



## EXPANDING ON THE IOCDF'S WORK THROUGH GRANT FUNDING

By Elijah Peterson



Greetings, IOCDF community! My name is Elijah Peterson and I am excited to join the IOCDF team as the new Grant Writer & Philanthropy Officer. Like you, I care deeply about the mission of the IOCDF and understand that funding is critical to the work that we do. Grants will provide a new opportunity to drive change through advocacy, education, research, and resources that improve the lives of those living with OCD and related disorders.

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# Charity in Bloom

June 2018

Through the Charity in Bloom program, Winston Flowers is proud to contribute 20% of the proceeds from this custom-designed arrangement to the IOCDF for the month of June.

Please join us in raising money for the IOCDF by ordering this beautiful, hand-picked flower arrangement for yourself or someone special!

The **OCD Newsletter** is published by the International OCD Foundation, Inc.

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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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Starting June 1st, simply go to  
[www.winstonflowers.com](http://www.winstonflowers.com)  
and click on "Charity in Bloom" to place your order.



\* Floral arrangement will be similar to one shown in photo

## What Do You Think of the OCD Newsletter?

Take our brief survey to provide feedback about the quarterly OCD Newsletter.

Visit [iocdf.org/newsletters](http://iocdf.org/newsletters) and click the survey link to participate.

# SAVE THE DATE!

## July 27–29, 2018

Pre-conference Activities July 26

Registration opens  
in mid-March

[ocd2018.org](http://ocd2018.org)



## Letter from the IOCDF Board President



Pictured left to right, back row: Michael Stack, Elizabeth McIngvale, Denise Egan Stack, Shannon Shy, Ron Prevost, Denis Asselin, Paul Mueller. Left to right, front row: Diane Davey, Christina Vertullo, David Calusdian, Susan Boaz, Jo-Ann Winston, Michael Jenike. Not pictured: Joy Kant, Patti Perkins.

Dear IOCDF Community,

Starting a new year is always exciting, as it brings with it great promise of forward movement. This year, it was my privilege to start the year as the president of this amazing organization, the IOCDF. When my daughter was diagnosed with severe OCD at age 3, I did not foresee this day, when I would have the honor of spending time advocating for continued solutions to the pain of living with OCD. I am passionate about growing the IOCDF, so that we can serve more people every day. Since we have had quite a few recent transitions on the board, it seems to be a good opportunity to (re)introduce you to the IOCDF Board of Directors. Please feel free to reach out to any of us if you have questions or ideas. We look forward to meeting you at the Annual OCD Conference in July!

### MICHAEL JENIKE, MD (1995 - PRESENT)

Dr. Michael Jenike has served on the IOCDF Board of Directors since 1995 and began his role as Chair of the Scientific and Clinical Advisory Board in 1996. He continues to serve in both capacities to this day. He is a full professor at Harvard Medical School and is the founder of both the OCD Institute at McLean Hospital, Belmont, MA and the OCD and Related Disorders Program at Massachusetts General Hospital, Boston, MA. Mike was the inaugural Keynote Speaker at the first Annual OCD Conference held in 1993. He is considered a pioneer and leader in the field.

*"I am here because I hate suffering in others, and OCD causes more suffering than almost any other disorder. This gives me a platform to help people with OCD."*

### DIANE DAVEY, RN, MBA (1999 - PRESENT)

Diane Davey has been a member of the Board of Directors since 1999, was president of the Board from 2008-2012, and has held the offices of treasurer and secretary. She was also a board member and treasurer of OCD Massachusetts for many years. Diane has given many local and national talks about OCD and related topics and continues to be active in events related to

raising awareness about OCD and related disorders. She has been involved with McLean Hospital's OCD Institute since it opened in 1997, as the first residential treatment program for OCD in the country, where she is currently the program director in Boston, MA.

*"I am here because I am committed to reducing the stigma associated with OCD and mental illness through education and advocacy. Having seen the suffering that OCD causes in both my professional and personal life, it is a cause about which I feel passionately. As a long-standing board member, I am so proud of the IOCDF and its ever-growing influence and positive impact on people's lives."*

### DENISE EGAN STACK, LMHC (2007 - PRESENT)

Denise Egan Stack has been on the IOCDF Board of Directors since 2007, serving in the roles of both secretary and president (2012-2016). She has been actively involved in expanding IOCDF programming, including developing pediatric curriculum at the Annual OCD Conference and in the Anxiety in the Classroom program. Most recently, she was elected onto the Scientific and Clinical Advisory Board as the first masters level clinician. In addition, Denise served as president of OCD Massachusetts for over fifteen years. In that role, she developed a successful monthly lecture series program that has been duplicated by many affiliates across the country. Denise has been a home-based therapist for people with OCD and related disorders for over twenty years, was a founding staff member of the McLean Hospital OCD Institute in 1997, and has trained clinicians on how to treat OCD nationally and internationally.

*"I am here because as a clinician, I have borne witness to the pain and devastation OCD can cause in a person's life, and I believe helping to realize the IOCDF mission on a national level is an incredibly effective way to help alleviate that suffering."*

### MICHAEL STACK, CFA (2007 - PRESENT)

Michael Stack has been a member of the Board of Directors since 2007, and he was the board treasurer from 2008 until this past February. Over the years, Michael was tasked with putting in place governance, systems, and processes that have been critical to the IOCDF's success. Michael is a Chartered Financial Analyst

## FROM THE FOUNDATION

### Letter from the IOCDF Board President *(continued)*

(CFA), manages global, multi-asset portfolios across multiple generations and a charitable foundation, and has been serving as the Chief Investment Officer of Genus Holdings, LLC, a single family investment office since October 2013. Michael will be finishing his term in 2018 and will be transitioning off the board. Michael's presence as the board treasurer over the past decade has been very much appreciated.

*"I am here because I was introduced to the organization by several professionals who worked in the field and were involved in the Foundation. After attending the first Conference I was able to really connect with the cause. I find it rewarding to give back in a way other than writing a check."*

#### **SUSAN BOAZ (2011 - PRESENT)**

Susan Boaz has been on the Board of Directors since 2011, and most recently was elected president of the board after serving three terms as vice president. Susan has served on the Development and Pediatric Committees and was involved in restructuring the Kids and Teens programing at the Conference. Her passions include pediatric advocacy, physician education, and early intervention. In addition to sitting on the board at the IOCDF, she is a founding member of the board at the Pandas Physician Network (PPN) and currently serves as the acting executive director. The PPN focuses on educating physicians about PANDAS/PANS and related disorders, and motivating research into this family of disorders. Susan is also an entrepreneur who owns two small businesses in the southeast.

*"I am here because I believe that every child should have a joyful childhood and OCD robs children of that opportunity. I am here because my daughter's suffering taught me how important joy is. I am so delighted to be able to work in an organization that understands that every child should have a childhood free from OCD."*

#### **PAUL MUELLER (2011 - PRESENT)**

Paul has been on the Board of Directors since 2011. He has been actively involved in many board committees but has focused primarily on board governance and strategic planning. Paul has served as the Chief Executive Officer at Rogers Memorial Hospital in Oconomowoc, WI since 2013. In his role as part of Rogers Behavioral Health (the parent company of Rogers Memorial Hospital), Paul has also been integral in the expansion of desperately needed OCD treatment services around the country.

*"I am here because of my passion for helping individuals recover from their challenges with mental health and addiction. The ability to have an impact is important to me personally and professionally."*

#### **DENIS ASSELIN (2014 - PRESENT)**

Denis has been on the Board of Directors since 2014 serving in the role of secretary and most recently has been elected as the vice president. Denis and his family have served as the inspiration for the *1 Million Steps 4 OCD Walk* since 2013, following his 500-mile pilgrimage in 2012 that honored the death of his son Nathaniel. Nathaniel who suffered from body dysmorphic disorder (BDD). Denis has recently retired after 41 years as an educator and now devotes his time to organizations

like the IOCDF and the Friends Council on Education in Philadelphia, PA.

*"I'm here to be an agent of change in the OCD community. My level of involvement directly connects to my journey of healing after the loss of my son Nathaniel to BDD. I do the work he wasn't able to do in life. Efforts to raise awareness, to give hope to sufferers and their families, and to make sure that effective treatment is available to them, enriches my life."*

#### **RON PREVOST (2015 – PRESENT)**

Ron has been on the Board of Directors since 2015 and was recently elected to serve in the role as treasurer on the board. He is also a founding member of OCD Oregon, an affiliate of the IOCDF. In 2007, after 29 years at Hewlett Packard, Ron retired as the Director of Research and Development for Inkjet Printing. Ron has devoted his time to volunteer work for organizations like the IOCDF, OCD Oregon, Cornerstone Associates, and the Saint John Society in Corvallis, OR.

*"I am here to support IOCDF in the successful work that they are doing to help individuals and families affected by OCD. I know that it can take a long time to get a proper diagnosis and to find effective treatment. IOCDF is providing information, building community, and training therapists in a mission to make a difference. I am honored to be a part of that work."*

#### **JO-ANN WINSTON (2016 - PRESENT)**

Jo-Ann has been on the Board of Directors since 2016. She engaged with us first through the *1 Million Steps 4 OCD Walk*, and then volunteered in the IOCDF national headquarters. Jo-Ann has also been very involved in fundraising at the IOCDF, and chaired the 30<sup>th</sup> Anniversary Celebration for the Foundation in 2016. She now co-chairs the development committee with Denis. For the past 25 years, Jo-Ann has been dedicated to raising her four children. She also volunteers for the Carroll School which is dedicated to helping kids with dyslexia and other learning differences.

*"I am here because I want to give back to a Foundation that does so much for OCD and related disorder. As a parent with a child with OCD I have struggled to find hope, manage family issues and find a community that understands mental illness. At the Foundation I have found all of this and more. My goals are to give back an organization that gives so much to the OCD community."*

#### **ELIZABETH MCINGVALE, PHD (2017 – PRESENT)**

Liz has been on the board since 2017, and is the co-chair of the communications committee as well as the chair of the diversity committee and fundraising committee. As many of you know she was the first spokesperson for the IOCDF beginning in 2006 and has been a regular presenter at the Annual OCD Conference for many years. Since her diagnosis of OCD at the age of 12, Liz has made it her life mission to make a difference in the lives of those living with OCD. She is the founder of the Peace of Mind Foundation and is an assistant professor at Baylor College of Medicine engaging in clinical work and research around OCD. She also runs [OCDChallenge.org](http://OCDChallenge.org), a self-help website for those affected by OCD.

## FROM THE FOUNDATION

Letter from the IOCDF Board President *(continued)*

*"I am here because I know what it is like to feel isolated, scared and on the search for OCD treatment. I also know what it is like to find the help that everyone with OCD deserves, to receive the care that I needed and to learn how to live a manageable, functioning life despite my diagnosis of OCD. I am committed to spending my career increasing access to care, breaking down the stigma associated with mental illness and improving care for those of us living with OCD. The IOCDF works to make treatment more accessible, gives hope to those who need and reminds us that help is available. Being a part of the IOCDF has been one of the single most important roles in my life, from spokesperson to board member I am honored to serve this foundation and the community."*

**DAVID CALUSDIAN (2017 – PRESENT)**

David is the most recent addition to the IOCDF Board of Directors. He started working with the Foundation through the *1 Million Steps 4 OCD Walk* and his contributions have been invaluable. He currently co-chairs the communications committee with Liz. David is currently the president of Sharon Merrill Associates, a corporate communications group in the Boston, MA area.

*"I am here because my family has been affected by the pain that OCD can bring and feel fortunate that we found the right treatment to end that suffering. I want everyone to have access to education about OCD and to the right treatment. The work that the IOCDF does can accomplish that goal."*

**JOY KANT (2001 – 2012, 2012 – PRESENT AS EMERITUS)**

Joy joined the IOCDF Board of Directors in 2001. In 2002, she became treasurer and was elected president in 2004. It was during Joy's term as president that the decision was made to move the Foundation from New Haven, CT to Boston, MA. She is truly a pivotal leader in this organization's history. Joy was a teacher, a fine art dealer and the Chair of the Museum of Fine Arts (MFA) Patron Program Committee. She is presently on the Advisors Steering Committee and the Development Committee of the MFA, Boston.

*"I am here because I have seen first-hand what OCD can do to someone you love and how the right medical care can improve the quality of life. Through the Foundation, our family found a community that works tirelessly to support those with OCD through advocacy, education, support groups and effective treatment for everyone who is effected by the disorder."*

**PATRICIA PERKINS (1986 – PRESENT)**

Patti is one of the founders of the Foundation, served as the first president of the Board of Directors, held the office of vice president, and was the executive director from 2001-2008. She has been an emeritus member of the board since 2012. Patti is truly considered the heart and soul of the Foundation to this day and the IOCDF service award was named after her due to her ongoing inspiration to everyone in the IOCDF community.

**TRANSITIONS AND THANK YOU'S****SHANNON SHY (2011- 2017)**

Shannon Shy served on the Board of Directors from 2011 until the end of 2017. He is the immediate past president of the board and previously served as secretary. He has been involved in OCD Mid-Atlantic, an affiliate of the IOCDF. In 2010 Shannon was the Keynote speaker at the Annual OCD Conference in Washington DC. Shannon is currently a Certified Peer Support Specialist and provides peer support both domestically and internationally to those suffering from OCD and has also authored two books about his OCD recovery journey. Shannon works at the Pentagon serving as the Senior Counsel (Land Use) in the Office of the Assistance Secretary of the Navy. Shannon was recently asked to again serve his country and transitioned off the Board of Directors at the end of 2017.

