Million Steps 4 OCD Walk is back this spring, with even more ways for walkers to take a step and become part of the #1Million4OCD movement. Whether you're able to join us at an official 1 Million Steps 4 OCD Walk, happening Saturday, June 4, in four cities across the US, or want to join as a virtual walker in your own community, there's an opportunity for everyone!



#### 4TH ANNUAL WALK IN BOSTON

We invite everyone in New England to join the 4th Annual 1 Million Steps 4 OCD Walk in Boston at Jamaica Pond on June 4, 2016. The Walk in Boston has grown substantially in the past three years. Let's make this year's Walk the biggest one yet!

**Where:** Jamaica Pond  
507 Jamaicaaway, Boston, MA

**When:** Registration: 8am  
Opening Ceremony: 9:30am  
Walk Start: 10am

Learn more at [www.iocdf.org/walkboston](http://www.iocdf.org/walkboston)  
Register now at [www.crowdrise.com/iocdf](http://www.crowdrise.com/iocdf)

#### THE 1 MILLION STEPS 4 OCD WALK COMING TO THE LONE STAR STATE!

The IOCDF is pleased to announce that we are bringing the 1 Million Steps 4 OCD Walk to Texas! As of press time, we are still ironing out the details, but are excited to share that the IOCDF will be partnering with OCD Texas to raise awareness and funds at our inaugural Walk in Houston. In the meantime, polish your boots, get out your Stetson, and stay tuned for further details!

**Where:** Houston, TX. Specific location TBA  
Learn more at [www.iocdf.org/walktexas](http://www.iocdf.org/walktexas)  
Register now at [www.crowdrise.com/iocdf](http://www.crowdrise.com/iocdf)

#### 3RD ANNUAL WALK IN NORTHERN CALIFORNIA

Northern California IOCDF affiliates are combining to create a larger Northern California Walk that will now alternate between the Bay Area and Sacramento every other year. For 2016, members of the OCD community in the Bay Area, Central Valley, and Sacramento will gather at the Amphitheatre at Lake Merritt Park in Oakland, CA. All proceeds of the Northern California Walk in Oakland will support programs of OCD SF Bay Area, OCD Sacramento, and the IOCDF.

**Where:** Lake Merritt Park Ampitheater  
Between 12th Street and 1st Ave., Lake Merritt Blvd.  
Oakland, CA

Learn more at [www.iocdf.org/walkNorCal](http://www.iocdf.org/walkNorCal)  
Register now at [www.crowdrise.com/iocdf](http://www.crowdrise.com/iocdf)

#### 2ND ANNUAL WALK IN ATLANTA

The Greater Atlanta OCD community will gather once again at picturesque Chastain Park for the 2nd Annual 1 Million Steps 4 OCD Walk. Last year, more than 125 people gathered together for their inaugural Walk to join others in the southern OCD community and help raise awareness about OCD and related disorders. All proceeds from the Walk will support programs of both OCD Georgia and the IOCDF.

**Where:** Chastain Park  
135 W Wieuca Rd NW, Atlanta, GA

Learn more at [www.iocdf.org/Atlanta](http://www.iocdf.org/Atlanta)  
Register now at [www.crowdrise.com/iocdf](http://www.crowdrise.com/iocdf)

#### JOIN THE #1MILLION4OCD MOVEMENT AND WALK IN YOUR COMMUNITY

A vital component of the 1 Million Steps 4 OCD Walk is the participation of hundreds of virtual walkers. These include individuals who may not be able to make an in-person Walk, but still want to be part of the #1Million4OCD movement by becoming virtual walkers and walking in their own communities all over the country! Becoming a virtual walker is easy — visit [www.crowdrise.com/iocdf](http://www.crowdrise.com/iocdf) to register now.

Register before Friday, May 6, 2016 to receive a Virtual Walk Kit (provided to all virtual walk registrants who raise a minimum of \$25) that includes all of the tools you need to help organize your Walk.

Please join us and be part of #1Million4OCD. Your participation is creating a nationwide movement to educate others and communities all across the country about OCD and related disorders and help shatter the myths and stereotypes that surround OCD. Come walk with us today! ○

## MEMBERSHIP CORNER

## Introducing the NEW OCD Newsletter Online Archive!

By Tia Groden, IOCDF Membership &amp; Outreach Specialist

Since the IOCDF was founded 30 years ago (as the OCF), countless new programs have been created, including the Annual OCD Conference (established in 1993); the IOCDF Training Institute (established in 1995 with the flagship BTTI); OCD Awareness Week (established in 2009); and most recently in 2013 with the launch of the official 1 Million Steps 4 OCD Walk, now taking place in four cities across the US! While reflecting on the IOCDF's growth as part of our 30th anniversary celebrations, I would like to take a moment to recognize and unveil an exciting new feature of the first and longest running IOCDF program to date — the OCD Newsletter you are currently reading!

But first, a little history. The OCD Newsletter was first published in 1987, the year after the IOCDF was founded. For the first two years of its distribution, there were two editions a year — one in the summer and one in the winter. However, it quickly became apparent that the newsletter was becoming a much-needed resource for the OCD community, filling a previous void created by a lack of available information from other sources on OCD, its causes, proper treatment, and the support available. By 1989, the IOCDF bumped up distribution of the newsletter to four times a year, as it remains today.

For just under 30 years, the OCD Newsletter has been a staple offered to members of the IOCDF, serving as a comprehensive update on IOCDF programs and events, the most recent research on the treatment and causes of OCD and related disorders, the work of our local affiliate organizations, and more. The newsletters provide a hard-copy (and more recently, digital) testimonial of the progress that not only the IOCDF has made over the past 30 years, but also the OCD community as a whole. Some of the earliest newsletter articles ask questions such as, "Is OCD a genetic disorder?" and, "Is body dysmorphic disorder (BDD) related to OCD?" Today, we can see the tangible results of asking and investigating these questions: the IOCDF Genetics Collaborative (established in 2002) systematically screens the entire human genome to identify the genetic causes of OCD. Likewise, there is now an entire IOCDF website dedicated for BDD treatment and research (as well as hoarding disorder (HD) and pediatric OCD).

We know how beneficial and supportive the content of the newsletters has been to the OCD community over the years, which makes me very excited to announce that, as an added benefit of membership with the IOCDF,\* members now have access to a brand new online **OCD Newsletter Archive!** The OCD Newsletter Archive is comprised of PDF versions of all past editions and is searchable by both year of publication and topic. Topics include such things as the Annual OCD Conference, subtypes of OCD, advocacy, medication, and more. As an active member of the IOCDF, you will receive a password with your newsletter subscription (print or digital) each quarter to access the new online archive.

Whether you are a longtime member revisiting back issues in search of specific topics or a newer member exploring past issues for the first time, we are very excited to be able to offer this resource to everyone in the IOCDF membership community. Although its look and organization has changed over the years, the central themes of resources, research, and respect have been ever-present in the newsletters over the past 30 years — and will continue for another 30 more.

\*Excluding the community membership; visit [iocdf.org/membership](https://iocdf.org/membership) for more information on member levels and associated benefits. ○

If you are interested in becoming a member of the IOCDF or renewing your current membership, please visit [iocdf.org/membership](https://iocdf.org/membership) or email [membership@iocdf.org](mailto:membership@iocdf.org).



## Book Review: *OCD Love Story* by Corey Ann Haydu

Review by Meg Upton, IOCDF Volunteer



In *OCD Love Story*, a fictional young adult novel, author Corey Ann Haydu writes from the unique, yet relatable and often comical perspective of a high-school girl named Bea who is diagnosed early on in the story with obsessive compulsive disorder (OCD). The story begins with a chance meeting

in unusual circumstances between two characters, Bea and Beck, when the power goes out during their high school dance. In the dark, hot gym, the two characters' relationship starts with Bea asking Beck, "Are you scared to let me see you? Are you super ugly?" After some thought, she continues, "Um, that was a super awkward thing to say. I'm like that sometimes. Sort of awkward. Or, I like to think, quirky." As someone who also has OCD, I remember reflecting on my own actions after reading their exchange, thinking that perhaps my symptoms also make me a bit awkward and quirky.

The story continues, chronicling Bea's complex relationships with her peers and with herself as she navigates high school and therapy. In the novel, as Bea's anxiety levels steadily increase, she begins participating in group therapy sessions composed completely of other similar young adults all suffering from severe symptoms of OCD. As someone who has personal experience with OCD, I found some scenarios of the disorder were strikingly realistic, such as Bea's anxiety regarding driving. In one scene, she and her friend Lisha are driving in Bea's car when Bea's OCD begins to cause her serious doubts. The anxiety and doubt that Bea feels and describes in this scene is easily identifiable for those of us who have OCD.

