

Mark Your Calendars: OCD Awareness Week 2012



The Sheraton in Boston's historic Back Bay.

The International OCD Foundation will be sponsoring the 4th Annual OCD Awareness Week from October 8-14, 2012, culminating in our “Night to Believe” event in the Sheraton Ballroom in Boston. OCD Awareness Week is used as a vehicle for support, advocacy, and education to help build awareness and reduce stigma surrounding obsessive compulsive disorder (OCD) and related disorders and to help encourage individuals and families to seek treatment.

The IOCDF is partnering with its Affiliates, Global Partners, Scientific and Clinical Advisory Board members, and Speakers Bureau to come together to educate our communities and the public as a whole about OCD and related disorders. Our goal is to create a series of different events all around the globe that raise awareness of OCD and effective treatment. In the past few years some of the Affiliate and Global Partners’ activities have included:

- Individual lectures or a lecture series throughout the week
- Full day conferences
- Q&A sessions with leading experts
- Free assessments and screenings at OCD specialty clinics
- Information booths
- Storytelling events
- Media outreach

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PHOTO ALBUM: 19TH ANNUAL IOCDF CONFERENCE IN CHICAGO

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The International OCD Foundation (IOCDF) is a not-for-profit organization whose mission is to educate the public and professionals about OCD in order to raise awareness and improve the quality of treatment provided; support research into the causes of, and effective treatments for, OCD and related disorders; improve access to resources for those with OCD and their families; and advocate and lobby for the OCD community.

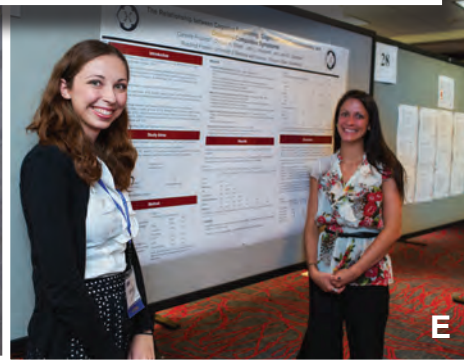
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DISCLAIMER:

IOCDF does not endorse any of the medications, treatments, or products reported in this newsletter. This information is intended only to keep you informed. We strongly advise that you check any medications, products or treatments mentioned with a licensed treatment provider.



Read more on page 6!

A) Denis & Judy Asselin (center) with IOCDF Board President Denise Stack (left) and Board Member Shannon Shy (right), B) Liz giving her Keynote Address, C) Alec Pollard introduces Dean McKay (left) at the Advanced Therapy Training Institute session D) Presenter Eric Storch, PhD, and his father, Henry, at the Speakers' Reception, E) Researchers Caroline Prouvost and Chelsea Wilkes present their poster during the Research Poster Q+A, F) Dr. Wayne Goodman accepting the Career Achievement Award, G) Mark Pfeffer and Piero Procaccini lead a discussion in the Improv Workshop, H) Dr. Michael Jenike with former IOCDF Board President Diane Davey.

FROM THE FOUNDATION

Letter from the President

Dear Friends,

I recently returned from our 19th Annual Conference in Chicago. The Conference is always my favorite IOCDF program and this year, I was excited to see that it was also our most well-attended conference to date. While there, I met so many wonderful people who expressed sincere gratitude for their experiences at the conference. Across the board, attendees felt a unique and deep sense of community and support, and appreciated the opportunity to learn from well-respected leaders in the field. As President of the Board of Directors and Co-chair of the Conference Planning Committee, I felt satisfied that, yet again, the IOCDF Conference offered quality OCD education to the public and professionals and provided access to resources for people affected by OCD.

After my own moving experiences at the Conference, I reflected on the strength and effectiveness of the IOCDF and the significant impact it has on many lives. I was reminded that the organization has been built and fortified, in large part, by those who have a desire to “give back” and believe that we help ourselves by helping others. Our national spokesperson, Jeff Bell, describes this as an opportunity to transform adversity into advocacy.