**CHRISTINA VERTULLO (1999 - 2018)**

*Recognizing Christina Vertullo after 19 years of being on the IOCDF Board of Directors this past February.*

In 1994, Christina Vertullo founded the first OCD focused internet discussion forum called *OCD-L* and moderated the list until 2001. Beginning in 1996 she organized six annual OCD workshops at Marist College and co-founder the Hudson Valley OCD Support Group in Poughkeepsie NY which was in existence until 2014. Christina has been a member of the Board of Directors since 1999, serving in the roles of vice president and secretary. Chris transitioned off the board this past February after 19 years (see picture above). She will be sorely missed. Christina is also a distinguished lecturer in the Department of Mathematics at Marist College and is the parent of an individual with OCD.

*"I have been here because I want others who live with the effects of OCD within their families to know there is hope for life with OCD. People with OCD are incredible and intelligent caring individuals who can and do live successful lives despite OCD. Never give up hope."*

Sincerely,

Susan Boaz  
IOCDF Board President ○

## FROM THE FOUNDATION

### Expanding on the IOCDF's Work Through Grant Funding *(continued from front page)*



Unlike a donation, which is money given for general use, grant funds are designated for a specific purpose. Mental health programming and advocacy has become an increasingly popular philanthropic cause, due in large part to the growing national spotlight on mental health issues. Over the next several months, my task will be to identify corporations, foundations, government entities, and other grant makers who may be interested in funding the IOCDF's work. In particular, we will be seeking grants from organizations that focus on improving mental health outcomes in children and adults, addressing disparities in mental health care, and helping non-profits reach more people in need. Given the IOCDF's long track record of education, impact, and advocacy around OCD and related disorders, I feel confident that we can present a strong case for our organization and secure grants to help us grow.

From the growth of the Annual OCD Conference, to the creation of the *1 Million Steps 4 OCD Walk*, and the launch of the IOCDF Training Institute, the IOCDF has accomplished a lot since its founding in 1986. As we look towards the future, we're eager to make an even bigger impact! Grant funding will allow us to grow and improve our existing programs to ensure that more people are able to receive a proper and timely diagnosis and have access to effective treatment. **Here are some examples of what we could do with additional grant funding:**

- Keep registration fees as low as possible for the Annual OCD Conference and expand our Conference Scholarship Fund to increase access to this life-changing experience;
- Allow more professionals to learn how to effectively treat OCD and related disorders by implementing fee waivers for BTTI and Training Institute applicants who come from underserved communities;

- Educate school personnel, parents, and students on how to recognize and manage OCD and related anxiety disorders through the launch of our Anxiety in the Classroom program;
- Ensure that people all over the world have access to informative and actionable resources by updating and expanding upon the IOCDF family of websites.

In addition to facilitating upgrades to our programs, grant-seeking is an opportunity to diversify our funding streams — at present, the majority of our programming is sustained through donations and dues from individual donors. While support from the community will still be vital to our efforts, adding a new dimension to our fundraising will help us weather changes in philanthropic giving (especially as the new tax bill takes effect) and remain financially stable for many years to come.

Grant writing also presents the Foundation with the opportunity to communicate about our impact to a wider audience of potential stakeholders. As we begin to receive and publicize grant awards, we will be able to introduce new constituencies to our work and unlock further opportunities for collaboration. ○

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*This is also an opportunity for you to become more involved! While I continue my research on potential granting agencies, it is possible many of you have ideas and connections as well. Ultimately, our goal is to build relationships with corporations and foundations across the nation. If you have any suggestions about potential funding sources for the IOCDF's work, please feel free to contact me at [epeterson@iocdf.org](mailto:epeterson@iocdf.org) or at (617) 973-5801, Ext. 27*

## 1 Million Steps 4 OCD Walk

The 1 Million Steps 4 OCD Walk is back this spring, with even more ways for walkers to take a step and become part of the #OCDwalk movement. This Walk represents a chance for the community to bring greater awareness to OCD and related disorders, while also helping raise funds for programs run by the IOCDF and its Local Affiliates. These programs support all those affected by OCD and educate the greater community about what it means to live with OCD or a related disorder. Whether you're able to join us at the flagship 1 Million Steps 4 OCD Walk in Boston, attend a Walk hosted by one of our Local Affiliates in cities across the US, or participate by setting up a team and holding a Grassroots Community Walk, there's an opportunity for everyone to share their story and help raise awareness!



### HOW FAR WE'VE COME

Since we held our first event in Boston in 2013, the 1 Million Steps 4 OCD Walk has continued to grow exponentially. Our inaugural effort raised \$53,902 and had almost 300 participants walking at Jamaica Pond or participating as virtual walkers in their local communities. Since then, the 1 Million Steps 4 OCD Walk has tripled its yearly fundraising. The 2017 1 Million Steps 4 OCD Walk included events held in 32 states and 5 countries, with 13 of our Local Affiliates hosting walks in their catchment areas. Everyone who has supported the Walk — whether by walking or making a donation to a loved one's fundraiser — has contributed to its success. As we look back on how much the Walk has grown — and look forward to an even greater impact in 2018 — it's important to remember the inspiration for the 1 Million Steps 4 OCD Walk, and the journey one man made in memory of his son.

### OUR SPECTRUM DESIGNS PARTNERSHIP CONTINUES!

Once again, the IOCDF will be partnering with Spectrum Designs to print and distribute the commemorative 2018

Walk T-shirts. Spectrum Designs is a 501(c)(3) non-profit organizations whose profits directly support the gainful and integrated employment of individuals with autism and related developmental disabilities at their print shop in Port Washington, NY. For the past 2 years, we've been fortunate to partner with Spectrum and support their efforts while providing our Walk community with commemorative T-shirts and we're excited to continue working with them in 2018!



### OUR INSPIRATION

In 2012, Denis Asselin walked from his home in Cheyney, PA, to Boston, MA in memory of his son, Nathaniel. Nathaniel took his own life at the age of just 24, after a long struggle with severe body dysmorphic disorder (BDD) and OCD. Denis walked almost 500 miles — roughly one million steps — to honor Nathaniel and raise awareness about the disease that stole his son's life. Each year in June, inspired by Denis' journey, we walk together to further this mission of raising awareness and reducing stigma.

This spring's 1 Million Steps 4 OCD Walk will focus on storytelling and experience-sharing, with the goal of fostering a supportive community for everyone affected by OCD and related disorders. Our registration and fundraising system has made it easier than ever to customize your fundraising page, so you can let your family and friends know why you are taking a step to join the #OCDwalk movement.



## FROM THE FOUNDATION

### 1 Million Steps 4 OCD *(continued)*

Here is what some of our past walkers have shared about what inspired them to walk:

“As a therapist, I see first-hand the devastating effect that OCD can and does have on individuals and families. I firmly believe that with the appropriate treatment many individuals with OCD can live meaningful and rewarding lives. I also believe that individuals with OCD are much more than their OCD.

The #OCDwalk encourages participants to walk for a cause and to interact with one another in a supportive and meaningful event - and to have some fun! This disorder continues to be misunderstood by many and ongoing efforts to reduce the stigma and oversimplification of this disorder are needed. I walk to support the goals and financial needs of the IOCDF and to raise money for IOCDF programs!”

— Gerald O'Brien, PhD  
Virtual Walk Organizer, Bala Cynwyd, PA

“To me, participating in the Walk is about hope. Sometimes hope burns so brightly; in other moments, it may feel out of reach. When we gather together for the Walk, the experience fills up the hope tank: it's a powerful visual reminder that although we are separate individuals, families, providers, programs, we are one community across the country and the globe, and can take on any challenge together. It's an opportunity to take literal steps, side by side, to change the future for individuals with OCD and related disorders.”

— Jordan Cattie  
2017 OCD Georgia Walk Organizer

“I attended the 1 Million Steps 4 OCD Walk last summer because it sounded awesome. Trust me, it was! I enjoyed getting my fundraising page out there to share and I even raised the second most amount of money, which I was not expecting to do. It was amazing seeing and meeting so many people that go through similar things that I go through and it was so fun walking around Jamaica Pond with my awesome therapist. So, if you are just now hearing about the Walk or have not walked before, I encourage you to definitely do the Walk this summer!”

— Willy, age 13, 2017 Boston Walk attendee

### SHARE WHAT INSPIRES YOU TO WALK



As Denis proved — along with everyone who has participated in the 1 Million Steps 4 OCD Walk since its inception — sharing your story can make an important impact, whether you are living with OCD or a related disorder, or know or love someone affected by OCD. That's why this year, in addition to asking community members to walk with us and fundraise, we want to encourage those who feel comfortable to tell their story. By sharing your story, you help put a face to OCD and related disorders, leading to even greater awareness and stigma reduction.

Whether you are planning to walk with us, or just want to support the cause, sharing your story is easy. All you have to do is visit [www.iocdf.org/walk](http://www.iocdf.org/walk) to register and start raising funds and awareness!

Everyone who registers online is automatically given a personal fundraising page through our fundraising platform CrowdRise. Here you can add photos and videos, share your



## FROM THE FOUNDATION

**1 Million Steps 4 OCD** *(continued)*

story, and post updates to keep followers engaged throughout the fundraising period. In addition to adding text to your fundraising page, you can also create and upload your own personal fundraising video. Video can be extremely effective in helping to promote your campaign since it puts a face to the cause, and conveys the passion driving your fundraising!

To help you through your fundraising efforts, we've put together a fundraising toolkit of ideas to help you spread the word and promote your fundraiser through various social media outlets. Don't forget to use #OCDwalk when posting your content online so that everyone knows you are supporting the *1 Million Steps 4 OCD Walk*. We can't wait to see all that we accomplish together this year!

**WALK WITH US**

**Walk Registration opens Monday, April 2nd at 12pm EST!**

Along with the flagship *Boston Walk* that takes place at Jamaica Pond (this year on Sunday, June 3), the IOCDF partners with our Local Affiliates who host *1 Million Steps 4*

*OCD Walks* across the country! Affiliate Walks will take place on Saturdays and Sundays on the first two weekends of June. You can view the entire list of Walk events, venues and dates by visiting [www.iocdf.org/walk](http://www.iocdf.org/walk). All walkers who register for the Boston Walk or an Affiliate Walk and raise a minimum of \$25 by the day of the event, will receive a commemorative *1 Million Steps 4 OCD Walk* T-shirt.

Don't see a walk event near you? Not a problem — through our *Community Walk Program*, you can create a team and invite family and friends to join you in your local community. All walkers who register to join a Community Walk and raise the minimum \$25 by **Monday, May 7th, 2018** will receive a T-shirt directly in time for their *Community Walk*.

***Let's see how far we can go!*** ○



# Walk With Us

Join us in spreading awareness and ending stigma! Take part in the **1 Million Steps 4 OCD Walk** this June!

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

## FROM THE FRONT LINES

**Artistic Liberation from OCD**

by Sam Foster



*Throughout my childhood, I was always a musical kid. When I was just a toddler, I became infatuated with the compositions of Vivaldi and Chopin, listening to recordings*

*incessantly. During middle school, I developed vocal talent, began writing songs, and started playing guitar. Music has followed me throughout my life, but I never realized its true importance until my OCD crisis.*

For most of my teenage years, OCD defined me. It was like a cancer that infected every facet of my daily life with anxious preoccupation. From extreme perfectionism in music, to contamination fears and miserable school stress, OCD followed me everywhere. Rituals became deeply ingrained behavioral habits for me, especially within the activities that brought me happiness. As a result, I was no longer able to enjoy things like music and social activities. Although I was aware of OCD's influence, I lacked the resolve to reject it. For this reason, I internalized OCD and accepted it as part of my identity. I was convinced that it defined me, that it was me. "If a trait is so prevalent," I thought, "how could it not be a part of who I am?"

This defeated and passive attitude only reinforced my misery. Though my life moved forward, internally, I was moving in circles, following OCD's continuous cycle of obsessions and rituals. I didn't attempt to fight them because of my belief that OCD was an essential, immovable part of me. During my early high school years, I plunged deeper into the abyss, seemingly intent on seeing how torturous a life ruled by OCD could get. The rituals increased, the meltdowns intensified, and my enjoyment of activities plummeted; as I now know, a mind can only take so much. During this period, a quiet rebellion was secretly brewing inside me in the form of artistic expression.

When I was in my most anxious state during my sophomore year of high school, I began to use my developing songwriting interest to create music about my OCD. This is something that happened naturally, almost as an impulse. It was like my stress reaching maximum capacity in my body and overflowing onto a page. Though I didn't know it

then, this was the first step to eroding my destructive beliefs about OCD's necessity to my character; for the first time in my life, I was describing OCD rather than letting it define me. As with any impulsive behavior, these song writing sessions became more frequent and refined. Whenever OCD cornered me or filled my head, I rushed to my guitar and grabbed my phone to start writing lyrics. It was a beautiful way for me to release stress and cope with the burden of OCD.

I later found that these songs not only had beauty individually but also as part of a larger narrative. Observing the catalog of OCD-related songs that I amassed between my sophomore and junior years of high school was like being given a secret view into my personal progression in the face of this illness. It was a story with a distinct arc and a melancholic conclusion; it was a story that had unintentionally written itself, simply as a result of my chosen coping mechanism. Though my interest in sharing this story with anyone else was initially tepid, my family and friends helped me realize that in sharing my story, I had the potential to make a powerful statement. This statement became my debut album, "OCD".

