



## INTRODUCING THE NEW IOCDF TRAINING INSTITUTE

by Stephanie Cogen, MPH, MSW  
Introduction by C. Alec Pollard, PhD



C. Alec Pollard, PhD at a recent Behavior Therapy Training Institute (BTI).

Although I am supposed to be introducing this important article, I would like to take this opportunity to recognize the thoughtfulness and dedication with which the International OCD Foundation (IOCDF) approaches its training mission. For as long as I can recall, the Foundation has demonstrated a deep commitment to offering accessible education and affordable training programs. Today, as in the past, the objective of improving access to evidence-based treatment continues to be uncompromised by the pressure to make training programs a source of revenue. As a result, the Foundation has reached hundreds of clinicians who may have otherwise been unable to participate.

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

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# WALK

The 1 Millions 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!



## BOSTON

### 5th ANNUAL WALK

Saturday, June 3rd, 2017

Jamaica Pond  
507 Jamaicaaway, Boston, MA

## NORTHERN CALIFORNIA

### 4th ANNUAL WALK

*New Date!*

Saturday, June 10th, 2017

California State Capitol  
1315 10th St, Sacramento, CA

## ATLANTA

### 3rd ANNUAL WALK

Saturday, June 3rd, 2017

Chastain Park  
135 W. Wieuca Rd, Atlanta, GA

## HOUSTON

### 2nd ANNUAL WALK

Saturday, June 3rd, 2017

Houston, TX  
Specific location TBA

## IN YOUR COMMUNITY

Can't join us at one of the above in-person Walk events? Start a Virtual Walk Team and invite your family, friends, and coworkers to join and walk with you in your local community!

[iocdf.org/walk](http://iocdf.org/walk)

## Letter from the Executive Director



Dear IOCDF Community,  
I am excited to announce that we have launched a new initiative aimed at expanding our community; more specifically, one that will increase the diversity of the IOCDF community. At the 2015 Annual OCD Conference I asked Dr. Monnica Williams to do an "audit" of the IOCDF; specifically, I asked

her to evaluate how welcoming and encouraging we are to communities from all types of backgrounds. After all, mental health issues do not discriminate.

Dr. Williams is a leading mental health expert in the study of why individuals from diverse backgrounds, who are experiencing mental health conditions at similar rates as Caucasians, are less likely to access treatment or resources. As Dr. Williams explains: "There are many forms of diversity, and it's important to recognize that some groups experience ongoing marginalization, stigma, and disadvantage." Her recommendations for the IOCDF, which were many, were aimed at how we could improve our messaging, programming, and resources, to better appeal to a more diverse community.

As a result, we are excited to announce the creation of a Diversity Council: an interdisciplinary team of experts and community leaders, co-chaired by Dr. Williams and Stephanie Cogen, the IOCDF's Education

and Training Manager. The goal of the Diversity Council is to provide leadership and guidance to the IOCDF around issues of diversity, ensuring that these issues remain at the forefront of all current and future resources the Foundation has to offer.

Our mission is to help all individuals affected by OCD and related disorders. There is much to do to improve our efforts. In conjunction with the Diversity Council, two members of our Board of Directors, Susan Boaz and Denis Asselin, have worked to create the following inclusion statement:

**“ The IOCDF is committed to doing what it takes to ensure that those that may not have equal access to resources can be included as equal partners in our vision. ”**

– Dr. Monnica Williams,  
co-chair, IOCDF Diversity Council

*The International OCD Foundation commits to an international collaborative solution to mental health challenges, and welcomes people of all nationalities, races, ethnicities, genders, ages, sexual orientations, income levels, and religions. Mental health does not discriminate. Spreading awareness and hope to those suffering from mental health disorders, as well as to their caregivers, families, and friends, involves us all.*

*With that understanding, we welcome you to our organization and trust that the Foundation's resources will provide you with help, treatment options, and hope. We invite you to help educate our organization on the specific challenges you may experience, so that the OCD community around the world can find strength, resilience, and support in each other. Join us in finding hope and a cure for OCD.*

Our intention is to have this statement serve as a guide for the initiatives we plan to roll out over the next several years. Dr. Williams and Stephanie are currently working on developing the Diversity Council, whose first task will be to outline a 3-year strategic plan.

If you have ideas that you would like to contribute, please reach out to Stephanie directly at [scogen@iocdf.org](mailto:scogen@iocdf.org) and she will ensure that your ideas are represented at future

Diversity Council meetings.

I am hopeful that this new initiative reflects our mission to help everyone affected by OCD and related disorders.

Sincerely,

Jeff Szymanski, PhD  
Executive Director  
International OCD Foundation

## FROM THE FOUNDATION

### Introducing the New IOCDF Training Institute *(continued from cover)*

*Equally impressive is the Foundation's continued pursuit of feedback to improve existing programs and develop new products. The organization really listens and responds to its constituents. Program development at the IOCDF has also been appropriately thorough. When discussion turns to new topics, innovative formats, or alternative methods of delivery, the Foundation carefully considers how each proposed initiative will fit into the existing curriculum. The result is a group of clearly differentiated training programs that do not compete, but rather complement each other.*

*The culmination of the Foundation's admirable approach to continuing education is the "Training Institute," the topic of the article I am introducing. In this article, Stephanie Cogen describes the Foundation's new system for organizing its training programs, and defines four levels of training to assist professionals in selecting the product that best serves their needs and interests. There is no better illustration of why I am so appreciative to be able to participate in the Foundation's training mission, than the article you are about to read.*

*C. Alec Pollard, Ph.D.  
Chair, Clinical Training Subcommittee*

The IOCDF has gone through many changes over the years, but our commitment to increasing access to effective treatment has remained constant. This core aspect of our mission is realized through our commitment to train therapists in evidence-based practices for work with OCD and related disorders. It is our hope, that by increasing the number of therapists who know how to effectively treat OCD and related disorders, we can reduce the time between onset of symptoms and access to effective treatments.

Unfortunately, treating OCD and related disorders is not a standard part of the curriculum for any of the therapeutic disciplines (psychology, social work, counseling, psychiatry, etc.). In that vein, we recognize that professionals seeking this specialized training from the IOCDF come to us with a

wide range of experience and education levels, from those who are still in school, to those who have been working in the field for 20+ years. In an effort to be a resource to all professionals, regardless of their education or experience level, the IOCDF is launching our Training Institute: a new series of training opportunities that is intended to be both comprehensive and integrated.

#### **BUILDING ON OUR FOUNDATION**

The IOCDF has been training clinicians since 1995, when we launched our flagship training for professionals — the Behavior Therapy Training Institute (BTTI). The BTTI is a 3-day program that focuses on teaching cognitive behavioral therapy (CBT) — specifically, exposure with response prevention (ERP) — to clinicians who work with OCD and related disorders across the lifespan. The BTTI has expanded in recent years in response to the growing demand for more specialized trainings. In 2013, we began offering the Pediatric BTTI for clinicians who work with kids and teens. In 2014, we added the Hoarding BTTI that focused solely on working with hoarding disorder.

The BTTI family of courses has been extremely successful in closing the training gap. Since its inception, BTTI has trained over 1,000 clinicians, and now we need new ways to keep those clinicians engaged and advancing their skills. As a result, we have developed the Training Institute to offer a more comprehensive curriculum of professional training opportunities. These training offerings address a variety of specialties and issues pertaining to the OCD and related disorders community, while also providing continuing education credits to qualified professionals.

#### **INTRODUCING THE IOCDF TRAINING INSTITUTE COURSE CATALOG**

The new Training Institute curriculum is formatted in the style of higher education course catalogs, ranging from the 100-level introductory trainings to the 400-level advanced trainings. A brief description of each level can be found below.

- **100-Level (Introductory)** – The Introductory level of courses are for trainees and clinicians who are new to the world of OCD and related disorders. These courses will help introduce attendees to the recognition and diagnosis of OCD and related disorders, as well as how they are treated.
- **200-Level (Foundational)** – The Foundational level of courses are for independently licensed clinicians who are familiar with OCD, but may be new to treating it following best practices. These courses seek to train



## Introducing the New IOCDF Training Institute *(continued)*

clinicians in ERP, the gold standard treatment for OCD, in addition to how treatment may vary for OC-related disorders.

- **300-Level (Integrative)** – The Integrative level of courses are for clinicians who are comfortable with diagnosing OCD and implementing ERP with their clients, but may benefit from guidance around their severe, resistant, and/or ambivalent cases. This level focuses on helping clinicians to synthesize their previous learning with their current practice via group consultation sessions with the world's leading experts on OCD and related disorders.
- **400-Level (Advanced)** – The Advanced level of courses are for seasoned clinicians who feel competent working independently with clients with OCD. Clinicians who would benefit from these training opportunities will have several years of experience in implementing ERP, and have some experience working with more severe cases.

Historically, once a clinician had completed the BTTI, they had reached the top of the IOCDF's training ladder. In 2015, we piloted an advanced training for clinicians who had completed the general BTTI. This training was envisioned as the chance for seasoned clinicians to learn from leading experts around a key topic (in 2015, the topic was treatment engagement, resistance, and ambivalence) using the BTTI's signature blend of didactics and case consultation. Following the success of this pilot program, the Training Institute will now include these 400-level "Advanced Training Forums." These Forums will also blend lecture material with the immediate application of material to cases. We are planning on offering the first official Forum later in 2017 — stay tuned for more information!

### A SELF-ASSESSMENT: HOW TO MAXIMIZE YOUR TRAINING EXPERIENCE

A major key to the success of the Training Institute curriculum will be to ensure that clinicians access the course level that best corresponds to their needs, based on their current level of knowledge and expertise. Who better to determine a clinician's baseline level than the clinicians themselves? As such, we developed an efficient online self-assessment screening tool to help clinicians figure out where they land in the Training Institute curriculum, and which course(s) might be most useful to them.

The online self-assessment is brief — clinicians should need no more than 5 minutes to complete it — and there are different versions for those who work with adults and those who work with pediatric populations. Should a clinician work with the lifespan, they can either take both assessments, OR prioritize for which age group they would like to receive training first. The assessment will then ask clinicians a series of questions to gauge their experience and expertise, culminating in a recommended course level based on their responses.

As we get further into 2017, we are very excited to have you take part in all that the Training Institute has to offer. Whether you get your feet wet in the Introductory level, or jump right in to the Advanced courses, we hope the new curriculum will help clinicians of all types feel better prepared to work with OCD and related disorders. ○

To learn more about the new IOCDF Training Institute and/or take the self-assessment, please visit [www.iocdf.org/professionals/training-institute](http://www.iocdf.org/professionals/training-institute) or e-mail [training@iocdf.org](mailto:training@iocdf.org).



C. Alec Pollard, PhD at the most recent BTTI, in St. Petersburg, FL

### NEW OPTIONS FOR NEW AUDIENCES

An exciting aspect of the Training Institute is that it opens up a world of opportunity for clinicians who may not be able to travel to an in-person training. For example, the 100-level (introductory) course offerings include several online interactive courses available through our partnership with the Massachusetts General Hospital's Psychiatry Academy. These courses can be accessed anywhere in the world, provided there is an Internet connection.

Another new web-based offering will include our 300-level (integrative) Online Consultation Groups, where clinicians will be able to troubleshoot their most challenging OCD and related disorders cases with renowned experts. As the Training Institute grows and develops, we are excited to continue offering more online and remote learning opportunities to further expand the global pool of trained clinicians.

## FROM THE FOUNDATION

### Consider Making a Gift of Stock to the IOCDF

by Eric Steinert, Development Manager

*Last month, one of our donors called me at the IOCDF office to ask about the possibility of gifting shares of stock to the International OCD Foundation. As we began discussing how this donor would go about this, we reflected on how easy the entire process actually was. When I spoke again with our donor a week later, he confirmed that the process took no more than 5 minutes — and the gift made to the IOCDF was here in a week! He found the entire process very easy and was pleased that all the money from the stock went directly to the IOCDF.*

*Below, I have outlined the process that I took him through so that you — our dedicated newsletter readers — can learn more about making a gift of stock.*

#### WHY TO MAKE A GIFT OF STOCK TO THE IOCDF

Making a gift of stock to the IOCDF may seem confusing or cumbersome, but it doesn't need to be. Gifting shares of stock is actually a relatively easy, and very effective way to make a significant impact with your gift.