Using adversity as a platform for advocacy was an ever-present theme at the conference. Many of the speakers—including our Keynote speaker, Liz—shared their stories of struggle and successful recovery and how they are now working to help others. Attendees also had the opportunity to record personal “Messages of Hope,” to share with others affected by OCD and to participate in interviews about their experiences at the Conference to help make others aware of the resources available at the Conference and through the IOCDF. In addition, many of our support groups were run by those who, at one time or another, had benefited from support groups themselves.

This past spring I was also reminded of this formidable and driving force within the IOCDF community. I was personally deeply moved by the courageous pilgrimage of Denis Asselin, who walked from Philadelphia to Boston in honor of his son who committed suicide at the age of 24 after a long struggle with Body Dysmorphic

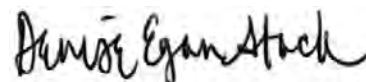
Disorder (BDD). Along the way, he raised awareness about OCD and related disorders and collected donations to support IOCDF programming. Denis exemplifies the idea of taking a personal tragedy, and turning it into an opportunity to build awareness, raise funds, and ultimately, help others around him. I hope he is an inspiration to others to do the same. To date, his walk and his advocacy efforts have raised \$25,000 for the Foundation, and will help us to expand our BDD resources, and fund more research on this devastating disorder.

Your overwhelming response to our Memorial Day appeal is yet another example of turning adversity into an opportunity to help others. Due to the generosity of almost 500 donors, we have raised over \$30,000 to date. IOCDF programs are funded, in entirety, via gifts from individual donors. We do not rely on corporations, pharmaceutical companies, or government agencies, allowing us to truly focus our efforts on the areas of importance identified by you, our membership. And, most importantly, this gives us the freedom to recommend only the most sound research-based treatment options.

The IOCDF is truly unique in that it takes so little to make an impact. Whether it's a small donation when you can spare it, or the organization of a grassroots fundraising drive (see page 8 for more information), or the creation of a local event to coincide with OCD Awareness Week (see pages 1 and 4), every little bit helps to raise awareness about OCD, the IOCDF, and the resources available to those who need help.

As I conclude this letter, I'd like to ask you all: how can you use your own experiences with OCD and related disorders to help others and/or get involved? How do you choose to turn your adversity into advocacy?

Sincerely,



Denise Egan Stack, LMHC
President, IOCDF Board of Directors

FROM THE FOUNDATION

2012 OCD Awareness Week Plans *(Continued from front page)***OCD Awareness Week Contest and Event**

Last year, four individuals with OCD were honored for their creative expressions about living with OCD during the International OCD Foundation's "A Night to Believe" event. This event was the signature event capping off a nation-wide effort to raise awareness of OCD during OCD Awareness Week. IOCDF members selected the winners from a pool of applicants, and the winners were flown out to Boston to join us for this unforgettable event, which was then broadcast to our Affiliates and Global Partners around the world.

One of the winners, Kendra Mattozzi, who has been battling OCD since her childhood, had this to say about her decision to open up about her own OCD. "To others who are going through a difficult disorder, I would say if it is hindering your day-to-day activities and you are really unhappy, talk to someone. If that person is a family member, friend, teacher or doctor, then fine. Find someone who you are comfortable talking to and who you can confide in. That's what I did and I found that talking about it made it easier to deal with," said Kendra following the event. To view Kendra's winning animation entry from last year, visit: <http://www.youtube.com/IOCDF>

Entrants into the contest can submit an entry about their experiences related to OCD in four different categories:

- Painting/Photograph
- Creative Writing (Personal story, poetry, or fiction)
- Video (Short film, animation, etc.)
- Music/Song

Whether an individual with OCD, or a friend or family member of someone with OCD or a related disorder, this contest is an opportunity to share a piece of art, music, writing, or other creative effort that helps people tell their OCD story.

Up to 5 finalists from each category are posted on our website for the public to vote on. Winners will be announced in mid-September and will have transportation to Boston and hotel accommodations paid for by the IOCDF for the October 13th "A Night to Believe" event.