Looking back on this journey today, it is amazing to see my personal progress. I am enjoying music for its own sake and making life decisions on my own terms. I have greatly reduced OCD's stronghold on my life. While this is largely due to the help of an outpatient program, having an artistic outlet also played an important role in my recovery. Using music to portray the reality of my OCD was a huge step for me. For the first time in my life, I was able to make a statement to the world — and to myself — that OCD is not a part of who I am but rather a detriment to who I am. It is a character suppressant.

This change in attitude is what gave me the strength to enter outpatient therapy and the determination to regain control of my life.

I've learned that expression is intrinsically liberating — if you can express how OCD makes you feel, you will eventually realize that it is making you feel some sort of pain. When you realize that pain, you can begin to separate yourself from your OCD. If you have OCD and feel up to it, I recommend giving artistic expression of any style or caliber a shot. For me, it was well worth it. ○

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*Sam Foster is an 18-year-old singer/songwriter and student living in Seattle. He is committed to a lifelong goal of sharing his musical story with the world and continuing to evolve personally in the process.*

## OCD is Like Playing Baseball: Learn How to Play to Win

by Ethan Kagin



*To have OCD is to struggle. Everyone who has it knows this to be true. Whether it's the struggle over germs, religion, or the perfection of a space around us, OCD can be so overbearing at times that it makes us as individuals feel powerless against it. Often times when battling OCD we feel hopeless, as though there is nothing we can do to avoid the pain and anguish that we experience daily from the illness.*

For those of us who live with OCD, we know that it's not a game. However, when describing what it's like to fight against it, I have found it useful to use the analogy of one particular game — baseball. I am not really a sports person, but I have come to enjoy baseball, and I think that of all the games that exist it is the one that relates most to our struggle with OCD. Although Jumanji would elicit stress levels closer to those of OCD, the game of baseball has similarities that can help us understand how to conquer our struggles, while also being a game that many of us associate with fun.

The analogy starts like this: Baseball is life, the pitcher is OCD, and the ball is an obsession. Every time we come up to the plate, the ball is thrown at us, whether we want it to come or not. When the pitcher throws the ball it's like an obsession coming toward us, something we have to shake off and hit away from us. Batting is done by performing exercises that help us to fight the disease, and just like batting, this takes practice. If we grow lazy, or we decide that we are no longer going to try to hit the ball to the best of our ability, the pitcher gains the upper hand.

Now, understand that batting is not a compulsion. In fact, I would compare the urge to perform a compulsion to the urge to hit a ball that is not in the strike zone. We want to hit the ball away, just like we want to get rid of obsessive

thoughts, but by performing compulsions, or swinging at a bad pitch, we are taking the easy way out and misguiding our efforts. Swinging at bad pitches just leads to strikes and gives the pitcher more power. As with resisting the urge to swing, there are times when we have to resist the urge to do a compulsion in order to successfully hit the ball.

Unfortunately, once we get good at hitting the ball, once we get stronger in our mindfulness and our OCD exercises, the pitcher may notice and start throwing us curve balls. These curve balls can be obsessions or worries that are new and scary to us, or they can be old worries presented to us in a new way. It is at these times that we must learn new strategies — new ways to hit new pitches — in order to stay one step ahead of the pitcher, or one step ahead of OCD. It's when we become afraid of these new pitches that we are unable to hit the ball effectively. This is why we must keep practicing in order to help ourselves and our teammates.

The fact of the matter is that baseball games end, but OCD does not. To many, this may seem an unfortunate truth. However, both in learning to play baseball and learning to manage OCD, we develop skills that we can utilize in other areas of our lives. We can learn to practice, to become more resilient, and to challenge our fears. I believe that if we learn to conquer OCD and to overcome our struggles, it equips us to do anything in life. Although it may not always seem so, our struggles can be our blessings. OCD has made me stronger than I ever thought I could be and, in time, I believe that everyone can learn to fight it — to play this game until it is nothing more than a small nuisance in our head, a tool to help us grow stronger, and a means to an end in the greater scheme of things. So, keep playing the game, keep your eye on the ball, and try to have fun while you're at it. Because just like baseball, OCD isn't our whole life or our whole identity, it's just a small part of it. ○

*Ethan is an 18 year old from Kansas.*

## FROM THE FRONT LINES

### They Are Us. We Are Them.

by Shel Seaver



*In October of 2016, I was asked by Kevin Ashworth if I would consider being on the Board of Directors for OCD Oregon, which at the time was in the early stages of establishing itself as an official Affiliate of the IOCDF. I was both honored by and nervous about the opportunity, yet I agreed without any hesitation. I assumed Kevin (a friend of a friend) must have been informed that I had OCD, hence the invitation to join the board. I didn't stop to consider that it might be because I was a psychiatric nurse practitioner intern working on her doctoral degree (that would be too logical).*

After agreeing to become a board member, I automatically asked Kevin, "Did Allison tell you I have OCD?"

"No," he answered, seeming very surprised.

"Oh!" I said, realizing, as a wave of panic poured over me, that I had just told a stranger about my diagnosis.

Shortly following that awkward conversation, I received an email including the other OCD Oregon board members that introduced me to everyone. The email included a brief introduction, explaining my professional involvement with mental health and uh...

What is this?

"Shel also has OCD."

I froze. I panicked. Was I just professionally outed?

In retrospect, I realize that, based on our conversation, Kevin assumed I was open to being public about my OCD — in fact, this was far from the case. This happened a little over a year ago, when I was mostly "closeted" about my diagnosis of OCD. Yes, I hate the stigma of mental illness with every cell in my body, but having lived with mental illness for the

last 20 years and having been on the receiving end of that very real stigma, I knew of the possible repercussions for allowing my disorder to become public knowledge. As a nurse and doctoral intern, the last thing I ever wanted was for people to think I might have an impairment that could affect how well I was able to care for my patients. And honestly, for most of my career, I did not want to go down the treacherous road of educating people about the reality of OCD. I was terrified of being judged, terrified of being labeled, and terrified of looking foolish.

In 1995, Kay Redfield Jamison published a memoir of her experience with bipolar disorder. She was an esteemed professor of psychiatry and a clinical psychologist at the time, and she wrote the following: "*Clinicians have been, for obvious reasons of licensing and hospital privileges, reluctant to make their psychiatric problems known to others. These concerns are often well warranted. I have no idea what the long-term effects of discussing such issues so openly will be on my personal and professional life, but, whatever the consequences, they are bound to be better than continuing to be silent.*" Her memoir became a national best-seller and undoubtedly encouraged the normalization of living as both a healer and a person with mental illness. However, regardless of the impact of her words, the pervasive nature of stigma is still a monumental barrier that prevents mental health providers from feeling comfortable disclosing their own mental illness. Dr. Marsha Linehan, the world-renowned and highly respected creator of dialectical behavioral therapy (DBT), only admitted to having borderline personality disorder in 2011, at age 68. She announced, "So many people have begged me to come forward, and I just thought — well, I have to do this. I owe it to them. I cannot die a coward." And yet, the pressure she felt to hide her diagnosis from the public usurped these feelings of cowardice for most of her professional life.

Disclosure causes discomfort. As healthcare providers, we are taught to care for others and not to need care ourselves.

## They Are Us. We Are Them. *(continued)*

Our patients take comfort in this infallibility. Sadly, mental illness continues to be universally viewed as fallible. If something is wrong with your heart, then everyone agrees that something is wrong your heart. Yet much of the population continues to cling to the belief that if something is wrong with your brain, then something is wrong with *you*. There is an underlying current of belief in the medical community that if you cannot control your own brain, you most certainly should not be caring for the health of others. In a recent study, 40% of United States physicians admitted to being reluctant to even pursue mental health care because they feared losing their license if they were to receive a psychiatric diagnosis<sup>2</sup>. Instead, physicians often choose to treat their own psychiatric disorders, without professional psychiatric assistance, in the shadow of shame<sup>3</sup>.

With the birth of OCD Oregon as an IOCDF Affiliate, I made a very significant decision to publicize my diagnosis by allowing it to be included in my bio on the affiliate website. I did not need to do this. I could have written my bio without any mention of my diagnosis. However, what message would that send? That I should be ashamed? That I should be worried my co-workers might question my abilities? That I, as well as my patients, should be fearful about losing our jobs just because of the way our brains work? After our website went live, flooded with pride for our accomplishment, I began inviting people I worked with — both at my job and my clinical sites — to visit the website in hopes that it would be shared with patients and families needing support and resources. I did this with the understanding that the website would “out” me to the very people I wanted to think highly of me — the people who I never wanted to doubt my ability as a nurse or nurse practitioner.

Let me tell you, providing such personal and stigmatized information to the world (particularly my peers and colleagues) was incredibly hard. When I decided to make my diagnosis public, I underestimated the degree of vulnerability and transparency this action would require of me (which was probably a good thing). While I believe in the importance of being transparent, it is nerve-racking to have something so personal become so public. This experience has catapulted me into a whirlpool of unpleasant emotions, and now I understand why Marsha Linehan held onto her diagnosis in secret for so many years. Feeling like a coward is so much safer and manageable than choosing to expose one’s weaknesses to the world.

I believe that we must create a culture where mental health providers feel comfortable disclosing their own mental illness. I understand that many providers question the ethics of disclosure. Yet, when I worked as a nurse prepping my patients for surgery, it always calmed them to hear their surgeon describe their own personal surgical experience, along with their post-operative success. It should be no different in mental health. Allowing ourselves to be visible will chip away at the public’s association between mental illness and incompetence. Moreover, I feel it is imperative that the hierarchical and paternalistic wall between patient and provider come down — it is not only antiquated, but harmful. The reality is that they are us. We are them. This is something that we too often strive to forget.

A little over a year ago, I had never even met my fellow OCD Oregon board members. Since then, we have created a much-needed organization for the Oregon mental health community. In ways I never could have anticipated, the birth of this non-profit has become a rebirth of myself. The day when I offhandedly agreed to join the Board of Directors, I had no idea the journey my decision would take me on. My work with OCD Oregon has finally healed a part of myself that I spent many years struggling to hide. In the words of Brené Brown, “Shame derives its power from being unspeakable.” Speak out and be seen. There is no shame in that. ○

### REFERENCES

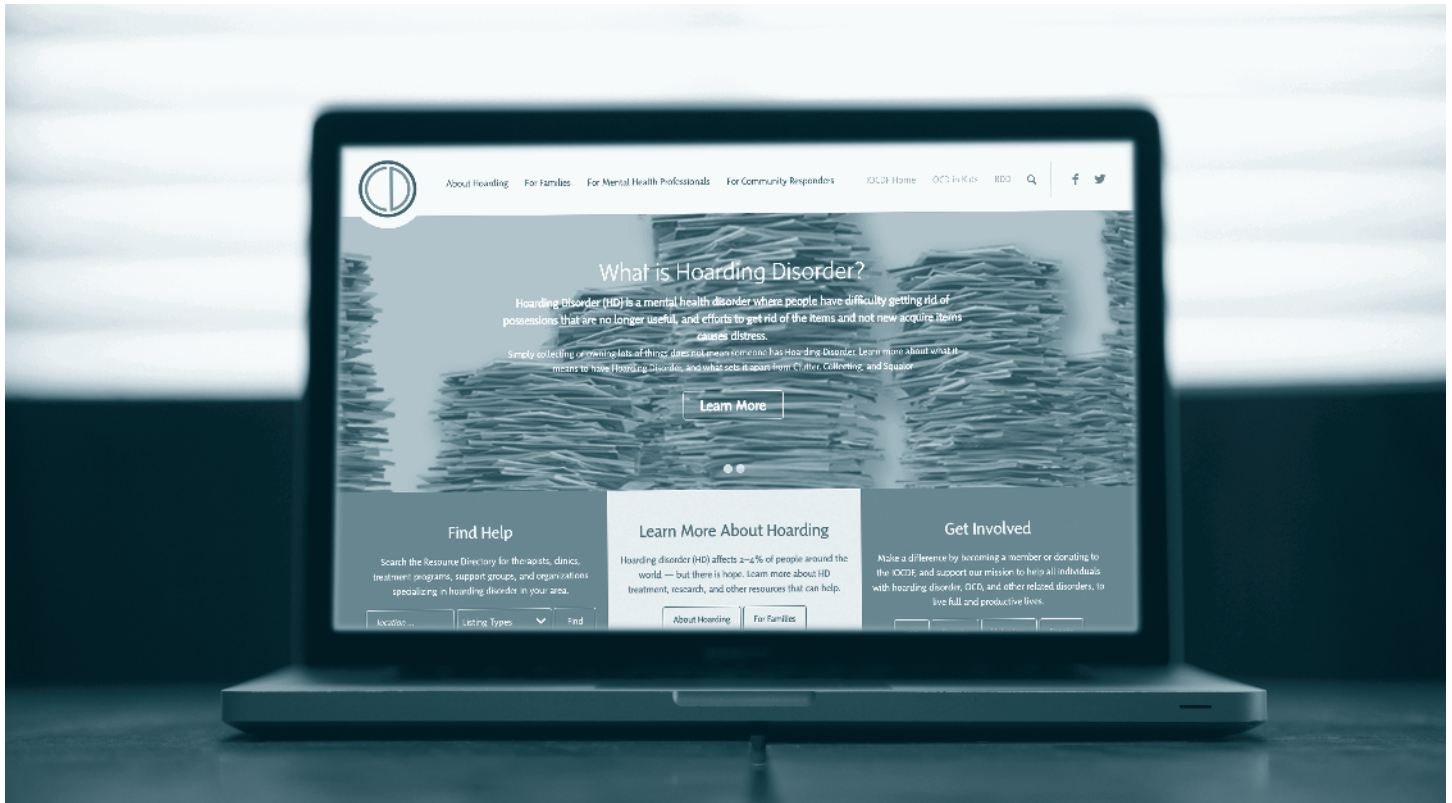
1. Carey, B. (2011, June 23). Expert on mental illness reveals her own fight. *The New York Times*. Retrieved from [http://www.nytimes.com/2011/06/23/health/23lives.html?\\_r=1&emc=eta1](http://www.nytimes.com/2011/06/23/health/23lives.html?_r=1&emc=eta1)
2. Dyrbye, L., West, C., Sinsky, C., Goeders, L., Satele, D. Shanafelt, T. (2017). Medical licensure questions and physician reluctance to seek care for mental health conditions. *Mayo Clinic Proceedings*, 92(10), 1486-1493.
3. Gold, K., Andrew, L., Goldman, E. & Schwenk, T. (2016). “I would never want to have a mental health diagnosis on my record”: A survey of female physicians on mental health diagnosis, treatment, and reporting. *General Hospital Psychiatry*, 43, 51-57.
4. Jamison Redfield, K. (1995). *An unquiet mind: A memoir of moods and madness*. New York, NY: Vintage Books.