The most important thing to consider when donating a gift of stock is which "giving account" the gift will be made from. If you choose to sell your stock in today's market without first transferring the stock to a "donor-advised fund" or "giving account," you will lose a portion of the proceeds to taxes. Why forfeit a chunk of the value when it's not necessary? Did you know that donating the stock to the IOCDF via the giving fund may result in greater tax saving than you would have received through a standard tax deduction from a direct cash donation?

If I have captured your attention, here are some things to consider if you want to make your next gift to the IOCDF a gift of stock.

If you donate stock (as opposed to cash) that has increased in value since you bought it more than a year ago — and if you itemize deductions — you can receive a charitable deduction for the stock's fair market value.

By doing this, you can avoid paying additional taxes on the increase in value over time. For example, let's assume

you originally bought stock for \$10,000 and now it's worth \$50,000, which means you have a gain (or more specifically, a "capital gain") of \$40,000. If you choose to sell this stock, you will have to pay a tax on that increased value of \$40,000. Taxes on income such as this can run as high as 25%, meaning that you would owe as much as \$10,000 in taxes. In other words, you will be left with \$40,000 of the full \$50,000 value. In this case, if you chose to sell your stock with the intension of donating the income to the IOCDF, the IRS would get \$10,000 in tax and the IOCDF would receive the \$40,000 donation. On the other hand, had you donated the stock directly, the \$10,000 tax amount could have actually gone to the IOCDF!

A gift of stock, made to a registered charity in the United States, is a tax advantaged way to make a significant gift that takes nothing from your household cash flow. Therefore, in this example, had you instead decided to set up a donor-advised fund and donate your stock directly to that fund (as opposed to selling and donating the cash received), you could have advised the entire \$50,000 be donated to the IOCDF. By donating stock, you not only avoid paying any tax on the appreciated asset, you also receive a tax deduction for the full \$50,000! ***In fact, by donating stock you get a larger tax deduction and save more money than you would giving cash directly!***

Please see the chart below:

	Gift of cash	Gift of stock
Assumed fair market value of stock to be donated	\$50,000	\$50,000
Capital Gains Tax paid	\$10,000	\$0
Amount to be donated to IOCDF	\$40,000	\$50,000
Value of Charitable Income Tax Deduction	\$12,000	\$15,000
Total donor tax savings	\$2,000	\$15,000

## Consider Making a Gift of Stock to the IOCDF *(continued)*

### **IF THE STOCK'S VALUE HAS GONE DOWN — STICK WITH CASH.**

Conversely, if the stock's value has decreased at the time you wish to donate, it is better to sell the stock and give the cash. Here's why: First, there is no capital gain and therefore no tax advantage. In other words, the previous situation does not apply, and the cash you receive and donate when selling the stock would be the same as if you had donated the stock directly. Secondly, since your stock value decreased, you can now deduct the loss. For example, if the 100 shares of stock you bought at \$10 each is now worth \$4, you may be able to write off the \$600 loss when you file your taxes.

### **SETTING UP THE DONOR-ADVISED FUND (DAF) IS EASIER THAN YOU THINK.**

If you are in a situation where your stock's capital gain has reached a certain value, and you would like to make your donation, the first step is setting up the donor-advised fund (DAF). You will likely need between \$5,000 and \$10,000 in initial funding to open a donor-advised fund at a brokerage firm, mutual fund company, or community foundation. Fidelity and Schwab are a few examples of companies with charitable giving programs. They make setting up a fund as simple as taking five minutes to fill out an online form. Once shares are transferred into the DAF, you will receive an immediate tax deduction and you can begin advising the fund as to which charity your donation should go to!

### **USING A DONOR-ADVISED FUND BUYS YOU AN UNLIMITED AMOUNT OF TIME.**

One of the benefits of donating stock via a donor-advised fund is that it buys you time to decide where your gift should go. If your stock reaches an increased capital gain you may want to sell it immediately, but you may also want additional time to look at the different campaigns a charity has to offer (for example, the IOCDF Research Fund versus one of our many Annual Fund campaigns). In this case, you could transfer the stock right away to the donor-advised fund, receive the immediate tax credit, and then take your time (an unlimited time!) deciding where your gift will have the most impact. All without the risk of your stock value going down!

## **A Donor-Advised Fund**

*A donor-advised fund (DAF) is a giving account that you can establish with any broker-affiliated charitable giving program (for example, Fidelity and Schwab). It allows you to make a gift of stock to that giving program and receive an immediate tax benefit. You can then recommend, or advise, grants from the fund over time to any IRS-approved charity, such as the IOCDF!*

### **ASK YOUR BROKERAGE FIRM ABOUT THE PROCEDURE AND TIME FRAME OF SETTING UP THE GIVING FUND.**

Typically, banks and brokerage firms require a letter of instruction or letter of authorization to transfer the shares to a recently established donor-advised fund, and mutual fund companies might have special forms. I recommend starting this process a couple weeks before you wish to make your gift (especially if you are planning on making a donation before the end of the year), since some places may take longer than others.

Every donation made to the IOCDF, no matter the amount or method of giving, helps the IOCDF to support all those affected by OCD and related disorders. Donating a gift of stock in lieu of cash, is a way to expand the impact and overall amount of your donation, while also saving you money in the long run! I hope these small tips have helped shed some light on the process involved in making a gift of stock. If you're interested in learning more about gifting stock as a method for donating, please contact me at the IOCDF office, or contact your broker today! ○

*If you need any help making a gift of stock, or if you would like further information, please contact Eric Steinert, Development Manager at [esteinert@iocdf.org](mailto:esteinert@iocdf.org) or by calling (617) 973-5801, Ext. 24.*



## FROM THE FRONT LINES

### Learning to Live Life With a 24-Hour Job That Doesn't Pay a Dime

by Jonathan Teller

*In 2011 I was enrolled at Penn State University, and it was one of the happiest moments of my life. In my senior year of high school I had struggled with obsessive compulsive disorder (OCD). Now I was preparing to head to college, and I was pushing forward to overcome my OCD. Unfortunately, things took a turn for the worse.*

*My world was uncertain, and it wasn't okay. How many kids did I want to have? What did I want to be doing? Why had I done certain things in the past? Why had my mom let me do this? These are problems that people without OCD typically aren't bothered by. But I needed answers, and I would spend days trying to find them because the questions were consuming me. Unfortunately, I was unable to find relief, and this continuous searching led to a significant amount of depression.*

#### **THE PROBLEM BECOMES REAL**

The summer after my freshman year at Penn State, I tried to convince my parents that I needed help. Unfortunately, my family didn't understand the severity of the problem: "We didn't originally think it to be as complete and as severe as it eventually turned out to be," said my older brother Matthew. My mother said that the family hadn't understood my cries for help until one night during a major snowstorm: "I finally believed him when there was a horrible snowstorm, and he literally walked himself to the hospital, five or six miles in a terrible blizzard, and checked himself in," she said.

At that point, my parents started to realize the severity of my disorder, and they began to help me seek treatment. My parents and I went through six doctors before learning about McLean Hospital's OCD Institute (OCDI).

#### **LEARNING TO FIGHT**

In February 2014 I was admitted to the OCIDI residential treatment program at McLean Hospital. Though I went in confident and ready for an easy path to recovery, I realized the reality was far less romantic. For four hours, a day — two in the morning and two in the afternoon — I went

through exposure and response prevention therapy, or ERP. I would expose myself to a fear, and if I left my anxiety to develop as usual, and I resisted engaging in compulsive behaviors, the thoughts eventually became less powerful. The anxiety became easier to sit with, and the drive to engage in the compulsive behaviors started to diminish.

I learned that it was okay to be uncertain. If I asked myself a question that I couldn't answer, I learned to tell myself to wait five minutes. Five minutes later, I told myself to wait an hour for an answer. And before I knew it, I had gone through an entire day without becoming anxious about the uncertainty.

In May 2014 the doctors and staff at McLean decided that I had the tools I needed to leave residential treatment. Though I was scared to be thrust back into the "real world" after being in a controlled environment, I began seeing a new psychologist, Dr. Fred Penzel (see an article by Dr. Penzel on page 13!).

If you love your therapist, they're not doing a good job. I didn't love going to see Dr. Penzel, but I knew he was doing a good job. In fact, I think he's the best of the best. I would allow Dr. Penzel to trigger me intentionally, forcing me to face some of my worst fears. I remember him telling me, "You won't believe that you spent so much time crying about these things."

#### **FINDING MY PLACE**

In the fall of 2014 I started taking classes at Suffolk County Community College in Long Island, New York. I excelled, earning a 4.0 GPA, and decided that I was ready to leave home. Then I heard about the University of Richmond from some of my brother's friends. I applied, but assumed that I would be rejected. When I received a letter of acceptance in December 2014, I was shocked. I called the admissions office to ask why Richmond had accepted me. My story, an admissions officer explained, was incredible, and the University felt that I deserved admittance.

I was excited, but nervous. I remember how uncertain I felt when my parents dropped me off on campus in January 2015, but I was determined that this college experience would be better than my time at Penn State. I went to Richmond not knowing anyone. I was taking a big risk as I was also just transitioning out of treatment. But I said to myself — I have to do it now or I won't ever do it. This is my time.



## Learning to Live Life With a 24-Hour Job That Doesn't Pay a Dime *(continued)*

I didn't look back. My first Monday at Richmond, I began searching for research opportunities. I eventually found Dr. Laura Knouse, a psychology professor who studies attention-deficit/hyperactivity disorder (ADHD), with whom I conducted summer research. I also tutored for a psychology course called "Methods and Analysis," and I earned a place on the student conduct council. In the fall of 2015 I served as an orientation advisor for transfer students, some of whom were to become my best friends. Academically, I continue to excel, with a cumulative GPA that now stands at 3.96.

Dr. Penzel said that he was very proud to see me doing so well. "It is largely why I do what I do, and why I really enjoy treating people with OCD, as I have for the past 34 years. Unfortunately, many people with OCD give up on their dreams and live limited lives."

### MAKING A DIFFERENCE

I continued, refusing to give up. Then Dr. Penzel asked me if I wanted to share my story at this past summer's Annual OCD Conference in Chicago. It was an incredible opportunity, and a memory that I will never forget. I spoke in front of an audience of doctors, clinicians, and other individuals that suffer from OCD. My entire family spent the weekend in Chicago, celebrating this special occasion. My mom was so proud to know that I would be telling my story at an international conference, but said she wasn't surprised that I was already working on giving back: "He has a heart of gold."

The conference began on a Thursday and lasted through Sunday. I spoke on Sunday and attended other talks and presentations throughout the weekend. Additionally, I had the opportunity to speak with other people who were seeking treatment and looking to gain a deeper understanding of OCD. After my talk on Sunday, I was overwhelmed by the number of emails that I received. They came from people who had attended my talk and wanted to let me know how inspiring they thought it was. This is only the very beginning of my dreams and desires to make a difference in the field of mental illness. In fact, this past summer I was given opportunity to work on a research project at Yale University School of Medicine. I worked in an OCD lab where I helped doctors researching the disorder and exploring alternative treatments and medications to treat sufferers.

I might not know what my future has in store, how many children I will have, or why events have transpired as they have, but I have come to peace with that uncertainty. If I could go back and change anything, I would change nothing. My experiences have helped to make me the person I am today. I don't know everything, and life is uncertain, but that's okay. I want to inspire others. I want someone to look up to me and say, "Because of you, I never gave up." ○

*Interested in attending the Annual OCD Conference this summer in San Francisco? Visit [www.ocd2017.org](http://www.ocd2017.org) for more information!*

SAN FRANCISCO  
2017

24th ANNUAL  
OCD Conference

July 7-9, 2017

[ocd2017.org](http://ocd2017.org)




## FROM THE FRONT LINES

### Photography: Life Lessons Learned

by Thomas Beatty

*Hi, I'm Tom. I was suffering severely from OCD symptoms and social anxiety when I sought help in February 2008, at the age of 52.*

I have since discovered that when I challenge myself through new activities, I develop skills that I can use to manage my OCD. Photography, for example, has been the gateway to understanding and solving many of my OCD issues.

