



Embracing the Exposure Lifestyle by Shivali Sarawgi, PhD



Exposure-based interventions (EBIs) have long been a gold standard in the treatment of obsessive compulsive disorder (OCD). However, the heterogeneous nature of OCD, persistence of symptoms, rate of relapse, and frequency of comorbidities suggests targeted intervention through planned implementation of EBIs may not always be sufficient to address core distress tolerance, contain treatment length, and prevent relapse. Further, EBIs have historically been validated as time-limited treatments, with the potential inclusion of booster sessions. Such booster sessions may not address continued symptom reduction, but rather prioritize maintenance of gains and relapse prevention. Additionally, for many with severe presentations of OCD, symptoms often become overly integrated into daily life, leading to a chain of interconnected behaviors that require patience in disentangling when addressed through a step-by-step approach in individual planned exposures.

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The mission of the IOCDF is to ensure that no one affected by OCD and related disorders suffers alone. Our community provides help, healing, and hope.

Our vision is that everyone impacted by OCD and related disorders has immediate access to effective treatment and support.

The IOCDF provides up-to-date education and resources, strengthens community engagement, delivers quality professional training, and advances groundbreaking research.

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LIVE

Tune in for twice-weekly livestreams to interact with OCD experts and people just like you living with OCD and related disorders!

- **Tuesdays @ 7/6pm ET**
- **Wednesdays @ 12pm ET**

Ask your questions, connect with others in the community, and join the conversation to fight stigma surrounding mental health.

All streams are completely free!
Tune in via the IOCDF's, Youtube, Facebook, X, LinkedIn, or Twitch pages or at iocdf.org/live



WE WANT YOUR FEEDBACK

We would love your feedback on the OCD Newsletter!

Give us your opinions at iocdf.org/newslettersurvey

You can enter for a chance to win a \$50 Visa gift card by completing the brief survey.

President's Letter

by Susan Boaz

Dear IOCDF Community,

A few weeks ago, more than 100 volunteers joined the IOCDF staff in running our Online OCD Camp. We had more than 500 youth, parents, and caregivers attend, creating an unbelievable experience. The laughter and honesty in the youth tracks is indescribable. My favorite quote of the weekend was: "I learned that I am not the only one with OCD and that a lot of people are going through it." This sort of meaningful, educational, and fun event is one of the things I love the most about the IOCDF. Chris Baier and I had the honor of participating in the parents and guardians track. The majority were there for the first time, and they were looking for information and connection. More than that, they were trying to understand how to both accept the diagnosis of OCD and find ways to help their kids live joyful and healthy lives. Clinicians from around the U.S. donated their weekends to teaching and holding open office hours. It was an unbelievable experience, with deep and emotional questions from our parents. I was brought to tears multiple times.

This reminded me of the importance of reaching more families with new diagnoses to understand how to best help their kids or loved ones. It's not always intuitive — yet successful treatment of OCD has been directly linked to "family-inclusive treatment." Over the last year, the IOCDF searched for a new Executive Director with a background in how to scale our many outreach and educational efforts to move the field forward as rapidly as possible, and reduce the time to effective treatment.

INTRODUCING OUR NEW EXECUTIVE DIRECTOR

After an intensive search, I am delighted to introduce you to our new Executive Director of the IOCDF, Becky Deusser. She joined the team in January and has hit the ground running. She will lead us in embarking on a new chapter in our journey toward achieving our vision that every individual in the world with OCD or a related disorder has immediate access to effective treatment and support.

Becky brings a strong and dedicated commitment to mental health awareness and advocacy to the IOCDF, and a strong background in leadership, communications, organization design, and public and governmental affairs — all of which will be great assets to our organization. She comes to us most recently from Tufts Medicine, a Boston-based health system, where she was Vice President for Strategy & Growth: Communications and External Affairs. I encourage you to



watch the recent "State of the IOCDF" livestream to get to know Becky and to learn more about what's ahead for the IOCDF through our YouTube Page, where you will also find a growing library of virtual programs and events.

WHAT'S AHEAD IN 2024

The IOCDF has many exciting initiatives planned for the year ahead. This year, the staff will organize eight virtual and in-person conferences, expand our One Million Steps for OCD Walk series, offer thirteen professional training events — including the highly anticipated return of the Advanced Forum in Canada — launch a new state-of-the-art webinar platform, and enhance the Online Resource Directory and educational websites. Additionally, planning for our 2024 Annual OCD Conference is well underway, and the staff looks forward to sharing more details in the coming months about what will be planned.

In keeping with our mission to support and advance research on OCD and related disorders, the IOCDF recently launched the 2024 request for applications for the Research Grant Program, with a special call for proposals aimed at increasing treatment and understanding of OCD for underserved, underprivileged, and minority communities. This year, we will offer a \$500,000 Breakthrough Award made possible by the Selig Family, along with multiple Michael Jenike Young Investigator Awards.

PLANNING FOR OUR FUTURE SUCCESS

Last quarter, the Board of Directors participated in leadership sessions focused on the IOCDF's strategic direction and areas of focus to help us realize our long-term vision. With Becky now on board, later in 2024 she will undertake the next phase of our strategic planning process to develop a five-year plan to help us successfully advance our priorities, broaden our reach, and change lives for all those impacted by OCD and related disorders. Please stay tuned for opportunities to learn more about this process and to share your ideas with the IOCDF.

The entire Board of Directors is confident Becky will be a tenacious and strategic leader who will lead our organization into a new stage of growth and transformation. Together, let us embrace the opportunities and possibilities ahead.

Warmly,

Susan M. Boaz

IOCDF Board President and mom

FROM THE FOUNDATION

Online OCD Camp: The Volunteer Experience



Over the weekend of January 27-28, youth with OCD and their families gathered for Online OCD Camp, an annual event which brings programming to this special community. The weekend would not have been possible without the amazing group of volunteers that dedicated their time to making this event a success. Today, we hear from the volunteers about their Camp experience!

WHAT WAS YOUR ONLINE OCD CAMP EXPERIENCE LIKE?

It was beyond wonderful — just seeing the kids grow and gain more and more confidence to manage OCD before my eyes was wonderful — especially as a therapist to see how this camp immediately helps the kids.

— Debbie Kolbrener, Camp Volunteer

I had a blast meeting campers and volunteers from all over the world! It was a full day dropping into all kinds of fun activities, meaningful connections and conversations, and new learning. It felt special to see and interact with so many kind and thoughtful folks coming together in the shared experience of living with OCD.

— Mack Sushchyk, Camp Volunteer

WHAT DID IT MEAN TO YOU TO BE A PART OF CAMP?

To see the kids utilize the strategies and be excited to use the skills was also just as exciting to me.

— Debbie Kolbrener, Camp Volunteer

It meant showing up to be in caring community and connection with others living with OCD. It was so meaningful to share that space with youth in particular. Having the opportunity to hold and witness Campers' OCD experiences and hear that they felt less alone and more resilient and empowered after attending camp was impactful! I wanted to be an adult who could show up and be a part of the support that I would have benefited from when I was younger.

— Mack Sushchyk, Camp Volunteer

WHAT ARE YOUR HOPES FOR CAMPERS COMING OUT OF THIS WEEKEND?

To feel that they have support and understand ways to manage their OCD and gain hope that they CAN beat OCD.

— Debbie Kolbrener, Camp Volunteer

My hope for campers coming out of the weekend is that they feel better equipped to navigate their OCD journeys and motivated by the collective care and support echoed by other campers, volunteers, and presenters. I hope they left feeling supported through many moments of fun, learning, and connection.

— Mack Sushchyk, Camp Volunteer

"Camp showed me as a therapist that ERP could be fun and engaging. It made me feel more empowered to work with kids and parents. Seeing young children understand OCD because of camp is so heartwarming. As someone who struggled all my life with perfectionism and fear of failing as well as fear of being a bad person, I felt so empowered leaving camp knowing that youth wouldn't have to go through what I didn't understand until I became a therapist myself. I sent a playlist we all created to my Members at NOCD and they all loved it and were inspired. Camp has a trickle down effect!"

— Alessandra Rizzotti, Camp Volunteer 

Advocates and Community Come Together for Annual Zoom Holiday Party



IOCDF Advocates and OCD community members came together on December 11 for a cheerful virtual celebration of the holiday season. With over 40 attendees gathering on Zoom, this special event brought the community together for a festive celebration. The party included contests for the ugliest holiday sweater, most outrageous holiday hair, and the best-dressed holiday pet. It also included holiday movie trivia and a scavenger hunt.

Erika McCoy, who won the contest for most outrageous holiday hair, had this to say about the festivities:

“The IOCDF Holiday Party is one of my favorite events of the year, the main reason being connection to our community on a deeper, more personal level. It is one of the only events where we can all come together, see each other’s creativity, get to know each other in a relaxed environment, and see each other’s passions that are behind what we typically see on a daily basis online.

To me, the IOCDF Holiday Party is instrumental to growing our OCD community beyond surface-level connections. It is one of the best ways to laugh, grow, connect, and have a little fun. With all the work we are doing, and the sometimes daunting nature that is living life with OCD, it’s pivotal to provide a space like this for our community.”

We look forward to celebrating with you again — and seeing more new faces — later this year over Zoom! 📺

COMMUNITY GIVING

Legacy Gift Announcement: Sheila B. Hass



The IOCDF recently received a generous \$25,000 bequest from the Estate of Sheila B. Hass to help further our mission to ensure that no one affected by OCD and related disorders suffers alone. We thank Sheila and the Hass family for their commitment to serving our community well into the future. Read Sheila's story below.

Sheila Brander Hass, a lifelong resident of Cedarhurst, New York, passed away on June 10, 2023. She was preceded in death by her husband, Morris Hass. Sheila is survived by her loving sons, Jeffrey and Stephen, and four loving grandchildren, Erin, Sarah, Davida, and Samuel.