*Shel Seaver is a registered nurse who works with psychiatrically hospitalized youth in Portland, Oregon. She will graduate with her doctor of nursing practice (DNP) degree as a psychiatric mental health nurse practitioner in May 2018.*

## THERAPY COMMUNITY

## A Revamp of the IOCDF Hoarding Site

Introduction by Gail Steketee, PhD, and Randy Frost, PhD



In 2010, a mere eight years ago, the IOCDF launched the [helpforhoarding.org](https://www.helpforhoarding.org) website (now [hoarding.iocdf.org](https://www.hoarding.iocdf.org)) with only a few articles. Consistent with IOCDF's mission to help everyone affected by OCD and related disorders to live full and productive lives, our aim was to provide guidance to the public and to mental health professionals in understanding and treating serious hoarding problems. Research on hoarding only began in the 1990s, led by Drs. Randy Frost and Gail Steketee. By 2010 we knew that hoarding occurred at a surprisingly high rate in the population (about twice the rate of OCD), especially among middle aged and older adults. We also knew that although it shared some features with OCD, hoarding was different in many ways.

In 2013, the American Psychiatric Association recognized hoarding disorder (HD) as a separate category of OC Spectrum conditions in the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). Though published almost 20 years later, the defining features of hoarding disorder as described in the DSM-5 were surprisingly similar to the clear description put forward by Frost and Hartl back in 1996. Since 2013, we have learned a great deal about the features of hoarding disorder and how to assess its severity. We have also learned a lot about why people hoard and which treatment methods are helpful in reducing this stubborn affliction.

For the past year, the IOCDF has been revamping our [hoarding.iocdf.org](https://www.hoarding.iocdf.org) website to include the following:

- Updated information on "What is Hoarding Disorder?", including how to tell the difference between hoarding problems and collecting, the special features of animal hoarding, and hoarding treatment strategies.
- Updated information for family members and treatment providers.
- Recommendations for community responders and professional organizers.

## A Revamp of the IOCDF Hoarding Site *(continued)*

In addition, we will soon be adding new information about peer support and first responders, who encounter hoarding disorder in the course of their work. Below, you will find a few excerpts from the updated site.

### DO I HAVE HOARDING DISORDER?

People can have very different ideas about what it means to have a cluttered home. For some, a small pile of things in the corner of an otherwise orderly room constitutes serious clutter. For others, only when the narrow pathways make it hard to get through a room does the clutter register.

Here are some questions to ask yourself if you wonder whether you may have hoarding disorder:

*Do you ...*

- Have difficulty getting rid of items?
- Have a large amount of clutter in the office, at home, in the car, or in other spaces (i.e. storage units) that makes it difficult to use furniture or appliances or move around easily?
- Often lose important items like money or bills in the clutter?
- Feel overwhelmed by the volume of possessions that have “taken over” the house or workspace?
- Find it difficult to stop taking free items, such as advertising flyers or sugar packets from restaurants?
- Buy things because they are a “bargain” or to “stock up”?
- Avoid inviting family or friends into the home due to shame or embarrassment?
- Refuse to let people into the home to make repairs?

*If you answered yes to 1 or more of the above questions, you may have hoarding disorder. Visit [hoarding.iocdf.org](http://hoarding.iocdf.org) for more information.*

### IS IT HOARDING, CLUTTER, COLLECTING, OR SQUALOR?

What are the differences between hoarding disorder (HD) and clutter, collecting, and squalor? Simply collecting or owning lots of things does not mean someone has HD. **Three things characterize HD:**

1. Excessive acquiring of possessions,
2. Difficulty discarding or letting go of them, and
3. Disorganized clutter that makes using the living spaces difficult. Specifically, moving through the home is often challenging, exits are blocked, and normal routines within the home are difficult.

While it’s common for our homes to get messy or cluttered at times, this is not the same as having HD. Similarly, being a collector of items does not mean a person has HD. Some of the key differences between these terms are defined below:

#### CLUTTER

Clutter is defined in the DSM-5 as “a large group of usually unrelated or marginally related objects piled together in a disorganized fashion in spaces designed for other purposes (e.g. tabletops, floor, hallway).” While clutter is the most easily visible marker of HD, a home can be cluttered for a wide variety of reasons. HD is only considered when the clutter results from excessive acquisition and difficulty getting rid of things.

The location of the clutter is also an important factor — it is common for most people to have cluttered storage areas, such as basements and attics. Instead, HD involves clutter that takes over the living spaces of the home (kitchens, living rooms, bedrooms, hallways, etc.) and keeps them from being usable for everyday living – cooking, eating, relaxing, sleeping, moving freely through the house, etc.

#### COLLECTING

HD is different from collecting in that collecting is organized and systematic, even though some collectors may have a similar amount of possessions as someone with HD. Collecting does not produce the clutter, distress, or impairment that HD does.

In contrast to people with hoarding problems, collectors typically keep their possessions well-organized, and each item differs from other items to form interesting and often valuable groupings. Further, an important purpose of collecting is to display the items to others who appreciate them. People with HD are seldom able to accomplish such goals.

#### SQUALOR

Squalor (or “severe domestic squalor”) refers to unsanitary conditions in the home. Squalor is most often found in elderly persons who have additional mental challenges, such as dementia. Squalor can sometimes occur as the result of HD, and sometimes occurs without HD. In HD, squalor occurs when the items saved include spoiled food and/or when animals are present. In many cases, squalor results from the neglect of normal cleaning activities.

## THErapy COMMUNITY

### A Revamp of the IOCDF Hoarding Site *(continued)*

#### SUBTYPES & RELATED DISORDERS

##### ANIMAL HOARDING

Animal hoarding occurs when an individual has a large number of animals but fails to meet the animals' basic care needs (for example, failing to providing food and water, clean environment, and/or veterinary care). Animals in hoarding situations often live in poor environments, and suffer from malnutrition, severe overcrowding, and/or extremely unsanitary conditions. People who hoard animals often do not recognize the harm they are causing the animals. They may continue to acquire additional animals and/or strive to maintain their current number of animals despite the animals' deteriorating health.

Animal hoarding may have similar symptoms to HD with regard to difficulty discarding and clutter in the home, and squalor conditions may be present in homes where animals are allowed to roam freely. However, it seems likely that animal hoarding results from different processes and responds to different kinds of treatment. Because different disorders require different treatments, it is important to make sure you receive the right diagnosis.

##### OCD-BASED "HOARDING"

In some cases, a person may appear to have HD when really they have obsessive compulsive disorder (OCD). This can occur when the apparent hoarding behaviors are the result of OCD symptoms. For example, contamination obsessions may prevent someone from touching things that have fallen to the floor, creating clutter in the home. A person who feels they must check and recheck documents may ignore piles of papers to avoid their checking rituals.

Here are some other differences between saving and clutter due to OCD and Hoarding Disorder:

- In OCD, the individual does not get any pleasure from saving things and the resulting clutter, which they find to be unwanted and highly distressing.
- Individuals with OCD are much less interested in the items they save. They have few sentimental attachments or beliefs about the value/worth of the items themselves.
- Excessive acquisition of items is rare among those with OCD-based saving and clutter.
- Saving and clutter due to OCD is treated using the same treatment methods used for other types of OCD — exposure with response prevention (ERP) and/or medication.

#### WHO GETS HOARDING DISORDER?

It is estimated that around 2% – 6% of the population suffers from hoarding disorder.

HD appears to affect men and women at similar rates.

HD is believed to be a universal phenomenon with consistent clinical features in all races, ethnicities, and cultures around the world.

Hoarding symptoms appear to be almost three times more common in older adults (ages 55-94 years) compared to younger adults (ages 34-44 years), although hoarding symptoms can occur in young children as well.

Hoarding symptoms begin to appear early in life and continue throughout the entire lifespan, increasing in severity with each passing decade if untreated:

- Ages 11–15 — symptoms may first emerge
- By the mid-20's — symptoms begin interfering with every day functioning
- By the mid-30's — individual demonstrates clinically significant impairment and is likely to meet full criteria for a diagnosis of HD

Around 75% of individuals who have HD have a co-occurring mental health condition.

- The most common co-occurring disorders are major depressive disorder, social anxiety disorder/social phobia, and generalized anxiety disorder.
- Around 20% of people with HD also have OCD. ○



## A Revamp of the IOCDF Hoarding Site *(continued)*

**The following chart compares some of the key characteristics associated with Hoarding, Normal Clutter, Collecting and Squalor**

	<b>Types of Items</b>	<b>Method of Acquiring</b>	<b>Appearance of Home</b>	<b>Life Impact</b>
<b>Hoarding</b>	Items do not have a specific theme, usually many different types of items.	Items are not acquired in a planned fashion. Acquisition is often excessive. Items may be free (e.g., from the side of the road, giveaways, etc.) and/or purchased.	Disorganized clutter, taking over living spaces (bedroom, living room, kitchen, etc.) and often preventing them from being used as intended.	Efforts to get rid of the items and not acquire items causes distress. Spending may be excessive, causing financial distress. Can cause conflict in social/family relationships, in addition to general withdrawal from society. State of home may have a broader impact on surrounding homes (e.g. sanitation concerns, structural issues, etc.).
<b>Normal Clutter</b>	Items may or may not have a specific theme.	Items are not acquired in a planned fashion; acquisition is not excessive.	Disorganized clutter, generally located in storage spaces (e.g. attic, basement, etc.). May also occur in living spaces, but does not prevent them from being used as intended.	Items may cause mild distress, but generally do not have broad or lasting impact on finances, work, social life, etc. The thought of getting rid of items or not acquiring any more does not cause distress.
<b>Collecting</b>	Items center around a specific theme, e.g. stamps, models, figurines, etc.	Items are acquired through planned searches. Items are mainly purchased and are limited in number.	Items are arranged, stored, and/or displayed in an organized fashion. Items do not take over living spaces.	Items usually have a positive or pleasurable impact. Collecting usually does not cause financial distress, nor impairment in work, social life, etc.
<b>Squalor</b>	No intentional saving of items.	No intentional saving or acquiring of items. Build-up is instead due to neglect or inability to remove them.	Home is generally in a state of disrepair, may look unclean or unkempt.	State of home may or may not cause distress, depending on the individual's mental status. State of home has a negative impact on the health and wellbeing of all inhabitants, and may have a broader impact on surrounding homes.

We hope that you find this information valuable. To access all of our available resources on hoarding disorder, visit [hoarding.iocdf.org](http://hoarding.iocdf.org).

## 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).*

#### **ADDICTIVE, COMPULSIVE, AND IMPULSIVE DISORDERS RESEARCH/CLINICAL GROUP**

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The Addictive, Compulsive, and Impulsive Disorders Research/Clinical Group at the University of Chicago is proud to announce that its clinical and research services are expanding! We offer individual CBT for adolescents and adults with OCRDs in a variety of intensities. If you're interested in seeking treatment through our clinic, or possibly participating in a research study, please contact the co-directors, Dr. Lindsay Brauer, PhD ([lbrauer1@yoda.bsd.uchicago.edu](mailto:lbrauer1@yoda.bsd.uchicago.edu)) or Jon E. Grant, MD ([jongrant@uchicago.edu](mailto:jongrant@uchicago.edu)) for more information.

#### **AMITA HEALTH**

<p><b>Alexian Brothers Behavioral Health Hospital Center</b> 1650 Moon Lake Blvd Hoffman Estates, IL 60169 Phone: (847) 755-8566 Email: <a href="mailto:Patrick.McGrath@amitahealth.org">Patrick.McGrath@amitahealth.org</a> <a href="http://www.alexianbrothershealth.org/abbhh">www.alexianbrothershealth.org/abbhh</a></p>	<p><b>Foglia Family Foundation Residential Treatment Center</b> 801 Gloucester Elk Grove Village, IL 60007</p>
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The AMITA Health Alexian Brothers Foglia Family Foundation Residential Treatment Center (FFFRTC) has launched a new website at [www.amitahealth.org/foglia](http://www.amitahealth.org/foglia). Please see the site if you have any questions about residential treatment or how the FFFRTC might be right for you. With the new year comes new opportunities for growth. We have hired more staff to open our second wing allowing us to treat even more individuals with OCD, anxiety, substance abuse, or co-occurring disorders. We are also now able to utilize our Polycom system for doing intakes or consultations. If you would like to do a "face to face" video intake, we can set that up with you, and all of our intakes are at no cost. If you're a therapist who has referred a resident to us, you can now meet with them "face to face" over video to see how they are progressing in treatment. We look forward to using this new

system to connect with all of you from across the globe to see if the FFFRTC is right for you.