For me, OCD therapy and photography both start with an exposure. OCD, in my experience, is the anxiety caused by uncertainty. Social exposures trigger anxiety because I am uncertain of how to approach, engage, and respond to another person. Similarly, taking a picture also triggers anxiety because I am uncertain of what the resulting photo will look like.

My first experience with photography was as a newspaper reporter in Iowa. My reporting ranged from school board meetings, to covering an Iowa caucus meeting, to interviewing Miss Lillian Carter during the caucuses. Occasionally, in addition to reporting, I would step in as the photographer. One cold, snowy afternoon my editor called and asked me to report on a bank that had caught fire. I arrived, camera in hand, and composed my shot. I was so in the moment that I didn't notice the arch of water coming over the bank until it landed on my head. As icicles formed on my hair, I had to laugh. But it taught me a serious lesson — When misfortune rains down upon you, it is good to have a sense of humor.

It was not until years later that I became truly interested in photography. I was drawn to photography for the same reason that most people are. We take pictures to preserve memories of what is important to us: people,

places, activities and events. Another lesson I have learned that applies to both OCD therapy and photography is the importance of being totally present in the moment.

Nature is what first inspired my photography. I live in the St. Louis area, home to the Missouri Botanical Garden and the St. Louis Zoological Park. It's easy to move among the trees and flowers that surround us without taking notice, but visiting the Missouri Botanical Garden inexorably places me in the moment. There is always something in bloom, regardless of the time of year. I am particularly attracted by the endless variety of striking colors of orchids and irises. I also have a strong emotional connection to animals based on my heartfelt



Photos courtesy of Thomas Beatty

concern for their welfare, respect for their character, and awe of their beauty. On a recent visit to the St. Louis Zoo I went to see the elephant habitat. It appeared empty — but then, from the left, a large bull elephant with long white tusks slowly came into view. I quickly raised my camera and took a shot, aware that I may not get another chance. I was so captivated by the moment that, without thinking about it, I didn't give anxiety a chance to take hold. In the same way, I have learned that walking up to someone smiling, sticking out my hand, and saying hello without thinking, can be the best shot at starting a conversation.



Ideally, when taking photos, you have time to compose your shot. What will serve as the best background? What is the angle of the sun? What direction do you want the elephant facing? Where do you want the elephant in the frame? These are all valid considerations that place me in the moment. They are also triggers for my OCD that must be addressed head on. Every picture exposure is an OCD exposure. You might say, it is a double exposure. [Yeah, I said that.]



## Photography: Life Lessons Learned *(continued)*

Similarly, in social interactions I have practiced learning to focus on being in the moment. Twice a week I join my walking group. These walks provide opportunities for multiple social exposures. In these exposures I listen to what the person expresses verbally and non-verbally. I ask follow-up questions to demonstrate interest. I might share a common experience. Non-verbal cues are easily misinterpreted. My life-long 'friend,' the anxious critic that sits on my shoulder, will only pickup on negative cues, real and imagined. I am working on developing a better relationship with the person on the other shoulder, my true friend: confidence. Confidence always has the best answers to the doubts of the anxious critic.

My first pictures required a healthy measure of photoshopping. But without even being aware of it, I started to learn, and I began taking better pictures. Similarly, after the first months of social 'failures' with my walking group, I started over with brief, basic conversations. I would like to tell you that I got there all by myself. However, like much of my progress, I was dragged there by my therapist, kicking and screaming.

That said, I take credit for applying lessons learned in photography to my life. I post my photographs on Facebook. I receive compliments regularly from family and friends. My photographs change how people see me. I also frame and hang my photographs in my home. They are omnipresent reminders of my self-worth.

My photographs have changed how I see myself. My new sense of self-worth, and therefore my confidence, has grown. I have become more aware of the "good pictures" in my temporal world. My more positive attitude has led me to see more "good pictures" in my social world.



I've also come to terms with the fact that there is no such thing as photographic perfection. No amount of adjusting my camera settings or photoshopping the image will deliver perfection. This is because there is no yardstick to measure perfection. And so, another lesson learned has been that the only measure of a photograph is the emotional pleasure it provides me.

The parallel lesson, is that I will never have a social interaction that is '10 for 10.' During my walks, I try to ignore my life-long 'friend,' the anxious critic. When I get home from a walk, that night or the next day, I first ask a simple question: Did I have a good time? I do not ask why, how, or what. Just, do I feel good about it? Next, I ask: Did I follow my game strategy for social interaction? How did it work? What happened when I did not follow the game strategy? What did I learn? Learning is progress. Progress builds my friendship with my true friend, confidence. And finally, I ask: Did I enjoy myself during the interaction?

I continue to learn life lessons from my photography, and I see how I can apply those lessons to my struggles with

OCD symptoms. Like anything, photography can be an OCD minefield...if you let it. The strongest defense is the realization that perfection is not in the photographs — unless your name is Ansel Adams. Likewise, there is no perfect conversation, unless you are interviewer Charlie Rose. ○

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*Are you interested in contributing an article, story, poem, or artwork for possible publication in the OCD Newsletter? Please send your submission to the Editor at [editor@iocdf.org](mailto:editor@iocdf.org)*



## FROM THE FRONT LINES

### A Tale of Taming OCD Demons: How I Survived My Personal Hell on Earth

by Ashley

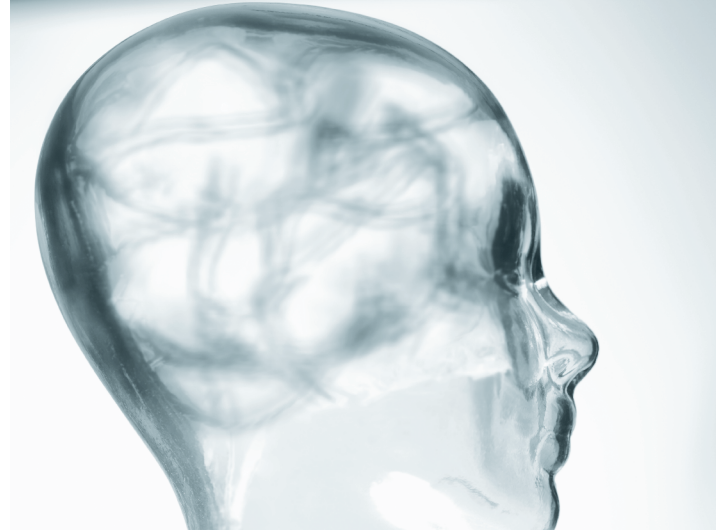
*A random thought crossed my mind while watching an Oprah special on child predators. On the TV show, Oprah was conducting interviews with actual child molesters. A thought crept into my mind, which was so ridiculous, but was something that my OCD brain was not able to push away — what if I was a child molester?*

I mean, this was a preposterous concept. There was no reason why I should even be concerned with something so ludicrous. I considered myself to be a very kind, loving human being with no malicious intent. Friends described me as caring and generous. There was no way that I could be a monster — just no way. Still, the thought terrified me and gained such a ferocious momentum that it became totally out of my control. The thought continued to spiral, eventually plaguing my mind 24/7. Even when I could fall asleep, I would have nightmares that painted the hellish subject matter vividly across the landscape of my mind. It was a war zone and there was no reprieve from the torture. Eventually, it got to the point where I was so tormented by these thoughts that I could barely function.

The fact that I was able to graduate from college is still amazing to me. I refused to be alone out of sheer terror. The degree of suffering that OCD inflicted upon me is truly something I am unable to relay or communicate through a written description; “Hell on Earth” comes the closest. I was considering ending my life because I did not want to endure the intense suffering any longer.

I am writing this not to convince you how debilitating OCD can be (if you have OCD, or know someone with the disorder, you probably understand the degree that it can interfere in everyday life). I am writing this so that you know that there is hope.

The internet has very limited resources to address the pure fear of being a child molester, thus increasing the feelings of isolation and misunderstanding on the part of the sufferer. Obviously, this subject matter, which is quite unpleasant and grotesque in nature, is not something anyone wants to admit to or talk about. However, exposure and response prevention therapy (ERP) can help. ERP involves slowly exposing oneself to a fear. In my case, this involved looking at anything related to a child (i.e., clothing, toys, books) or even just seeing



children. With this therapy, medication, and a good family/friend support system, I have successfully overcome most of my OCD fears and am able to live, love, and enjoy life. I am continuing to get better and have not struck a plateau in my healing journey.

I would like to highlight the importance of disclosing my OCD subject matter to my family and close friends. This was unbelievably challenging but, to my astonishment at the time, they did not judge or disown me. They knew that I was

not truly a danger to anyone. That disclosure was the turning point for me. It was the point when I sought out professional help and, subsequently, discovered that I had OCD. The journey of healing from this disorder is multifaceted, involving many components, and providing opportunities to understand the way the mind works (and doesn't work). In many ways, it is like peeling

off layers of an onion. Little by little, as the layers are peeled, I am more readily freeing myself of the relentless anxiety and fear spawned by this disorder. Because of this experience, I am an even more compassionate human being, with a true appreciation of every moment of life. For those of you feeling helpless or in distress from this disorder, just know that if I can make my journey to healing, so can you. ○

**“ The journey of healing from this disorder is multifaceted, involving many components, and providing opportunities to understand the way the mind works (and doesn't work) ”**

*For more information on common features, typical course, shame, and treatment of Pedophilia OCD (pOCD), please reference the article “Am I a Monster?” by Jordan Levy, PhD in the Winter 2016 edition of the OCD Newsletter.*

## Both Ends Against the Middle: When OCD Tries to Disrupt Its Own Treatment

by Fred Penzel, PhD

*Obsessive compulsive disorder (OCD) has long been known to take on many strange forms and cause people to have unusual thoughts. It is important to know about and recognize these different forms in order to make a correct diagnosis and develop an effective treatment plan. In my many years of treating OCD, one of the more unusual things I have seen OCD do is to actively undermine a sufferer's attempts to get treatment. One reason for this is that OCD seems to have an uncanny ability to home in on aspects of people's lives that are most important to them. Since recovery is such a vital issue for OCD sufferers, it is no surprise that OCD would attach itself to their efforts to get well. This can unfortunately create major roadblocks in treatment, even causing some sufferers to give up in frustration and conclude that they simply aren't able to recover.*

The ways in which OCD does this can be either very obvious and straightforward or extremely subtle and difficult to recognize. Therapists who are unaware of these types of symptoms can often be misled into believing that their patient is either not cooperating, or that they don't possess the insight or motivation to get well.

### **SOME OF THE THINGS YOU MAY TYPICALLY SEE IN THESE CASES INCLUDE:**

#### ***Patients thinking that they must do their therapy perfectly or else they won't get well***

This all-or-nothing thinking leads to compulsive perfectionism in carrying out therapy assignments, which can cause further problems for sufferers. One such problem is patients pushing themselves far beyond the level they can handle and, as a result, becoming so anxious that they feel they don't have what it takes to get better, and simply can't be helped. I have also seen patients assign themselves extreme things, some of which were potentially hazardous, in an attempt to get well "perfectly." Another problem is that patients with this kind of thinking continually obsess about how to do their assignments perfectly, end up procrastinating, and never actually get around to doing anything at all. Their therapist might mistakenly believe that they are simply being uncooperative, or that they are unmotivated and don't want to face their anxieties.

#### ***A high frequency of negative obsessive thoughts***

These negative obsessive thoughts typically sound like, "You can't get well," or "Nothing can help you," or "Even if therapy works for others, it won't work for you, because you're the exception," or "You're hopeless so you should just give up." Those who can't recognize these as being the product of their OCD are certainly not going to feel very motivated or capable, and may even want to quit. They conclude with the question, "How can someone as hopeless as I am ever recover?"