Mystery Almond, Winner of the 2011 Awareness Week Contest for her Poem, "Special and Proud," and IOCDF Executive Director, Jeff Szymanski at the 2011 "A Night to Believe" Event.

"I was diagnosed with OCD at age 5. It was hard to tell my friends because I thought they might not like me anymore. Some didn't but the ones who stayed are my best friends. When I first started going to therapy, I was scared. Now I'm used to it and it helps me a lot. To those who have been diagnosed, don't think you have changed — you are still you. Find someone to help you like I did and you'll come a long way."

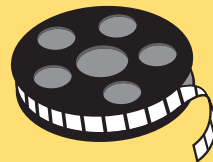
– Mystery Almond, Age 10

Get Involved

In addition to voting, this is an opportunity for those of you in the Foundation community to get involved. Contact your local IOCDF Affiliate, attend an OCD Awareness Week activity, write a "letter to the editor" of your local newspaper, or start an email campaign. Maybe it is time to reach out to your local school system and educate them about OCD. Are you using social media? Donate your Facebook status or use the Twitter hashtag #OCDweek and get a conversation about OCD started! ■

For more information about the contest and other Awareness Week activities, please visit:
www.ocfoundation.org/awareness2012

VOTE!



Our OCD Awareness Week Event Needs Your Vote!

IOCDF members and others affected by OCD have entered their creative works into our "A Night to Believe" contest for a chance to travel to Boston and share their works as part of OCD Awareness Week in October. You can help by visiting our website and voting on their entries.

www.ocfoundation.org/awarenessweek

Vote on submissions in:

- **Painting/Photography**
- **Poetry/Short Stories**
- **Video/Animation**
- **Music**



FROM THE FOUNDATION

A Look Back: 19th Annual Conference in Chicago, July 27–29, 2012

Thank you to all of our attendees and presenters at this year's 19th Annual IOCDF Conference, held July 27–29 at the Chicago Marriott Downtown Magnificent Mile. With a record number of attendees —1,175 — and many exciting new offerings, we felt this was one of the best Conferences to date.

As has been the case in the past few years, this year's Conference featured over 100 workshops and two dozen support groups aimed at the various different audiences who attend our Conference, from adults, kids, and teens with OCD, to family members, friends, researchers, and therapists. The Conference began with an intensive 2-day treatment program run by Dr. Reid Wilson, co-author of *Stop Obsessing!*, and author of *Don't Panic!* This allowed individuals with OCD to access specialized treatment, and also served as a training opportunity for therapists who were able to observe the two-day program. A big thank you to Dr. Wilson for generously donating all of the registration funds back to the IOCDF.



Dr. Reid Wilson and family at the Speakers' Reception.

Being in Chicago also gave us the chance to partner with The Second City, the world-famous comedy theater and school of improvisation. Together with Mark Pfeffer, MS, Director of the Panic/Anxiety Recovery Center, The Second City presented a 3-hour "Improv for Anxiety" workshop for approximately 100 individuals with OCD and related disorders, family members, and professionals.

After a session that included a number of improv games led by Second City performers (and lots of laughs), Mark Pfeffer discussed the therapeutic benefits of improv and how to apply these lessons in everyday living.

For the first time, we were also able to offer a Spanish-speaking mini-track during the Conference. The track included two sessions on the diagnosis and treatment of OCD and related anxiety disorders, followed by a support group for Spanish-speaking individuals. Early feedback from attendees at the Spanish workshop showed that the program was much-needed, and was a big success for those who attended. We hope to continue to expand our outreach into underserved communities at the Conference in future years.

Some of the most enjoyable experiences of the Conference were had by the kids and teens in attendance. When not in a workshop specifically designed for them, they were able to take advantage of our Kids and Teens Art Therapy Rooms. On Saturday, they were also able to work with the hotel chefs to make cookies (see photo, left), cupcakes, and pizzas for the Saturday Night Social, which were a huge hit! After the Saturday Night Social, some of the kids and teens also joined therapists from the NeuroBehavioral Institute for their Karaoke & Fashion Show where all of the kids got an ERP-



FROM THE FOUNDATION

based makeover, participated in the OCD Fashion Show Contest, and sang some karaoke. To see photos of some highlights from all of these activities, flip to the “Kids & Teens Conference Scrapbook” on the back cover.