The therapy process itself was also accurately portrayed as being intense and including a combination of in office and out of office, or *in vivo*, techniques. "For this type of therapy to work, I have to be part of your life; you have to let me in," Bea's therapist

tells her. "I guess I read some of this in a pamphlet Dr. Pat gave me about exposure therapy and how it differs from traditional blah, blah, blah," Bea remembers. However, while exposure and response prevention, the cognitive behavioral therapy technique most effectively used to treat OCD, was used in the book, it was not very well explained. Other aspects of the disorder were also somewhat distorted, including Haydu's implication that OCD results from emotional trauma based on the backstories of several characters.

Overall, the book is an engaging story, but not an acutely detailed account of OCD treatment. However, by presenting some symptoms, the book joins other efforts in modern culture to reduce the stigma that exists around individuals who suffer from this paralyzing disorder. By increasing knowledge about OCD, we can hope for more acceptance and better awareness moving forward.

Personally, I enjoyed this book despite some of the information about treatment and cause being modified. In my opinion, the book succeeds most in its unique characters whose details make them seem real and appealing. Bea isn't the only one paying attention to details; Haydu provides the reader with plenty of vibrant details as well. Bea and Lisha share an interest in peculiar outfits, which Haydu does us the pleasure of describing, as well as often detailing the locations for her characters. Bea's bedroom and car, and even an apartment she visits, are described with such detail you can practically envision yourself there with the characters. I was intrigued by some of the other characters as well such as Lisha, Bea's friend who is presented with difficult decisions as well throughout the book, including how to respond to Bea and what to do after high school. I also appreciated the variety of symptoms presented, although they were not delved into deeply. With its interesting characters, I think any young adult reader, whether they have a strong interest in OCD or not, would enjoy this engrossing book. ○

## My Shadow

by Meira Kell

Today, I walked with my shadow,  
A part of me unnoticed by others.  
Yet I know my dark companion  
Accompanies me wherever I go.  
Today, I walked with my shadow.  
For years, I have tried to sever our ties.  
I have tried to push it into the recesses of my mind,  
Only for it to re-surge in indignation  
And hold closer to me still.

Today, I walked with my shadow.  
I have hummed and stuffed my ears with cotton  
To drown out its silent buzzing and its mind-numbing bass.  
I have tried to convince myself that my shadow isn't there.  
But today, I walked with my shadow.  
I didn't run when it lengthened or changed to a new shape.  
I didn't hunch my shoulders to guard myself  
From its very presence.  
Today, I just nodded at its dark face,  
Took a deep breath,  
And walked with my shadow.

## FROM THE FRONT LINES

### **“My Pain Has Become My Power” — A Creative Approach to Mental Health Advocacy**

by Rachel Griffin

I remember going into my mom’s room in the middle of the night because I had a “scary wolf face” stuck in my head. I was about five. My mom told me to think of something nice, like a happy, teddy bear. “Great idea, mom!” I thought of a teddy bear... much better! Unfortunately that only worked for a few minutes and then the “scary wolf” picture pushed out the teddy bear out and took over again. I remember being upset that I couldn’t control this scary thought. This experience from so long ago sums up what my most difficult struggle has been with my thoughts, thoughts that eventually led to being diagnosed with OCD when I was 18.

The path to receiving this diagnosis was far from smooth, however, an experience far too many people can unfortunately relate to. I

remember the first time I did a compulsion to alleviate my anxiety when I was nine years old and felt scared to be alone in my room at bedtime. I suddenly I had a thought that I would feel better if I blinked a certain number of times.

I remember going through rituals like this up through high school, when several difficult events exacerbated my OCD until it got to the point where I had a long nighttime routine of compulsions that I dreaded. I felt ashamed, like a freak, alone in my experience, and like I was my mind’s prisoner. I remember being really angry at my mind for exhausting me with OCD. I feared there was no one else who had thoughts like mine. I feared I’d never find relief and rest since the “predator” chasing me was inside my mind.

After finally receiving a diagnosis, I also started on medication. Medication worked well for me and made it possible for me to do the work needed to recover. Unfortunately, due to stigma and misinformed people (with no medical background) shaming medication, I went off of it several times to try and “get through it on my own.” It took finding the right psychiatrist who really earned my trust, respected me, saw me as an equal, and demonstrated her excellence, to get me to stay on medication. In her care, I have absolutely thrived. Most importantly, I have stopped feeling guilty and ashamed of taking medication. I still have OCD thoughts and difficulties, but they are very mild.

These years of mixed experiences, however, left me with a passion to do something to make sure others

wouldn’t struggle the same ways I had. I spent years being unnecessarily ashamed and exhausted, which is one reason I am now so passionate about educating others about mental health. Now that I am doing so well, I am able to use my experiences to help others. Pain, frustration, and sadness have turned into endless fuel for mental health advocacy work. To start, I wrote a musical about mental illness called, *We Have Apples*, which is being developed in New York City for the stage! I also write about mental health for the Huffington Post, and when one of my articles, “Five Reasons Why I’m Not Ashamed of My Mental Health Condition” went viral, I started the #imnotashamed movement on Twitter. The campaign encourages others to tweet using the hashtag to end stigma surrounding mental health and advocate for better, more

accessible health care. The response to #imnotashamed made me realize how common unnecessary shame and guilt are for people who have mental illness. All of this advocacy work is unbelievably rewarding and has made me realize how common mental health

conditions are. I have met so many bright, vibrant, gifted people who have also struggled, which makes me proud to be part of such a strong, brave community.

There was a time where things felt incredibly bleak for me. I remember thinking there was no possible way I’d be okay again. The fear of chronic emotional pain was the scariest thing I’ve ever felt. Once you are on the other side of mental illness though, you start to realize you can do anything. I don’t think I would have moved from Maine to New York City to follow my dreams if I had not experienced mental illness. I also believe my experiences with mental illness have given me strength, compassion, and determination I would never have gained without them — my pain has become my power. I also believe that the imagination I value so much and use to create music, art, and stories is related to the anxiety. I’ve met so many brilliant, creative, smart people with OCD and anxiety. I never thought I’d say this, but I would not change my brain now that I know how to handle it. I believe I would lose the many gifts that accompany the challenges. I like to say, “Just because I’m different, doesn’t mean I’m broken.” I’m letting go of shame, guilt, and the idea that I’m damaged in some way. I know I’m whole and fabulous, mental illness and all! ○

**“ I have met so many bright, vibrant, gifted people who have also struggled, which makes me proud to be part of such a strong, brave community.”**



## Treating Co-Occurring OCD and Substance Use Disorder: What Professionals Need to Know

by Stacey C. Conroy, LCSW, MPH

*Stacey C. Conroy, LCSW, MPH, is the supervisory social worker for mental health & substance abuse at the Richmond VA Medical Center and a clinical instructor in psychiatry for Virginia Commonwealth University.*

*This article is the second in a two-part series about co-occurring substance use disorder (SUD) and OCD. A recent town hall panel on OCD and substance use disorder (OCD–SUD) at the 22nd Annual OCD Conference in Boston provided a clear indication of the critical and unique needs of those affected by OCD–SUD. A theme that came up repeatedly during this panel discussion concerned the need for stronger advocacy regarding effective treatment strategies for these potentially devastating co-occurring disorders. This two-part series is intended to provide a foundational framework for the recommended, concurrent treatment of OCD-SUD utilizing evidence-based practices that have been developed independently for each disorder.*

### INTRODUCTION

Mark's\* OCD symptoms revolved around his fears of becoming severely ill, and he worried constantly about coming into contact with germs. As a teenager, he began routinely disinfecting surfaces around the house and keeping his bedroom in a particular order to facilitate regular cleaning. Mark often worried he'd forgotten one surface, and would clean the entire area again. During his late teens, Mark began drinking alcohol socially with friends, and over time, discovered that drinking while taking benzodiazepines provided a sense of relief and control over his anxiety and fears of illness.

Unfortunately, Mark's use of these two substances increased to the point that he was using them both daily, and the sense of relief and control the substances had initially provided him was harder to achieve now. In addition, the negative consequences of substance use began to cause more stress, and Mark's anxiety and fears of illness began to intensify again.

At this point, Mark decided to enter treatment. Since he was experiencing the most distress due to his substance use,

\* Not his real name

Mark decided to enter a residential substance use treatment program. While initially helpful, the program staff ended up discharging Mark for "non-compliance" because he was consistently late for treatment groups. The truth, however, was that Mark was late to groups due to his time-consuming cleaning rituals. But because he was too embarrassed to disclose his OCD symptoms, Mark chose to leave treatment.

At a later date, Mark returned to this same SUD treatment program, and this time the staff noticed the excessive cleaning rituals. Again, it was observed that these behaviors were getting in the way of him attending treatment groups. In fact, some of the staff even thought Mark had OCD, but unfortunately, because they felt unequipped to help him with his OCD symptoms, they chose again to discharge him for non-compliance.

After this second discharge, Mark now decided to try to get treatment for his OCD symptoms, which had continued to get worse. Mark first tried to find a residential program specializing in OCD, but he was told that because he had an active problem with addiction, he was disqualified for admission. This happened again and again.