#### ***OCD causes extreme doubt, which then gets in the way of participation in therapy***

OCD, as many of us know, has been called "the doubting disease," and one significant doubt it can cause is, "Maybe I don't really have OCD at all." It can go further, suggesting to a sufferer that they are actually "insane" and more likely have another mental health condition, such as schizophrenia, and therefore can never recover. The result can be a whole new round of compulsions, with the patient looking up countless articles on this new disorder in an attempt to figure out their true diagnosis. It may also lead them to conclude that they are in the wrong therapy, causing them to lose confidence in their treatment and consider dropping out.

Doubts can be even more basic, with a sufferer asking themselves, "What if I didn't do my therapy homework? How do I know I didn't forget to do it, or that I've ever done it at all?" This doubt can lead to endless checking, to the point that homework can't even be approached, or to continuously repeating the same assignments to make sure they were carried out. A different type of uncertainty may cause the sufferer to have doubts about their therapist, asking themselves things like, "How do I know my therapist really knows how to treat OCD?" "If they don't, I could be getting the wrong treatment advice and won't get well, or I will come to harm as a result of misguided therapy assignments." (Our assumption here being that the therapist is indeed qualified.)

A further type of doubt can take the form of a patient worrying about future events connected with their treatment, and might sound like, "What if years from now when I'm doing well, I forget what I learned in treatment, get into a difficult situation, and have a total relapse?" This can lead to such severe worry and obsession about future events that they cannot focus on carrying out treatment in the present. When it comes to taking medication as part of treatment, OCD might not spare that either. Even if a medication is working, it can sometimes tell a sufferer, "How do you know if your medication is working? What if you only think it's working and it really isn't?" To check this, the sufferer may stop taking their prescribed medication, thus causing their symptoms to worsen.

## THErapy COMMUNITY

### Both Ends Against the Middle *(continued)*

#### **Obsessive thoughts actively disrupting Exposure and Response Prevention (ERP) assignments**

A good example of this would be a patient whose obsessions told her that she could not succeed in her college studies because she wouldn't be able to remember anything that she heard in class or read in textbooks. When she was given exposure homework to confront these thoughts, and even agreed with them in various ways, her obsessions then shifted direction. They began to tell her that the therapy homework would never help her because getting admitted to college proved that she could remember everything and she was totally wasting her time in therapy. When this obsession led her to stop doing her therapy homework, and instead go back to studying, the thoughts quickly reversed themselves and once again told her she wouldn't retain anything. This vicious cycle clearly did not make for consistent therapy participation.

#### **Taboo intrusive thoughts alters the motivation to continue treatment**

In the case of taboo intrusive thoughts (such as those that are sexual and/or violent in nature), there is a particularly disruptive obsession that goes something like, "Maybe all that is holding me back from acting on my violent impulses is my anxiety, and if therapy takes my anxiety away, nothing will prevent me from going insane and killing people." These thoughts result in the sufferer questioning whether therapy is a good idea after all, and thinking that they would simply be safer living with their symptoms and avoiding any risks.

#### **Superstitions turning homework into a hindrance**

Superstitious thinking can also interfere and paradoxically turn normally helpful therapy assignments into compulsions. This can result in the patient believing that homework must be done in a certain way (e.g., repeated a special number of times, or performed with a "good thought" in mind) or else, per the obsession, something bad will magically happen to themselves or others.

As can be seen, there are numerous ways that OCD can potentially undermine the therapy process and stand in the way of a recovery. There are, no doubt, many more ways that are not mentioned in the list above. Many of these intrusive worries may not surface in the first few therapy sessions and will only emerge once the actual work of therapy has started.

The question that logically next arises is, how does one prevent this from happening? If you are a therapist, this is a situation where a thorough understanding of OCD and its many different forms is crucial. You must really listen to your patients and if, for any reason, they do not seem able to come to grips with therapy assignments, you must not simply assume that they are lazy, don't have the motivation to recover, or aren't on enough medication. Pay close attention to the thoughts and behaviors

that precede situations where homework can't seem to get started or the patient suddenly begins running into obstacles.

Some possible behavioral assignments, based on exposure and response prevention (ERP) principles, to counter these new obstacles, might include having the patient:

- Do therapy homework incorrectly or imperfectly on purpose, and then saying that because of this, they won't get well.
- Carry out assignments an unlucky number of times, and then saying that bad consequences will surely follow.
- Agree with thoughts of not being able to recover or doing badly.
- Affirm ideas of having another mental health condition (such as schizophrenia), being insane, or untreatable.
- Agree with the idea that homework may not have been done at all and that recovery will be impossible.
- Not double-checking whether homework was done, or done correctly.
- Resist having to do homework according to special ritualistic rules beyond those rules indicated by the therapist.
- Going along with the belief that losing the anxiety will result in losing control and subsequent violent behavior, and then doing the therapy assignments despite this.
- Telling themselves that the effects of therapy won't last, that whatever was learned will be forgotten, and that only relapse lies in their future.
- Continuing to take medication as directed but agreeing that it just isn't working and will never work.

The point of all the above exercises is to help sufferers build up tolerance to their intrusive thoughts to the point where they no longer have any impact. This is the goal of applying the basic principles of ERP. I like to tell patients the goal is to "get bored" with the thoughts. They can allow them to simply be there without having to escape, avoid, or cancel them out in some way. I point out that by not staying with or confronting their thoughts, they will simply remain sensitized to them and will continue to be negatively influenced by them. This is not easy but it can be done with the right kind of help and support. It requires a lot of persistent work over time, as well as continued patience with the usual ups and downs that are normal to any change process. ○

*Fred Penzel, PhD is the executive director of Western Suffolk Psychological Services in Huntington, NY, a private treatment group specializing in OCD related problems, anxiety disorders, and body-focused behaviors. He has been involved in the treatment of OCD since 1982 and is a founding member of the IOCDF Scientific and Clinical Advisory Board.*



## Art Therapy in OCD Treatment

by Sarah Tippet, MA, IMF

*Exposure and Response Prevention (ERP) is considered the “gold standard” treatment for obsessive compulsive disorder (OCD). As an OCD therapist who is also trained in Art Therapy, I have found some helpful ways to augment my OCD treatment with art therapy techniques. Below, I outline some examples for therapists who want to consider implementing art therapy as part of their ERP work with clients.*

### PICTURES SAY A THOUSAND WORDS...

Some individuals who are newly diagnosed with OCD may not be fully aware of the extent of their symptoms, or know how to describe what they are experiencing (this can be especially true of kids with OCD). In these cases, they may benefit from drawing images or symbols, rather than using words to describe their symptoms. I have found that after completing a comprehensive assessment, the drawing process can often spur new insights. For example, I was working with a child who had anxiety about contamination. It wasn't until he drew his classroom, “Where's Waldo?” style, that he more fully conveyed, and I therefore understood, the extent of his contamination fears. Thanks to this new understanding, I was able to work with him to develop a hierarchy of symptoms and a treatment plan.

In other cases, clients' intrusive thoughts are so anxiety provoking that they cannot even begin to verbalize them. For example, who would want to tell a therapist that he was afraid he might kill his classmates, or that her mind kept ruminating about sex with a religious figure? Yet, when you're dealing with OCD, which involves the brain fixating on these types of terrifying intrusive thoughts, it's important for a client to be able to verbalize them to another person. In fact, for many this is the first step in the process of helping the brain “habituate” to these thoughts and become less “reactive” to them. For this reason, if you are working with someone who cannot verbalize their thoughts, see if they are willing to draw them.

I once worked with a youth who, after several sessions, remained unable to verbalize an unwanted taboo thought. I asked him to draw a burrito, and to fill it with ingredients that corresponded to his thoughts, each in proportion to how much they were bothering him. The client began to draw a burrito, filling it with beans, rice, chicken, and salsa — each food item representing one of his obsessive thoughts. When he got to the beans he stopped. “There are too many beans,” he said, blackening the beans, which stood out in the top center of his burrito drawing. This began the process of being able to help the client verbalize his worst, most intrusive thought. We started referring to the thought as “The Beans,” which lightened his mood, eventually enabling him to describe the thought in greater detail, and to feel more comfortable working with and verbalizing the bad thought. This allowed him to begin to make progress in his treatment, and it enabled us to develop a clearer treatment plan.

### SOME HELPFUL TIPS TO CONSIDER

If you want to integrate art therapy techniques into your treatment it is important to keep a few things in mind. Encourage clients to go at their own pace and use art materials that don't expose them too quickly to an intrusive thought. Wet materials, such as paint and clay, might not be the best choice early in treatment because they are more difficult to control. As such, they have a tendency to unleash thoughts and feelings more rapidly than pencils and markers, and they could potentially be too triggering. Colors should also be offered carefully, as certain colors can be triggering (e.g., red can trigger thoughts/images of blood, black can trigger superstitious thoughts or thoughts of death; however, the therapist should look towards the client to make these interpretations for him or herself). I recall a young woman who feared that she had harmed children and was very triggered by the color pink. Eventually, as her treatment progressed, she purposely used pink to trigger herself in an effort to habituate to her scary thoughts. Similarly, a boy, whose intrusive thoughts involved a video game character, was triggered by the color yellow. He was eventually able to transition from drawing his scary scenes in black and white to using yellow to add challenge to his exposure work, thus increasing his ability to tolerate feelings of distress.

Clients can also facilitate their exposure to fearsome thoughts by painting them in the abstract. As therapy progresses, they paint ever more explicit images and view their paintings each day. If they prefer to draw, they can draw one cartoon panel each session and gradually increase tolerance to their scary narrative. For somebody with OCD this can be enormously challenging, however, it can be an extremely beneficial augment to treatment.

### CONCLUSION

The point of this therapy is not to create great art — it's to use art as a processing tool. No more, no less. This is not about a therapist interpreting a client's art for them — it's about giving the client the time and space to allow the brain to integrate with his/her thoughts, thus allowing them to express, process, formulate, integrate, and hopefully begin to heal. ○

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*Sarah Tippet, MA, IMF, treats OCD sufferers of all ages under the clinical supervision of respected Southern California OCD specialist, Lori RiddleWalker, LMFT, EdD. Sarah received her Master's Degree from Loyola Marymount University in Marital and Family Therapy with an emphasis in Clinical Art Therapy. She is a member of the International OCD Foundation.*

## THE THERAPY COMMUNITY

### 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 HEALTH HOSPITAL – CENTER FOR ANXIETY AND OCD**

1650 Moon Lake Boulevard

Hoffman Estates, IL 60169

Phone: (847) 755-8566

Email: [Patrick.McGrath@amitahealth.org](mailto:Patrick.McGrath@amitahealth.org)

[www.alexianbrothershealth.org/abbhh/ocd-anxiety](http://www.alexianbrothershealth.org/abbhh/ocd-anxiety)

The Foglia Family Foundation Residential Treatment Center at AMITA Health, Alexian Brothers Behavioral Health in Elk Grove Village, IL will be opening on April 24, 2017. Our new residential facility will serve individuals with anxiety, OCD, and PTSD, as well as chemical dependency. Our clinical model includes CBT and ERP for anxiety treatment and involves motivational interviewing, 12-step, and ACT for chemical dependency. Since both programs will be in the same building, we will be able to treat individuals with co-occurring disorders. Further, we will offer free treatment to veterans, their spouses, and their children up to and through age 26.

Our opening ceremony will be on Friday, April 21, 2017 at 3:00pm and we invite all of you to come and tour the facility! To view renderings of the building, visit [www.alexianbrothershealth.org/abbhh/ourservices](http://www.alexianbrothershealth.org/abbhh/ourservices) and hit the Residential Treatment Center tab. The waiting list is now open; so please call (855) 383-2224 to begin the admission process. The Center will be under the direction of Patrick B. McGrath, PhD, AVP of Residential Services and clinical director of the Center for Anxiety and OCD.