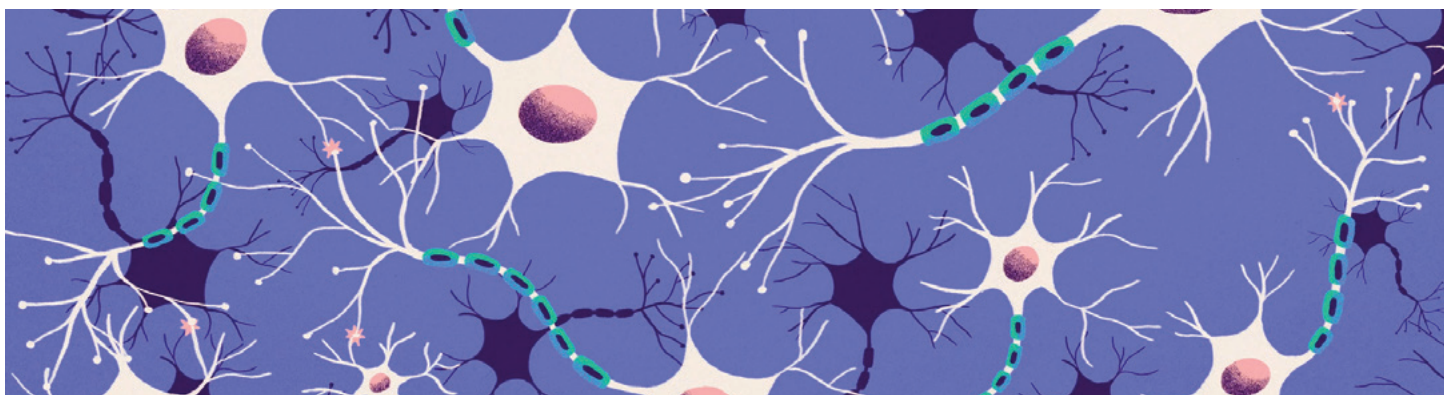
Despite living with the challenges of OCD, Sheila excelled at the things she loved. After graduating at the top of her high school class, she attended Smith and Barnard Colleges. She continued on to graduate with a master's degree in French Literature from Columbia University. Sheila was also a concert-level pianist, attending Interlochen Center for the Arts in high school and continuing to play into adulthood. There was always music playing in her house.

When arranging her bequests, Sheila was grateful to have had the means to donate to the IOCDF, to help them in their mission to provide greater understanding of the disorder, and to help alleviate suffering for those who live and cope with it daily as she did. We are thankful as her surviving family that such an organization exists.

— The Hass Family 

Like Sheila, you can make a lasting impact and support the IOCDF well into the future. To learn more about legacy planning and your options, visit iocdf.org/legacy or contact Kristen Lynch at klynch@iocdf.org or (617) 973-5801 ext. 315.

Announcing OCD and the Brain, a Free and Engaging New Online Resource




The IOCDF is thrilled to announce the launch of “OCD and the Brain” on January 27, 2024. “OCD and the Brain” is an interactive website (ocdandthebrain.com) that teaches young people with OCD and their caregivers what OCD is, what the brain’s role is, and relevant research and treatment. A free and engaging resource, “OCD and the Brain” is filled with video and text that explains these complex things simply, as well as helpful resources about how to get involved in research and seek evidence-based treatment.

Since 2022, “OCD and the Brain” was developed by a massive team to create a resource that is accessible and scientifically accurate. The project was led by Professor Tobias Hauser (Head of the Developmental Computational Psychiatry group based at University College London (UCL), and at the University of Tübingen, Germany) and his team, OCD Action UK, and the IOCDF, alongside lived experience experts.

Creative facilitator Rachel Bower led online workshops with young people with OCD, their caregivers, and Dr. Hauser’s team, which gave valuable key points and questions to consider. Focus groups with members of the OCD community (Community Gatekeepers), OCD Action UK, and the IOCDF used these points to develop the website’s content, style, user experience, visuals, accessibility, and relevance to both young people and adults. The website design and video components were created by Boyle & Perks.

From this outstanding work, visitors who are curious to learn more can access a wonderful introductory video, easy-to-read explanations about neuroscience and OCD, a glossary that breaks down scientific terms, and tons of useful resources from the IOCDF, OCD Action UK, and other partners.

Leigh Wallbank, CEO of OCD Action UK, says, “Neuroscience has so much to offer the OCD Community, but, sometimes, there can be a disconnect between the pioneering work that scientists are doing and the way this is landing with the OCD community, meaning some of the hope brought by the work can be lost. Our team believes that this tool has the power to transform lives. The unique way that people with lived experience have worked with the scientific expertise, means that, for the first time, young people will have easy access to understandable information that can help them quickly understand not just the importance of treatment, but what could cause OCD and therefore why treatment works. The empowerment that this could offer to young people cannot be overstated.”

Liz Lindley, the IOCDF Director of External Relations and Partnerships, writes, “Together, we learned the complex interplay between the brain and OCD, and together created a valuable tool for the community, by the community. We appreciate the tremendous opportunity to make a meaningful contribution with our partners and are excited to see the impact of our work on the global OCD community, particularly young people with OCD and their families.” 

Please visit ocdandthebrain.com and spread the word!

FROM THE FRONTLINES

Embracing the Exposure Lifestyle *(continued from front cover)*

The idea of an exposure lifestyle has been identified at various points in time, typically in case studies or treatment manuals and guides. If explained further, the exposure lifestyle may present a clear path toward increasing and maintaining distress tolerance, building on treatment gains after termination of treatment, and preventing the development of new symptoms. As the name suggests, living the exposure lifestyle requires a change in patterns of living and approach to life experiences. Specifically, this change should manifest the learning gained through intentional exposure and response prevention (ERP) practice, including improved distress tolerance and promotion of functional habituation. The exposure lifestyle does not suggest a change in personality or values. Instead, as outlined below, the exposure lifestyle should support values-based living. The exposure lifestyle is both a helpful tool during active treatment as well as preventative of relapse.

SO, WHAT EXACTLY MAKES AN EXPOSURE LIFESTYLE AND HOW CAN WE START LIVING IT?

There is no one definition of the exposure lifestyle. However, it can be viewed as an approach to living in which one regularly approaches distress instead of avoiding distress. For OCD, this may look like actively engaging in situations that elicit intrusive thoughts and/or actively doing the opposite of what OCD might want. It promotes regular prevention of compulsions, regardless of what may happen. OCD wants to be in control and prevent any potential what-ifs. The exposure lifestyle accepts what-ifs — it embraces the uncertainty. When living in a way that anticipates and seeks out opportunities for distress, distress tolerance continues to increase and generalize. This negatively impacts treatment effects after completion of ERP, when the structure imposed by treatment and planned, in-session exposures end. The exposure lifestyle, however, does not hold that you must seek out ALL or extreme distress regularly, which can lead to difficulty finding the right balance. Clinical experience and

theory provide several ideas for formulating and living an exposure lifestyle. Below are five ideas for living or coaching an exposure lifestyle.

1. **Understanding “core motivations” and developing a functional mindset**

As recently highlighted (*Milgram, Freeman, and Benito 2023*), core motivations (specifically harm avoidance, incompleteness, disgust, or some combination of these), may help identify the functional link between obsession and compulsions. By targeting these core motivations, planned exposures can be more precise and accurate. For the exposure lifestyle, knowing the core motivators can help identify various situations when approach would be warranted. It may be helpful to ask: “Am I making this decision to avoid harm?”; “Am I doing this to feel more complete or just right?”; “Am I doing this because of a disgust response?” for daily behaviors and activities. If the answer is yes, or shows avoidance, try something different or less comfortable, regardless of whether the action maps directly onto an identified OCD symptom. If it increases functionality, approach it.

2. **Maintaining and approaching values**

Acceptance and commitment therapy (ACT) has been discussed as a helpful framework for EBIs (*e.g., Twohig et al., 2015*). ACT-based approaches can help create the right balance in living the exposure lifestyle. An exposure lifestyle exemplifies the idea of accepting and being willing to experience difficulty and distress. Maintaining a focus on values provides excellent motivation and direction for embracing this lifestyle, with values serving as a reminder of why approaching distress is important. Moreover, when values guide decision-making over the motivators of OCD, engagement with distress, uncertainty, and hardship naturally occur. Therefore, committing to values-based decision making for both daily and long-term decisions will provide regular opportunities to continue or grow exposure.

3. Curiosity and openness

Living the exposure lifestyle can be aided by maintaining curiosity and openness to experience; this enhances the psychological flexibility promoted by ACT and takes the “embrace the uncertainty” motto one step further. In this sense, the exposure lifestyle both embraces the uncertainty and seeks it out. Use unclear, uncertain, and/or potentially distressing situations as an opportunity to be curious and test it out. Try something that may elicit disgust or incompleteness to see if it does and how much. To some degree, this can also be viewed as an extension of the idea of exposures as behavioral experiments. However, instead of doing this in a prescribed, planned manner, approach daily experiences with curiosity and the attitude of gathering data, knowing data collection and information-seeking will continue after an initial step toward uncertainty.

4. Growth mindset and prevention of new symptoms

Ideas from theory about growth mindset versus fixed mindset can further shape thoughts and behaviors toward an exposure lifestyle. Concepts such as the brain being like a muscle that can grow and strengthen from learning experiences, and that hardship and difficulties can be viewed as opportunities to learn and improve, feel made to describe the exposure process (though they were developed as an understanding of beliefs about personal characteristics like intellectual abilities, e.g., Yeager & Dweck, 2012). Viewing areas of difficulty and distressing activities as opportunities for growth and learning is likely to encourage approach in the exposure lifestyle. A fixed mindset might keep one stuck in the idea that there is a limit to the distress one can tolerate and prevent one from continuing to make gains. Viewing difficulty and distress as indicators of inability can hold back movement and may lead to new areas of impairment or interference developing. However, maintaining a growth mindset prepares you to experience new, unexpected areas of hardship without relapsing or developing additional unhealthy behaviors. For example, having a child could lead to new fears and anxieties, related or unrelated to previous OCD symptoms. Viewing these anxieties as an opportunity to continue building distress tolerance while growing as a parent aids in approaching this role with willingness and decreased need for compensatory behaviors such as compulsions and avoidance. This prevents expected levels of distress and anxiety from building to levels that are interfering or impairing.

5. Use of humor and whimsy

Lastly, seeking humor and whimsy in life not only provides more opportunities to embrace an exposure lifestyle, but does so in a way that may ease the heaviness or exhaustion that may come with regularly approaching distress. A turning point in structured ERP often occurs when individuals begin identifying with humor something that “would make a great exposure,” or jokingly identify thoughts or behaviors as something a therapist might insist on addressing through ERP. The humor in these interactions indicates a change in the way exposure and distress are viewed. Whimsy suggests seeking adventure in a playful manner. For the exposure lifestyle, exposures and approach to distress are then viewed not as burdensome necessities to prevent relapse, but as purposeful experiences to be enjoyed with a sense of playfulness. Therefore, fostering humor and whimsy are likely to increase openness, curiosity, and willingness, which themselves foster the exposure lifestyle.