#### **THE ANXIETY TREATMENT CENTER (ATC) OF SACRAMENTO, ROSEVILLE, AND EL DORADO HILLS**

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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 (ACT) has expanded their staff and welcomes doctoral student Christina Parker from Alliant International University located in Sacramento, CA. She received her master's degree in Psychology from Alliant and bachelor's degree in Psychology from San Francisco State University. Christina brings extensive experience working with who struggle with anxiety, depression, mood disorders, ADHD, and Trichotillomania. Her training in ACT, DBT, and CBT is a great fit for the ATC.

We are also excited to welcome Derek Naccarato, MA, a third-year doctoral student at the California School of Professional Psychology studying clinical psychology specializing in anxiety disorders and related conditions. Prior to enrolling at CSPP, he completed his bachelor's degree in Spanish with a minor in Psychology at Brigham Young University. He also worked at the Auburn-Davis Center for DBT using DBT, CBT, as well as psychodynamic therapy. He has studied in Vietnam, focusing on health psychology and the prevention of parasitic disease in developing nations. Additionally, he has two years of experience performing humanitarian work in the Dominican Republic and has collaborated with psychologists and mental health professionals in Cuba.

#### **BEHAVIOR THERAPY CENTER OF GREATER WASHINGTON (BTC)**

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

While BTC offers year-round intensive treatment for OCD, we are looking forward to providing intensive treatment for OCD this summer, a popular time of year for intensives. Please visit our website or call our center for details.

BTC is excited to offer our expanded didactic series during the full school year to our externs, postdoctoral fellow and local clinicians. Examples of topics have been Tourette's OCD, PANS/PANDAS, and Mindfulness-based approaches.

## Institutional Member Updates *(continued)*

Dr. Gloria Mathis has initiated a social anxiety exposure group that involves field trips for In Vivo exposure activities. Our Disruptive Behavior Management Program, under the direction of Dr. Noah Weintraub is intended for children with OCD, Tourette's, or an anxiety disorder in combination with externalizing behaviors (e.g., anger outbursts, defiance), and is appropriate for families in which PANS/PANDAS is suspected. This program involves a structured parenting group. BTC's professionally-assisted GOAL OCD support group continues to run strong.

### BEHAVIORAL WELLNESS CLINIC

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

The Behavioral Wellness Clinic is happy to announce the addition of Dr. James DiLoreto to our practice. Dr. DiLoreto has expertise in providing empirically supported treatments for OCD as well as anxiety disorders such as social anxiety disorder, panic disorder, and health anxiety. He has received extensive training in CBT including ERP and ACT. He possesses expertise on hoarding disorder (HD) and has given numerous talks to mental health professionals in Connecticut about the nature of hoarding and its treatment.

Dr. DiLoreto works closely with clinic director Dr. Monnica Williams and Dr. Nicholas Flower for ongoing supervision and consultation in his work with people who have OCD and other anxiety-related conditions. He is passionate about providing empirically supported treatments in a compassionate manner. He takes an individualized approach to those he is working with, taking into account diagnosis, cultural identity, and the presence of interpersonal and social stressors. Dr. DiLoreto is available for regular outpatient treatment of OCD, step-down treatment from residential care, and intensive outpatient programming (IOP).

### CENTER FOR OCD & ANXIETY-RELATED DISORDERS (COARD)

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

We are very pleased to announce the addition of Annemarie Louth, MD to our clinical team. Dr. Louth is a child psychiatrist who was previously a faculty member in the Department of Psychiatry at Saint Louis University. Welcome Annemarie!

The family consultation team at COARD has been working for some time on a manual to guide therapists in helping families deal effectively with an OCD treatment-refuser. The team is now working on a self-help book that families can use when confronted with this challenging dilemma. We are also training more members of our staff in what we call the "Family Well-Being Approach," in order to make this service accessible to more families. Consultations are conducted by phone for those outside of the St. Louis region.

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

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

Our research program is dedicated to improving the lives of people with obsessive-compulsive disorder (OCD) by conducting cutting edge research to transform how we understand and treat these disorders. 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 scientists to examine to study what causes OCD. Recently, we have expanded these efforts to a global stage. Our director, Dr. Blair Simpson continues to travel to different countries to meet with our collaborators for a study seeking to identify a reproducible brain signature of OCD.

We are recruiting individuals with OCD to participate in a brain imaging study which seeks to identify a reproducible brain signature of OCD. In addition, we are continuing to recruit individuals who are interested in treatment and those who would like to contribute to research. We also continue to examine the brain's endocannabinoid system, which has been hypothesized to play a role in OCD. One of our studies examines the effects of different cannabinoids (the active agents in marijuana) on OCD symptoms. For more information, see page 24.

### CENTER FOR PSYCHOLOGICAL & BEHAVIORAL SCIENCE

11380 Prosperity Farms Road, Suite 209A  
Palm Beach Gardens, FL 33410  
Phone: (561) 444-8040  
Email: [treatment@psychologyandbehavior.com](mailto:treatment@psychologyandbehavior.com)  
[www.steveseay.com](http://www.steveseay.com)

If you've ever practiced scripting, you've learned that having freaky thoughts on purpose can actually help you fight your

# THErapy COMMUNITY

## Institutional Member Updates *(continued)*

OCD. Please join us for Scriptathon 2018, a group scripting experience. This is the time to put your most horrific thoughts on display for the world to see. This exposure experience is not for the faint of heart, and attendees should expect to hear things that might be disturbing or distressing. Attendees should bring 3 scripts to the workshop. Don't censor yourself — feel free to lean into the most distressing version of the script without censoring or neutralizing. Scripts may be in first-person, third-person, conversation style, or whatever form you'd like. This workshop will be a reassurance-free zone, so attendees are asked to refrain from providing reassurance. The exact date remains to be determined, but look for it in Spring 2018 following one of our support group meetings. Please visit our events calendar at <https://goo.gl/cPOFo3> or call our office for more information. Also, don't forget we are offering special summer treatment experiences for children, teens, and adults. See you soon!

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

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. The CTSA continues to provide direct one-on-one treatment for OCD, and supervises other therapists, students, and psychiatry residents in their delivery of ERP. Research projects at the CTSA continue to advance our understanding of OCD. The CTSA also continues to be one of the few specialty clinics in the area that offers an Intensive Program of ERP. This program gives patients the opportunity to meet with an expert therapist for daily sessions over the course of 3–4 weeks and 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. The CTSA is happy to announce the dates for our 2018 ERP for OCD workshop, which will be held on July 16-19 in Philadelphia. Please visit our website for more information about our workshops, the intensive program, and our other treatment services.

### CHILD MIND INSTITUTE

445 Park Avenue (Entrance on 56th Street)  
New York, NY 10022

Phone: (212) 308-3118

Email: [appointments@childmind.org](mailto:appointments@childmind.org)  
[www.childmind.org/center/ocd-service](http://www.childmind.org/center/ocd-service)

Last fall, the Child Mind Institute and the head of our OCD Service, Dr. Jerry Bubrick, collaborated with Jumo Health to create a comic book for children with OCD. MEDIKIDZ Explain OCD is meant to help children and adolescents understand OCD in a fun way. We are excited to announce that a free digital copy is now available to children all over the world. The digital comic book can be found and shared online at [www.ocd.jumohealth.com](http://www.ocd.jumohealth.com). We are also proud to share the story of one of the patients who attended the Child Mind Institute's Intensive OCD Program and was able to turn his life around with the progress he made in treatment. This young man's story was so powerful we asked him to share it with the world so that other children who struggle with OCD would know that they are not alone and that there is hope. The patient shared his story at the Child Mind Institute's Child Advocacy Award Dinner in a video that helped raise money to continue to treat OCD and raise awareness. His video can be found at [www.childmind.org/blog/2017-child-advocacy-award-dinner](http://www.childmind.org/blog/2017-child-advocacy-award-dinner).

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

12961 Village Drive,  
Suite C  
Saratoga, CA 95030  
(408) 384-8404

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

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

In our Roseville office, we have hired a new staff therapist, Tamara Miller, PsyD, to work with adults, children, teens and families providing evidence-based therapy for OCD and anxiety disorders. Tamara is an experienced licensed clinical psychologist coming to us from Kaiser Permanente. We hired a new "high energy" center assistant, Cindy Tryphonas, to manage our new client intake process and other administrative activities. With Cindy's help, we will continue to grow our programs in the Silicon Valley and Sacramento Valley. Cindy graduated magna cum laude with a bachelor's degree in Psychology.

We are seeking a talented therapist with a strong interest in learning CBT and ERP to join our Intern Program in our Saratoga office in the Silicon Valley. If interested, please contact us at [info@cbtsv.com](mailto:info@cbtsv.com) with your cover letter and resume.

In our Roseville office, we have office space available to sublease for psychiatrists, therapists and others with a complementary specialty who would like to work within a group setting. To learn more about the CBT center and see photos, visit [cognitivebehaviortherapycenter.com/office-rental](http://cognitivebehaviortherapycenter.com/office-rental).

## Institutional Member Updates *(continued)*

### EAST BAY BEHAVIOR THERAPY CENTER

45 Quail Court, Suite 204  
Walnut Creek, CA 94596  
Phone: (925) 956-4636  
Email: [intake@eastbaybehaviortherapycenter.com](mailto:intake@eastbaybehaviortherapycenter.com)  
[www.eastbaybehaviortherapycenter.com](http://www.eastbaybehaviortherapycenter.com)

We started 2018 by hosting a 2-day workshop for OCD: Acceptance and Commitment Therapy (ACT), exposure interventions, and treatment interfering behaviors with Alec Pollard, PhD and Michael Twohig, PhD. In this workshop 21 clinicians from the Bay Area learned two fundamental skills: 1) How to deliver exposure interventions within an Acceptance and Commitment Therapy (ACT) frame. 2) How to handle treatment interfering behaviors based on two models: Treatment Readiness therapy (TRT) and Consultation to Families of Treatment Refusers (CFTR). We're very excited about creating a community of like-minded professionals!

### THE GATEWAY INSTITUTE

950 South Coast Drive, Suite 220  
Costa Mesa, CA 92626  
Phone: (714) 549-1030

419 30th Street, Suite 3  
Oakland, CA 94609  
Phone: (510) 444-4810

18940 N Pima Road, Suite 165  
Scottsdale, AZ 85255  
Phone: (480) 214-9543

Email: [info@gatewayocd.com](mailto:info@gatewayocd.com)  
[www.gatewayocd.com](http://www.gatewayocd.com)

The Gateway Institute in Costa Mesa, CA is pleased to announce a change of address for our Scottsdale, Arizona location. Our new office is conveniently located at 18940 N. Pima Rd #165, Scottsdale, AZ 85255.

The Gateway Institute is committed to providing accessible treatment for OCD and related conditions to as many people as possible and will continue to expand its locations. We will keep you updated as we continue to open new treatment facilities. For more information visit [www.gatewayocd.com](http://www.gatewayocd.com).

### HOUSTON OCD PROGRAM

708 E. 19th Street  
Houston, TX 77008  
Phone: (713) 526-5055  
Email: [info@HoustonOCD.org](mailto:info@HoustonOCD.org)  
[www.HoustonOCDProgram.org](http://www.HoustonOCDProgram.org)

In January 2018, HOP hosted an IOCDF Behavior Therapy Training Institute (BTI) for the fifth time! Therapists attended from all over the country to further their knowledge about OCD and related disorders. This year's speakers included Alec Pollard, PhD, Joyce Davidson, MD, MPH, Suzanne Mouton-Odom, PhD, Aureen Wagner, PhD and our very own Throstur Bjorgvinsson, PhD, ABPP. To kick off the weekend, Houston OCD Program and OCD Texas co-hosted a welcome reception for all of the attendees, speakers and faculty. We are honored to partner with such a worthy cause that aims to reduce the shortage of OCD specialists and improve access to services across the country.

We are also happy announce the addition of Chad Brandt, PhD to our team this past fall. Dr. Brandt is a provisionally licensed psychologist in the state of Texas and has joined our team as a post-doctoral fellow. Dr. Brandt received his PhD in clinical psychology from the University of Houston and completed his pre-doctoral internship at Baylor College of Medicine. He specialized in working with individuals with anxiety and health problems using evidence-based treatments, and is excited to expand his specialty into OCD. Dr. Brandt has worked closely with the LGBTQ community and is proud to provide an inclusive space for all clients at the Houston OCD Program.

### 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 OCDI is happy to announce that Lauren Wadsworth will be joining us as a postdoctoral fellow next year! Lauren will be coming from her psychology internship at McLean and graduate studies at the University of Massachusetts Boston. Lauren's research primarily focuses on investigating transdiagnostic features of anxiety disorders and acceptance based cognitive behavioral interventions. Lauren's clinical interests focus on providing evidence based treatments to individuals with severe anxiety and OCD. Lauren's clinical and research work are both largely informed by a commitment to becoming a more culturally competent clinician and researcher, and working as an ally and advocate with/for marginalized groups. Our Office of Clinical Assessment and Research team has been hard at work analyzing and publishing data from our increasingly large data set, resulting in multiple publications over the past year. Highlights include the publication of "How willing are you? Willingness as a predictor of change during

## THERAPY COMMUNITY

### Institutional Member Updates *(continued)*

treatment of adults with OCD.” (Reid, Garner, Van Kirk, et al., 2017) This paper explores the challenge that change in SUDS is an intuitive, yet elusive, indicator of improvement. An alternative index (willingness during ERP) predicted improvement, even after controlling for confounds.