Mark then thought he might have better luck looking for outpatient treatment for his OCD and his SUD. Again, he was met with clinician after clinician who told him they would only treat his OCD if he had been sober for at least three months. Therapists who would treat his SUD did not understand the anxiety and the impairment caused by his OCD, so again, Mark found himself at a loss about how to access effective treatment options.

Unfortunately, Mark's experience is not unique. Many OCD programs often refer individuals with SUD to substance abuse treatment as a prerequisite of admission. SUD programs often do not screen specifically for OCD, and even if they did, most clinicians at SUD programs are not adequately trained to treat OCD. Over time, as OCD symptoms interfere with an individual's ability to meet the expectations of the SUD program, the individual often fails and is discharged for non-compliance. Similarly, if a patient is in an OCD program and relapses with substance use, they are discharged for non-compliance.

The intention of this article is to make the case for a new treatment model. Evidence-based treatments exist for OCD and SUD on their own, but this new treatment model seeks to combine these methods into a concurrent treatment program addressing both OCD and SUD simultaneously.

## THErapy COMMUNITY

### Treating Co-Occurring OCD and Substance Use Disorder: What Professionals Need to Know *(continued)*

#### ASSESSMENT

Studies on OCD report the lifetime prevalence for co-occurring OCD and SUD are consistently in the range of 25 percent<sup>1,2</sup> (with some variation in this estimate having to do with which substance was being studied and, in some cases, differed based on gender). For those individuals who meet criteria for both disorders, it is critical to develop a comprehensive assessment in order to deliver effective treatment. It is also important to keep in mind that it is common for individuals with both OCD and SUD to hide symptoms due in part to embarrassment, shame, and/or denial of symptom severity. As a result, assessment is often a process of information gathering over the course of several sessions; it is not just a one-session event.

#### SUD Assessment in OCD Treatment

Studies on anxiety disorders<sup>3</sup> and OCD<sup>2</sup> with comorbid SUD consistently indicate that SUD developed secondary to the patient's anxiety disorder in more than 60 percent of participants. Based on these findings, it is strongly recommended that if you are primarily an anxiety and/or OCD therapist, you should consider adding the following questions to your assessment to determine the possibility of a co-occurring SUD:

1. How many times in the past year have you used an illegal drug or used a prescription medication for nonmedical reasons?<sup>4</sup>
2. In the last year, have you ever drunk or used drugs more than you meant to?
3. Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?<sup>5</sup>

"Yes" answers to any of the above question would warrant further assessment for SUD, which would include information on the substance(s) being used, the frequency of use (e.g., daily, weekly, or monthly), and how recently the individual used a substance. Depending on the severity of the SUD, the impact on treatment outcomes may be significantly different. Please refer to the DSM-V,<sup>6</sup> which provides criteria on the distinction between mild, moderate, and severe symptoms for SUD.

One other thing to keep in mind during the assessment phase is that withdrawal from alcohol and/or benzodiazepines has the potential to be life-threatening, and a medically supervised detoxification may be needed prior to moving forward with any treatment for either OCD or SUD.

#### OCD Assessment in SUD Treatment

For the remaining 40 percent of individuals with anxiety or OCD and co-occurring SUD, the SUD developed first and thus their treatment likely began through SUD specialty services. As such, there is an important need to screen for OCD in SUD clients. If you are primarily an SUD provider, here are some basic screening questions you could consider to rule in (or out) the likelihood of OCD:

1. Do you have thoughts that make you anxious that you cannot get rid of, no matter how hard you try?
2. Do you keep things extremely clean or wash your hands frequently?
3. Do you check things to excess?<sup>7</sup>

"Yes" answers to any of these questions would warrant further assessment for OCD. If it appears that OCD may be present, further assessment includes finding out more specific details of the patient's obsessions and compulsions, including the level of distress associated with each and the degree to which symptoms are getting in the way of functioning.

#### Family Involvement

Once you are able to identify comorbid OCD–SUD, another important factor to consider in your assessment is how the OCD and/or SUD symptoms have affected the family dynamic. It is common with both OCD<sup>8,9</sup> and SUD<sup>10</sup> for families to accommodate/enable patients, often with the intention of being supportive. It is not uncommon for there to be a parallel recovery process for family members, impacting their ability and/or willingness to participate in the treatment process. Involving a family member or significant person (such as a friend, sponsor, or religious leader) who is willing to assist in the treatment and recovery maintenance process can be beneficial to treatment.

#### Treatment History

Finally, review the patient's past treatment history in detail. Questions about what types of treatments were tried, what those treatment interventions looked like, and what level of buy-in or engagement the patient had, can go a long way in properly orienting the patient to the current proposed treatment plan and, in some cases, can correct any misinformation they had about their mental health struggles and treatment.

For example, those patients who have been (finally) accurately diagnosed with OCD may have had multiple treatment

## Treating Co-Occurring OCD and Substance Use Disorder: What Professionals Need to Know *(continued)*

episodes, received ineffective treatment, and/or have had no experience with exposure and response prevention (ERP) therapy (please see next page about this type of treatment). Those previously diagnosed with SUD may have attended 12-step meetings in the past, but may have never understood the different types of meetings, how to obtain a sponsor, or written out any “step work.” Additionally, a 12-step approach might have been the only “treatment” model they have been exposed to thus far.

Once you feel confident in your assessment, the next step is to talk in some detail with the patient about their diagnosis of OCD–SUD and provide them with an initial framework for treatment. This will likely include what their treatment options are and what the potential benefits of involving family or a significant person of the patient’s choosing in their treatment.

### TREATMENT

As described in Mark’s experience detailed on page 17, the status quo for treating OCD and a co-occurring SUD is that an individual enters treatment for one disorder (typically whichever is most severe), but then symptoms of the other disorder interfere, resulting in discontinuation of treatment. This bouncing back and forth between unsuccessful attempts to treat each disorder separately becomes a significant obstacle for long-term recovery from either one.

One option, therefore, is to consider treating symptoms of both disorders at the same time. The concurrent treatment model described below borrows the best of treatments from both worlds and considers ways to combine them. First, I will review the treatments for OCD and SUD separately. Then, I will use an example to illustrate how these treatments have been combined together.

### Exposure Response Prevention (ERP) for OCD

ERP is categorized as a “behavior therapy” because the focus is primarily on modifying the patient’s behavior. In ERP, patients with OCD are asked to confront or “expose” themselves to the thoughts, images, objects, and/or situations that lead to anxiety and/or trigger their obsessions. Response prevention in ERP refers to making a choice to not engage in a compulsive behavior once the anxiety or obsessions have been triggered.<sup>7,11</sup>

### Twelve Step Facilitation (TSF)

TSF for SUD patients integrates professional treatment with the experiences of attending a mutual self-help group, thereby enhancing the benefits and utilization of 12-step meetings such as Alcoholics Anonymous (AA). This is a brief, structured,

manual-driven approach to facilitating early recovery from alcohol abuse, alcoholism, and other drug abuse and addiction problems.<sup>12</sup> Clinicians may choose to utilize the manual or adapt treatment based on the principles of TSF. An example of a TSF intervention could include actively reviewing the benefits of meetings the patient has been attending. The goal would be to underscore the value of decreased isolation and increased recovery-focused social interactions. Specific self-directed activities could also be included between sessions, such as asking the patient to read and review literature like chapters from the *AA Big Book*.<sup>13</sup>

### Cognitive Behavioral Therapy (CBT)

CBT is a broader treatment approach that has been used effectively with both OCD and SUD patients. The focus of CBT is to teach individuals to increase awareness of their thought processes and to respond differently to negative patterns of thinking and behavior. For instance, cognitive behavioral therapy might help a person be aware of the stressors, situations, and feelings that lead to substance use so the person can then avoid them or make different choices when they occur.<sup>14</sup> Similarly, CBT treatment for OCD can address the patient’s reactive response to the experience of obsessions. A CBT therapist in this case might teach the patient how to increase awareness of when they experience obsessions and begin to coach different responses the patient can engage in as opposed to compulsive behavior.

### Medication Assisted Treatment (MAT)

MAT is the combination of medication and behavioral treatments. MAT is supported in several studies on both SUD<sup>15,16</sup> and OCD.<sup>7</sup> These studies have looked at OCD and SUD separately, though results consistently indicate that the addition of medication in combination with behavioral treatment is an effective option that often improves outcomes.

### A CASE EXAMPLE OF CONCURRENT TREATMENT

One of the few treatment facilities in the United States that uses a concurrent treatment model for OCD-SUD is the program at AMITA Health/Alexian Brothers in Hoffman Estates, IL. Their goal is to attempt to meet treatment needs for individuals with co-occurring OCD-SUD “under one roof.” At this program, an inpatient detox serves as the starting place for those who need it. Once a patient completes detox, they can then “step down” into the Center for Addiction Medicine (CAM) Partial Hospital Program (this program also serves as the “starting place” for those not needing detox).