CONCLUDING THOUGHTS

Embracing an exposure lifestyle provides long-term benefits for individuals with OCD and their families. Benefits are both preventative of symptoms and perpetuating of progress; further research is warranted. It requires an effortful shift in one’s general approach to life that may take time to develop. This development can be aided by the ideas outlined above and should be considered as an important tool in and outside of therapy. 🕒

Shivali Sarawgi, PhD is a clinical psychologist and assistant professor at Cincinnati Children’s Hospital Medical Center, University of Cincinnati College of Medicine, who specializes in exposure-based intervention..



Shivali
Sarawgi, PhD

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FROM THE FRONTLINES

Winning the Constant Battle

by Kaitlynn Crawn



My name is Kait. I'm a traveling surgical technologist exploring the country with my family while pursuing a masters degree in counseling. I have struggled with what I now know is OCD for quite some time. I have dedicated my life to spreading awareness about OCD and being involved in

the treatment process as a therapist. My ultimate goal is to help all demographics, but my passion is helping mothers like myself because OCD can be debilitating, especially for a mom who is just trying to do her best.

Two years ago, my world fell apart, when I had my first real experience with harm OCD. It started as a repetitive word, which turned into images, then into fears and, ultimately, obsessions. I started having disturbing images and "what if?" thoughts regarding harm.

I thought that if I'm having these images, there must be something fundamentally wrong with me. I am a danger to my kids. I can't be around them, so I'll avoid them. I'll avoid my kids, I'll avoid all sharp objects, and I'll stay in my room just to be certain I won't harm anyone. I couldn't eat, I couldn't sleep, and I lived in a constant state of fear. I would call anyone who would listen for reassurance. I needed to hear "you're not going to do anything, that's not you," which would make me feel better for about a minute until the words and images would creep back in, convincing me that I'm a danger. I could no longer pick my kids up from school by myself because that would mean I'd be alone with them, so I'd sit at home for hours and wait for my husband to get them after work, just to be safe. I started having my husband hide the knives and sharp objects, just in case.

Finally, the fear became too much. I got in my car and drove myself to a nearby mental institution ready to be locked away, but I was willing to — to protect those I loved. When I got there and shared my story, I learned I was not a danger, but a victim of a horrible illness called OCD.

At first, I didn't believe their diagnosis, because that's what OCD does. It drives you to question everything with a little voice in your head saying, "Are you sure that doctor knows what they're talking about?" I didn't understand why I was being told I had OCD — I mean, isn't OCD being super clean and organized? I had never heard of OCD presenting in this way; it took months of education and talking with professionals to even accept my diagnosis, and OCD was fighting me the whole time. It was telling me not to trust the professionals, not to let my guard down and allow myself to be a mother to my kids because I'm a risk.

I had to learn that the voice of OCD was a bully, that it wasn't there to protect anyone but to keep me from living my life in the way that I wanted to. I was afraid to seek help because I was so ashamed of the thoughts and images I had experienced that led me to this point. My health insurance didn't cover the treatment of OCD.

I felt like I had nowhere to turn, like I would be living like this forever and I couldn't accept that future. So, depression reared its ugly head. The thought of feeling the way I felt, forever, was just not acceptable to me. The thought of my children having to deal with this version of their mom was too horrible to fathom.

I made the decision that I was going to get help even if that meant I was going to go broke to do it. Even if I was going to be judged for the thoughts I had. So, I paid hundreds of dollars for half sessions with an OCD therapist, and I started facing OCD. My therapist had me do some very uncomfortable exercises, but eventually, I started overcoming the thoughts. I started overcoming the need

FROM THE FRONTLINES

to get reassurance. I still deal with OCD today, but the difference is that I know how to handle it now.

People need to know what real OCD is: it's not cleanliness or organization — it's debilitating fears that make you question your character. It is a constant battle in your head that makes you spend your days doing things to make sure nothing bad will happen. It's checking and counting for hours. As a healthcare professional, I sometimes still draw up meds five to six times before administration to make sure I'm taking the right medication from the right bottle for the right patient. That reassurance still attacks me sometimes and then I must remember to live with the uncertainty.

Today, I am on medication, and I regularly practice the techniques I learned in therapy. I have my days, but my life is 1,000% more enjoyable than it was during my darkest times. When it first started, I remember asking myself "What did I even think about before these thoughts?" because they took up so much of my head. Now, I don't remember the last time I felt that way.

I have chosen to dedicate my life to the treatment of OCD and helping others who struggle with it. My experience led me to college where I'm working on a master's degree in counseling and will focus on the treatment of OCD. The lack of education regarding OCD is unacceptable. It's such a misunderstood illness and we need to bring awareness to what it really is. We need to let people know there is NOTHING to be ashamed of and that there's a possibility of living a full, beautiful life with this condition.

Even while writing this, I have avoided going into great detail because it's disturbing and it's still difficult to write that down. Someday, I hope to go into even greater detail with my story, and if I can help even one person, I will have reached my goal. There is hope for you — do not let OCD win. 🍊

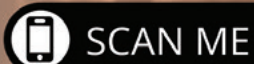


July 26-28, 2024



Learn more/register at:

iocdf.org/ocdcon



THEORY 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 iocdf.org/clinics.

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We are thrilled to announce the launch of our integrated outpatient program (IOP) in both Cincinnati, OH, and Fishers, IN, locations, marking a significant step towards enhancing mental health services in those communities. Our commitment to providing comprehensive and accessible care has led us to expand our offerings, ensuring that individuals seeking support have a range of options tailored to their needs.

In addition to the expansion of our IOP program, we are excited to share the opening of a new location in Dayton, OH. This facility will initially focus on therapy and transcranial magnetic stimulation (TMS), two vital components in our mission to promote mental well-being. As part of our ongoing commitment to innovation and holistic care, we are also working towards introducing ketamine treatment and SPRAVATO® at this location in the near future, further broadening our spectrum of mental health services.

At the heart of our mission is the well-being of our community members, and these developments reflect our dedication to providing high-quality, accessible mental health care. We look forward to serving you in these new locations and continuing to make strides in mental health support.

ANXIETY EXPERTS

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Happy New Year! We are delighted to introduce Elizabeth Kennedy, AMFT, as our newest therapist. Elizabeth is a registered associate marriage and family therapist and holds a degree in clinical psychology with a specialization in marriage and family therapy from Pepperdine University.

Her therapeutic methodology is informed by her training in exposure and response prevention (ERP) and acceptance and commitment therapy (ACT), enabling her to tailor her approach to address the individual needs of those struggling with OCD, panic, social phobia, and eating concerns. We are thrilled to have Elizabeth join our team at Anxiety Experts. Furthermore, we are pleased to announce our new website, anxietyexperts.com.

ANXIETY TREATMENT CENTER OF AUSTIN

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Anxiety Treatment Center of Austin is thrilled to introduce our newest team member, Anne Joseph, LPC-S (she/her)! Anne brings with her over 13 years of experience treating children and their families with anxiety, trauma, and foster/adoption for children experiencing severe abuse and neglect. Anne's passion for treating individuals with OCD and related disorders has propelled her towards her work with us, and we are excited to share her with all of you! She is currently accepting in-person and virtual appointments.

THE ANXIETY TREATMENT CENTER OF SACRAMENTO

**10419 Old Placerville Rd
Sacramento, CA 95827-2509
(916) 366-0647**

drrobin@atcsac.net
anxietytreatmentexperts.com

The ATC enthusiastically welcomes our new students who are passionate about integrating their knowledge and skills into treating those with anxiety disorders. On our team we have Kate Winfield, James Fitzgerald, Ben Prichard, Danielle Martin, and Jackie Shandley, who are working on their doctoral degrees. We are also excited to have onboard our interns who are obtaining licensure hours, including Marie Crim, AMFT, Christy Brown, ACSW, and Dr. Sandra Starch, psychological assistant. Collectively they are an amazing addition to our staff.

The ATC continues to provide in-person treatment and telehealth if clinically indicated. Our IOP program supports up to 30 patients each day, incorporating group, individual, and family sessions with specialized treatment modalities tailored toward each patient's diagnosis and needs. This includes cognitive behavioral therapy (CBT), exposure and response prevention (ERP), acceptance and commitment therapy (ACT), mindfulness-based cognitive therapy (MBCT),

THE THERAPY COMMUNITY

and self-compassion therapy. The ATC also assists with comorbid diagnoses such as depression to help address other symptoms that can impact their anxiety.

ARCHWAYS CENTRE FOR CBT

460 Springbank Dr, Ste 205
London, ON, Canada N6J 0A8
(519) 472-6612

info@archways.ca
archways.ca

Based in Ontario (Canada), our OCD-BFRB Clinic is staffed by a multidisciplinary team, combining psychology with psychiatry, to provide the most optimized and individualized treatment plans. We provide evidence-based therapies for OCD as well as assistance with starting, ending, or changing medications. Our outpatient services are available at our clinic in London, and by secure video to any residents of Ontario.

Our goal is to provide timely and effective treatment in a safe, respectful, and inclusive environment. Get in touch for more information, or to set up an initial appointment.

ASCENSION ALEXIAN BROTHERS BEHAVIORAL HEALTH HOSPITAL/FOGLIA FAMILY RTC

801 Gloucester Dr
Elk Grove Village, IL
60007
(855) 383-2224

shannon.stowasser@ascension.org
ascension.org/foglia

Ascension Alexian Brothers Behavioral Health Hospital/Foglia Family Residential Treatment Center is pleased to announce the Adult OCD Program is now open for referrals for patients needing residential level of treatment for OCD, OC-related disorders and anxiety disorders. This program is under the direction of nationally known expert Dr. Brad Riemann. For more information, please contact our call center at 855-383-2224. Partial hospital and intensive outpatient services are also available for adolescents and adults.

ATLANTA CBT

834 Inman Village Pkwy, Ste 220
Atlanta, GA 30307
(404) 710-6605

admin@atlanta-cbt.com
atlanta-cbt.com

Atlanta CBT is excited to become an IOCDF Institutional Member as of Winter 2023. We have vast experience treating OCD and related disorders as well as other anxiety disorders and beyond.

In the spring, we are excited to grow our team to seven licensed psychologists who can see patients in our downtown Atlanta office and in 35+ states as well as two licensed therapists who can see patients in Georgia. We work with individuals and families ages two and up. We aim to practice in a warm, responsive, and flexible way and to keep caseloads low so we can provide timely access to care for our patients.