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

104 Webbs Mills Road

Raymond, ME 04071

Phone: (207) 655-2737

Email: [gpstreet@anxietysolutions.net](mailto:gpstreet@anxietysolutions.net)

Our special arrangement with Anthem BCBS of Maine to facilitate members' access to and utilization of our intensive outpatient therapy program is being updated to make the process smoother for interested OCD patients and us. For those intensive therapy patients who need a place to stay nearby, apartments (a 1 bedroom and a 2 bedroom) are still available through Olde House Raymond, LLC directly upstairs from the Anxiety Solutions offices. Our adult anxiety support group is now in its 12th year, continuing to meet at 7:00pm on the 2nd and 4th Thursdays of most months (only the 2nd Thursdays in November and December) in the

waiting room of our main office here in Raymond, ME. We've expanded our Portland office at the address above, which now is in an office suite with a waiting room and two therapy offices. Feel free to contact our new administrative assistant, Kathleen March, at [kmarch@anxietysolutions.net](mailto:kmarch@anxietysolutions.net) or (207) 655-2737 for additional information.

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

9300 Tech Center Drive, Suite 250

Sacramento, CA 95827

Phone: (916) 366-0647, Ext. 4

Email: [drrobin@atcsac.net](mailto:drrobin@atcsac.net)

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

The Anxiety Treatment Center of Sacramento has expanded to offer both morning and afternoon tracks in our new El Dorado Hills location, which opened in November 2016. Offering the same services as our Sacramento location and Roseville location (which opened in August 2016), we continue to serve children, adolescents, and adults suffering from moderate to severe levels of OCD and other anxiety disorders.

We also welcome Fiona Arenson, LMFT to the ATC Sacramento location! Her formal theoretical orientation is in acceptance and commitment therapy (ACT), helping clients increase their psychological flexibility, while incorporating mindfulness-based practices and exposure and response prevention (ERP) to help clients work toward their goals. Fiona takes pride in providing a compassionate, nonjudgmental and safe environment in helping individuals lead full and rich lives.

Our monthly Adult Psychoeducation & Support Group for OCD & Anxiety is now in full swing. The goals are to help individuals with obsessive thinking, constant worrying, and the physical symptoms of anxiety that can cause stress and isolation. Participants will learn effective strategies to reduce symptoms, and give and receive support in a safe and confidential environment. The group meets on Wednesday nights from 6:00–7:30pm and is facilitated by Kathy Ventry, LMFT, program manager of the ATC's EL Dorado Hill's location.

#### **CENTER FOR OCD & ANXIETY-RELATED DISORDERS (COORD)**

Saint Louis Behavioral Medicine Institute

1129 Macklind Avenue

St. Louis, MO 63110

Phone: (314) 534-0200, Ext. 407

Email: [sue.mertens@uhs.com](mailto:sue.mertens@uhs.com)

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

We are delighted to announce two new additions to our team of cognitive behavior therapists. Gregory Peebles, MAC, LPC just completed a two-year fellowship at our Center where he developed his expertise in treating OCD and anxiety disorders.

## Institutional Member Updates *(continued)*

Previously, Mr. Peebles had served as one of our graduate practicum students. The second new member of our team is Ryan Wilderman, MA, LPC. Mr. Wilderman has a special interest in OCD-related disorders and he too was a familiar face, having been one of our graduate practicum students a number of years ago. We are gratified that many of our students and residents decide to return to COARD to pursue their careers.

In an effort to improve our ability to meet the needs of families dealing with a loved one who won't seek help, we are training more members of our clinical staff to provide a treatment approach called Consultation to Families of Treatment-Refusers (CFTR). By spring of 2017, we hope to double the number of clinicians at COARD who will be able to assist families in this difficult situation. CFTR was developed at COARD by our family consultation team, which includes Melanie VanDyke, PhD, Gary Mitchell, MSW, LCSW, Heidi Pollard, RN, MSN, and Alec Pollard, PhD. The team is in the final stages of completing a manual so that therapists at other centers will be able to provide this much needed service.

### CENTER FOR OCD AND RELATED DISORDERS AT COLUMBIA UNIVERSITY MEDICAL CENTER

Columbia University/NYSPI  
1051 Riverside Drive, Unit #69  
New York, New York 10032  
Phone: (646) 774-8062  
Email: [chenste@nyspi.columbia.edu](mailto:chenste@nyspi.columbia.edu)  
[www.columbiapsychiatry.org/ocd](http://www.columbiapsychiatry.org/ocd)

Our research program is dedicated to improving the lives of people with OCD by conducting cutting edge research to transform how we understand and treat this disorder. For the patients of today, we study how best to deliver novel and current treatments. For the patients of tomorrow, we partner with brain imagers and basic scientists to study what causes OCD.

New Findings: In 2016 we continued to examine what treatments work best and for whom.

- Our data confirm that adherence to EX/RP is critical for good outcome (Wheaton et al., 2016, Behavior Research & Therapy).
- EX/RP works well even for patients whose stated preference was medication (Wheaton et al., 2016, Psychotherapy and Psychosomatics).
- We also helped to develop definitions for response, remission, and relapse for OCD that can be used across the globe (Mataix-Cols et al, 2016, World Psychiatry).
- Sensorimotor gating does not seem to explain why individuals with OCD have trouble inhibiting repetitive thoughts and behaviors, although there were differences between males and females (Steinman et al., 2016, Depression and Anxiety).

We recently welcomed Dr. Reilly Kayser (psychiatry resident at NYSPI) and Nicole Simons (volunteer). We are excited to see what they will accomplish this year!

We continue to actively recruit patients to treatment studies. For more information see page 25 of this newsletter, call Stephanie at (646) 774-8062, or visit us at [columbiapsychiatry.org/ocd-treatment](http://columbiapsychiatry.org/ocd-treatment).

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

Perelman School of Medicine, University of Pennsylvania  
3535 Market Street, 6th Floor  
Philadelphia, PA 19104  
Phone: (215) 746-3327  
Email: [theaga@mail.med.upenn.edu](mailto:theaga@mail.med.upenn.edu)  
[www.med.upenn.edu/ctsa](http://www.med.upenn.edu/ctsa)

The Center for the Treatment and Study of Anxiety (CTSA) continues to work on increasing access to effective, empirically supported treatment for OCD. In the past few months, the CTSA happily welcomed several new faculty members and trainees to provide direct one-on-one treatment for OCD, supervise other therapists in their delivery of EX/RP, and work on research projects to help advance our understanding of OCD. The CTSA also continues to be the only specialty clinic in the area to offer an intensive program of ERP, giving patients the opportunity to meet with an expert therapist for daily sessions over the course of 3 to 4 weeks. This program is ideal for patients from around the country to come to the Philadelphia area and complete a full-course of treatment in a short period of time. Please visit our website for more information. Finally, the 2017 EX/RP for OCD training workshop has been scheduled for July 17–20, 2017 in Philadelphia, PA and will be led by Edna Foa, Elna Yadin, and the CTSA faculty. Registration is now open, please visit our website for more information.

### CHILD MIND INSTITUTE INTENSIVE OCD PROGRAM

445 Park Avenue  
New York, NY 10022  
Phone: (212) 308-3118  
Email: [appointments@childmind.org](mailto:appointments@childmind.org)  
[www.childmind.org/center/intensive-treatment-ocd](http://www.childmind.org/center/intensive-treatment-ocd)

At the Child Mind Institute, we have expanded our Intensive OCD Program to include a one-week treatment option. This new program is geared towards children and adolescents with moderate OCD who are able to go to school yet are still struggling. Our one-week intensive program can be used to jumpstart treatment or as a boost for children already in a treatment program. We are able to work with families so children do not miss much (or any) school, including scheduling during school breaks.



# THErapy COMMUNITY

## Institutional Member Updates *(continued)*

Dr. Bubrick, director of the OCD service, works with a team of talented clinicians. Our one-week program includes three hours per day of individual CBT and exposure treatment sessions. Parents are updated and involved daily and are given assignments to help children practice new skills and participate in a parent session with Dr. Bubrick. At the end of the week, each family meets with Dr. Bubrick to discuss how to move forward, including referrals to local providers. We consult with other clinicians involved in the child's treatment and develop a plan to help children transition to less intensive treatment at home.

### EAST BAY BEHAVIOR THERAPY CENTER

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Walnut Creek, CA 94596

Phone: (925) 956-4636

Email: [ebbehaviortherapycenter@gmail.com](mailto:ebbehaviortherapycenter@gmail.com)

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

We're excited to announce our new group: the OCD Warrior. The OCD Warrior group has a single goal — to prepare participants for the most efficacious treatment for OCD: exposure response prevention (ERP). Participants will learn, in a very supportive meeting, how to be in charge of their life, instead of OCD running the show, and the best steps towards exposure practices. We continue to offer a "flexible and personalized" intensive outpatient program for children, adults and adolescent suffering with OCD.

### HOUSTON OCD PROGRAM

708 East 19th Street

Houston, TX 77008

Phone: (713) 526-5055

Email: [info@houstonocd.org](mailto:info@houstonocd.org)

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

The Houston OCD Program is proud to announce that we have expanded! Our new location, OCD & Anxiety Program of Southern California, opened its doors at the end of 2016. The program is located in the heart of Los Angeles in Santa Monica, CA, a bustling exciting environment that is near shops, restaurants, and the ocean. This offers terrific opportunities to enhance the treatment and complete exposures in the community during the treatment day.

The program is modeled after the Houston OCD Program, targeting OCD and anxiety related disorders. Dr. Throstur Bjorgvinsson, PhD, ABPP, founded the Houston OCD Program in 2009 and Dr. Naomi Zwecker, PhD, joined the team in 2011. Together, they recognized the need to extend such services to other areas of the US and established the new program in Los Angeles in 2016. Collectively, they have over 20 years of experience in treating anxiety disorders.

Both programs combine several key ingredients — expert clinicians, a warm and compassionate environment, and a collaborative team network. The OCD & Anxiety Program of Southern California offers intensive outpatient and outpatient services. Like the Houston OCD Program, our new SoCal location will plan to open up a residential program within the next year, offering a full-continuum of services.

### KANSAS CITY CENTER FOR ANXIETY TREATMENT (KCCAT)

10555 Marty Street, Suite 100

Overland Park, Kansas 66212

Phone: (913) 649-8820, Ext. 1

Email: [info@kcanxiety.com](mailto:info@kcanxiety.com)

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

KCCAT is pleased to announce an opening for a hard-working and enthusiastic individual to join the team at our busy and uniquely integrated specialty center!

This is an excellent opportunity for an evidence-based professional with demonstrable training and experience with OCD, anxiety, mood, and related conditions. Training with children and families, a strong CBT orientation, and familiarity with exposure-based, behavioral (e.g., contingency management, habit reversal training), and cognitive/acceptance approaches is required; comfort providing services for both youth and adults is preferred.

We offer a fun and supportive team-staffing approach focused on high-quality, tailored care plans, a well-appointed working environment with flexible hours, and patient-centered decision making outside of managed care.

The KC metro is a thriving and affordable place to live and we strive to maintain a setting where our employees have opportunities to develop creative, rewarding, and long-term careers across life stages. This job opportunity involves ways of combining direct clinical work with additional scholarship, research, and community activities depending on individual motivation and interests.

Please visit our website at [www.kcanxiety.com/careers](http://www.kcanxiety.com/careers) for additional information, qualifications/responsibilities, and details on how to apply.

### MCLEAN HOSPITAL

OCD Institute, 115 Mill Street

Belmont, MA 02478

Phone: (617) 855-2776

Email: [ocdiadmissions@partners.org](mailto:ocdiadmissions@partners.org)

[www.mcleanhospital.org/programs/obsessive-compulsive-disorder-institute](http://www.mcleanhospital.org/programs/obsessive-compulsive-disorder-institute)

The McLean OCD Institute for Children and Adolescents (OCDI Jr.) would like to welcome Amy Cousineau, LICSW, as our clinic

## Institutional Member Updates *(continued)*

director and intake coordinator. Amy comes to us with 14 years of experience from Bradley Hospital in RI. Working in conjunction with the rest of the team, Amy will assist families seeking treatment through the admission and assessment process and can be reached at [mcleancaocdi@partners.org](mailto:mcleancaocdi@partners.org) or (774) 419-1182. OCDI Jr. is able to provide both residential and partial hospital level of care for children and adolescents with OCD and related disorders. The adult OCDI is also pleased to welcome Liz Finegan as our new intake coordinator. Coming to us with more than 6 years of intake experience, Liz has most recently acted as the intake coordinator at the Klarman Eating Disorder Center at McLean. Liz can be reached at our admissions office at (617) 855-2776 or at [ocdiadmissions@partners.org](mailto:ocdiadmissions@partners.org).