Clinicians at CAM actively screen for OCD, and patients identified as having both OCD and SUD are then “cross-



## THERAPY COMMUNITY

### Treating Co-Occurring OCD and Substance Use Disorder: What Professionals Need to Know *(continued)*

tracked” into both CAM and the Center for Anxiety & OCD. For the first two weeks while a patient is working on recovery at CAM, he or she can cross-track into groups in the OCD program (one hour a day, three days a week) to start to become familiar with what anxiety/OCD is and the roles it plays in one’s life, in addition to how poor use of coping strategies can inadvertently increase anxiety and OCD symptoms. This basic education is very essential, as the person with OCD has often spent years either denying the OCD or masking it with substance use. At CAM, therapy involves groups around mindfulness skills training, problem solving, shame and guilt, relapse prevention, and the stages of change. After two weeks of recovery, the patient can then switch to primary OCD treatment at the Center for Anxiety & OCD and continue to cross-track with CAM.

Treatment at the Center for Anxiety & OCD consists of two to three hours a day of CBT and ERP, along with education groups about anxiety management, problem solving, and mindfulness. While in the OCD program, weekly drug tests are conducted to ensure that recovery is being maintained, and patients can still continue on their medications (even drugs like Suboxone and Methadone).

In the CAM cross-track, the patient will spend several hours a week (one to two hours a day, two to three days a week) still working in groups with the cohort of patients they got to know while first addressing their recovery at CAM. This positive peer support is essential. They will also have access to learning further coping skills of how to handle cravings and learn skills involved in purposely living a sober life. All cross-tracked patients are fully involved in each program — they are not separated out from the other patients — so that they have full access to peers with OCD and peers with substance use disorders.

Both programs have components of medication education, nutrition, and expressive therapy. There are also 12-step meetings held at the hospital that patients can attend, as well as anxiety-focused support groups. Patients in the partial hospital program meet weekly with a psychiatrist to review medications, and family sessions are encouraged to get everyone on board about what is best for treatment.

The two programs work in conjunction, with clinicians recognizing there are stressors that may lead to relapse. In this program, relapses are assessed as possible warning signs. That is, the therapist considers that maybe the OCD work is going along too fast and might need to slow down a bit. Case managers from both programs have access to the patient chart

and are able to meet together in weekly staffing conferences to review progress and setbacks. Family sessions can also be conducted to see how external stressors are affecting progress in the program so the patient and their family are approaching their recovery and OCD in ways that will be helpful and not a hindrance.

#### AREAS NEEDING SPECIAL CARE IN A CONCURRENT OCD–SUD TREATMENT PROGRAM

##### Relapse Prevention

ERP is, by design, intended to expose patients to situations that raise their anxiety levels as part of the treatment process. As noted above, for some patients, this may increase SUD cravings. As such, individual providers and treatment programs should plan for potential lapses during treatment, along with how these may be addressed. The current strategy at most treatment facilities is to discharge a patient for relapsing; however, outcomes following administrative discharge are poor for both disorders.<sup>17, 18</sup> Instead of discharging OCD–SUD patients who relapse, an alternative would be to treat each instance based on its own merits (as noted above by the clinicians at AMITA/Alexian Brothers). Those in charge of treatment planning could consider the following factors before discharge:

- A review of the patient’s overall engagement in treatment prior to the relapse.
- A consideration as to whether this was a one-time return to substance use or a full blown relapse to repetitive substance use.
- Consideration on the part of the therapist as to the pace of the patient’s ERP. Were the expectations of the therapist too overwhelming for the patient, and should there be a change in treatment expectations instead?
- Was the patient receiving enough support and given access to all resources that might have circumvented the relapse?
- Would the addition of medications for either OCD or SUD provide additional support during the treatment process?

Instead of considering relapses as markers to discontinue treatment, a relapse could be used as a point in time to allow for a reassessment of the recovery process. What might have been missing? What needs to be shored up? Or, is this in fact an indication of the patient’s non-engagement in the treatment process? Rather than jump to the latter as the most likely conclusion, it is recommended that this be assessed further.

## Treating Co-Occurring OCD and Substance Use Disorder: What Professionals Need to Know *(continued)*

### Withdrawal and Medications

Several medications have been found effective in treating SUD involving opioids, alcohol, and nicotine in adults.<sup>16</sup> Currently no FDA-approved medications exist to treat SUD involving cannabis, cocaine, or methamphetamine.

A note about cannabis, cocaine, or methamphetamine addiction: It is a misconception that there are no withdrawals from these substances. There are indeed, and symptoms may include fatigue, low frustration tolerance, and in more severe cases, a period of significant depression. Though these symptoms usually resolve without the need for medically supervised withdrawal, this is a leading reason insurance often will not cover inpatient detoxification for these substances. Patients may have difficulty with motivation or attention in sessions if experiencing withdrawals from cocaine, cannabis, or methamphetamine during early weeks of treatment. It is important to recognize these as signs of withdrawal and not a lack of engagement in the treatment process.

Also, medication management of SUD symptoms typically only address issues associated with one substance being used. For example, a common issue in utilizing medication in the absence of behavioral treatment for SUD involves the patient changing to a new primary substance. If you begin a medication to assist with opioid dependence, a patient who does not change established behaviors and cognitions might begin to use alcohol. For those who struggle with multiple substance use problems, CBT and other behavioral interventions can often improve outcomes.

### Additional Notes on Treatment Strategies

For those therapists and program directors interested in developing a treatment model similar to the one at AMITA/Alexian Brothers, here are some points to consider:

- Treating SUD concurrently with OCD will require changes in contracting and treatment planning. At the outpatient level of care, this may involve increasing the number of sessions per week. For example, one session could be dedicated to ERP, while the second session is dedicated to SUD. At more intensive levels of care, treatment programs could mix ERP coaching sessions into the patient's day along with an emphasis on therapist-led TSF-based interventions.
- CBT-based approaches have been shown to be helpful for both individuals with OCD and those with SUD. In a combined model, the therapist can also help the patient to explore the cognitions and behaviors that may increase and/or maintain symptoms of the other disorder. For substance use, this may include exploring the pros and

cons of continued use, self-monitoring to identify triggers for cravings, identifying situations that might put one at risk for use, and developing specific coping skills to deal with cravings and high-risk situations.<sup>14</sup> If the substance use provides relief from OCD symptoms, a patient may believe this is a reason for continued use. Or, a desire to maintain friendships may have a patient going to the local sports bar to watch a game with friends which, in early recovery, would constitute a high-risk situation.

- As many OCD specialists know, medications for OCD typically start with using serotonin reuptake inhibitors, or SRIs. However, for those not specializing in the treatment of OCD, it is important to note the dosing and duration, since effective treatment of OCD with SRIs does not follow standard prescribing protocols for treating depression. Treatment for OCD often requires higher doses and can take up to 12 weeks before assessing how effective it might be for the individual.
- OCD programs would greatly benefit from having at least one SUD specialist on staff who could develop treatment plans and provide professional consultation to treatment teams.

### SUMMARY

Common traits of both OCD and SUD are isolation, shame, and fear. In addition to facing these personal obstacles, patients must also navigate a treatment system that has room for significant improvement. In particular, the existing state of affairs in which dual-diagnosed patients are passed back and forth between SUD and OCD programs, with each one unwilling to treat both issues and discharging patients due to "unacceptable" behavior.

This pair of articles on co-occurring OCD–SUD were intended to spark further conversation about the state of affairs for those affected by both disorders. The hope is that those affected by OCD–SUD begin to step forward and share their experiences, struggles, and hope for recovery, and that mental health providers in both the OCD and SUD worlds begin to ask themselves whether their current practice is optimal.

Avenues for research on OCD–SUD are abundant, as the current research base is extremely limited. Additional research, treatment protocols, and provider education are desperately

*References continued on next page >>*

## THE THERAPY COMMUNITY

### Treating Co-Occurring OCD and Substance Use Disorder: What Professionals Need to Know *(continued)*

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## Institutional Member Updates

*Institutional Members of the International OCD Foundation are programs or clinics that specialize in the treatment of OCD and related disorders. For a full list of the IOCDF's Institutional Members, please visit [www.iocdf.org/clinics](http://www.iocdf.org/clinics).*

#### AMITA HEALTH ALEXIAN BROTHERS BEHAVIORAL MEDICINE — CENTER FOR ANXIETY AND OBSESSIVE COMPULSIVE DISORDERS

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AMITA Health Alexian Brothers Behavioral Medicine continues to move toward opening a residential program for OCD at the end of this year or the beginning of next year. Thank you to those who have already sent in comments about residential therapy. For those of you who have not, there is still time!

We want to hear from you about what you want out of a residential program. If you have been to one, what did or did not work for you? If you have wanted to enter a residential program but have not, what has held you back? Please send your emails to [Patrick.mcgrath@alexian.net](mailto:Patrick.mcgrath@alexian.net). Thanks, and we look forward to seeing you in Chicago this summer at the Annual OCD Conference!