This January, we launched our first group therapy opportunity with SPACE training for parents of children experiencing OCD and other anxiety disorders. We are also excited to launch a CBT Skills for Teens group in the spring of 2024. Feel free to check out our website to learn more about us!

BAYLOR COLLEGE OF MEDICINE OCD PROGRAM

1977 Butler Blvd, Ste 400
Houston, TX 77030
(713) 798-3080

ocdprogram@bcm.edu
bcm.edu/healthcare/specialties/psychiatry-and-behavioral-sciences/obsessive-compulsive-disorder-program

BCM OCD Program has several exciting project updates. POWER is recruiting children (7-17) who take medication for their OCD and live in Texas! POWER examines if children on an antidepressant who achieve wellness with CBT/ERP can successfully discontinue their medication. This study is a great opportunity for families seeking treatment, as we provide 20 weeks of free evidence-based OCD therapy. If interested, fill out redcap.link/fsvi7z0t, email PowerOCDStudy@bcm.edu, or call (713) 798-6077.

LATINO is a groundbreaking study recruiting 5,000 children and adults (7-89 years) with current or past OCD symptoms to better understand the genetics and presentation of OCD in people with Latin American, Brazilian, or Caribbean ancestry. We are excited to announce that we have recruited over 1,000 participants across more than 20 sites. See latinostudy.org for more information.

COSMOS program is a study recruiting parents and their children (7-13 years) with symptoms of OCD or anxiety currently living in Texas. COSMOS provides each participant with one of three family-based telehealth interventions aimed at reducing symptoms of anxiety/OCD. If interested, fill out redcap.link/aehl4uzi or call (832) 206-4034.

THERAPY COMMUNITY

Institutional Member Updates *(continued)*

BEHAVIORAL SCIENCES OF ALABAMA

810 Shoney Dr Step 120
Huntsville, AL 35801
(256) 883-3231

intake@bsoal.com

behavioralsciencesofalabama.com

At Behavioral Sciences of Alabama, we provide an intensive outpatient program (IOP) for OCD in which clients meet with therapists for two-hour sessions two or more times a week. Each week, the therapy team meets to check on client progress, compare notes, and strategize about treatment plans. We use detailed spreadsheets and notes to track what kind of exposures and homework clients are working on.

Our program analysis of 28 clients who have graduated from the program in the last year has revealed some important data about the effectiveness of ERP. On average, our clients who graduated from the program reported a 59% reduction in symptom severity. Of those clients, 39% had subclinical YBOCS scores (7 or below), 54% had mild YBOCS scores (8–15), and 7% had moderate scores (16–23).

Our initial six-month follow-up data from a subset of these clients indicates that relapse is rare. Most clients have maintained their YBOCS scores or continued to lower them as they implement the skills they learned in IOP.

BEYOND BORDERS CBT

220 N Zapata
Laredo, TX 78043
(303) 517-3800

hello@beyondborderscbt.com

beyondborderscbt.com

Beyond Borders CBT wishes the community a Happy New Year!

We are excited to have Courtney Holbrook, LCSW, join our practice. Courtney serves Colorado, Texas, West Virginia, and various places around the world, treating OCD, BFRBs, and tics.

We are now offering an I-CBT course for adults with OCD, open to anyone, anywhere, 18 years old and over. Our fourth cohort is currently underway, and we have received fantastic feedback.

Ashley Annstedt, the director of BBCBT, along with Jack Jacobsen, has developed Evidence Based Training Solutions, which offers high-quality CE trainings to therapists in all-inclusive destinations around the world, turning your

continuing education into a vacation. Should an IOCDF member want to attend a training, please reach out to us for a discount code!

BULL CITY ANXIETY & OCD TREATMENT CENTER

918 Broad St
Durham, NC 27705
(919) 808-2318

info@bullcityanxiety.com

bullcityanxiety.com

We have some exciting updates this spring! Bull City Anxiety & OCD Treatment is now offering an intensive treatment program. Higher levels of care for OCD are sorely lacking in North Carolina and we're thrilled to be able to meet the needs of our community members who could use a little extra support. We're also offering a free, virtual support group for adults with OCD. You can attend from anywhere (not just NC), though you will need to register ahead of time to receive a Zoom link. Information for both the support group and our intensive treatment program can be found on our website.

CASCADE ACADEMY

430 W 200 N
Midway, UT 84049
(534) 562-5800

info@cascadeacademy.com

cascadeacademy.com

Our mission at Cascade Academy is to provide excellent residential care to adolescent girls with OCD and anxiety. We are excited to announce that all our therapists are now also trained in inference-based cognitive behavior therapy (I-CBT). Specific to treating OCD, I-CBT targets the faulty reasoning that can often arise from distrusting one's own senses and true self. Building trust in self is a core purpose of I-CBT. Building self-efficacy and trust in self is at the core of all we do.

We are excited for another group of students to be participating in our international trip to Guatemala for a week of leadership, adventure, and therapeutic opportunities.

As we seek to provide hope and peace to our students who suffer with OCD and anxiety, we know that through utilizing evidence-based treatments such as ERP, I-CBT, RO DBT, and ACT, we provide our students the best opportunity for a full and speedy healing. We are thrilled to continue to be a helpful resource for families seeking residential care for their daughters.

THE THERAPY COMMUNITY

THE CENTER FOR EMOTIONAL HEALTH OF GREATER PHILADELPHIA

1910 Rte 70 E, Ste 7
Cherry Hill, NJ 08003
(856) 220-9672

601 Ewing St, Ste C-2
Princeton, NJ 08540
(609) 304-6944
marlawax@yahoo.com

drdeibler@thecenterforemotionalhealth.com
thecenterforemotionalhealth.com

The Center for Emotional Health of Greater Philadelphia (CEH) is excited to share the opening of a new location in Jenkintown. Now, in addition to three New Jersey locations, CEH is providing clinical services in Pennsylvania, nestled in the northern suburbs of Philadelphia.

CEH is an outpatient behavioral healthcare organization that delivers excellence in evidence-based assessment and treatment of anxiety disorders, OCD and related disorders, and neurodevelopmental disorders across the lifespan. CEH brings expertise within reach by providing both on-site services at multiple office locations and via telehealth to 41 states across the US. Moreover, CEH is dedicated to increasing access to effective clinical care, providing continuing education programming and consultation to enhance the clinical skills of mental healthcare providers across disciplines.

CEH is excited to share *The BFRB Recovery Workbook*, a comprehensive integrative behavioral self-directed guide for individuals with body-focused repetitive behaviors, by Marla Deibler, PsyD, ABPP, and Renae Reinardy, PsyD. The only resource of its kind, we hope it provides much-needed relief to those living with BFRBs and guidance to clinicians seeking to build their skill set in working with these disorders. Follow us on social media or contact us for continuing education opportunities.

COLUMBIA UNIVERSITY CLINIC FOR ANXIETY AND RELATED DISORDERS

155 White Plains Road
Suite 200
Tarrytown, NY 10591
(212) 305-6001

3 Columbus Circle
Suite 1425
New York, NY 10019

acp2137@cumc.columbia.edu
columbiadoctors.org/childrens-health/anxietydayprogram

The Columbia University Clinic for Anxiety and Related Disorders (CUCARD) welcomed three new faculty clinicians to our team in the last several months. Yael Monselise is working at our Westchester office, and primarily in our Anxiety Day Program. Emily Cruz and Jin Lee are providing outpatient care in our Manhattan office. Welcome, Yael, Emily, and Jin!

We continue to provide a range of services for youth and adults with OCD and anxiety-related concerns, including outpatient therapy, medication management, and therapeutic groups. Our Anxiety Day Program in Westchester also offers intensive therapeutic support for high school students whose OCD or anxiety symptoms are interfering with school attendance or their functioning in other ways. And, we are excited to offer groups for young adults and their parents as part of CUCARD's Launching Emerging Adults Program (LEAP). Please reach out if we can be of help!

EVIDENCE BASED TREATMENT COLLABORATIVE

150 S Warner Rd
King of Prussia, PA 19406
(571) 206-1747
info@EBTCollaborative.com
ebtcollaborative.com

We are accepting patients into our OCD and anxiety intensive program. Our program is a good fit for those with self-injury urges as well.

HOPEWELL THERAPEUTIC FARM COMMUNITY

9637 State Rte 534
Middlefield, OH 44062
(440) 426-2079
dhorne@hopewell.cc
hopewellcommunity.org

We have successfully hired three new clinicians to augment our clinical team and improve the robustness of our OCD treatment program. We welcome Kelly, Heidi, and Nicole to the farm! In the coming weeks, they will be participating in training with renowned OCD treatment expert Charles Brady, PhD.

As a working farm, Hopewell provides a rich tapestry of exposure opportunities for residents in the OCD treatment program. Exposure and response prevention (ERP) group members can walk to the barns together to engage in contamination exposures of various degrees of intensity with the support of the whole group. This could be followed with a walk across campus to a resident's room to support them as they work to reduce the number of times they have to check that their door is locked when they leave their room. The group may then take a walk down Walnut Lane so another resident can practice turning on one of the cattle watering spigots and then turn it off and walk away without having to make multiple checks to see that they actually turned the water off. Exposure opportunities are nearly endless at the farm!

THErapy COMMUNITY

Institutional Member Updates *(continued)*

INSTRIDE HEALTH

Virtual (CT, NH, NJ, NY, MA, PA, RI)

(855) 438-8331

info@instride.health

instride.health

Stride Health is a specialty pediatric anxiety/OCD insurance-based, outpatient treatment program for children, teens, and young adults. We have immediate availability for individuals ages 7-22 living in Pennsylvania, New York, New Jersey, Connecticut, Massachusetts, New Hampshire, or Rhode Island.

Patients receive evidence-based treatment (CBT, ACT, components of DBT) with an emphasis on exposure delivered by a coordinated care team of a psychiatrist, therapist, and coach. InStride Health provides individual and family therapy, groups for kids and for parents/caregivers, exposure coaching (scheduled and as needed), and medication management. The treatment program offers a continuum of care, starting with more touch points each week and gradually reducing intensity as treatment progresses. All severity levels are treated, with particular focus on moderate to severe conditions where anxiety and/or OCD are interfering with functioning and causing a cascade of additional problems.

InStride Health accepts the following insurance plans: Anthem (including Empire), Blue Cross Blue Shield of MA, ConnectiCare, Harvard Pilgrim, Horizon Blue Cross Blue Shield of NJ, Mass General Brigham Health Plan, NYSHIP, Optum, Oscar, Oxford, UniCare, and UnitedHealthCare.