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

**1425 Madison Avenue**  
**Department of Psychiatry, 4th floor**  
**New York, NY 10029**  
**Phone: (212) 659-8823**  
**Email: [ticsOCD@mssm.edu](mailto:ticsOCD@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 tics, OCD, and related disorders. We offer reduced-fee care provided by our post-doctoral fellows, senior psychiatry residents, child psychiatry fellows, and psychology externs. Additionally, due to a small grant, Dr. Ariz Rojas offers need-based care to children with OCD in group or individual format.

We would like to highlight our expanded clinical effort, led by Dr. Talia Wiesel, to deliver specialized care to those affected by postpartum OCD (PP OCD) and body dysmorphic disorder (BDD).

Our genetics research program continues to grow. This past summer, with support from the Broad Institute, Dr. Grice established the International Collaborative OCD Network (iCON). iCON will work collaboratively with other salient research consortia to collect well-characterized OCD samples for genetic analysis. At Mount Sinai, Dr. Grice continues her collection and analyses of OCD samples for her trans-diagnostic genetic research project, Study of Psychiatric Disorders to Explore Relationships (SPyDER).

#### **MOUNTAIN VALLEY TREATMENT CENTER**

**2274 Mt. Moosilauke Highway**  
**Pike, NH 03780**

**703 River Road**  
**Plainfield, NH 03781**

**Phone: (603) 989-3500**  
**Email: [jfullerton@mountainvalleytreatment.org](mailto:jfullerton@mountainvalleytreatment.org)**  
**[www.mountainvalleytreatment.org](http://www.mountainvalleytreatment.org)**

Mountain Valley prides itself in ensuring the latest in empirically supported clinical care for our residents and on-

going professional training and development for its staff. We are fortunate to have a group of expert clinical advisors in CBT-based clinical modalities. Each psychologist delivers on-site training and consulting clinical supervision/case consultation for the clinical team. We are pleased to announce the addition of the following clinical professionals:

**Dr. Burl Daviss, MD, Consulting Psychiatrist** – Dr. Daviss is an associate professor of psychiatry at Dartmouth’s Geisel School of Medicine. He is a child and adolescent psychiatrist specializing in the treatment of ADHD and mood disorders.

**Dr. Julie Balaban, MD, Consulting Psychiatrist** – Dr. Balaban is a member of the MVTC Admissions Committee and provides supervision and peer review of documentation, protocols and implementation of MVTC’s clinical program and medical services integration.

**Dr. Szu-Hui Lee, PhD, Consulting Psychologist** – Dr. Lee is a licensed psychologist specializing in CBT and ERP and provides external supervision to MVTC clinicians for complex OCD cases.

**Dr. Elizabeth Ohr, PsyD, Consulting Psychologist** – Dr. Ohr is a licensed psychologist specializing in CBT and ERP and provides external supervision to MVTC clinicians for complex OCD cases and guidance for MVTC’s assessment and outcomes data collection activities.

**Dr. Seoka Salstrom, PhD, Consulting Psychiatrist** – Dr. Salstrom is a licensed psychologist specializing in mindfulness and acceptance-based CBTs for the treatment of anxiety and mood disorders. She provides external supervision and training for MVTC staff in third-wave behavioral therapies.

To learn more about the new members of our Clinical Team, visit Mountain Valley’s website at [www.mountainvalleytreatment.org/mvtc-clinical-staff](http://www.mountainvalleytreatment.org/mvtc-clinical-staff).

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

**Zucker Hillside Hospital**  
**75-59 263rd Street**  
**Glen Oaks, NY 11004**  
**Phone: (718) 470-8052**  
**Email: [Apinto1@northwell.edu](mailto:Apinto1@northwell.edu)**  
**[www.northwell.edu/ocdcenter](http://www.northwell.edu/ocdcenter)**

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. Our current group therapy options include two EX/RP groups and a CBT group that targets

## Institutional Member Updates *(continued)*

clinical perfectionism/OCPD. We recently added two new groups which provide support for individuals in various phases of treatment. "Readiness Group" aims to prepare members for structured treatment by fostering skills to improve sleep quality, activity level, relationships, and mindfulness skills. "Exposure Lab" is a group-based exposure treatment during which individuals engage in challenging exposures for a prolonged period of time with the assistance of group leaders and fellow group members. For those who have successfully completed treatment, we continue to offer a monthly maintenance group which provides support and strategies to secure therapeutic gains achieved in treatment. Please call for more information about our Center and to schedule a confidential screening.

### NW ANXIETY INSTITUTE

**32 NE 11th Avenue**  
**Portland, OR 97232**  
**Phone: (503) 542-7635**  
**Email: [info@nwanxiety.com](mailto:info@nwanxiety.com)**  
**[www.nwanxiety.com](http://www.nwanxiety.com)**

NW Anxiety Institute is welcoming the new year with a busy "Focus Program" — our Intensive Outpatient Program (IOP) individually tailored to children, teen, or adult clients who are seeking a higher level of care. We are thrilled to announce that Hillary Hirshon, PMHNP joined our team in February and has extensive experience working with children, adolescents, and adults with anxiety disorders. In February, NWA launched a new website to reflect our growth and resources and enjoyed some recognition with local media (KATU News) when Allison Bonifay, Executive Director, spoke live with viewers about teenage anxiety. Kevin Ashworth, our Clinical Director spoke with Brett McKay on "The Art of Manliness" podcast about anxiety and OCD, visit [www.artofmanliness.com](http://www.artofmanliness.com) for more information.

### THE OCD & ANXIETY CENTER

**1100 Jorie Boulevard, Suite 132**  
**Oak Brook, IL 60523**  
**Phone: (630) 522-3124**  
**Email: [info@theocdandanxietycenter.com](mailto:info@theocdandanxietycenter.com)**  
**[www.theocdandanxietycenter.com](http://www.theocdandanxietycenter.com)**

We are excited to announce that Dina Scolan, LCPC has joined our treatment team! Dina comes to us with a background in CBT and DBT that she has utilized in her work both in private practice and in hospital-based outpatient programs. Welcome, Dina!

We are also in the process of developing educational/support groups that will be professionally led by our staff. Look for these groups to be up and running in Spring 2018!

### THE OCD AND ANXIETY TREATMENT CENTER

**1459 North Main Street**  
**Bountiful, UT 84010**  
**Phone: (801) 298-2000**  
**Email: [paul@itherapycenter.com](mailto:paul@itherapycenter.com)**  
**[www.theocdandanxietytreatmentcenter.com](http://www.theocdandanxietytreatmentcenter.com)**

A lot has happened over the last few years at The OCD and Anxiety Treatment Center. The need for treatment is overwhelming. We cannot keep up with it, but we are trying. Just this month, we have launched a step down intensive outpatient program serving six adults, next month, we will add six youth. This program will help our clients transition from daily treatment at the center to fewer sessions each week, while building their confidence and showing them how they can succeed. We have already seen amazing results from this program. We are helping to change lives every day and it is fantastic. It is incredible to think that someone can attend feeling they are existing through life and then in just a few weeks they are LIVING. ERP is hard work, but it is worth it. We are still on the move to annihilate OCD and other anxiety issues. Our minds are always going on how we can get the edge over these disorders. More to come very shortly, as we are excited about our next steps towards helping others in treatment. Until then, keep up the fight. It is worth it.

### PALO ALTO THERAPY

<b>407 Sherman Avenue</b>	<b>940 Saratoga Avenue</b>
<b>Suite C</b>	<b>Suite 240</b>
<b>Palo Alto, CA 94306</b>	<b>San Jose, CA 95129</b>
<b>Phone: (650) 461-9026</b>	
<b>Email: <a href="mailto:info@palaltotherapy.com">info@palaltotherapy.com</a></b>	
<b><a href="http://www.palaltotherapy.com/ocd">www.palaltotherapy.com/ocd</a></b>	

At Palo Alto Therapy, we have improved the comfort for our clients by expanding in both our Palo Alto and San Jose locations. Our therapists specialize in CBT and have many years of experience helping children and adults overcome anxiety, depression, OCD, panic, social anxiety, and other stress related problems.

Palo Alto Therapy continues to grow and is pleased to welcome Megan Taylor, LMFT, (Palo Alto), Sarah Nadeau, LMFT, (Palo Alto) and Mary Montaldo, PhD, (San Jose & Palo Alto) to our practice. Each therapist brings their unique specialties and training. Our 8-week Anxiety to Wellness class

## THERAPY COMMUNITY

### Institutional Member Updates *(continued)*

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will be offered for teens and adults in April and we are open for enrollment. This cognitive behavioral therapy class consists of teaching and practicing anxiety-reducing techniques and group support. Our ongoing Teens to Teens Support Group will focus on skill building and reviewing CBT techniques to help with depression, anxiety, and other emotional struggles. The group will meet every Tuesday from 4-6PM throughout the school year in our San Jose location and is still accepting new members.

For more information on our individual, couples, family, and group therapy, please feel free to email or call us.

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#### POTOMAC BEHAVIORAL SOLUTIONS

2001 Jefferson Davis Hwy, Suite 800  
Arlington, VA 22202  
Phone: (571) 257-3378  
Email: [info@pbshealthcare.com](mailto:info@pbshealthcare.com)  
[www.pbshealthcare.com](http://www.pbshealthcare.com)

Potomac Behavioral Solutions is excited to announce that we are growing! We have welcomed several new providers in recent months, including licensed psychologists and social workers, a second dietitian, and physicians assistants. Furthermore, we are set to move into a new space (just a few floors up) in March! Our expanded team and clinic space will enhance our OCD and anxiety treatment options, particularly our five-day intensive program and targeted outpatient services. Our OCD programming is grounded in exposure and response prevention and incorporates cognitive-behavioral and acceptance-and-commitment skills. At PBS, we are continuing to enhance our skill set to effectively help patients manage symptoms of OCD. To this end, several of our staff are seeking specialization in Radically Open DBT (RO DBT) to meet the needs of patients who present as over controlled or struggle with excessive self-control. RO DBT is a skills-based approach targeting social communication, adaptability, and openness to new experiences. Please visit our website for more information about our services.

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#### THE REEDS CENTER

7 W. 36th St., 11th & 15th Floors  
New York, NY 10018  
Phone: (212) 203-9792  
Email: [thereedscenter@gmail.com](mailto:thereedscenter@gmail.com)  
[www.thereedscenter.com](http://www.thereedscenter.com)

The Reeds Center specializes in the treatment of OCD, anxiety, and related disorders, offering individualized intensive treatment as well as regular weekly outpatient therapy. We are pleased to announce that we are now offering a parent

support group, designed to help parents of individuals with OCD to understand the complexities of this disorder and to help their loved ones foster and maintain treatment gains over time. Groups take place on Tuesday evenings and are open to parents of any individual who has OCD, regardless of where (or whether) they are seeking treatment. We are also restarting our ACT group this spring, and continue to offer a DBT skills group for individuals with anxiety disorders. Please contact us through the email above for more information about these groups.

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#### RENEWED FREEDOM CENTER FOR RAPID ANXIETY RELIEF

Division of Strategic Cognitive Behavioral Institute, Inc.  
1849 Sawtelle Blvd, Suite 710  
Los Angeles, CA 90025  
Phone: (310) 268-1888  
Email: [ashleybramhall@renewedfreedomcenter.com](mailto:ashleybramhall@renewedfreedomcenter.com)  
[www.RenewedFreedomCenter.com](http://www.RenewedFreedomCenter.com)

The Renewed Freedom Center was established in 2008 by Dr. Jenny C. Yip, PsyD, ABPP, who developed Family Systems Strategic CBT (FS-SCBT) to help OCD and other anxiety disorder sufferers. Program Director Ashley Bramhall, MA began as our Patient Coordinator and due to her dedication and commitment to patient's well-being and growth, her role quickly expanded to heading our Clinical Department. She takes time to speak with every incoming patient to understand their needs in order to pair them with the clinician who can best meet their needs. To inquire about our various treatment programs and intake process, contact Ms. Bramhall at [AshleyBramhall@RenewedFreedomCenter.com](mailto:AshleyBramhall@RenewedFreedomCenter.com). Jake Knapik, PsyD, Director of Training, rejoined RFC after receiving his doctorate from the Chicago School of Professional Psychology. In addition to staff training and development, Dr. Knapik is heavily involved with community outreach and awareness, often conducting speaking and training engagements for parents and teachers. For information on other talks, lectures, and trainings offered, contact Dr. Knapik at [DrKnapik@RenewedFreedomCenter.com](mailto:DrKnapik@RenewedFreedomCenter.com).

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#### ROGERS BEHAVIORAL HEALTH

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

Rogers Behavioral Health is opening its first west coast location in March 2018. Rogers – San Francisco East Bay will be located at 420 N. Wiget Lane in Walnut Creek, and



## Institutional Member Updates *(continued)*

will provide specialized outpatient treatment for children, teens, and adults living with OCD and anxiety. Rogers – San Francisco and Rogers – Chicago will soon offer a unique program that treats anxiety disorders (including OCD) and mood disorders for children and teens with autism spectrum disorder. Rogers' ASD services are currently offered at its Tampa Bay and Philadelphia locations.

In summer 2018, Rogers – Chicago is also opening a second location in Hinsdale, which will offer an OCD partial hospitalization program for children, adolescents, and adults. The Rogers – Madison campus recently expanded its OCD partial hospital program to serve eight patients, up from four.