### **MOUNT SINAI OCD AND RELATED DISORDERS PROGRAM**

1425 Madison Avenue

Department of Psychiatry, 4th Floor

New York, NY 10029

Phone: (212) 659-8823

Email: [talia.glass@mssm.edu](mailto:talia.glass@mssm.edu)

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

The Mount Sinai program continues to offer comprehensive diagnostic evaluations and empirically supported treatment to children, teens, and adults affected by OCD and related disorders. We'd like to highlight our work in the treatment of BDD, which includes ERP, mirror retraining, acceptance and commitment therapy, and mindfulness strategies. In other news, our no-cost CBT/ERP group for children (ages 8-12) with OCD begins again in Spring 2017 and is accepting referrals. We also welcome our newest program clinician Dr. Robert Jaffe, a child and adolescent psychiatrist. Dr. Jaffe provides assessments, psychopharmacological care, and CBT-based treatments to patient of all ages.

Our program continues to offer reduced-fee care for youth and adults affected by OCD or related disorders. Fellows, psychiatry residents and doctoral students provide affordable, comprehensive evaluations and treatment under the supervision of our OCD Program faculty.

In research news, in collaboration with the Seaver Autism Center and other specialty groups, we have expanded our trans-diagnostic project, Study of Psychiatric Disorders to Explore Relationships (SPyDER). In SPyDER we are examining shared and common genetic risk factors for childhood-onset psychiatric disorders. As always, for more information on any of our clinical or research programs, please call or email us.

### **MOUNTAIN VALLEY TREATMENT CENTER**

2274 Mt. Moosilauke Highway

Pike, NH 03765

Phone: (603) 989-3500

Email: [clovejoy@mountainvalleytreatment.org](mailto:clovejoy@mountainvalleytreatment.org)

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

Mountain Valley Treatment Center has partnered with OCD New Hampshire to establish and promote OCD (and anxiety disorder) support groups across the state of New Hampshire. Beginning this month, Mountain Valley will host a support group for the parents of middle and high school-aged children suffering from OCD and anxiety disorders in Portsmouth, NH. Dr. Szu-Hui Lee, a psychologist at Phillips Exeter Academy and president of OCD NH and Don Vardell, executive director of Mountain Valley, will co-facilitate the group in Portsmouth. Meetings will be held the first Monday of the month from 6:00–7:30pm at the Portsmouth High School. A similar support group has been meeting in Concord, NH for the past 2 years, and another is in the planning stages for Hanover, NH where a group of Dartmouth College students and local clinicians have expressed a need for such a support structure. The Concord group meets every third Thursday at Concord Hospital from 7:00–8:30pm. For additional information visit [www.ocdnewhampshire.org](http://www.ocdnewhampshire.org) or contact Don Vardell at (603) 989-3500.

### **NEUROBEHAVIORAL INSTITUTE**

2233 North Commerce Parkway, Suite 3

Weston, Florida 33326

Phone: (954) 217-1757

Email: [info@nbweston.com](mailto:info@nbweston.com)

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

The Neurobehavioral Institute (NBI) in Weston, FL is in the final stages of preparing NBI Ranch for its grand opening in spring of 2017. NBI Ranch is located on two beautiful private acres in rural Southwest Ranches, a short drive from our offices. It is designed as a place where patients with obsessive compulsive and related disorders, as well as anxiety disorders, can feel at home while they participate in CBT and other therapies in our intensive treatment program (ITP). NBI Ranch incorporates many opportunities for residents to benefit from nature based outdoor activities and naturalistic exposures. The Ranch's milieu, which is staffed 24/7, supports residents' personal development in a warm and caring atmosphere. Additionally, we have created a new office space for our ITP that is specifically tailored for the residents. Visit our website for more information.

## THE RY COMMUNITY

### Institutional Member Updates *(continued)*

#### **NORTHWELL HEALTH OCD CENTER**

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

The Northwell Health OCD Center offers evidence-based, comprehensive treatment for OCD and related disorders, including BDD and OCPD. It is one of the only specialized OCD facilities in the New York metropolitan area to accept most health insurance plans, including Medicare and Medicaid. Treatment options include individual and group therapy, as well as medication management. There are currently four active groups, all led by Dr. Anthony Pinto. In the two weekly EX/RP groups, members have the opportunity to engage in exposures with the support of other individuals with OCD. The twice-monthly maintenance (relapse prevention) group provides strategies to maintain wellness and prevent relapse for members who have completed individual EX/RP therapy and have attained partial remission of symptoms. The Center also offers a weekly cognitive-behavioral therapy group that targets clinical perfectionism/obsessive compulsive personality disorder. Please call for more information and to schedule a confidential screening.

#### **NW ANXIETY INSTITUTE**

325 NW 21st Avenue, Suite 100  
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 is gearing up for Fight Fear Summer Camp 2017! Fight Fear Summer Camp will be hosted at Camp Namanu in Oregon near Mt. Hood, providing campers a stunning forested setting. This summer camp is focused on creating an adventure for youth with OCD/anxiety that is in every way FUN while simultaneously allowing for opportunities to systemically challenge fears. Camp staffing is comprised of licensed therapists with expertise in treating anxiety disorders, all of whom are skilled at supporting youth through those summer camp jitters that may have prevented some from attending camp in the past. If you are interested in receiving updates specific to Fight Fear Summer Camp, please sign up on-line: [www.nwanxiety.com/new-fight-fear-summer-camp.html](http://www.nwanxiety.com/new-fight-fear-summer-camp.html)

In addition to our weekly, open groups for teens and adults with anxiety, we now offer an OCD specific group for adults. Our OCD adult group meets weekly on Thursday evenings from 6:00–7:00pm.

#### **PALO ALTO THERAPY**

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Palo Alto, CA 94306  
Phone: (650) 461-9026  
Email: [info@paloaltotherapy.com](mailto:info@paloaltotherapy.com)  
[www.paloaltotherapy.com/ocd](http://www.paloaltotherapy.com/ocd)

Palo Alto Therapy continues to be committed in helping and supporting its clients of all ages who struggle with OCD, Depression, and Anxiety. In order for us to provide quality service, all of our therapists stay on top of the latest research and attend different trainings to learn new skills and techniques they can share with their clients.

We are also happy to announce that we recently hired our first pre-licensed therapist, Mary Katherine Callaway, MSW. Mary Katherine has several years of experience helping adult and teen clients effectively manage anxiety, depression, rumination, procrastination, social anxiety, panic attacks, specific phobias, and OCD. She utilizes cognitive behavioral therapy (CBT) and dialectical behavior therapy (DBT) strategies, as well as self-compassion and mindfulness techniques.

If you would like to learn more about Mary Katherine or any of our other great therapists or to simply learn more information about Palo Alto Therapy visit our website or email us.

#### **RENEWED FREEDOM CENTER FOR RAPID ANXIETY RELIEF**

Division of Strategic Cognitive Behavioral Institute, Inc.  
1849 Sawtelle Boulevard, Suite 543  
Los Angeles, CA 90025  
Phone: (310) 268-1888  
Email: [ashleybramhall@renewedfreedomcenter.com](mailto:ashleybramhall@renewedfreedomcenter.com)  
[www.RenewedFreedomCenter.com](http://www.RenewedFreedomCenter.com)

Renewed Freedom Center continues to focus on adapting to the changing times and embracing all forms of interventions to help our patients. RFC has partnered with Psious, a leading Virtual Reality (VR) company, to bring VR therapy to our practice. VR is a growing field and has been validated to show its efficacy in helping to treat a vast range of mental health issues. Virtual environments will give us access to exposures that would normally be difficult or impossible to re-create. With the use of VR at RFC we will better be able to serve all patients on their journey for mental health. For information on VR therapy, contact Dr. Knapik at [DrKnapik@RenewedFreedomCenter.com](mailto:DrKnapik@RenewedFreedomCenter.com).



## Institutional Member Updates *(continued)*

### ROGERS BEHAVIORAL HEALTH

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Oconomowoc, WI 53066  
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Email: [r Ramsay@rogersbh.org](mailto:r Ramsay@rogersbh.org)  
[www.rogershospital.org](http://www.rogershospital.org)

Scheduled to open May 2017, Rogers Behavioral Health–Philadelphia will provide partial hospital and intensive outpatient programs for children, teens, and adults with OCD and anxiety. Following the same proven-effective model as our other OCD outpatient programs across the country, these treatment options will offer evidence-based therapies that include cognitive behavioral therapy (CBT), exposure and response prevention (ERP) and more. Located at 1 Winding Drive, Suite 105, Philadelphia, PA, 19131, our newest site is only an hour drive from New York, Maryland, Delaware, and New Jersey. Upon opening, Rogers–Philadelphia will increase accessibility for much of the Mid-Atlantic area. Steven Tsao, PhD, is the newest clinical edition to our Philadelphia team. Specializing in OCD and anxiety, Dr. Tsao has offered clinical oversight and instruction in various behavioral healthcare settings. Along with Marty Franklin, PhD, clinical director, Dr. Tsao will help ensure each patient receives effective treatment that addresses individual needs.

This May, Rogers–Minneapolis will offer an OCD and anxiety intensive outpatient program for adults, complementing the existing partial hospital program.

### STANFORD TRANSLATIONAL OCD PROGRAM

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Stanford, CA 94305  
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Email: [ocdresearch@stanford.edu](mailto:ocdresearch@stanford.edu)  
<http://rodriguezlab.stanford.edu>

The Stanford Translational OCD program utilizes an interdisciplinary approach to find new treatments for patients suffering from OCD and hoarding disorder. We are actively recruiting patients with OCD, hoarding disorder, as well as healthy volunteers for two clinical studies: 1) “Understanding How Ketamine Brings About Rapid Improvement in OCD” (NCT02624596) and 2) “Enhancing Treatment of Hoarding Disorder with Personalized In-home Sorting and Decluttering Practice” (NCT02843308). We invite you to find out more about these studies turning to pages 24–25 of this newsletter, by calling (650-723-4095) or emailing us ([ocdresearch@stanford.edu](mailto:ocdresearch@stanford.edu) or [clutterhelp@stanford.edu](mailto:clutterhelp@stanford.edu)).

We are delighted to welcome two new clinical research coordinators, Andrea Varias and Avery Garrett, who will be working on projects that will drive the identification of next-generation drugs that will quickly and effectively quell obsessive thoughts.

### STRESS & ANXIETY SERVICES OF NEW JERSEY, LLC

A-2 Brier Hill Ct. 110 Hillside Ave., Suite 203  
East Brunswick, NJ 08816 Springfield, NJ 07081  
Phone: (732) 390-6694  
Email: [sas@stressandanxiety.com](mailto:sas@stressandanxiety.com)  
[www.StressAndAnxiety.com](http://www.StressAndAnxiety.com)

We are pleased to announce that Stress and Anxiety Services of New Jersey is now conducting research about the availability and use of empirically supported treatments for OCD. The research, headed by our associate Dr. Charity Wilkinson-Truong, also examines barriers to receiving care for people with OCD diagnoses. We hope to gain a better understanding of how to increase access to high quality care for people who have OCD. Multiple presentations on OCD and OCD spectrum disorders have been made to schools and mental health organizations all over New Jersey by several of our associates. Dr. Jennifer Kennedy, one of our post-doc associates will be leaving us early this spring, having completed her contract with us — we will miss her and wish her well!

### WESTWOOD INSTITUTE FOR ANXIETY DISORDERS, INC.

921 Westwood Boulevard, Suite 223  
Los Angeles, CA 90024  
Phone: (310) 443-0031  
Email: [thewestwoodinstitute@gmail.com](mailto:thewestwoodinstitute@gmail.com)  
[www.hope4OCD.com](http://www.hope4OCD.com)

The Westwood Institute for Anxiety Disorders offers a multidisciplinary approach to the treatment of OCD and other related disorders such as social anxiety, eating disorders, phobias, BDD, trichotillomania, and dermatillomania. Our multidisciplinary team can include a licensed psychologist, psychiatrist, registered dietitian, physical trainer, and a yoga instructor. After a thorough assessment, our team of experts develops an evidence based treatment plan for the patient, which is approved by the clinic director, Dr. Eda Gorbis.