Patients or caregivers can apply directly on our website, and we accept provider referrals. Reach out now.

LUMATE HEALTH

624 Columbus Ave PMB 1003

Thornwood, NY 10594

(929) 399-7937

umatter@lumatehealth.com

lumatehealth.com

Lumate Health is excited to announce the opening of our practicing clinic in North Carolina. Under the leadership of Dr. Michael Detweiler, our North Carolina program offers high-quality exposure and response prevention for OCD as well as cognitive behavioral therapy for related anxiety disorders in teens and young adults. We are also now able to accept select insurance plans in Florida and New Jersey and have plans to extend insurance coverage to California, Connecticut, New York, North Carolina, and Pennsylvania in the near future.

1311 Park St #1057

Alameda, CA 94501

(628) 561-8762

NASHVILLE OCD & ANXIETY TREATMENT CENTER

155 Franklin Rd, Ste 135

Brentwood, TN 37027

(615) 412-1155

info@ocdnashville.com

ocdnashville.com

547 N Mt. Juliet Rd, Ste 150

Mt. Juliet, TN 37122

The Nashville OCD & Anxiety Treatment Center has expanded to Wilson County! We now serve clients in both our Brentwood and Mt. Juliet, TN, locations, conveniently located within minutes of the city. Our clinicians offer evidence-based treatment for OCD, anxiety, tic disorders, and other related disorders such as BDD, hoarding, ARFID, and BFRBs. We also have a number of ongoing groups for adults and teens with OCD. Services are available virtually and in-person in both English and Spanish. Middle TN clinicians may be interested in our ongoing continuing education series or our one-on-one or group consultation services available for newer OCD therapists. Reach out for more information!

NEUROBEHAVIORAL INSTITUTE (NBI) & NBI RANCH

2233 N Commerce Pkwy #3

Weston, FL 33326

2695 S Le Jeune Rd #201

Coral Gables, FL 33134

(954) 217-1757

info@nbiveston.com

nbiveston.com

We can't wait to see everyone at the 29th Annual OCD Conference in Orlando, and must say we are thrilled about it being within driving distance from our main locations in South Florida!

We continue to add to our clinical and administrative team, and are in the process of interviewing the new candidates for our APPIC-approved postdoctoral training in clinical psychology.

We're also in the midst of onboarding a few new technologies to better serve our patients and their families.

Since our last update, NBI staff has collaborated with the OCD Stories podcast on topics such as OCD and neuroscience with Dr. Jonathan Hoffman and Dr. Amirsamen Sajad, a neuroscientist from Vanderbilt University, and navigating the holiday season with OCD with Dr. Katia Moritz.

We have also enjoyed fantastic in-house trainings by Dr. David Tolin on panic disorder and Jessica Powers on

the state of substance abuse treatment. Among recent presentations by the NBI team, Drs. Bechor, Hoffman, Moritz, and Franklin spoke on the subject "I Want Your Help, Not Recommendations." We're sure a lot of you can identify with that one!

NEW ENGLAND OCD INSTITUTE

**392 Merrow Rd
Ste E**

**Tolland, CT 06084
(860) 830-7838**

ocdtypes.com

bewellpsych.ca

admin@behavioralwellnessclinic.com

**554 King Edward Ave
Ste 0034**

**Ottawa, ON, Canada K1N 6N5
(343) 430-3291**

The New England OCD Institute is happy to welcome our new in-house prescriber, Anne Koneru, APRN! Anne is board certified and dual-licensed as a family and psychiatric nurse practitioner and will enhance OCD treatment options for clients, including our ketamine-assisted psychotherapy program. With over 15 years of experience, Anne is dedicated to the commitment of service and enthusiasm for cross-cultural learning while combining thoughtful psychiatric medication management to offer an integrative and holistic approach to care.

NEW YORK ANXIETY TREATMENT

240 Central Park South Ste 2J

New York, NY 10019

(212) 518-8162

admin@nyanxietytreatment.com

nyanxietytreatment.com

New York Anxiety Treatment is proud to be running five cycles of our intensive outpatient program (IOP) in 2024. Our six-week IOP for individuals with OCD and related anxiety disorders offers evidence-based treatment for patients in need of increasing their level of care. The program offers a step-down option for those who have just completed an OCD-specific residential program. The program takes place in person Mondays, Wednesdays, and Fridays from 9am to 12pm ET in New York, NY. In addition, IOP patients are offered one to two individual sessions each week with a member of our clinical team.

Please contact our clinical care coordinator at (212) 518-8162 or email admin@nyanxietytreatment.com to receive the necessary referral paperwork, and to set up your intake appointment with our intensive outpatient program director. We are also happy to set up a complimentary 15-minute phone screening to answer any preliminary questions you may have about our program.

NOCD

225 Michigan Ave Ste 1430

Chicago, IL 60601

(312) 766-6780

care@nocdhelp.com

treatmyocd.com

NOCD is a specialty provider of treatment for OCD and related conditions, providing live video therapy sessions with licensed therapists and between-session support. Our goal is to make evidence-based OCD treatment more affordable, convenient, and personalized.

As we enter the new year, many people are transferring to new insurance plans and exploring new opportunities to access OCD care covered by insurance. NOCD is committed to partnering with insurance providers to help make life-changing OCD therapy more accessible for those in need.

We're proud to share that over 135 million Americans can access NOCD Therapy through their commercial insurance benefits. NOCD Therapy is in-network with most major providers, including UnitedHealthcare, Aetna, Cigna, Humana, various Blue Cross Blue Shield plans, and more.

Browse insurance plans we accept at treatmyocd.com/insurance.

If you have patients seeking in-network OCD care, please consider referring them to NOCD. NOCD Therapists work with members in all 50 states and in many countries internationally, and many members can see one of our OCD-trained therapists within seven days on average.

You can send us a referral at treatmyocd.com/referral.

NORTHWELL HEALTH OCD CENTER

Zucker Hillside Hospital

75-59 263rd St

Glen Oaks, NY 11004

(718) 470-8052

ocdcenter@northwell.edu

northwell.edu/ocdcenter

The Northwell Health OCD Center offers evidence-based, comprehensive outpatient treatment for OCD and OCPD. It is one of the only specialized OCD/OCPD facilities in the New York metropolitan area to accept most health insurance plans, including Medicare and Medicaid.

Treatment options include individual and group CBT and medication management. The OCD Center offers in-person and virtual individual sessions as well as 15 virtual therapy groups (e.g., ERP practice and skills-building, OCPD treatment, family OCD education/support without accommodation, DBT skills, and weekly/monthly

Therapy Community

Institutional Member Updates *(continued)*

improvement maintenance). Please email us at ocdcenter@northwell.edu to inquire about treatment.

Clinic director Dr. Anthony Pinto and his teammate Dr. Christine D'Urso were each recently guests on Nicole Morris, LMFT's "OCD Family Podcast" (available via Spotify and Apple platforms). In his episode, Dr. Pinto discussed core features of OCPD in relation to OCD and he answered diagnosis and treatment questions from podcast listeners. In her episode, Dr. D'Urso discussed incorporating family members into ERP treatment by identifying and targeting family accommodation. Check out the episodes and let us know your thoughts! Special thanks to Nicole for providing a platform for our team through which to increase access to treatment for OCD and OCPD.

OCD INSTITUTE MCLEAN HOSPITAL

115 Mill St
Belmont, MA 02478
(617) 855-2775
ocdiadmissions@partners.org
mcleanhospital.org/ocd

The OCDI joins the OCD community in mourning the loss of our founder, Dr. Mike Jenike. In the mid-1990s, Dr. Jenike had the idea of opening a residential treatment program specifically for OCD patients, where they would receive state-of-the-art treatment in a comfortable environment. The OCD Institute opened in 1997 at McLean Hospital as the first of its kind treatment program. Dr. Jenike was a constant and engaged presence at the OCDI for many years, and was beloved by his patients and the OCDI staff. He gave his time generously, and mentored many clinicians in his years here. The epic Wednesday night basketball games were not to be missed! We were lucky enough to have two of Dr. Jenike's children work at the OCDI as well. It's impossible to state the impact the OCDI has had on so many lives, and Dr. J's spirit lives on here. We continue to try to live out his legacy of excellent and compassionate patient care each day. He is missed beyond words, but we are grateful for his unparalleled contributions to our field.

OCD INSTITUTE | TEXAS

708 E 19th St
Houston, TX 77008
(713) 526-5055
info@houstonocd.org
ocditexas.com

OCDI of Texas clinicians will be releasing a new podcast titled "The Anxiety Society". Subscribe on our website to be the first to know when it is released. We just completed our first ever alumni group treatment "tune up" and it was a great success. If you would like to learn more, visit our website. Cali Werner, LCSW-S, is back on staff!

OCD NORTH

11 Sophia St W
Barrie, ON, Canada L4N 1H9
(705) 243-9923
info@ocdnorth.com
ocdnorth.com

OCD North is thrilled to kick off the new year with a fresh addition to our team — a new student intern. Committed to fostering learning opportunities, we aim to enhance access to OCD care in Canada through our student intern program. This initiative equips students with the tools to become experts in OCD, fostering innovation in care and instilling hope in Canadians with firsthand experiences of OCD.

Our Intern Led Clinic (ILC) remains a valuable resource for individuals, couples, and families impacted by OCD. Offering a safe haven with an OCD-informed approach, the ILC caters to those not yet ready for ERP treatment or facing access barriers. We are currently accepting new referrals.

Looking ahead to 2024, OCD North is dedicated to maintaining its status as a prominent force in the OCD domain. Our focus includes creating innovative opportunities to make gold-standard OCD treatment accessible to more Canadians. Moreover, we are excited about the ongoing development of our existing programs, such as the peer support program and virtual caregiver support group, ensuring free assistance for individuals, parents, and those on their journey to recovery from OCD.

THE OCD TREATMENT CENTER

THE OCD TREATMENT CENTER

1451 Quail St Ste 112
Newport Beach, CA 92660
(949) 774-4115

info@theoecdreatmentcenter.com
theoecdreatmentcenter.com

The OCD Treatment Center is proud to announce our new location in Newport Beach, CA, near John Wayne Airport. Our new space has five treatment rooms, which will help facilitate our growing intensive treatment program demands.

Additionally, we are excited to welcome aboard new team members to help us provide excellent care to the community and clients traveling from across the US and internationally.