#### ANXIETY SOLUTIONS OF NORTHERN NEW ENGLAND, PLLC

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Anxiety Solutions has negotiated an agreement with Anthem BC BS of Maine to recognize our intensive OCD program as a unit of outpatient behavioral health service. For Anthem members, this means that once pre-authorization for our program is granted, out-of-pocket cost will be limited to a single co-pay, co-insurance, or Anthem negotiated



## Institutional Member Updates *(continued)*

rate (depends upon the deductible and benefits of each member's policy) for all services provided on each day of their intensive. Some Blue Card and FEP members may also be eligible for this benefit.

Our adult anxiety support group is continuing to meet, now in its tenth year. Patterned after the OCD G.O.A.L. group model, our group includes a topic discussion segment, followed by reporting on previous goals and setting new ones, and concluding with a casual conversation period. The group meets at 7pm on the second and fourth Thursday of the month in our main office in Raymond, Maine. Please feel free to call or email Dr. Gordon Street for further information about the support group, our intensive OCD program, or other services.

### THE ANXIETY TREATMENT CENTER (ATC) OF SACRAMENTO

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The Anxiety Treatment Center of Sacramento has recently expanded, adding four treatment rooms to our facility and increasing our capacity to 17 patients in both our morning and afternoon tracks. To meet the needs of our growing population, we welcome the return of Kathy Ventry, LMFT, to our behavioral specialist team. Kathy has specialized training in pediatric OCD from the IOCDF Behavioral Therapy Training Institute (BTTI) and extensive training in acceptance and commitment therapy (ACT). Her emphasis on mindfulness and self-compassion helps her clients feel particularly comfortable when engaging in the ERP process. She is also certified as an equine psychotherapist, which makes her a great fit for our equine-assisted program.

The ATC also welcomes Salina Rodriquez, LMFT, who offers over seven years of experience as a therapist, working with both English and Spanish-speaking clients. She has worked in-depth treating children, adolescents, and adults suffering from various anxiety disorders and has extensive experience working with Hispanic and Latino populations and other cultural groups. Salina is trained in trauma-focused cognitive behavioral therapy (TF-CBT) and also incorporates mindfulness and art therapy into her treatment model.

### BRADLEY HOSPITAL INTENSIVE PROGRAM FOR OCD

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[www.bradleyhospital.org/Intensive-Program-for-OCD.html](http://www.bradleyhospital.org/Intensive-Program-for-OCD.html)

The intensive program for OCD at Bradley Hospital continues to grow. We moved into a new building on the Bradley Hospital campus in September 2015. Generous donations from the Bradley Hospital "Bravo Bradley" Gala, which featured the story of one of our program's graduates, allowed us to make this expansion happen.

We currently have a census of 18 with plans to expand to 24 by this summer. We now offer partial hospitalization programs for youth (ages 5–18) at two times of the day — a morning program that runs from 8:30am–1:00pm and an afternoon program that runs from 2:30–6:00pm. Both programs offer staff-supervised individually-tailored community exposure work. This one-on-one exposure work often incorporates parents so they can learn how to use ERP with their child.

In addition to our partial and outpatient services, we also offer a free monthly support group for parents of youth with OCD. Each meeting includes an informal presentation on a specific topic (see below). Ample time is also available for open discussion.

2016 upcoming meeting dates and topics:

- April 7: Medication Options for OCD
- May 5: Family Accommodation
- June 2: What is PANS/PANDAS?

### THE CENTER FOR EMOTIONAL HEALTH OF GREATER PHILADELPHIA

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The Center for Emotional Health of Greater Philadelphia (CEH) is excited to announce the expansion of our FREE OCD and BFRB support groups. Now meeting monthly in Cherry Hill and Princeton, our support groups are clinician-facilitated and give attendees the opportunity to share experiences and connect with others affected by these disorders.

CEH has expanded its clinical training program. Under the direction of Diana Antinoro Burke, PsyD, CEH is currently seeking practicum student applicants for specialized training

## THERAPY COMMUNITY

### Institutional Member Updates *(continued)*

in the treatment OCD and related disorders for the 2016–17 training year. Those interested may contact Dr. Antinoro Burke for more information.

In staff news, CEH executive director Marla Deibler, PsyD, completed a Master of Science in Clinical Psychopharmacology (MSCP) in preparation for the potential for prescription privileges for psychologists in the state of New Jersey.

Spring 2016 will bring scholarly activities for CEH staff. Stephanie Scherr, PhD, and Jennifer Gola, PsyD, will be presenting a workshop at the annual ADAA conference in Philadelphia, PA. Jennifer Gola, PsyD, Diana Antinoro Burke, PsyD, and Marla Deibler, PsyD, will be presenting workshops at the annual TLC conference in Dallas, TX. Finally, Marla Deibler, PsyD, will be presenting with colleagues TLC's Professional Training Institute in Nashville, TN.

#### THE CENTER FOR THE TREATMENT AND STUDY OF ANXIETY (CTSA)

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The Center for the Treatment and Study of Anxiety is proud to offer the highest-quality evidence-based treatment for OCD. We are excited to continue our work on dissemination by offering our annual four-day workshop for professionals seeking to learn and hone their skills at delivering ERP. Please visit our website for more information about our treatment and training services. We also congratulate faculty member Dr. Anu Asnaani who received the Emerging Professional Contributions to Research Award, given by Division 45 (The Society for the Psychological Study of Culture, Ethnicity and Race) of the American Psychological Association. This award recognized Dr. Asnaani's outstanding early career research contributions in the promotion of ethnic minority issues.

#### COGNITIVE BEHAVIOR THERAPY CENTER OF SILICON VALLEY AND SACRAMENTO VALLEY

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The Cognitive Behavior Therapy Center of Silicon Valley and Sacramento Valley provides evidence-based therapy for OCD and anxiety disorders. We have a few announcements:

- Caitlyn Oscarson, LMFT, became certified by the Academy of Cognitive Therapy this past fall. We now have three certified CBT therapists at our CBT Center.
- Melissa Gould, LPCC, attended the International OCD Foundation's Pediatric Behavior Therapy Training Institute (BTTI) in January 2016.
- In January, we started a CBT group for social anxiety in our Silicon Valley office. The Cognitive Behavior Therapy Center is one of eight regional clinics of the National Social Anxiety Center.

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We are pleased to announce that Dr. David Yee, clinical psychologist and a primary therapist within our adolescent OCD/anxiety IOP, is now a recognized graduate of the IOCDF Behavior Therapy Training Institute. Dr. Yee attended the BTTI in Houston last April and completed his post-institute supervision in November. Doorways, LLC now has three staff members (Dr. Yee joins Dr. David Wall and Megan Schwallie, LCSW) who have completed the BTTI.

In other staff development news, Megan Schwallie, LCSW, and clinical lead of Doorways, LLC OCD/Anxiety IOP program has recently completed the Tourette Association of America's Behavior Training Institute.

#### THE LINDNER CENTER OF HOPE: OCD AND ANXIETY DISORDER TREATMENT PROGRAMS

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The Lindner Center of HOPE is seeking candidates for a new position for a full-time OCD psychologist or therapist to work on our short-term adolescent residential unit, The Williams House. The Williams House is a comprehensive diagnostic and intensive treatment program that provides a short-term intensive treatment track for patients suffering from OCD and OCD spectrum disorders and other anxiety conditions.

The position is a full-time position with benefits, including a faculty appointment within the department of psychiatry and behavioral neuroscience at the University of Cincinnati's College of Medicine. We are looking for a licensed or license eligible clinician, though if a candidate is an outstanding pre-

## Institutional Member Updates *(continued)*

doctoral intern, we would be willing to provide post-doctoral training and supervision for the year prior to licensure, and a faculty appointment would be subsequent to licensure.

We are looking for enthusiastic candidates with a strong background in providing exposure and response prevention treatment, familiarity with acceptance and commitment therapy approaches, and experience with adolescents. Individuals interested in applying for this position should submit a curriculum vitae and a professional statement detailing interest in this position, career goals, and experiences that have prepared them for this position to [Debbie.Strawser@LindnerCenter.org](mailto:Debbie.Strawser@LindnerCenter.org).

### MCLEAN OCD INSTITUTE FOR CHILDREN AND ADOLESCENTS (OCDI JR.)

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The McLean OCD Institute for Children and Adolescents (OCDI Jr.) is delighted to introduce Kelly Pavao, our new nurse manager & intake coordinator. Kelly comes to us with over 12 years of experience in adolescent psychiatric nursing, and we are lucky to have her. To make a referral to the program or reach our intake line, please call the number above. For general questions about the program, please email [McleanCAOCDI@partners.org](mailto:McleanCAOCDI@partners.org).