On Friday, May 11, 2018, Rogers will host a continuing education event at the MEDA offices in Newton, MA. Nicholas Farrell, PhD, and Brad Smith, MD, will present on the connection between eating disorders and OCD, and how exposure therapy can be used to effectively treat both.

### STANFORD TRANSLATIONAL OCD PROGRAM

**Rodriguez Lab**  
**401 Quarry Road**  
**Stanford, CA 94305**  
**Phone: (650) 723-4095**  
**Email: [ocdresearch@stanford.edu](mailto:ocdresearch@stanford.edu)**  
**[www.rodriquezlab.stanford.edu](http://www.rodriquezlab.stanford.edu)**

The Stanford Translational OCD Program, together with our local community partners, are committed to raising awareness about OCD. If you were unable to attend our first annual OCD Awareness Event, please see the speaker's educational materials and presentations now posted online:

[www.med.stanford.edu/rodriquezlab.html](http://www.med.stanford.edu/rodriquezlab.html). Also, we invite you to follow us on Twitter and Facebook @RodriguezLabSU.

At the American College of Neuropsychopharmacology (ACNP) meeting in Palm Desert, CA, postdoctoral research fellow Dr. Omer Linkovski presented "Effects of Rapastinel (formerly GLYX-13) on Serum Brain Derived Neurotrophic Factor (BDNF) in OCD" (in press at Journal of Clinical Psychiatry), and Dr. Carolyn Rodriguez presented "Challenges in Testing Intranasal Ketamine in OCD" (Journal of Clinical Psychiatry, 2017).

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

**A-2 Brier Hill Court**      **195 Columbia Tpke, Ste 120**  
**East Brunswick, NJ 08816**      **Florham Park, NJ 07932**

**Phone: (732) 390-6694**  
**Email: [sas@stressandanxiety.com](mailto:sas@stressandanxiety.com)**  
**[www.StressAndAnxiety.com](http://www.StressAndAnxiety.com)**

Stress and Anxiety Services of New Jersey (SASNJ) is pleased to announce several things on the horizon. We are presently interviewing candidates for two post-doctoral positions that will start in Summer 2018, as well as licensed clinicians with experience working with anxiety disorders, OCD spectrum disorders, PTSD, and BFRBs from an evidenced-based framework.

Additionally, we at SASNJ are implementing the mechanisms by which we will be able to provide HIPPA compliant telehealth services to people suffering from OCD. Initially we will be limited to residents in NJ, but we hope to expand these services over time, as the rules and regulations governing this process become clearer. It is a very exciting prospect and we have waited a long time for the laws in NJ to catch up to the reality and needs of the clinical populations we serve. While SASNJ serves only as an out of panel provider, the system should also allow for some insurance reimbursement for those whose policies offer this coverage.

### WESTWOOD INSTITUTE FOR ANXIETY DISORDERS

**921 Westwood Boulevard, Suite 223**  
**Los Angeles, CA 90024**  
**Phone: (310) 443-0031**  
**Email: [edagorbis@yahoo.com](mailto:edagorbis@yahoo.com)**  
**[www.hope4ocd.com](http://www.hope4ocd.com)**

The Westwood Institute for Anxiety Disorders has joined forces with ABCAnxiety headed by Alexander Bystritsky, MD, PhD to provide a range of services for people with severe anxiety disorders, OCD, BDD, and other comorbidities. Part of our new services include repetitive transcranial magnetic stimulation, deep transcranial magnetic stimulation, and targeted magnetic stimulation. We are very excited to welcome Dr. Bystritsky as our new medical director. ○

## RESEARCH NEWS

## They Aren't Like Me, They Are Bad, and They Are to Blame: Different Kinds of Stigma Experienced by Individuals with Obsessive-Compulsive Disorder and Hoarding Disorder

Gregory S. Chasson, PhD, & Sage Bates

*Stigma surrounding obsessive compulsive disorder (OCD) has been the subject of many discussions. However, it is important to recognize that there are different forms of stigma, and to talk about how each of these different types of stigma may affect individuals suffering from OCD and hoarding disorder (HD). In order to investigate this further, our research team at Illinois Institute of Technology (ITT) recently completed a study to measure the degree of "public stigma" and "self-stigma" associated with both OCD and HD. Our second question was whether stigma might prevent those affected from seeking treatment (Chasson, Guy, Bates, & Corrigan, 2018).*

### UNDERSTANDING THE DIFFERENT TYPES AND LEVELS OF STIGMA

Public stigma develops from the general population's beliefs in stereotypes about a group, resulting in prejudice and discrimination. For example, the public might mistakenly think all people with OCD are concerned with germs, and this stereotype could cause a cleaning company not to hire a job candidate who has disclosed her OCD.

When an individual suffering from a condition such as OCD or HD then internalizes these public views, this is referred to as self-stigma. For example, a person with hoarding disorder may start to accept a stereotype that all people with hoarding are "just lazy." This stereotype then becomes a part of their identity. He may even start to think that he cannot remove clutter or pursue treatment because he's "just lazy."

It is possible that self-stigma, and specifically concerns about prejudice and discrimination, may then cause individuals to avoid places where they may be assigned a label (e.g., avoiding a mental health treatment center to prevent being "labeled" as mentally ill or as someone with a diagnosis of OCD). Thought of in this way, stigma can actually prevent those with OCD or HD from seeking treatment (Corrigan, 2004).

In addition to public and self-stigma, the ITT study was interested in three additional levels of stigma in relation to OCD and HD:

- *Difference* ("They aren't like me")
- *Disdain* ("They are bad")
- *Blame* ("They are to blame")

### THE ITT STUDY

For this study, we compared public stigma of OCD and HD to other groups commonly associated with negative public perception and discrimination. These comparison groups included:

- individuals with serious mental illness (SMI); for example, schizophrenia;
- individuals with substance use disorders (SUD); and
- individuals in jail.

### OUR HYPOTHESIS

We expected that public stigma of HD would be worse than that of OCD, given the positive movement by organizations such as the International OCD Foundation (IOCDF) to reduce OCD stigma. In addition, we believed that the recent influx of reality TV programs, which typically negatively portray HD, would result in increased public stigma. Generally, we also anticipated that stigma of HD (but not OCD) would be similar to some of the stigma profiles of the stigmatized comparison groups (i.e., SMI, SUD, and jail).

### TESTING

We recruited an online sample of 591 adults in the United States. The sample was 49.7% male, 86.49% non-Hispanic White, and aged 37 years old on average. Each participant answered questions about stigma for the five groups: OCD, HD, SMI, SUD, and jail. We also asked questions about demographics, family and psychiatric history, and familiarity with the conditions (for example, whether the participant had a family member with OCD). In order to measure self-stigma, participants also completed commonly used self-report measures of OCD and HD symptoms. Those who scored high were then prompted to answer an additional question about their willingness to seek treatment for their symptoms.

## They Aren't Like Me, They Are Bad, and They Are to Blame... *(continued)*

### RESULTS

The study confirmed our hypothesis that HD was a more stigmatized disorder than OCD. The results showed that OCD was generally viewed in a neutral or positive way, suggesting that public stigma of OCD is not overly pronounced.

Additionally, OCD was viewed with less blame and disdain relative to all of the comparison conditions, with the exception of SMI. When compared to SMI, OCD was associated with more blame but significantly less difference. In other words, individuals with OCD are perceived as more responsible for having their condition compared to SMI. Though a strong belief in biological causes of SMI may reduce blame (e.g., "it's not your fault that your brain is sick"), it coincides with an increase in difference (e.g., "your brain is sick, and mine is not").

Unlike OCD, stigma ratings for HD leaned in the negative direction. Compared to OCD, HD was viewed with more difference, disdain, and blame. While those who had a friend or family member with HD (familiarity) indicated feeling less difference towards those with the disorder, they also reported feeling higher disdain and blame, suggesting more pronounced stigma.

As with OCD (when compared to SMI) HD was associated with less difference but more blame. However, HD was seen with less disdain and blame compared to jail and SUD, both of which are associated with public views of immorality. Ultimately, the public sees HD in the middle ground between (a) SMI, which is perceived to have little control over symptoms because of biological causes, and (b) conditions that are perceived to coincide with more control and immorality, and fewer biological causes (i.e., jail and SUD).

For the 24 participants who reported high levels of HD symptoms, the more they endorsed self-stigma, the less willing they were to seek treatment for those symptoms. This is a preliminary indication that individuals with HD symptoms may avoid treatment because of internalized public stigma. This was not the case for OCD stigma, which was not correlated with a willingness to seek treatment.

### CONCLUSIONS

The study was constrained by an Internet sample that was limited in ethnic and age diversity, and there were no gold-standard diagnostic evaluations to confirm HD and OCD diagnoses in the participants who reported elevated

symptoms. Nonetheless, this was the first systematic investigation of various components of stigma, and the first study of public stigma of HD.

Findings on OCD stigma were generally encouraging and suggest that public views may have shifted in a positive direction, perhaps because of efforts by organizations like IOCDF, to fight OCD stigma. In comparison to those with SMI, there are indications that the public still has some blame beliefs about OCD. Future efforts to educate the public on the biological causes of OCD may reduce blame. However, overemphasizing biological causes may also result in an increase in difference beliefs.

Unlike OCD, findings for HD were less encouraging and indicate that there is a relatively strong stigma attached to the condition. This may be due to a lack of education as well as an influx of inaccurate portrayals on reality television. Given these findings, organizations that target stigma of OCD conditions may consider shifting some resources specifically to address HD stigma.

While there has clearly been some progress in fighting OCD stigma, these results serve as a reminder that it is important to also invest resources in related conditions like HD. It is often a challenge to motivate individuals with HD to seek treatment, and self-stigma may be one reason for this lack of engagement. Targeting stigma for HD might remove an important barrier to treatment and encourage more of those affected to seek help. ○

### REFERENCES

1. Chasson, G. S., Guy, A. A., Bates, S., & Corrigan, P. W. (in press). *They aren't like me, they are bad, and they are to blame: A theoretically-informed study of stigma of hoarding disorder and obsessive-compulsive disorder*. *Journal of Obsessive-Compulsive and Related Disorders*.
2. Corrigan, P. (2004). *How Stigma Interferes With Mental Health Care*. *American Psychologist*, 59(7), 614-625.

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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 Alex Bahrawy at [abahrawy@iocdf.org](mailto:abahrawy@iocdf.org) or visit [www.iocdf.org/research](http://www.iocdf.org/research).

#### CALIFORNIA

##### Stanford Hoarding Disorder Research Study

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 18-70 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# 36788  
NCT02843308

For more information contact:

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

650-724-8912

<https://rodriguezlab.stanford.edu>

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

##### 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 or [ocdresearch@stanford.edu](mailto:ocdresearch@stanford.edu)

#### ILLINOIS

##### MRI study for adults with OCD

We are looking for volunteers with OCD, aged 18-49 years, to take part in a research study at the University of Chicago Medical Center. The study is exploring the role of different brain regions and chemicals in cognitive abilities such as memory, attention, and being mentally flexible.

Participation would involve two 5 hour visits. Each visit, you would receive a single dose of an active drug or placebo and do some computer puzzles while lying in a brain scanner. We would also ask you to complete several questionnaires. Eligible individuals will receive \$75 per visit for participating in addition to costs for parking or public transportation.

If you are interested, please visit the study website to complete an online questionnaire and view further information: [www.surveymonkey.com/r/UChicagoOCD](http://www.surveymonkey.com/r/UChicagoOCD)

You can also call 773-702-9066 to receive more information.

This study is being conducted by Dr. Jon Grant at the University of Chicago.

#### 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.

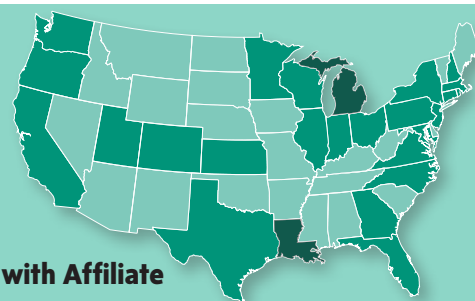
For more information, contact: Dr. Ivar Snorrason: 646-774-8118 or [snorras@nyspi.columbia.edu](mailto:snorras@nyspi.columbia.edu). ○

## Affiliate Updates

### Affiliate Updates

Our affiliates carry out the mission of the IOCDF at the local 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)



■ State with Affiliate  
■ Affiliate Forming

#### OCD CENTRAL AND SOUTH FLORIDA

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

OCD Central and South Florida (OCDCSFL) held a workshop for OCD Awareness Week in October 2017, which was a collaboration between OCDCSFL and Roger's Behavioral Health in Tampa, FL. Eric A. Storch, PhD presented on the Diagnosis, Assessment, and Treatment of OCD: A Primer for Professionals. We also held an event on March 16th at the Children's Services Council of Palm Beach County entitled Complex Presentations in the Treatment of Obsessive-Compulsive Disorder, which was a collaboration between OCDCSFL and the Florida Psychological Association - Palm Chapter. Connie L. Ingram, PhD, LMHC presented on OCD: Faith & Scrupulosity and both Jonathan Hoffman, PhD, ABPP and E. Katia Moritz, PhD, ABPP presented on OCD: Co-Morbidities & Complexities, and provided a hands-on workshop. Three (3) continuing education (CE) credits were provided.

OCDCSFL is also excited to announce that we are expanding our board. We are currently looking to fill the positions of Social Media Manager and Fundraising Chair. We are also always looking for volunteers. Please contact us at [info@ocdcsfl.org](mailto:info@ocdcsfl.org) if you are interested in getting involved!