OCD WELLNESS

15 Gallie Ct Ste 110
Barrie, ON, Canada L4M 7G1
(705) 417-3250

info@ocd-wellness.com
ocd-wellness.com

OCD Wellness is a Canadian-based treatment clinic which specializes in the treatment of OCD and related disorders.

OCD Wellness provides in-person treatment in Barrie, Ontario; Ajax, Ontario; and Longueuil, Quebec. We also provide virtual treatment to individuals residing in Ontario, New Brunswick, PEI, and Quebec.

OCD Wellness is accepting clients ages six and up.

We offer the following modalities:

- Exposure and response prevention therapy
- Habit reversal training
- Comprehensive behavioural intervention for tics
- Acceptance and commitment therapy

PALO ALTO THERAPY

407 Sherman Ave, Ste C
Palo Alto, CA 94306
(650) 461-9026

info@paloaltotherapy.com
paloaltotherapy.com

At Palo Alto Therapy, we specialize in cognitive behavioral therapy. With years of experience in the field of behavioral health, we've supported children, teens, adults, couples, and families to overcome anxiety, depression, OCD, panic, PTSD, and more. We offer both in-person and video appointments.

940 Saratoga Ave, Ste 240
San Jose, CA 95129

Our therapists provide OCD treatment with exposure and response prevention (ERP) and feedback informed treatment (FIT) to help clients feel relief.

We are hiring! We are hiring new therapists to create a quality team that will match the success of the incredible therapists that we already employ. If you happen to be, or know of any good candidates, please send them our way!

For more information on our individual, couples, and family, or video or in-person therapy; please feel free to contact us. Our care coordination team will help you find the right therapist for you.

PEDIATRIC ANXIETY RESEARCH CENTER (PARC)

1011 Veterans Memorial Parkway
East Providence, RI 02915
(401) 432-1469

jherren@lifespan.org
parcanxiety.org

The Pediatric Anxiety Research Center (PARC) is currently accepting patients across our service and research programs. PARC is insurance-based and provides evidence-based services for youth aged 5-18 with a primary concern of OCD and/or anxiety. Local housing accommodations at the Ronald McDonald House are available to families from out of state who are participating in the partial program. PARC's partial program was recently recognized by Bradley Hospital and the broader Lifespan Healthcare System for receiving the highest possible score in patient and family feedback about their experience in the program in 2023!

Also, we are excited to report that PARC recently expanded our outpatient team-based service line, IMPACT (Improving Access to Child Anxiety Treatment). This service line is a weekly treatment program for youth who would benefit from exposure-based CBT. IMPACT uses team-based care including a psychologist and exposure coach, under the supervision of a psychologist, delivering exposure therapy in home and community settings. Outcomes of this model using a telehealth adaptation were recently published in *Evidence-Based Practice in Child and Mental Health* (doi.org/10.1080/23794925.2023.2297873).

Please visit our website to learn more about PARC and see updates across our center!

THERAPY COMMUNITY

Institutional Member Updates *(continued)*

RENEWED FREEDOM CENTER FOR RAPID ANXIETY RELIEF

1849 Sawtelle Blvd Ste 710
Los Angeles, CA 90025
(310) 268-1888

info@renewedfreedomcenter.com
renewedfreedomcenter.com

Renewed Freedom Center is now interviewing doctoral students for the 2024–25 practicum year!

We are looking for doctoral students in search of an advanced practicum training site in Los Angeles, CA. Our practicum students must have a strong therapeutic foundation and are seeking highly specialized training in treating OCD and related disorders using ERP, CBT, ACT, and mindfulness. Previous ERP training is beneficial but not required and will be provided through weekly trainings and direct observations.

Our practicum students participate in weekly individual and group supervision, maintain a caseload of 8–10 patient hours, and take part in our IOP treatment teams. To apply, please send a resume/CV and cover letter to our director of training, Dr. Jennifer Lynch, at DrLynch@RenewedFreedomCenter.com.

ROGERS BEHAVIORAL HEALTH

34700 Valley Rd
Oconomowoc, WI 53066
(800) 767-4411

rick.ramsay@rogersbh.org
rogersbh.org

Rogers Behavioral Health now offers primary behavioral health partial hospitalization and intensive outpatient care.

In primary behavioral health, patients diagnosed with more than one mental health disorder receive a personalized treatment plan to help them understand their current coping strategies and how these strategies impact their mental health. Time is carved out each day for individual skills practice, which includes learning life skills, setting personal goals, and gaining tools to help each patient return to the life they enjoy. Skill development is guided by cognitive behavioral therapy strategies shared across behavioral activation, exposure and response prevention, dialectical behavior therapy, and acceptance and commitment therapy.

Primary behavioral health is currently available to adults in San Diego, CA; Hinsdale, IL; and St. Paul, MN. New locations and age groups coming soon!

Rogers continues to offer free monthly CE webinars on a selection of topics. For information on upcoming webinars as well as CE events across the country, visit rogersbh.org/events.

Find help using the IOCDF Resource Directory

New and improved features:

- Narrow your search by medication prescribers
- Find increased access to care with the addition of pre-licensed trainees
- Filter by your insurance plan
- Search for support groups OR treatment groups
- Expanded specialty area filters
 - *Veterans' Issues*
 - *Perinatal OCD*
 - *LGBTQIA+ Affirming*
 - *and more!*



iocdf.org/find-help

THERAPY COMMUNITY

**STANFORD TRANSLATIONAL OCD PROGRAM —
RODRIGUEZ LAB**

401 Quarry Rd.
Palo Alto, CA 94304
(650) 723-4095

ocdresearch@stanford.edu
med.stanford.edu/rodriguezlab

The Stanford Translational OCD program utilizes an interdisciplinary approach to find new treatments for patients suffering from OCD and hoarding disorder. We have many new exciting research studies and invite you to find out more by calling or emailing (ocdresearch@stanford.edu or clutterhelp@stanford.edu). We also invite you to follow us on Twitter and Facebook @RodriguezLabSU.

We are delighted to welcome Hannah Chou to our lab as an assistant clinical research coordinator.

We invite you to browse our renovated website: med.stanford.edu/rodriguezlab.

UPMC WESTERN BEHAVIORAL HEALTH

100 N Bellefield Ave
Pittsburgh, PA 15213
(412) 246-5600, option 2

sufrinla@upmc.edu
upmc.edu/services/behavioral-health

UPMC Western Behavioral Health wishes you all a happy spring! We recently opened our new perinatal OCD and anxiety IOP, and continued care in our general OCD IOPs we

offer. We are thrilled to be growing and offering expanded care to the Pittsburgh and greater Pennsylvania community. For services in any of our adult IOP and PHP programs, please ask your current mental health or medical provider to make a referral by contacting us at upmc.com/ioppreferral.

USF ROTHMAN CENTER FOR NEUROPSYCHIATRY

601 7th St S Ste 425
St. Petersburg, FL 33701
(727) 828-6420

rothmanctr@usf.edu
health.usf.edu/care/pediatrics/services-specialties/rothman

Our phone number has been changed due to our new affiliation with Tampa General Hospital — (727) 828-6420. We continue to offer in-person (at our St. Petersburg, FL clinic) and telehealth services (within Florida) for CBT/exposure therapy, CBIT/HRT, and psychiatry/medication management. Please call for a telephone intake with one of our team members. 📞

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THERAPY COMMUNITY

Exploring the Connection Between Loneliness and Hoarding

by Keong Yap, PhD, DPsych



Loneliness is a subjective negative emotion that people experience when there is a perceived lack of meaningful connection with others. For many people, it is a temporary feeling that motivates us to reach out to our friends, colleagues, and families.

However, some people experience severe and chronic levels of loneliness that persist over a long period of time. If this chronic loneliness is not addressed, it can have serious negative effects on psychological and physical health. Research has shown that loneliness is a cause of chronic physical health problems. It is estimated that being lonely is as harmful as smoking 15 cigarettes a day (Holt-Lunstad *et al.*, 2017), and people who are chronically lonely are more likely to develop depression and anxiety (Park *et al.*, 2020). There is also growing evidence that loneliness is associated with hoarding disorder and could cause hoarding disorder symptoms to become more severe (Burgess *et al.*, 2018; Yap *et al.*, 2020).

The idea that loneliness can increase hoarding problems is based on the observation that people who are lonely sometimes turn to inanimate objects for comfort (Winnicott, 1953). Personal belongings help people feel less lonely because they are linked to important memories and relationships. In addition, just as Chuck Noland (played by Tom Hanks) from the movie *Castaway* relied on Wilson the volleyball to cope with social isolation, people can imbue objects with human qualities and rely on them for companionship.

This emotional bond that people form with objects is called object attachment, and previous research has shown that object attachment is strongly related to hoarding disorder symptoms. People who have high levels of object

attachment find it harder to discard their possessions and are more likely to cling onto objects and be fearful of losing them (Kellett *et al.*, 2014; Norberg *et al.*, 2020).

High object attachment is a strong predictor of hoarding symptoms and is also one of the reasons why some people with hoarding disorder do not engage or respond to psychological treatment (Frost *et al.*, 2015). Even though they may want to deal with their cluttered homes, letting go of possessions can feel too distressing and too much like abandoning a child or a close friend due to the high object attachment. Therefore, they avoid tackling the hoarding problem and cling on tightly to their possessions even though it affects their wellbeing and relationships.

Instead of reaching out to other people when they feel lonely, people with hoarding disorder then turn to their possessions for comfort. These objects may be more predictable and reliable than other people, but objects cannot truly satisfy their need for meaningful social connections. A negative feedback loop can develop where they try to compensate for unmet relatedness needs by acquiring more things and clinging to their possessions, but this further increases the clutter, which then results in more social isolation (Mathes *et al.*, 2020; Yap & Grisham, 2021).

My PhD research focused on gaining a better understanding of object attachment with the hope that reducing object attachment can lead to better treatment outcomes for people with hoarding disorder. I reasoned that since loneliness is related to higher object attachment, we may be able to reduce object attachment by addressing loneliness in people with high hoarding symptoms. The 2020 IOCDF Michael Jenike Young Investigator Award funded my research to test out this idea.

HIGH LEVELS OF LONELINESS

Although there have been several studies showing the link between loneliness and hoarding, these studies were conducted in university samples or with people in the general community (Burgess et al. 2018; Yap et al., 2020). It is possible that by relying on objects for comfort and companionship, people with hoarding disorder can cope with isolation and do not experience higher levels of loneliness. Further research was therefore needed to confirm the association between loneliness and hoarding in people with hoarding disorder.