### MOUNT SINAI OCD AND RELATED DISORDERS PROGRAM

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The Mount Sinai OCD and Related Disorders program is pleased to announce that Talia Wiesel, PhD, recently joined our faculty as an assistant professor of psychiatry. Dr. Wiesel specializes in the evaluation and treatment of OCD, tic disorders, body dysmorphic disorder, and trichotillomania. In other clinical news, for families seeking reduced-fee options, we continue to offer a specialty track OCD treatment through the child psychiatry outpatient service. Program faculty supervise child psychiatry fellows and psychology doctoral students who provide affordable, comprehensive evaluations and treatment. Led by Dr. Rojas, we continue to provide a no-cost CBT group for children (ages 8–12) with OCD. The next session begins in summer 2016. We also anticipate offering another OCD summer camp week.

In research news, Dr. Grice was awarded funding to expand her collaborative research program in Sweden. This work focuses on identifying environmental and genetic risk factors for OCD and tic disorders. In studies directed by Dr. Goodman, our program offers investigational interventions such as transcranial magnetic stimulation as part of ongoing clinical trials, and, for select adult patients, deep brain stimulation (DBS) treatment. For more information on our clinical or research programs, please call or email us at [OCD@mss.edu](mailto:OCD@mss.edu).

### NEUROBEHAVIORAL INSTITUTE (NBI)

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or [Brina@nbweston.com](mailto:Brina@nbweston.com)  
[www.NBIWeston.com](http://www.NBIWeston.com)

The NeuroBehavioral Institute (NBI) in Weston, FL continues to expand its evidence-based treatment services and intensive outpatient programs for OCD, OCD related conditions, and anxiety disorders (including our Fear of Flying Program). We have also begun a variety of new therapy groups, including a lunch social group and a weekend multifamily therapy group. Additionally, we are now offering a free OCD support group at our office in addition to the ongoing Boca Raton group. We have been getting great feedback regarding our weeklong "OC-Ski" treatment adventure that took place in Park City, Utah at the end of 2015 and will keep you posted about the dates for our upcoming 2016 treatment adventures. We also welcome recent additions to our postdoctoral resident staff, Drs. Wilfredo Rivera, Danielle Norona-Blocker, Amrita Singh, and Joyce Szentpaly.

### NORTHWELL HEALTH OCD CENTER

Zucker Hillside Hospital  
75-59 263rd St.  
Glen Oaks, NY 11004  
Phone: (718) 470-8052  
Email: [apinto1@northwell.edu](mailto:apinto1@northwell.edu)  
[www.northwell.edu/ocdcenter](http://www.northwell.edu/ocdcenter)

We are pleased to announce our new name: Northwell Health OCD Center. As of January 1, 2016, the North Shore-LIJ Health System has been renamed Northwell Health as part of a new national rebranding campaign.

Northwell Health OCD Center currently has openings for individual and group therapy, as well as medication management. Please call or visit our website for more information and to schedule a confidential screening.



## THErapy COMMUNITY

### Institutional Member Updates *(continued)*

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#### NW ANXIETY INSTITUTE

325 NW 21st Ave. Suite 200  
Portland, OR 97209  
Phone: (503) 542-7635  
Email: [info@nwanxiety.com](mailto:info@nwanxiety.com)  
[www.nwanxiety.com](http://www.nwanxiety.com)

NW Anxiety Institute, located in Portland, Oregon, is excited to announce the launch of our intensive outpatient program (IOP) for children and adolescents suffering from OCD and other severe anxiety disorders. This specialized program offers a three-week (with flexibility to extend as needed) intensive treatment experience, including:

- 3-5 weekly sessions of individual therapy
- Daily process/goal-setting group
- Daily skills building group
- Weekly family therapy
- On-site medication management with a child/adolescent psychiatrist
- Independent-supported, community-based exposure response prevention (ERP)

The IOP at NW Anxiety Institute will begin spring 2016 and will be most appropriate for children/adolescents who:

- Have moderate to severe OCD or other anxiety disorders
- Have tried outpatient therapy in the past without positive results
- Are looking for a step down from an inpatient or residential program

Enrollment for the IOP is open. For more information and a link to begin the intake process, please visit our website.

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#### PERTH OCD CLINIC

939 Wellington St.  
West Perth, WA 6005  
Australia  
Phone: (+61) 43570222  
Email: [pwc.gayle.maloney@gmail.com](mailto:pwc.gayle.maloney@gmail.com)  
[www.perthocdclinic.com](http://www.perthocdclinic.com)

November 2015 marked the opening of the Perth OCD Clinic, the first Australian clinic to be registered as a specialist outpatient clinic with the IOCDF. The Perth OCD Clinic has established an individual clinical psychology outpatient program for OCD sufferers and their families. The senior clinical psychologists at the Perth OCD Clinic have worked together since 2006 and provide evidence-based strategies tailored to each client's individual needs.

In December 2015, clinical director Dr. Gayle Maloney was appointed as an assistant clinical professor at Yale OCD Research Clinic following her work at Yale Medical School during 2015 as a Fulbright visiting research scientist. To ensure that the Perth OCD Clinic is able to offer cutting-edge treatment to OCD sufferers, Dr. Maloney continues to collaborate on research trials with associate professor Christopher Pittenger and his team at Yale University into the development and testing of adjunct psychological strategies for treatment-resistant OCD.

The Perth OCD Clinic also provides professional development courses and supervision. Our staff members are passionate about disseminating the specialized international OCD training undertaken at the Behavior Therapy Training Institute to colleagues who share a passion for working in the OCD field.

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#### ROGERS MEMORIAL HOSPITAL

34700 Valley Road  
Oconomowoc, WI 53066  
Phone: (800) 767-4411, Ext. 1846 or (413) 822-8013  
Email: [r Ramsay@rogershospital.org](mailto:r Ramsay@rogershospital.org)  
[www.rogershospital.org](http://www.rogershospital.org)

Rogers Behavioral Health—Minneapolis opens May 2016 in Eden Prairie, MN. This new location will initially offer partial hospital programs for children, adolescents, and adults with OCD and anxiety disorders, with intensive outpatient programming to follow. These evidence-based programs will be based in CBT with an emphasis in ERP.

Jason Russell, director of operations, Theodore Weltzin, MD, regional medical director, and Tracy Lichner, PhD, clinical director, will lead Rogers—Minneapolis. For more information, contact national outreach representative Renee Most at (612) 979-5455 or [renee.most@rogersbh.org](mailto:renee.most@rogersbh.org).

Our longstanding Adolescent Center in Oconomowoc, WI, is now renamed the Adolescent Center for OCD and Anxiety. This change emphasizes its focus on OCD and related anxiety disorders in light of the addition of a new adolescent residential program for teens with severe depression and other mood disorders. It also formalizes the center's role within the continuum of OCD and anxiety services at Rogers.

Licensed adult psychiatrist Mitzi Albright, MD, Rogers Memorial Hospital—Oconomowoc, and licensed clinical psychologists Nicholas Farrell, PhD, Rogers—Oconomowoc; Keri Brown, PhD, Rogers Memorial Hospital—Appleton; and Paula Young, PhD, Rogers Behavioral Health—Chicago, have joined Rogers! These additions to our team expand our clinical specialization in OCD and related anxiety disorders.



## RESEARCH NEWS

### Research Participants Sought

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

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

#### ONLINE STUDIES

##### Do you or your child suffer from obsessive compulsive disorder (OCD)?

The Department of Psychology at Texas A&M University is conducting an online psychology study that aims to better understand OCD and related disorders. If you are an adult who has OCD (or believes you have OCD), you can participate in the current study. Or, if you have a child or adolescent who has OCD and is between the ages of 7–17, your child can participate in the study. Parents must be present in order to provide permission for their child to participate, and parents will be asked to fill out several questionnaires along with their children.

Once you visit the link, you will read a brief description of the study and be provided contact information for the researchers should you have any questions, and then be assessed for eligibility. Persons who are addicted to alcohol or drugs, have been diagnosed with a psychotic disorder (e.g., schizophrenia) or autism spectrum disorder, or have certain neurological disorders will be asked to refrain from participating.

If you meet the criteria for this study, you can take part on your computer/tablet/or smartphone at home! Taking part in the study involves completing a battery of questionnaires on your electronic device. It should take between 45 minutes to 1 hour to complete. Once you have completed the study, you can enter your contact information to be entered into a lottery drawing for a \$25 gift card to Amazon.com. A total of 10 gift cards will be awarded, and your odds of winning depend on the number of participants who enter the lottery.