#### OCD CONNECTICUT

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

OCD Connecticut hosted an educational session entitled "OCD – Basics and Beyond" for the NAMI CT – Windham County Affiliate on March 12th from 6:00 – 8:00 pm. Please check the website for detailed information about upcoming events. Volunteers are needed to assist with planning for the future of OCD Connecticut.

#### OCD GEORGIA

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

Our OCD Awareness Week was a huge success! Our event took place at Skyland Trail, a residential treatment center in Atlanta. Nathaniel Van Kirk, Coordinator of Inpatient Group Therapy and

Research Associate at the OCD Institute, was our keynote speaker. He told his story of his journey, success and living with OCD. Our OCD GA board and volunteers staged



several "real life" environments and showed how ERP works! OCD Georgia is gearing up for our 4th Annual 1 Million Steps 4 OCD Walk on June 2, 2018, which will once again be at Chastain Park in Atlanta. Stayed tuned for more information!

#### OCD LOUISIANA

Initial steps are currently being taken to formally create an IOCDF Affiliate in the state of Louisiana! As this process begins, we are seeking involvement and input from the community. We welcome individuals with OCD or a related disorder, their family members and friends, mental health professionals, researchers, educators, religious leaders, and/or other interested community members. If you are interested in becoming involved at any level, want to stay updated on developments, or have a suggestion about a need in your community, please respond to this brief survey (<https://goo.gl/forms/YGbvIAtX6DiXzlr2>).

#### OCD MASSACHUSETTS

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

OCD Massachusetts is expanding! We recently welcomed Maria Fraire, PhD, to our Board of Directors. Dr. Fraire works with children and adolescents with OCD and related disorders. She is the Director of Clinical Services at the McLean-Franciscan Child Community-Based Alternative Treatment Program. She is also involved in program development and staff training. We look forward to benefiting from her expertise as we continue to grow.

## FROM THE AFFILIATES

### Affiliate Updates *(continued)*

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Our free lecture series in Belmont, Worcester and Northampton have remained steady through the harsh winter months. To view schedules and updates, please visit our website. OCD Massachusetts has also been expanding our traveling lecture series, in which board members and other OCD experts present talks in the community about OCD. Dr. Nathaniel Van Kirk, PhD, Vice President of OCD MA, presented recently to the Massachusetts Down Syndrome Association about OCD. We are hoping to develop a page on our website for organizations to request a training or presentation on OCD and related disorders. In addition, OCD MA is looking to collaborate with neighboring affiliates and local organizations to help with our mission of raising awareness and educating the community about OCD.

Finally, please mark your calendars for the 6th Annual 1 Million Steps 4 OCD Walk on Sunday, June 3, 2018 at Jamaica Pond! Each year we have an OCD MA team and would love to have more members join us! It is a fun way to network, walk for a great cause, and most importantly, raise awareness. We hope to see you there!

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#### OCD MID-ATLANTIC

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

Members of OCD Mid-Atlantic are pleased that the upcoming Annual OCD Conference will take place in our home region of Washington, DC! We are looking forward to uniting with our affiliate members from all over our DC, Maryland, and Virginia catchment area, and meeting others who might be interested in joining our affiliate activities. We are exploring options for a meet-and-greet event during the Conference in order to build our community. Stay tuned to our website for updates on OCD Mid-Atlantic Conference activities, and be sure to drop by our table in the Exhibit Hall when you have a moment.

Our highly energized affiliate has developed plans to extend our activities deeper into Virginia and other areas of the large Mid-Atlantic region. We will be adding a member from the Richmond area to our Executive Board and hope to offer programs there in the near future. We are planning to expand programming in the DC and Baltimore areas as well. Check our website for notices of upcoming events, and please let us know what kinds of programs you would like to see held in your areas. The Board would like to thank Dr. Rick Baither for his service on the board for the last two years. We wish him well as he pursues other endeavors.

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#### OCD MIDWEST

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

OCD Midwest is going to host an OCD Walk in Chicago in June! We have started to meet with a small committee, but we

would welcome anyone who would like to participate. If you are interested in joining our walk committee please see the OCD Midwest website, the OCD Midwest Facebook page at [www.facebook.com/OCDMidwestAffiliate](http://www.facebook.com/OCDMidwestAffiliate), or email [Patrick.mcgrath@amitahealth.org](mailto:Patrick.mcgrath@amitahealth.org). The walk will be on either June 2 or June 9, and will be 3 miles (5K). The location is still being finalized. We are looking for volunteers to help set up the walk, guide walkers on the path, donors help cover the cost of the walk, and volunteers to staff informational booths.

In Cincinnati, the Clinician Case Consultation series has 12 therapists meeting monthly at the Lindner Center of HOPE to build their skills and broaden their experience treating individuals with OCD and OCD spectrum disorders. For information on attending this group, contact Dr. Brady at [charles.brady@lindnercenter.org](mailto:charles.brady@lindnercenter.org).

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#### OCD NEW HAMPSHIRE

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

OCD New Hampshire will hold a grassroots 1 Million Steps 4 OCD Walk on June 2nd at Mountain Valley Treatment Center in Pike, NH. The Walk will begin at 10:00am and everyone (including past residents and community members) is invited to participate! This leisurely 5K walk around the Mountain Valley campus and along the wooded paths of the Upper Valley Stewardship Center is a perfect way to spend a beautiful Saturday morning in New Hampshire's White Mountains.

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#### OCD NEW JERSEY

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

Sunday, March 4th was OCD NJ's event of the year — our 18th Annual Luncheon/Conference, which featured Dr. Marty Franklin, Director of the Child and Adolescent OCD, Tic, Trich, and Anxiety Group (COTTAGE) at the University of Pennsylvania Department of Psychiatry, and now also the Clinical Director of the recently opened Rogers Behavioral Health treatment facility in Philadelphia. As in previous years, there was a Living with OCD Panel that discuss their experiences and took questions from the audience. CE credits for social workers, psychologists, and others were made available. Additionally, OCDNJ held a quarterly presentation on Monday, March 12th given by local therapist, Meir Flancbaum, PsyD, from the Center for Cognitive Behavior in East Brunswick, NJ. As always, this presentation was free and open to the public.

For additional information about upcoming events, please go to our website.

## Affiliate Updates *(continued)*

### OCD OREGON

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

OCD Oregon is planning for a busy spring! We are working to establish a consultation group for local providers. Once we have more details, the information will be posted on our website. However, please do not hesitate to contact us if you have any questions in the meantime!

We are also in the process of organizing a Portland based support group for those impacted by OCD. This group will be free and open to the public. Once the dates, time, and location are finalized, we will post the group's information on our website and Instagram page. In the meantime, if you are interested in attending this group, you can contact us through the OCD Oregon website, and we will ensure you receive all details.

Some of the most exciting news we have to share is that OCD Oregon has been selected as a 2018 Oregon Public House (OPH) Charity of the Day. OPH is a family-friendly restaurant and pub that supports the local community by donating their profits to select local non-profits. On May 7, 2018, a portion of OPH's proceeds will go directly towards supporting OCD Oregon. Representatives from the affiliate will be at OPH providing information, education, and outreach to the public. There will be door prizes and other fun activities throughout the day. If you're in the Portland area, save the date and stop on by (700 NE Dekum St, Portland, OR. 97211)!

### OCD RHODE ISLAND

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

OCD Rhode Island hosted its first lecture at Butler Hospital on January 3, 2018 and is excited to announce that following each lecture the Butler Hospital OCD Program staff will host a support group from 7:00pm–8:00pm the first Wednesday of each month. Please visit our website for a full list of lectures.

We would also like to announce the appointment of Benjamin D. Greenberg, MD, PhD, to our Scientific Advisory Board. Dr. Greenberg is a leading expert in the treatment and research of anxiety and OCD, a member of the OCD Research Group at Butler Hospital, and a research professor in the Department of Psychiatry and Human Behavior at the Alpert Brown Medical School of Brown University.

In an effort to bring OCD awareness to the forefront of the state of Rhode Island we will be working towards hosting our own 1 Million Steps 4 OCD Walk in the year 2019! In the interim, OCD Rhode Island will establish a Walk Team within the Boston 1 Million Steps 4 OCD Walk for the year 2018, so please make sure to sign up on CrowdRise under the OCD Rhode Island Walk Team in order to support the mission of OCD Rhode Island and help us better serve the local community!

### OCD SACRAMENTO

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

OCD Sacramento kicked off their monthly presentation line-up in February 2018 with a discussion given by Robin Zasio, PsyD entitled OCD: All You Need to Know About Treatment and How to Access Resources. Our March presentation by Jill Kruse discussed Relapse Prevention: Continuing Success After Treatment and in April, Dr. Tracy Roulet will present on Family Accommodation in OCD: What is Helpful and Not So Helpful.

OCD Sacramento is also looking forward to hosting our 1 Million Steps 4 OCD Walk on June 9, 2018 and returning to Southside Park, our original Walk venue from 2013. As many of you know, for the past few years we combined our walk with OCD Bay Area to create a NorCal Walk. However, we have decided that we will each host our own walks moving forward to reach more of the community in our geographical locations. This incredible Walk movement has touched so many lives and we look forward to seeing you again this year as we walk to raise awareness into proper treatment for OCD and work to reduce stigma.

### OCD SOUTHERN CALIFORNIA

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

OCD Southern California was proud to sponsor a Behavioral Therapy Training Institute (BTTI) session in Dana Point, CA this past December. Over 30 treatment providers from Southern California and across the U.S. attended and received training on the CBT treatment of OCD and related disorders. We want to thank all of the Southern California treatment centers, and local SoCal donors who made this BTTI possible!



OCD SoCal's third annual conference will be held Saturday, March 24th, 2018 at the Mariners Church in Irvine, CA from 10:30am–5:00pm. The conference will feature our keynote speaker Clint Malarchuk and his wife, Joanie. Clint was a professional hockey player in the NHL, playing for multiple teams, and he later went on to coach. Clint will talk about his struggle with severe OCD, mental illness, and a survived suicide attempt. The event will also feature presentations from local treatment providers and OCD sufferers on topics including medications for OCD, ACT, mindfulness for OCD, and OCD in families and children, as well as a success and recovery from OCD panel. Children in attendance will have their own keynote presentation featuring the movie Unstuck: An OCD Kid's Movie and more! Clinicians and members of the OCD community will have the opportunity to take a more active role at the conference as an advocate on behalf of OCD SoCal

## FROM THE AFFILIATES

### Affiliate Updates *(continued)*

by volunteering on one of our subcommittees, which include advocating in Southern California schools, early identification (pediatricians, OBGYNs, and post-partum OCD), and advocacy in the community.

Lastly, OCD Southern California is gearing up for the *1 Million Steps 4 OCD Walk* to be held in early June. There will be simultaneous walks held in Los Angeles, Orange County, and San Diego. We are looking for members of the Southern California OCD community who are interested in holding a walk in other Southern California areas including Santa Barbara and the Inland Empire.

For more information on any of the above, please contact us at [info@OCDSoCal.org](mailto:info@OCDSoCal.org) and visit our website.

#### OCD TEXAS

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

We are aiming for growth and development in the new year. OCD Texas is currently in the early stages of developing a peer mentorship program to offer brief, experience-based support to individuals and families who are new to the OCD therapy journey or in a place of transition. Mentoring others offers meaningful opportunities to give back, share hope, and inform beginners. Those interested in participating as a mentor or mentorship oversight team member should contact [mentor@ocdtexas.org](mailto:mentor@ocdtexas.org) to learn more.

Mark your calendars for Saturday, June 2nd to join us for our 3rd Annual *1 Million Steps 4 OCD Walk*. In 2017, we were joined by virtual grassroots walks in Austin and Dallas. If you are interested in participating in this year's walk, please reach out to [info@ocdtexas.org](mailto:info@ocdtexas.org).

We are proud to have co-sponsored January's General Behavior Therapy Training Institute (BTTI) Welcome Reception in Houston, which allowed our team to connect with participants and specialists who attended the training. IOCDF developed the BTTI to address the shortage of therapists properly trained in using CBT to treat OCD. A guiding principle of OCD Texas' mission is to educate professionals about OCD and related disorders in order to improve the quality of treatment provided, as well as to improve access to appropriate resources.



#### OCD WASHINGTON

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

This quarter we have been very lucky to have 2 new administrative members. We are joined by Erjing Cui who will be one of our Seattle Advocates. She is interested in documenting the stories of individuals who have been affected by OCD and its related disorders. Sachin Girhdar has joined our group and will serve as our Tech Lead. He is interested in advocacy and educating the community.

We have worked with CSz Seattle and they are offering an Improv for Anxiety course on April 7, 2018. You might remember them from the free workshop they hosted last year. Through improvisational comedy, enrollees can play games and work on having fun in the face of imperfection. For more information, visit [www.seattlecomedygroup.com/classes](http://www.seattlecomedygroup.com/classes).

A new Facebook support group named Washington State OCD Support Group has been started by Michele Loewy and Katherine Yost, two local OCD specialists. You can find them at [www.facebook.com/groups/361956997596754](https://www.facebook.com/groups/361956997596754).

#### OCD WISCONSIN

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

OCD Wisconsin recently exhibited at the Wisconsin School Counselor Association Convention in Madison, WI from February 20-22, 2018. We are giving out a \$500 scholarship to a high school student in May (The Barry Thomet Scholarship) and had applications available at our booth for those who were interested in applying. Also, we are also in the beginning stages of planning an ERP training session for providers in fall...stay tuned! ○