To find out whether people with hoarding disorder have high levels of loneliness and whether hoarding is associated with loneliness, I first asked 39 people who were seeking treatment for hoarding disorder to complete a well-validated measure of loneliness (The UCLA-Loneliness Scale – Version 3, Russell, 1996). I found that all 39 participants reported feeling lonely, and that 87.4% had severe levels of loneliness. Furthermore, I found a positive correlation between loneliness and hoarding — that is, those with higher levels of loneliness reported greater hoarding severity.

To ensure that this finding was reliable, I conducted a second study where I crowdsourced a large group of participants to complete an online survey. Using clinical cutoffs for the Hoarding Rating Scale (Nutley et al., 2020), I identified a high hoarding group ($n = 305$) comprising people with clinical levels of hoarding symptoms and a low hoarding group ($n = 775$) comprising people with low or no hoarding symptoms. Similar to the first study, I found that loneliness and hoarding were positively correlated and that most participants in the high hoarding group (77.7%) had severe levels of loneliness. This was significantly higher than the low hoarding group where only 36.8% reported experiencing severe loneliness. As I had a large sample size, I was also able to control for the effects of other factors that influenced loneliness. I found that the association between loneliness and hoarding remained significant even after controlling for age, gender, marital status, and depression.

These studies showed that loneliness was indeed a problem for most people with hoarding disorder and that loneliness is associated with more severe hoarding (Yap et al., 2023). However, I could not conclude that loneliness causes hoarding because the studies were correlational studies which only assessed loneliness at one time point. It is possible that the positive correlation between loneliness and hoarding was purely because hoarding results in greater social isolation. To find out whether reducing loneliness can reduce object attachment, I needed to conduct another study with an experimental design where I randomly assigned participants to either a loneliness intervention or control condition.

REDUCING LONELINESS

To test whether a decrease in loneliness can lead to a reduction in object attachment, I developed a brief online loneliness intervention using psychoeducational material from previous research studies (Morabito et al., 2020; Short et al., 2019). The intervention involved short video clips that challenged myths about social connection and recommended simple strategies to participants to reach out and connect with other people. I recruited 298 people who were pre-screened for high levels of hoarding symptoms and assessed their levels of loneliness, hoarding, and object attachment. They were randomly assigned to either the online loneliness intervention or a control condition (which involved an online health education program about healthy eating, exercise, and sleep). After two weeks, I reassessed their levels of loneliness, object attachment, and hoarding. I hypothesized that there would be a significantly greater decrease in levels of loneliness and object attachment in participants who were assigned to the loneliness intervention compared to the health education program.

The results partially confirmed the hypotheses and showed that people who took part in the loneliness intervention had slightly lower levels of loneliness after two weeks compared to the control condition. Importantly, there was also a significant decrease in their object attachment to new items in the loneliness intervention group. However, there were no differences between groups in object attachment for old items and personal possessions, nor were there differences in hoarding severity. Finally, I also found that an improvement in loneliness was related to improvements in object attachment and hoarding severity in the whole sample.

These findings show that reducing loneliness in people with hoarding problems could help them feel less attached to new items and may therefore make it easier for them to let go of newly acquired possessions or to resist acquiring new things. However, reducing loneliness did not significantly reduce their attachment to old possessions. It may be that there was no effect on old possessions because the intervention that I developed for the study was a brief online intervention rather than an established treatment for chronic loneliness. As a result, the improvements in loneliness were weak. Perhaps a more intensive loneliness intervention with a longer follow-up period would result in more improvements in object attachment.

To address these limitations, I have modified the loneliness intervention and included weekly phone consultations to assist participants in engaging with activities that address social isolation, as well as extended the follow-up period to two months. I have completed data collection for the pilot study with a small group of people with hoarding disorder and hope to report the results in the future.

RESEARCH NEWS

Exploring the Connection Between Loneliness and Hoarding *(continued)*

CONCLUSION

My research findings show that loneliness is an important factor in understanding hoarding problems and is consistent with the idea that people with hoarding disorder turn to objects to compensate for their need for social connection. However, the significance of these findings should not be overstated. Hoarding disorder is a complex problem and while reducing loneliness can have an impact on object attachment, it is not a standalone treatment for hoarding problems. My research nevertheless indicates that future research should examine whether addressing loneliness in addition to current cognitive-behavioural treatment for hoarding can improve hoarding treatment outcomes. ①



Keong Yap is a clinical psychologist and an Associate Professor in the School of Behavioural Sciences at the Australian Catholic University. He recently completed his PhD thesis titled *Object Attachment and the Compensatory Process in Hoarding Disorder at the University of New South Wales* under the supervision

of Prof Jessica Grisham. You can contact him by email at keong.yap@acu.edu.au.

ACKNOWLEDGEMENTS

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Research Participants Sought

The IOCDF is not affiliated with any of the following studies, although we ensure that all research studies listed on this page have been reviewed and approved by an Institutional Review Board (IRB). The studies listed include online and in-person studies in the US and abroad.

If you are a researcher who would like to include your research listing in the *OCD Newsletter*, please email Boris Litvin at blitvin@iocdf.org or visit iocdf.org/research.

Neural mechanisms of perceptual abnormalities and their malleability in body dysmorphic disorder (VISMOD)

Are you very concerned about any specific parts of your face?

Are you spending much of your day thinking about your appearance?

Are you avoiding mirrors or spending a lot of time looking in the mirror?

If you answered "Yes" to any of these questions and are 18 to 40 years old, you may be eligible to participate in a research study at CAMH in Toronto involving: 4 study visits, a diagnostic evaluation and 2 MRI scans.

You will be compensated for your time.

To participate or for more information, visit https://bbp.lab.utoronto.ca/html/bdd_project.html

Join Our Research Study: Understanding the Journey of Caregivers for Individuals with OCD

Dear Caregiver,

I hope this message finds you well. I am writing to invite you to participate in an important online survey titled "Exploring the Relationship Between Duration of Caregiving and Quality of Life, Caregiver Burden, and Prevalence of Psychiatric Disorders in Caregivers of Individuals with OCD." Your unique experiences and insights are invaluable to us.

What is the Survey About?

This survey is part of a research study aimed at understanding the challenges faced by caregivers like you. We are particularly interested in exploring how the time you dedicate to caregiving impacts your quality of life, the burden you might feel, and the prevalence of any stress-related psychiatric conditions. Your participation could be instrumental in shaping better support systems and resources for caregivers.

Who Can Participate?

If you are currently over 18 and a caregiver for someone with obsessive-compulsive disorder (OCD), we would be grateful for your participation. Your experiences, both challenges and triumphs, in this caregiving journey are crucial for our study.

What Will I Need to Do?

Participation involves completing an online survey that should take approximately 10-12 minutes. The survey includes questions about your caregiving experiences, your well-being, and any stress you may be experiencing. Rest assured, your responses will be confidential and anonymised and will contribute significantly to our understanding of caregiver experiences.

Why Should I Participate?

Your input will provide valuable insights into the caregiving experience and help identify key areas where caregivers need more support. By sharing your story, you can contribute to research that may improve the lives of countless caregivers.

How Do I Participate?

To participate, simply click on the link below.

https://wolverhamptonpsych.eu.qualtrics.com/jfe/form/SV_7WzcrpzHpAN4cgm

Thank You.

We deeply appreciate your consideration to participate in this study. Your voice matters, and your experiences can make a real difference in the lives of caregivers and the ones they support.

If you have any questions about the study, please contact lead researcher A.cowpar@wlv.ac.uk. Or her supervisor G.roberts11@wlv.ac.uk

Warm regards,

Alison Cowpar

Lead researcher

A.cowpar@wlv.ac.uk

Wolverhampton University.


An initial test of prototype mobile app interventions for decluttering

The MAP Lab at Mississippi State University is running an online study testing whether two prototype mobile apps can help people with clutter and/or hoarding problems to declutter. You might be interested in this study if you have difficulty letting go of belongings or feel like you have a lot of clutter. Participation involves completing 3 online surveys over the next 8 weeks, and being randomly asked to either use a prototype mobile app (by responding to brief questions and engaging in writing exercises twice daily) for four weeks, or being asked to wait for 8 weeks before using one of the prototype apps.

To be eligible you must be 18 or older, live in the US, own an iOS or Android mobile device (such as a smartphone or tablet), and have significant problems with clutter and/or hoarding.

You can find out more about the study at

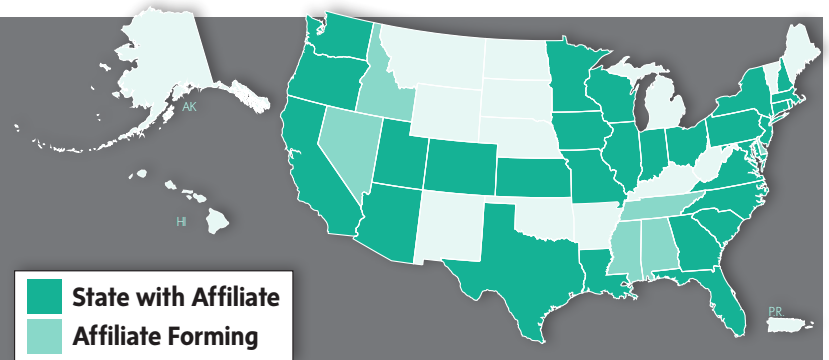
<https://maplab.squarespace.com/writing-app>.

Participating is completely voluntary, and you can withdraw from the study at any time. This study has been reviewed by the Mississippi State University HRPP/IRB, is designated IRB-23-253, and has been granted an Exemption Determination. The principal investigator is Dr. Jennifer Krafft (jek299@msstate.edu). Please contact Natalie Tadros (nt546@msstate.edu) with any questions. 

FROM THE AFFILIATES

Affiliate Updates

Our Affiliates carry out the mission of the IOCDF at the local level. Each of our Affiliates is a non-profit organization run entirely by dedicated volunteers. For more info, visit: iocdf.org/affiliates



OCD ARIZONA ocdaz.org

After operating with two board members while the affiliate got up and running, OCD Arizona is happy to announce the addition of three additional board members: Jennifer Dvoskin, PsyD (Treasurer), Kimberly Theissen, PsyD (Secretary), and Nikki Schulndt, LPC (General Board Member)! We are looking forward to working together to grow our resources in Arizona, and we hope to create more opportunities for community events and education for providers and the public.

OCD CENTRAL & SOUTH FLORIDA ocdcsfl.org [Facebook.com/OCDCSFL](https://www.facebook.com/OCDCSFL)

On behalf of OCD Central and South Florida, we hope everyone had a happy and healthy start to 2024!