If you are interested in taking part, visit: [agrilife.az1.qualtrics.com/SE/?SID=SV\\_chfjksWFOLoHLEN](http://agrilife.az1.qualtrics.com/SE/?SID=SV_chfjksWFOLoHLEN)

If you have questions, please email [davidhoughton@tamu.edu](mailto:davidhoughton@tamu.edu)

TAMU IRB #2015-0775D Approved: 01/15/2016 Expiration Date: 01/15/2017

##### Mobile App Study for OCD

Live OCD Free by Pocket Therapist, LLC, is an ERP-based smartphone app developed by Kristen Mulcahy, PhD. Within this app, users develop their own exposure hierarchy and set reminders to complete exposure trials. Following each exposure trial, users record their anxiety. Users can also record

the number of times per day they resist or give in to urges to ritualize. The app also asks users to rate their anxiety on a weekly basis. Users receive progress reports regarding their exposures, engagement in rituals, and weekly anxiety ratings, and these progress reports can then be emailed to a treatment provider if applicable. This app includes separate versions for adults and children. In the child version, users fight the “Worry Wizard” and are taught that giving in to the requests of the Worry Wizard will make the Wizard and their worry or anxiety stronger. The wording within this version is also more child-friendly; however, the basic concepts remain the same across both versions. There is also an online forum provided for additional support ([www.liveOCDfree.com](http://www.liveOCDfree.com)). The Live OCD Free app is currently available for \$29.99 through the iTunes store for Apple mobile devices.

Researchers at Butler Hospital and the Alpert Medical School of Brown University are currently evaluating the Live OCD Free app in a clinical trial. Eligible participants will receive free access to the mobile app and will be asked to complete four online surveys over the course of 12 weeks. If you are 18 years of age or older, suffer from obsessive compulsive disorder, and have access to an Apple device, you may be eligible to participate in this online study. For more information regarding this study, please visit [www.butler.org/ocdapp](http://www.butler.org/ocdapp) or contact Dr. Maria Mancebo at (401) 455-6541.

##### Parental Experiences and Perspectives of Pediatric OCD

The purpose of this study is to learn more about the experience of parenting a child or adolescent diagnosed with OCD. If you are a parent of a child between the ages of 5 and 17 who has been diagnosed with OCD, are English-speaking, and have access to a telephone, you may be eligible to participate. There are no direct benefits to you for participating in this study, but it is an opportunity to provide information that may help to better support other parents and families dealing with pediatric OCD. This research is being conducted as part of a dissertation project at the School of Social Service Administration, The University of Chicago.

Please contact Megan Schwallie, PhD candidate, at [nordquml@uchicago.edu](mailto:nordquml@uchicago.edu) or (312) 479-5860 if you would like to learn more.



## Research Participants Sought *(continued)*

### Validation of Stimuli Set for Study of Attentional Bias in Obsessive Compulsive Disorder

#### Individuals with Obsessive Compulsive Symptoms

Queen's University Belfast is inviting you to take part in an online research study which aims at creating a valid picture and word set to be used in research on how individuals with obsessive compulsive disorder (OCD) pay attention to objects or scenes that relate to their symptoms. The leading theory in OCD suggests that this process is a key factor in maintaining and exacerbating the symptoms of people with OCD. The current project will hopefully help in developing new future treatments for this mental health difficulty.

*What will I have to do if I do want to take part?*

This study is all online and consists of three online surveys that can be carried out at your leisure. The surveys ask you to answer some questions on yourself and to rate a series of images and words on how unpleasant, anxiety-provoking, upsetting, and attention grabbing they are. Each survey takes around 30–40 minutes to complete, you are free to take breaks when you feel you need them at any time during the survey. All three surveys do not need to be completed in one day but we do ask that they are completed within two weeks of finishing the first one. Some of the images and words used in the study may be mildly distressing for you. However, there is nothing included in the study that you would not experience on TV or everyday life. You are free to stop the study at any time by exiting the window without giving a reason. For further information, please feel free to email the lead researcher Rachel Johnston at [rjohnston65@qub.ac.uk](mailto:rjohnston65@qub.ac.uk) who will be happy to answer any questions you may have.

Please visit the links below if you would like to take part in the study.

Survey 1: [qubpsych.qualtrics.com/SE/?SID=SV\\_3yogOFtOnRdTsbi](http://qubpsych.qualtrics.com/SE/?SID=SV_3yogOFtOnRdTsbi)

Survey 2: [qubpsych.qualtrics.com/SE/?SID=SV\\_3Rb6fpX78wLHvs9](http://qubpsych.qualtrics.com/SE/?SID=SV_3Rb6fpX78wLHvs9)

Survey 3: [qubpsych.qualtrics.com/SE/?SID=SV\\_9ERjE16T8nl8VV3](http://qubpsych.qualtrics.com/SE/?SID=SV_9ERjE16T8nl8VV3)

#### Clinical Psychologists

Clinical Psychologists are also invited to take part in this study. The study is still the same as the one above with the addition of a few questions, based on your clinical experience treating obsessive compulsive disorder, as to how the images would provoke obsessions and compulsions. Please visit the links below if you would like to take part in the study.

Survey 1: [qubpsych.qualtrics.com/SE/?SID=SV\\_eDS85dFW8fOHwZT](http://qubpsych.qualtrics.com/SE/?SID=SV_eDS85dFW8fOHwZT)

Survey 2: [qubpsych.qualtrics.com/SE/?SID=SV\\_3wSzMv47Qx6Rz7f](http://qubpsych.qualtrics.com/SE/?SID=SV_3wSzMv47Qx6Rz7f)

Survey 3: [qubpsych.qualtrics.com/SE/?SID=SV\\_dmo3JrKbF5BM9yl](http://qubpsych.qualtrics.com/SE/?SID=SV_dmo3JrKbF5BM9yl)

Thank you very much for taking the time to read this advertisement.

### CANADA

#### Probiotic Research Study – MacAnxiety Research Centre

Do you:

- Describe yourself as a superstitious person?
- Constantly doubt the accuracy of things you do?
- Worry about germs or contracting a serious disease?
- Have a strong need for symmetry or exactness?

Are you spending large amounts of time:

- With songs or music stuck in your head that you don't want there?
- Doing things several times or until it feels right?
- Counting objects like stairs, floor, or ceiling tiles?
- Repeatedly checking locks, light switches, and appliances?
- Arranging/organizing?
- Cleaning/washing your home or workplace?

The MacAnxiety Research Centre is conducting a study investigating the effectiveness of a natural health product for obsessive compulsive disorder (OCD).

You must be 18 to 65 years old and in good health.

For more information, please respond to this ad or contact (905) 921-7644; [turnaj@mcmaster.ca](mailto:turnaj@mcmaster.ca). For additional information visit [www.macanxiety.com](http://www.macanxiety.com).

### CALIFORNIA

#### Understanding How Ketamine Brings About Rapid Improvement in OCD

NCT02624596, IRB-34622

PI: Carolyn Rodriguez, M.D., Ph.D.

The Stanford Translational OCD Research Program is looking for adults 18–55 years old with OCD to take part in a study providing these possible benefits:

- Free diagnostic evaluation
- Free scan of your brain and picture
- Free test of your memory and attention
- Compensation of \$400 after study completion
- Your choice of free OCD psychotherapy or pharmacology after study completion

#### Purpose

To understand how a new drug brings about rapid improvement in OCD symptoms

#### Contact

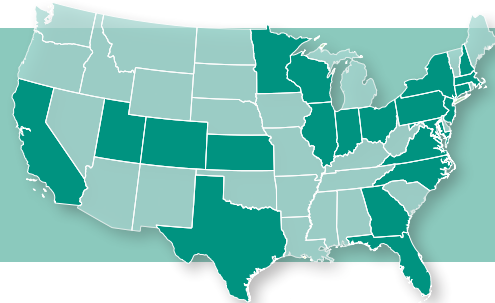
(650) 723-4095; [ocdresearch@stanford.edu](mailto:ocdresearch@stanford.edu)

## FROM THE AFFILIATES

### Affiliate Updates

#### 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](http://www.iocdf.org/affiliates)



#### OCD CONNECTICUT

[www.ocdct.org](http://www.ocdct.org)

OCD Connecticut's new educational program, "Parenting your Child With OCD" will be presented throughout the state (check website for updates). We will also attend the 5th Annual Course on the Treatment of Obsessive-Compulsive Disorder and Related Conditions being held at Yale on May 20, 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 for event details and find us on Facebook and Twitter.

#### OCD GEORGIA

[www.ocdgeorgia.org](http://www.ocdgeorgia.org)

OCD Georgia has had an exciting 2016 so far — and we're only a few months in! We've expanded our social media presence with the launch of our YouTube channel. If you missed our OCD Awareness Week event, you can find the presentations on our YouTube channel. Want to do more than just engage on social media, perhaps even play an active role within OCD Georgia? We are expanding our volunteer network and are looking for people in the OCD Georgia community to join us. Interested? Let us know by emailing [Info@OCDGeorgia.org](mailto:Info@OCDGeorgia.org). Lastly, we can't wait until June 4 for the second annual 1 Million Steps for OCD Walk in Atlanta at Chastain Park. Last year was phenomenal, and we are even more excited to see what this year holds. Put the date on your calendar — this is something you won't want to miss!