Career Achievement Award Winner, Dr. Wayne Goodman, with Joy Kant, winner of the Patricia Perkins Service Award.

Finally, a big congratulations to Wayne Goodman, MD, a co-founder of the International OCD Foundation, and leader in the field of psychiatric disorders. He was the recipient of this year's IOCDF Outstanding Career Achievement Award.

Dr. Goodman has a long track record of research, having published more than 250 articles while also serving on the editorial board of several medical journals. Dr. Goodman's research has helped to increase our understanding of OCD as well as the neurobiology and treatment of OCD. He is also the principal developer of the Yale-Brown Obsessive Compulsive



Our 2012 Keynote Speaker, Liz, with IOCDF National Spokesperson, Jeff Bell, at the Saturday Night Social.

Scale (Y-BOCS), the gold standard for assessing OCD. A well deserved accolade for Dr. Goodman. Congratulations!

Thank you to everyone who came out to the conference in Chicago, and please join us in 2013 for our 20th Annual Conference in Atlanta, GA. More details to follow in the coming months! ■

Mark your calendars...

Atlanta

Annual Conference July 19-21, 2013



FROM THE FOUNDATION

Think Global, Act Local: Grassroots Fundraising and Awareness-Building in Your Community

There are many ways in which you can support the mission of the International OCD Foundation and help increase awareness about OCD and related disorders, starting in your own backyard. We hear often from members around the country who want to share with us the amazing work they are doing to help raise funds to support our work at the grassroots level: from holding a 5K walk, baseball, or kickball tournament, running in a marathon, hosting a house party or awareness reception, or by making a donation in honor of a friend or family member with OCD.

The IOCDF sincerely thanks and applauds all of the dedicated donors who are raising vital funds to support the Foundation's work and help promote awareness about OCD and related disorders in their community!

While many of you have started these programs on your own, we also hear often from people who want to know what they can do to help. To this end, we at the International OCD Foundation want to make sure that our members and donors have the support they need to create these life-changing local programs and fundraisers. Because that is how awareness building about OCD really begins: by telling our friends and neighbors, who tell their friends and neighbors, and on and on.

What is grassroots fundraising?

'Grassroots fundraising' is fundraising that happens outside the scope of a nonprofit's operations. It is when an individual, like you, decides to raise funds for the IOCDF with the help of family and friends. Some like to think of this as "Do It Yourself," or DIY, fundraising. There are a number of ways to go about grassroots fundraising—the possibilities are endless and are only limited by your imagination. Leverage your talents and see how creative your fundraising can get! A few examples include:

- Run a 5k-road race or marathon and name the IOCDF as your charitable beneficiary
- Have a neighborhood garage sale—gather the proceeds and make a gift to the IOCDF
- Have a special life event, such as a birthday or anniversary, coming up soon? Ask your friends to make a donation to the IOCDF in lieu of gifts.

- Host a House Party for your friends and loved ones and raise funds for the IOCDF

House parties, in particular, are a great way to put a personal face on OCD, while also helping raise funds to support the IOCDF. We recently released a "House Party Guide" at the IOCDF Conference in Chicago, as a way to help with all of the ins and outs of planning such an event. If you'd like to download a free copy of the guide, please visit: <http://www.ocfoundation.org/houseparty>.

There are many everyday moments that can be transformed into an opportunity to raise both OCD awareness and funds. Events such as birthdays, anniversaries, and other gift-giving moments are fantastic opportunities to ask for donations to help support the important work of the IOCDF. Poker nights, informal wine tastings, and sporting events can all be converted into grassroots fundraising opportunities as well. We are sure you can think of some more!

If you would like to host a grassroots fundraising event for the Foundation, we'd love to help. Please contact Jeff Smith, Director of Development, at 617-973-5801 or email him at jsmith@ocfoundation.org. ■



Log on to our website today to download a free PDF of "A Fundraising House Party Guide" to help you get started in planning your own grassroots fundraising event.