We are pleased to announce Carolyn Kim, MFT and Dr. Tabasom Holakouee to our team of experts. Both are trained behaviorists specializing in treating OCD and anxiety related disorders and have training in ERP, relaxation training, and mindfulness-based therapy. Our therapists and Dr. Eda Gorbis are also involved in community outreach and awareness and have spoken at various events, including the National Alliance of Mental Illness in West LA. Dr. Tabasom Holakouee is also involved in the genetic study at USC on OCD and related disorders and actively participates in various OCD events in the community. Ms. Carolyn Kim has a particular expertise in treating comorbidity of OCD and eating disorders. ○

## RESEARCH NEWS

**Obsessive Compulsive Disorder and Suicidality: Understanding the Risks**

by Matthew C. McCann, MS, Catherine E. Bocksel, MA, Wayne K. Goodman, MD, &amp; Eric A. Storch, PhD

*There had been a long-standing belief that those who suffer from OCD have a low incidence of suicidal behaviors and thoughts<sup>3,8</sup>. However, in light of new research that notion has recently been called into question. This new research states that as many as two thirds of people who have OCD experience thoughts about death or suicide, with a similar number experiencing significant sadness and depression. For example, results from a recent Swedish study suggest that the risk of suicide is roughly 10 times higher in the OCD population as compared to people without OCD. Based on these findings, the researchers message was clear: "OCD should be added to the list of psychiatric disorders that are known to increase the risk of suicide in their own right. Suicide risk needs to be carefully monitored in these patients, particularly in those who have previously attempted suicide" (de la Cruz et al., 2016).*

While previous research had suggested that suicide rates were fairly low in individuals with OCD,<sup>1,5,7,8</sup> more recent studies of adults with OCD indicate that 36%-63% of OCD adults experience suicidal thoughts,<sup>6,9,11,12,13</sup> and about one fourth have attempted suicide<sup>12</sup>. According to an examination of adults with OCD who were undergoing intensive therapy<sup>10</sup>, 62.4% experienced thoughts of death in their lifetime, and 67% experienced these thoughts in the past month. As compared to people with OCD who did not experience suicidal thoughts, those patients who reported recent suicidal thoughts also had significantly more depressive and OCD symptoms, and less life satisfaction. The study also showed that the presence of suicidal thoughts was not found to be associated with treatment response.

Along these lines, research has also demonstrated that experiencing co-occurring conditions increases the risk of suicide in OCD patients. In particular, co-occurring major depressive disorder, posttraumatic stress disorder, substance use disorders, and impulse control disorders have been linked with suicidal behavior<sup>6,13</sup>. Greater obsessive-compulsive severity<sup>2</sup>, depression<sup>1,6</sup>, hopelessness<sup>2,6</sup>, and certain OCD symptom types (i.e., symmetry/ ordering obsessions, sexual, religious, and aggressive obsessions<sup>1,2,13</sup>); have also been linked to a higher frequency of suicidal thoughts. While information in children is more limited,

evidence suggests that kids with OCD also experience high rates of suicidal thoughts, with such symptoms linked to more severe OCD symptoms and impairment due to OCD.

**WHAT WE CAN DO**

While these findings suggest that a greater number of adults and children with OCD may have thoughts of harming themselves, they also present an opportunity to develop prevention strategies. Here are some points to keep in mind for both therapists and friends and families.

**For mental health providers:**

1. Based on the findings above, it is important to complete a comprehensive assessment of your patients with particular emphasis on determining whether they are experiencing any co-occurring conditions. Conditions like depression, bipolar disorder, substance use, and other OCD related conditions (such as body dysmorphic disorder) may place people at greater risk for suicidal behaviors.
2. It is also important to distinguish suicidal thoughts from suicidal intent. Some patients with OCD have obsessions about suicide (i.e., a fear of harming or killing themselves), but they have no actual desire to do so.
3. If a clinician feels that a patient is an immediate danger to themselves, they should get them to a hospital or contact local authorities and remain with the patient until authorities arrive.
  - *If there is no immediate risk, and the patient is denying any intent to harm him or herself, the individual should be advised to continue their mental health care and/ or to seek the help of a mental health professional who understands OCD.*
4. Once the topic of suicidal thoughts and/or intent has been broached, it should continue to be a subject of communication for all future sessions. It may feel uncomfortable to clinicians, but to ignore the potential after it has been brought up can cause the individual to feel even more shame and guilt.

**For family and friends:**

1. If someone is planning to harm him or herself, there are several potential warning signs to look for. These warning signs are indications that the person's suicidal thoughts and/or intent needs to be addressed immediately:
  - *When someone openly tells their support system that they can no longer cope with feeling the way that they do, or that they see no way out of their situation.*

## Obsessive Compulsive Disorder and Suicidality: Understanding the Risks *(continued)*

- Someone contemplating suicide can be seen preparing for death in a variety of ways — taking out insurance policies, updating their wills, letting others know their final wishes, etc.
  - It is common that someone having suicidal thoughts will give away their most valued possessions or exhibit drastic changes in their behavior.
  - The person experiencing suicidal thoughts may engage in reckless and possibly dangerous actions and show little concern for the consequences.
  - The person's demeanor may noticeably change — they may go from being someone who is anxious and/or depressed to displaying a state of calm and/or cheerfulness.
2. With the help of a supportive social network, there are ways to approach these behaviors and create a plan to move forward:
- Empathizing with the person who is expressing these thoughts or showing these behaviors, and not minimizing what they are going through, is vital.
  - Telling someone to “Think happy thoughts,” or asking them, “What do you have to be sad about?” can make the person feel more hopeless and isolated.
  - Instead, loved ones and friends should engage with the person and let them know that you are listening, and that you understand how difficult it was for them to express these thoughts.

**In addition to this, and most importantly, seek help. If you or someone you love is thinking about hurting themselves or ending their own life, please call the National Suicide Prevention Lifeline at 1-800- 273-8255 or visit their online chat at [chat.suicidepreventionlifeline.org/GetHelp/LifelineChat.aspx](http://chat.suicidepreventionlifeline.org/GetHelp/LifelineChat.aspx) for free, confidential help and support. Hope is available for all members of the OCD community, only a call or a click away.**

### CONCLUSION

Although more research needs to be conducted with children and adults with OCD, there is some preliminary evidence suggesting that the risk of suicide is greater than previously thought, and that it is a serious component of OCD. It is important that clinicians, and those providing care to individuals with OCD, are able to assess, monitor, and appropriately identify the warning signs of suicidal behaviors, as well as know how to address the symptoms. On a more positive note, research also indicates that the presence of suicidal thoughts does not predict treatment response. Therefore, if a loved one is experiencing significant OCD and also has thoughts about suicide, existing treatments (e.g., cognitive-behavioral therapy and medications) can still be very effective in achieving wellness. ○

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## 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 experience obsessive-compulsive difficulties?

On behalf of the Lancaster University Clinical Psychology Doctorate programme, I am looking for participants to take part in a study examining the role of emotions in obsessive-compulsive experiences. Participation involves completing an online questionnaire; this is likely to take around 20 minutes to complete.

The study aims to develop a better understanding of the emotional factors that underlie individual experiences of obsessions and compulsions. An increased understanding of such experiences may inform the development of more effective support for people with difficulties of this nature. Further information about the aims of the study will be provided once you have completed the questionnaire.

Before deciding to take part you will have the opportunity to read some more detailed information about the study and to check that you meet the criteria necessary to participate. You will then be asked to consent to taking part. Once you have given your consent the survey will begin and you will be asked to complete an online questionnaire; this will ask you to think about different emotions and obsessive-compulsive experiences. Your participation in the study will remain anonymous. You will only be able to complete this questionnaire once.

If you are thinking of taking part in this study, and would like to contact the researcher for any reason, please email [l.rathbone@lancaster.ac.uk](mailto:l.rathbone@lancaster.ac.uk) or telephone +441542 594083.

Please follow this link for more information and to take part in the study: <http://bit.ly/ocdsurvey>

*\*\*Please note you will need the following password to log-in: **survey***

#### CALIFORNIA

##### Enhancing Treatment of Hoarding Disorder with Personalized In-home Sorting and Decluttering Practice

Purpose: To understand if personalized in home sorting and decluttering practice can help enhance treatment of hoarding symptoms

- Do you have difficulty with clutter?
- Feeling overwhelmed and needing help?
- Are you 18-65 years old?
- Not taking medications or willing to work with your primary doctor for a trial off your medications?

You may be eligible to receive evidenced-based treatment. There is no cost to participate.

Physician Investigator: Carolyn Rodriguez, MD, PhD, Stanford Medical Center

<https://med.stanford.edu/profiles/carolyn-rodriguez?tab=bio>

Funding: National Institutes of Mental Health (NIMH)

Stanford IRB# 34622  
NCT02843308

For more information contact:

[clutterhelp@stanford.edu](mailto:clutterhelp@stanford.edu)

650-723-4095

<https://rodriguezlab.stanford.edu>

Participant's rights questions, contact 1-866-680-2906.

##### SDSU Treatment Study for Pediatric OCD

Researchers: Jennie Kuckertz, M.S. and Nader Amir, Ph.D.

The Center for Understanding and Treating Anxiety at San Diego State University is examining treatment of obsessive compulsive disorder in children ages 8-14. Eligible families will participate in exposure and response prevention treatment as well as a novel computerized intervention as part of a research study funded by the National Institute of Mental Health. Participants will also complete an EEG and receive a picture of their brain activity!

If you are interested in participating in this study, or would like more information, please contact us:

Phone: 619-229-3740

Email: [SDSU.CUTA@gmail.com](mailto:SDSU.CUTA@gmail.com)

Website: <https://nas.psy.sdsu.edu>

## Research Participants Sought *(continued)*

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

NCT02624596, IRB-34622

PI: Carolyn Rodriguez, MD, PhD

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 Picture of Your Brain
- Free Test of Your Memory and Attention
- Compensation of up to \$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)

### NEW YORK

#### Cannabinoid medication for adults with OCD

We are currently recruiting for a treatment research study for adults 18-60 years old diagnosed with OCD. If you or someone you know have patients who might benefit from this, please see below for more details.

**Goal:** To investigate the effects of Nabilone medication in the treatment of OCD. Nabilone is a synthetic cannabinoid that mimics tetrahydrocannabinol (THC), the primary psychoactive compound in marijuana.

**Study Procedures:** Participants are randomized to either 4 week Nabilone treatment or 4 week Nabilone+Exposure and Response Prevention.

**Impact:** Data will inform treatment guidelines for patients with OCD.

Dr. Ivar Snorrason: 646-774-8118 / [snorras@nyspi.columbia.edu](mailto:snorras@nyspi.columbia.edu)

### WISCONSIN

#### Research Opportunity in Southeastern Wisconsin: Test App on a Smartphone for Adult OCD Sufferers

Principal Investigators: Dr. Bradley Riemann, PhD and Dr. Nader Amir, PhD

Rogers Behavioral Health is currently recruiting individuals (aged 18-65) with OCD symptoms to participate in testing a computer-based treatment program. The treatment, delivered on a smartphone in a controlled setting, is aimed at reducing the anxiety associated with the disorder.