#### OCD GREATER DENVER

[OCDGreaterDenver@gmail.com](mailto:OCDGreaterDenver@gmail.com)

OCD Greater Denver has undergone changes in leadership in the past few months. Claire Dean Sinclair, PsyD, and Jaimelyn Roets, LCSW, join Board President Tami Roblek, PhD, as secretary and treasurer, respectively. We are also excited to announce our quarterly presentation meetings will occur in March, June, September, and December. All presentations are free and open to the public. Email us for more information!

#### OCD JACKSONVILLE

[www.ocdjacksonville.com](http://www.ocdjacksonville.com)

OCD Jacksonville held their annual conference in October entitled "OCD and Anxiety Disorders: What Professionals, Educators, and Parents Need to Know." Over 140 people attended the all-day event, which offered CE credit for teachers and mental health professionals.

The support groups continue to thrive, with a group for adults with OCD meeting on the first Thursday of the month (contact Mike Bennett at [mikeWbennett@gmail.com](mailto:mikeWbennett@gmail.com)) and one for families of sufferers meeting the second Thursday of the month (contact Kim Vincenty at [kmvz61@gmail.com](mailto:kmvz61@gmail.com)).



We began 2016 as a co-sponsor of an art exhibit called "Visual Artifacts: One Mind Two Realities." The grand opening was held Friday, January 15 at the Florida Mining Gallery and had over 300 attendees. The show was a joint effort within the mental health community to reduce the stigma surrounding mental illness. Mental health organizations shared resources and attendees were able to find treatment options in northern Florida. OCD Jacksonville was proudly represented and remains committed to increasing awareness, education, support, and outreach to both the patient and professional community.

#### OCD KANSAS

[www.facebook.com/OCDKansas](http://www.facebook.com/OCDKansas)

OCD Kansas is now recognized by the IRS as a 501(c)3 non-profit organization and can accept tax-deductible donations through our website.

We held three events during OCD Awareness Week at Wichita State University where we used fun activities to educate students about OCD and its treatment. Next year, we want to create events that reach beyond Wichita State to the larger community.

## Affiliate Updates *(continued from page 30)*

Over the past year, OCD Kansas has been able to connect people with OCD to low-cost, evidence-based treatment they might not have otherwise located. We have also reached out to clinicians in the area to discuss who is providing evidence-based treatment for OCD and how we can spread those practices and hope to provide a training in exposure and response prevention (ERP) for OCD soon. Please email [ocdkansas@gmail.com](mailto:ocdkansas@gmail.com) if you or someone you know is interested in getting involved, as we are actively seeking new leadership and volunteers.

### OCD MASSACHUSETTS

[www.ocdmassachusetts.org](http://www.ocdmassachusetts.org)

OCD Massachusetts invites you to attend one of our great lectures in April! Jim Claiborn will be presenting on "Evidence-Based Treatment for OCD" on April 5 at McLean Hospital in Belmont, and Ken Jaffe will hold a medication Q&A at Smith College in Northampton on April 19. Additionally, come to UMASS Memorial Center in Worcester to hear "A Journey Through OCD and Treatment" on April 14. All lectures are free and open to the public. Please visit our website to learn more about lectures that will be presented in May and June!

### OCD MIDWEST

[www.ocd-midwest.org](http://www.ocd-midwest.org)

OCD Midwest is looking to plan another mini conference/day of training in the Midwest this year and is looking for a city to host our event. Do you have a practice in an area where there is a lack of resources for OCD sufferers? If so, contact Dr. Patrick B. McGrath ([Patrick.mcgrath@alexian.net](mailto:Patrick.mcgrath@alexian.net)) or Dr. Charles Brady ([Charles.Brady@lindnercenterofhope.org](mailto:Charles.Brady@lindnercenterofhope.org)) and make your pitch for us to come to your town to work with you on putting on a day of training for therapists and an open forum for people with OCD and their families. We look forward to working with you on this in the fall — contact us now so we can start planning!

### OCD NEW JERSEY

[www.ocdnj.org](http://www.ocdnj.org)

OCD New Jersey had a very successful quarterly presentation in December with our first "Ask the Experts" panel in many years. The panel, consisting of Drs. Allen Weg, Marla Deibler, and Rachel Strohl, took questions from the audience as Dr. Diana Antinoro moderated. Because of the great turnout, we expect to run similar programs again in the near future.

Our first quarterly presenter of 2016 was Jeff Cohn of "Address Our Mess," a cleanup company that works in tandem with mental health professionals in cleaning out homes of hoarders. The presentation, open to mental health professionals and laypeople, was a great success!

Our annual conference took place March 13 and featured Dr. John Piacentini, professor of psychiatry and director of the UCLA Child OCD, Anxiety, and Tic Disorders Program, who presented "Cognitive Behavioral Therapy of OCD: How Science is Making Effective Treatment Even Better" which was followed by a "Living with OCD" panel. Visit our website for information on both.

### OCD NORTH CAROLINA

[www.ocdnc.org](http://www.ocdnc.org)

As one of the "newer" IOCDF affiliates, OCD North Carolina is in the process of surveying members to help determine areas they would be most interested in the affiliate initially focusing its energy on. In addition, since most of our board members and officers are located in the central part of the state, we are planning two outreach meetings for 2016 in other areas of the state in order to meet members and provide community education programs in other locations not typically served during OCD Awareness Week. Interested in helping grow OCD North Carolina? Contact Jeff Sapyta at [president@ocdnc.org](mailto:president@ocdnc.org).

### OCD SACRAMENTO

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

OCD Sacramento announces our upcoming 1 Million Steps 4 OCD Walk and partnership with OCD SF Bay Area! This year we are thrilled to join our efforts and expand our reach to include a wider region to promote our mission to raise awareness into the importance of reducing stigma associated with OCD. With the support of the IOCDF, we hope to make this Walk our most one successful ever.

We are also pleased to announce our upcoming monthly presentation lineup. On April 12, Tracy Roulet, PsyD, will moderate a panel of experts who will share their experiences with anxiety disorders from both professional and personal perspectives. On May 17, Kathy Ventry, LMFT, will host a presentation on pediatric OCD with a discussion on prevalence, symptoms, and what to expect in treatment. All presentations are free to the public and are located at 9300 Tech Center Drive, Ste 250, Sacramento, CA 95826. For more information, contact Dr. Robin Zasio at (916) 366-0647, Ext 4.

### OCD SF BAY AREA

[www.ocdbayarea.org](http://www.ocdbayarea.org)

OCD SF Bay Area, in conjunction with the IOCDF and OCD Sacramento, is planning the Northern California 1 Million Steps 4 OCD Walk on June 4, 2016. We will walk around the lovely Lake Merritt, a unique fresh and saltwater lake and the largest such lake located within an urban area. The Walk route will take participants on a 3.4-mile loop around the circumference of the lake. Come join us!



## FROM THE AFFILIATES

### Affiliate Updates *(continued from page 31)*

#### OCD SOUTHERN CALIFORNIA

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

OCD Southern California held a genetic study event as part of its free Speakers Series in La Jolla Saturday, January 9. The room was filled to capacity, with attendees listening to presentations, asking questions of the various panelists, and participating in the USC Genetic Study. Dr. Jim Knowles of USC presented information on his research into the genetics of OCD, and Dr. Barbara Van Noppen, also of USC, spoke on families and OCD. Dr. Sanjaya Saxena of UCSD presented on treatments for OCD and hoarding disorder; Dr. Nader Amir of SDSU spoke on computerized treatments for OCD; and Chris Trondsen discussed life after treatment, including preventing relapse, finding support, and creating structure.

A second Speakers Series event was held March 13 in Pasadena. Dr. Grayson, Dr. Van Noppen, and Chris Trondsen presented, and attendees had an opportunity to participate in the genetic study.

OCD Southern California is excited to be presenting a new event in the spring! If you missed either of the above events, please go to the website and like us on Facebook, where you can find regular announcements on upcoming events.

#### OCD WESTERN PA

[www.ocfwpa.org](http://www.ocfwpa.org)

Please stop by our table Saturday, April 9 at the NAMI Southwestern Pennsylvania annual education conference, "A Call to Action: Creating a Movement to Change Lives." Exhibiting at this annual conference allows us to reach out to both professionals and consumers in the greater Pittsburgh area who may not know about the IOCDF, OCFWPA, and the many services we offer the OCD community.

#### OCD WISCONSIN

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


This November, we were thankful for Brad Reiman and Dave Jacoby, both of Rogers Memorial Hospital, who shared their experience and knowledge on OCD at two of our community talks.

For the second year in a row, OCD Wisconsin participated in the Wisconsin School Counselor Association Conference distributing countless fliers to school counselors interested in learning more about OCD. It truly opened our eyes to the fact that there is a want and need for education in this area.

We're accepting applications for the Barry Thomet Scholarship. Eligible students must be nominated by a high school counselor and should be someone who stands out for having overcome obstacles due to his or her OCD. Two scholarships were awarded in 2015 at our OCD Walk in June, and we'll be offering two scholarships again this year.



Chicago



Save the Date!  
July 29–31, 2016