We are already beginning to plan a year of fun and informative events. Our first event, held on March 3rd in Miami, FL, focused on supporting South Florida's Hispanic Community in overcoming Anxiety and OCD. This educational day was split into two scheduled sessions:

- 1) A session for families and those with lived experience, which will be held in Spanish, and
- 2) A session on tips and tools for clinicians who work with Hispanic youth, adolescents, and families in providing treatment for OCD and Anxiety (3 CE's will be offered in collaboration with Florida Psychological Association).

We look forward to raising awareness and highlighting resources in our community.

We are also gearing up for some other annual events, and of course, preparing to support the IOCDF at the Annual IOCDF conference, which will be held in Orlando, FL, this summer.

Check out our website for new and exciting updates!

OCD CENTRAL & SOUTHERN CALIFORNIA ocdsocal.org [Facebook.com/OCDSocal](https://www.facebook.com/OCDSocal) [@ocdsocal](https://www.instagram.com/ocdsocal)

Under President Melissa Mose's leadership, the Board members of OCD Southern California held a strategic planning meeting at the start of the year to plan the events we will offer for 2024 to serve our local community. These events can be found on our website. Additionally, we discussed ways to expand our reach in our catchment area.

OCD SoCal's first event of the year is our in-person April Speakers Series. Our Orange County Speakers Series event will be held on Saturday, April 6th, at 10 am. The location is the Marriott 500 Anton Blvd, Costa Mesa, CA 92626. On Sunday, April 7th, we will hold our Inland Empire and Santa Barbara Speakers Series events. On Saturday, April 20th, we will have a Speakers Series event in San Diego. Then, our last in-person event will be in Los Angeles on Sunday, April 21st. For those who can not attend our in-person Speakers Series, we will hold our virtual Speakers Series on Saturday, May 11th, at 11 am PST.

OCD CONNECTICUT ocdct.org [Facebook.com/OCConnecticut](https://www.facebook.com/OCConnecticut) [@ocdct](https://www.instagram.com/ocdct)

In April 2024, board members of OCD Connecticut, along with Christina J. Taylor, PhD, OCD Connecticut Clinical Board Advisor, will be presenting a roundtable, "Barriers to Getting Good Help for OCD: Consumers and Advocates Speak Out" at the ADAA Annual Conference in Boston, MA. The board members will discuss their first-hand experiences with OCD and their journey to activism. Discussion with the audience will focus on the development of comprehensive strategies to expand access to expert care for OCD, including education, research, activism, and lobbying.

As we continue our statewide mission of education and outreach, we intend to hold events this year to raise awareness and educate the community about OCD. Virtual and in-person sessions will be considered.

OCD JACKSONVILLE ocdjacksonville.com

OCD Jacksonville is proud to welcome Jeffrey Murnin to our Board. Jeff has been a volunteer with OCD Jax for several years and is a regular attendee of our Family & Loved Ones Support Group as the spouse of someone living with OCD.

OCD LOUISIANA ocdlouisiana.org [Facebook.com/ocdlouisiana](https://www.facebook.com/ocdlouisiana) [@ocdlouisiana](https://www.instagram.com/ocdlouisiana)

OCD Louisiana, in partnership with Rise Center for OCD and Anxiety, is thrilled to announce the launch of Courageous Campers this July! This one-week therapeutic summer camp is made possible by the generous grant-funding of JACK Mental Health Advocacy (MHA)'s Plant a Summer Camp Program and sponsorship by Dufrene

FROM THE AFFILIATES

Surveying and Engineering. Courageous Campers is designed exclusively for children and adolescents, ages 8 to 15, navigating anxiety and OCD. Our unique program seamlessly blends summer camp fun with evidence-based interventions, allowing campers to conquer fears and break free from the cycle of anxiety. Applications are now open at riseocdandanxiety.com/courageous-campers.

Want to help support Courageous Campers? Every contribution, regardless of its size, will help us provide an empowering experience for these extraordinary campers and keep costs low for families. Visit ocdlouisiana.org for more information.

OCD MIDATLANTIC

ocdmidatlantic.org
Facebook.com/OCDMidAtlantic
 @ocdmidatlantic

OCD MidAtlantic is excited about resuming our monthly OCD 101 virtual events in Feb. 2024. Dr. Magda Rodriguez talked about Misophonia on Feb. 26. Please check the website (ocdmidatlantic.org) for more information about future events, and to sign up. We'll be sharing more information via social media and our mailing list in the near future and look forward to seeing you in the coming months!

We do still have 1 or 2 more spots for board members and would especially like to invite individuals with OCD and/or family members to join us. Please email us through the website if you are interested in getting involved.

OCD MIDWEST

ocd-midwest.org
Facebook.com/OCDMidwestAffiliate
 @ocdmidwest

OCD Midwest is excited to announce that we will soon have a new website! The new website will showcase what we are up to, resources, events, case consult groups, blogs, and how to get involved. Stay tuned!

Also, at the end of August, our board member Joanna Hardis, MSSA, LISW-S, released her book called, *Just Do Nothing: A Paradoxical Guide to Getting Out of Your Way*. It was an editor's pick at Booklife, 5 stars by the Los Angeles Review of Books, and recommended by Kirkus.

OCD MISSOURI

ocdmo.org
 Facebook: OCD Missouri
 @ocdmisouri

OCD Missouri is up and running! After experiencing the McDonnell Planetarium at the St. Louis Science Center lit up teal for OCD Awareness week and promoting a local grassroots walk and mini-conference last year, we look forward to our first full year of being an official IOCDF affiliate. We are excited to advocate for and support the residents of Missouri. Board members Beth Brawley, Shanda Curiel, Allie Wilson, and Angela Springer invite you to stay updated with our upcoming events; visit our website at www.ocdmo.org and leave your email address. See you around!

OCD NEW HAMPSHIRE

ocdnewhampshire.org
Facebook.com/OCDNH
 @ocd_new_hampshire

OCD New Hampshire kicked off 2024 with the return of our Virtual Speaker Series on January 23rd. Guest Speaker Jennifer Rose shared the inspiring story of her personal recovery journey. Jennifer provided a Q&A with participants, and we are grateful to her for creating this opportunity for participants to learn more about OCD from someone with lived experience.

Our Executive Board is in the process of electing and voting on new officer positions, including the addition of committee chairs for fundraising, clinician training, and community outreach.

We are looking forward to the growth of our organization and its offerings in 2024!

OCD NEW JERSEY

ocdnj.org
Facebook.com/OCDNewJersey
 @ocd_newjersey

OCD New Jersey will hold its annual conference at the Westwood in Ridgewood, NJ on February 25, 2024, featuring invited guest speaker, Michael Heady, MA, LCPC, who will present "Inference-Based CBT: A New Hope for OCD." Individuals will also discuss their lived experiences with OCD and related disorders in a "Living with OCD" panel session, moderated by discussant, Marla Deibler, PsyD, ABPP. We look forward to our return to an in-person OCD NJ annual conference and invite you to join us. Details and registration can be found at OCDNJ.ORG.

OCD PENNSYLVANIA

ocdpennsylvania.org

OCD Pennsylvania is excited to start the New Year with a wonderful board and great initiatives. We had 3 long term board members step down to make room for new board members! We are so excited to have the talent and expertise of the board working on our programs!

We are planning to partner with public service staff to develop education which will increase awareness, knowledge and skills. We have also started meet and greet programs across the state for individuals with OCD to interact with others. We continue to run walks in four different areas of Pennsylvania and provide Zoom access for a support group of parents of adult children with OCD.

OCD RHODE ISLAND

ocdri.org
Facebook.com/OCDRhodeIsland
 @ocdrhodeisland

OCD Rhode Island had a lovely time at the annual One Million Steps for OCD Walk on June 3rd. In August and September, members of the local support group got together for a social gathering, where snacks and beverages were donated by OCDRI. Bradley Hospital's OCD Program invited us to participate in their annual reunion this fall, where we helped raise awareness about OCD, our programming, and support groups. On Halloween evening, we had our benefit night at the Flatbread Company in Providence, RI. Many came out and supported us — thank you! We want to

FROM THE AFFILIATES

remind anyone in need of OCD support, that there is a support group available to adults — it remains virtual at this time. The group meets on the 3rd Wednesday of each month and has 2 peer facilitators. If interested in joining the support group, please contact Barbara Ann at this email: barbaraannborden@gmail.com. To keep yourself updated with OCDRI, please follow us on Facebook and Instagram, or visit our website.

OCD TEXAS

ocdtexas.org
[Facebook.com/ocdtexasforsure](https://www.facebook.com/ocdtexasforsure)
[@ocd_texas](https://www.instagram.com/ocd_texas)

The 1 Million Steps 4 OCD Walks is quickly approaching — stay tuned for information about the walks! We are actively recruiting volunteers to chair walks in Austin, Dallas, Houston, and San Antonio. The walks promote community engagement and are meaningful events for the community. Please contact volunteer@ocdtexas.org if you would like to be involved.

Congratulations to the education committee for earning the APA accreditation certification for CEs. OCD Texas is excited to sponsor CEs for for psychologists! Check our social media for upcoming learning opportunities.

Thank you to Rev. Katie O'Dunne for sponsoring a treatment scholarship. OCD Texas is working to put together a treatment fund for individuals seeking treatment. Stay tuned for more information.

OCD WASHINGTON

ocdWASHINGTON.org
[Facebook.com/ocdWASHINGTON](https://www.facebook.com/ocdWASHINGTON)
[@ocd_washington](https://www.instagram.com/ocd_washington)

Hello and happy spring from OCD WA! We are excited to be partnering with OCD Oregon for art auction event to increase awareness about OCD. OCD WA hosts ongoing quarterly professional meetings online. We are excited to have a new volunteer Sara Weber joining us! We are looking for an IT technician and Social Media manager. And we always would love to have more volunteers. Join us — contact us if interested! Our website is currently under construction and will be ready soon! Please check back. In the meantime, check us out our Facebook page or follow us on Instagram. 📍

WAYS TO GIVE

There are numerous ways to give back and support the IOCDF's mission, ensuring that no one affected by OCD and related disorders suffers alone. Whether it's joining our Stakeholder and Legacy societies, creating a tribute page or birthday fundraiser, or exploring tax-smart options like stock/crypto, DAFs, and QCDs, there are choices available for everyone!

Learn more at
iocdf.org/waystogive



International
OCD
Foundation