After participants complete a clinical interview, researchers will individualize the program to specifically target their OCD symptoms. Study details:

- Participants cannot be currently enrolled in treatment, but can be medicated for OCD.
- Nine visits, twice a week for approximately 4 weeks, in our Brown Deer or
- Oconomowoc, WI locations
- Participants will receive compensation up to \$250

If interested please contact us at:

[researchstudies@rogershospital.org](mailto:researchstudies@rogershospital.org)

414-865-2600

[rogershospital.org/research](http://rogershospital.org/research) ○



Funding:



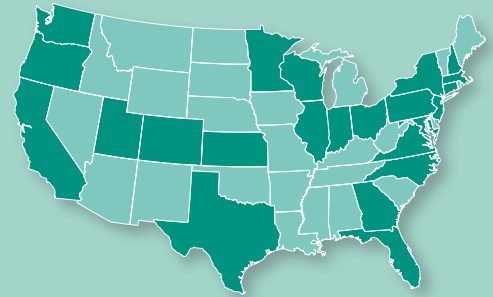
## FROM THE AFFILIATES

### 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 GEORGIA

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

We are gearing up for the 3rd Annual 1 Million Steps 4 OCD Walk, co-hosted by the IOCDF and OCDGA on the morning of June 3, 2017. The Walk will once again take place at the beautiful Chastain Park in Atlanta, GA and we are grateful to announce that Shannon Shy will be our grand marshal for this year's Walk! Keep an eye out for information on registering and setting up your Walk Team! OCD GA board members are also making plans to attend the Annual OCD Conference in San Francisco this summer — we hope to see you there!

#### OCD KANSAS

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

It is an exciting time of transition and development for OCD Kansas! New board members were voted in to assume the leadership and increase the programming across the state. The new board includes Amy Jacobsen, PhD, President; William Oakley, PsyD, Vice-President; and Katie Kriegshausen, PhD, Treasurer. Thank you to the IOCDF and local supporters for a successful funding campaign to help launch this new phase of OCD Kansas!

#### OCD MASSACHUSETTS

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

Please join OCD Massachusetts on Tuesday, July 18th for pizza and bowling at the Flatbread Company in Davis Square, Somerville! The Flatbread Company will be donating a portion of all pizza sales that evening directly to OCD Massachusetts. Bring your friends!

OCD Massachusetts is wrapping up another great year of our lecture series! These free, educational lectures are provided monthly in Belmont, Worcester and Northampton. Upcoming topics include guilt, perfectionism, PANDAS, intrusive thoughts and more. Visit our website for dates, times, and a full list of lectures.

#### OCD MID-ATLANTIC

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

OCD Mid-Atlantic is gearing up for a busy year! On March 23rd, the Mid-Atlantic Affiliate will be hosting Understanding OCD – A free event for anyone interested in learning about OCD and its treatment at the Anne Arundel Community College near Annapolis, MD. In June, there will be an evening event in Northern Virginia that focuses on overcoming OCD-related challenges, advocacy in treating OCD, and how families come together to beat OCD.

Mark your calendar for October 14th! As part of OCD Awareness Week, OCD Mid-Atlantic is hosting a fundraising walk around the National Mall in Washington, DC. Join us as we circle the Mall to help increase OCD and related disorder awareness across the country.

For more information about these events, please visit our website. If you are interested in volunteering at these (or any other) OCD Mid-Atlantic events, please email us at [midatlanticocd@gmail.com](mailto:midatlanticocd@gmail.com). There will be more information coming out on our website, so check back for details on events, walk registration and how you can participate!

#### OCD NEW HAMPSHIRE

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

OCD New Hampshire has partnered with Mountain Valley Treatment Center to help increase the number of OCD support groups across the state of New Hampshire as well as the awareness surrounding these resources. Beginning this month, Mountain Valley will host a parent support group for middle and high school-aged children suffering from OCD and anxiety disorders in Portsmouth, NH. Dr. Szu-Hui Lee, psychologist at Phillips Exeter Academy and president of OCD NH, and Don Vardell, executive director of Mountain Valley, will co-facilitate the group in Portsmouth. Meetings will be held the first Monday of the month from 6:00–7:30pm at the Portsmouth High School in Room 234. Additionally, a support group has been convening in Concord, NH for the past 2 years and one is in the works for Hanover, NH where a group of Dartmouth College students and local clinicians have expressed a need



## Affiliate Updates *(continued)*

for a support structure in that area. The Concord group meets every third Thursday at Concord Hospital from 7:00-8:30pm. For more information, go to [www.ocdnewhampshire.org](http://www.ocdnewhampshire.org) or [www.mountainvalleytreatment.org](http://www.mountainvalleytreatment.org).

### OCD NEW JERSEY

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

OCD New Jersey is pleased to welcome new board members, Dr. Jordan Levy and Michelle Villani. Dr. Levy is a private clinician in Livingston, NJ and Michelle, who has been heading up our volunteer program, is finishing up her PsyD at the College of St. Elizabeth. We are looking forward to having these professionals add their knowledge, energy, and creativity to our organization.

OCD New Jersey recently held its annual luncheon/conference on Sunday, March 5th in Garwood, NJ. Dr. Carol Hevia, of the OCD Institute at McLean Hospital, gave a presentation entitled "Killing your mom, going to hell, sex with a camel, and more: Treating OCD obsessions that generate guilt, shame, and disgust." We will also have the "Living with OCD Panel", moderated by OCD New Jersey President, Dr. Allen Weg. On March 13th, Dr. Robert Zambrano presented on ACT and the treatment of OCD as one of our free quarterly presentation series. Both presentations were open to both mental health professionals and lay people. Visit our website for more information on future presentations.

### OCD SACRAMENTO

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

OCD Sacramento is kicking off 2017 with our monthly presentation line up, hosted by therapists, those struggling with OCD and related conditions, and family members, all donating their time to help better inform the public about proper treatment and resources. Topics will include psychoeducation on OCD, its treatment, medication considerations, and presentations will include panels of experts who have struggled personally and will share their journey.

Save the date! The 4th Annual Northern California 1 Million Steps 4 OCD Walk will be held at the Sacramento Capitol on June 10, 2017 (new date!). This year's Walk will be led by our grand marshal, Clint Malarchuk, a retired Canadian NHL goalie, who will share how OCD impacted his career and relationships and how his journey has transformed his life. An awareness building and fundraising Walk, jointly hosted by the IOCDF, OCD Sacramento, and fellow NorCal IOCDF Affiliate, OCD SF Bay Area, our goal is to promote an understanding of OCD and related conditions, fight stigma,

and provide a community for the many individuals and families affected by OCD. Check our website for further information and updates! Start thinking about building your Walk Team and joining us for this very special annual event!

### OCD SF BAY AREA

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

OCD SF Bay Area is pleased to announce new board members: Joan Davidson, PhD; Marisa Mazza, PsyD; Liz McDonough; Tim Quinn; and Patricia Zurita-Ona, PsyD. They are joining continuing board members Scott Granet, LCSW, Eric McClendon, Mary Weinstein, and Peter Weinstein.

This will be a busy summer, with the 1 Million Steps 4 OCD Walk to be held at the Sacramento Capitol this year on June 10, 2017 (in conjunction with the IOCDF and fellow NorCal Affiliate, OCD Sacramento) and the 24th Annual OCD Conference being held July 7-9, 2017 for the first time in San Francisco at the Marriott Marquis. We hope to see you there!

### OCD SOUTHERN CALIFORNIA

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

OCD Southern California is holding a conference on Saturday, March 25, 2017 from 10am-3pm at the beautiful Mariner's Church in Irvine, CA. The conference will feature keynote speakers Dr. Jonathan Grayson and Ethan Smith as well as interactive breakout workshops educating attendees about different topics on OCD and related disorders. Dr. Grayson has been working with OCD for over 35 years and is the author of the self-help book, *Freedom from Obsessive Compulsive Disorder*. He is the director of The Grayson LA Treatment Center for Anxiety & OCD in Pasadena and is adjunct faculty in USC's Department of Psychiatry. Ethan Smith was born with severe OCD and struggled to maintain a normal life. After Ethan received intensive inpatient and outpatient therapy both in South Florida (NBI) and Boston (OCDI McLean), he has been able to lead a happy and healthy adult life including becoming a successful actor and producer in Los Angeles. Ethan was the keynote speaker at the 2014 Annual OCD Conference and is an IOCDF spokesperson. All those affected by or interested in the treatment of this disorder are welcome to attend, including those with OCD, family and loved ones of someone with OCD, professionals, and students.

OCD Southern California is also proud to announce the formation of a new board and officer team. Barbara Van Noppen, PhD, LCSW, therapist and researcher is OCD SoCal's new president. Other officers include Chris Trondsen, BA,

*Continued on next page >>*

## FROM THE AFFILIATES

### Affiliate Updates *(continued from page 27)*

masters in counseling student and behavioral therapist (vice president), Patricia Bosvay, parent and family advocate (treasurer), Jennie Kuckertz, MS, therapist and researcher (secretary), Melissa Mose, LMFT and OCD therapist (membership and mailing list), and Liz Trondsen, parent and family advocate (event coordinator). Board members also include Jonathon Grayson, PhD, Sean Sassano-Higgins, MD, and Jenny Yip, PsyD.

With the new board, OCD SoCal is excited to move forward with bringing events, education, and OCD support to the region. Upcoming plans include starting a mentoring program allowing those who have been successful in treatment or as a support system to link up with others who are newer to living or supporting someone with the disorder. We are looking forward to starting a volunteer program, allowing those in Southern California to volunteer at future events and to become local advocates. OCD SoCal is also looking to start a newsletter offering support and information on upcoming local events, such as our popular virtual book club.

Make sure to visit our brand new, updated website to find out more information about upcoming regional events in southern California, to learn more about the affiliate and the new board members, to check out our new logo, and for more information on what is to come from OCD Southern California!

#### OCD WASHINGTON

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

This quarter we have focused on marketing and getting the word out that OCD Washington is here and ready to take action! We are in the process of planning a meet and greet for professionals that will take place in the spring. Our new volunteer coordinator is hard at work organizing ways to reach out to our community further. If you are interested in volunteering, you can reach John at [volunteer@ocdWASHINGTON.org](mailto:volunteer@ocdWASHINGTON.org). We have a scheduled presentation about OCD Washington to the Washington Association of Marriage and Family Therapy planned on April 7, 2017. We always welcome suggestions from our members about what events they would enjoy. We look forward to hearing from you!

#### OCD WISCONSIN

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

As the executive board of OCD Wisconsin is busy planning and looking forward to events for 2017, we would like to reflect on the successes of our past year. We would like to focus on one particular event, a community "Ask the Experts" presentation, which took place at Waukesha County Technical College for OCD Awareness Week. We were so fortunate to have Bradley

Riemann, PhD, David Jacobi, PhD, and Nicholas Farrell, PhD, all from Roger's Memorial Hospital, on our panel of experts. The evening began with OCD Wisconsin president, Denise Folcik, sharing her personal story, followed by the doctors sharing information and answering questions from the audience. We were able to provide refreshments and also videotape the presentation, which will be on our website. The feedback we received from the community was so positive and the hosting college was so impressed they've reached out regarding the possibility of putting on an all-day, OCD conference in October. Visit our website for more information on upcoming programming!

#### OCD WESTERN PA

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

Many individuals diagnosed with autism spectrum disorder also have comorbid OCD. Likewise, some individuals diagnosed with OCD are also being found to be on the autism spectrum. While OCD can be treated in these individuals, exposure based treatment as commonly implemented is not as effective due to their unique processing of external stimuli and difficulty following the guidance of the clinician through the process of the cognitive behavioral therapy.

We are holding a program entitled Treating OCD in the Autism Community on Thursday, April 27, 2017 at the Westin Convention Center in Pittsburgh, PA. This program will bring leading experts in this emerging field together to discuss the best known methods to effect positive change in the lives of these individuals. The morning program will guide you through the assessment and recognition of the symptoms that can be targeted and how to modify exposure-based treatment plans to meet the unique requirements of this population. In addition, participants will be given the opportunity to explore additional topics in greater depth during the smaller sized afternoon sessions.

The faculty includes Rebecca Sachs, PhD; Jonathan Hoffman, PhD; Frederick Penzel, PhD; Charles Mansueto, PhD; Joshua Nadeau, PhD; Robert Hudak, MD; Benjamin Tucker, MS; and Katherine Cody, PsyD. The faculty will remain in the smaller session rooms for 30 minutes at the conclusion of the program to answer specific questions about an individual client or family member.

We hope you can join us for an opportunity to learn more about this emerging field and meet other families facing similar challenges. Rooms are available at the Westin for anyone traveling from out of town. For registration and additional information please visit the conference website at [www.ocfWPA.org](http://www.ocfWPA.org). ○