Get tips about:

- Invitations
- Social media
- Party themes
- And more

<http://www.ocfoundation.org/houseparty>

A Night to Believe

Saturday, October 13, 2012

Back Bay Ballroom at the Sheraton Boston

“A Night to Believe” Gala & Silent Auction is coming up next month as part of OCD Awareness Week, and we need your assistance to make this event a success!

Even if you don't live in the Boston area, you can make a tax-deductible contribution that will help the Foundation and continue to help make life better for individuals with OCD and their families.



Past donations have included items such as:

- **Gift cards to popular restaurants and stores**
- **Use of your vacation home or timeshare for a weekend or week**
- **Whale-watching trips or sunset cruises**
- **Golf course gift certificates**
- **Artwork**
- **Autographed sporting collectibles**
- **Airline or hotel travel vouchers**



In addition to supporting the IOCDF, you'll benefit from exposure of your company's name to the estimated 300 people who will attend the event. Donors will be listed on the event program, and the merchandise you give will be on display through the event.

Please consider donating an item to support the continued work of the IOCDF. For more information, please contact Jeff Smith at 617-973-5801 or via email at jsmith@ocfoundation.org

FROM THE FOUNDATION

2012 IOCDF Grant Award Winners

The International OCD Foundation is committed to finding and promoting the most effective treatment methods for all individuals with OCD. Research is vital to better understanding OCD and related disorders, and to improving treatment. As such, the IOCDF awards research grants to promising studies thanks to generous donors from within the IOCDF community. This year, a total of over \$135,000 was raised. Thank you to all who contributed!

The IOCDF received 37 proposals for our 2012 Research Grants, which were reviewed by the Grant Review Committee led by Sabine Wilhelm, PhD, Vice Chair of the IOCDF Scientific Advisory Board. Recommendations by this committee were submitted to the IOCDF Board of Directors who made the final selection. Thank you to all who contributed their time and energy. Below is a list of the winners and a brief description of each study:

Wei Li, Doctoral student

University of California – Los Angeles

Award Amount: \$40,079

Investigation of Visual Perceptual Deficits in BDD using EEG

Body dysmorphic disorder (BDD) is an obsessive-compulsive related disorder. Those with BDD are consumed with what they see as defects in the way they look, defects that are not noticeable or slight to others. Previous studies in BDD using functional magnetic resonance imaging (fMRI) suggest that how individuals with BDD process visual information might be different and that this difference in processing may cause these distortions (“I look unattractive because of these imperfections I see in my skin”). Our study will use electroencephalography (EEG) on the brains of those with BDD to look at the early visual response to faces, houses, and inverted faces. We will then compare the results to the results of those without BDD (controls) to see whether these distortions are a result of how the visual centers in the brain are working or due to differences in attention. This will help us better understand our earlier fMRI results as well as serve as the first EEG investigation on visual processing in BDD.

Carol A. Matthews, MD, Associate Professor

University of California – San Francisco

Award Amount: \$49,928

Comparison of Brain Activation Patterns in Hoarding Disorder and Non-Hoarding OCD

This proposal will use functional MRI (fMRI) neuroimaging methods to examine brain activation patterns in Hoarding Disorder (HD) compared to Non-Hoarding Obsessive Compulsive Disorder (OCD) and healthy matched controls. Compulsive hoarding is currently classified as a subtype of OCD. However,

severe compulsive hoarding will soon be categorized as an independent classification under the name Hoarding Disorder (HD), in part because of evidence that although there is overlap with OCD, hoarding disorder has separate genetic causes and different outcomes. Our group has evidence to suggest that people with HD have specific abnormalities in how they process information that differ from those seen in OCD. This study will extend our early work to compare the brain activation patterns of individuals with HD to those with OCD and to identify areas of overlap and areas of separation, eventually allowing for more targeted treatments and other interventions.

Tara Peris, PhD, Assistant Professor

UCLA Semel Institute

Award Amount: \$49,580

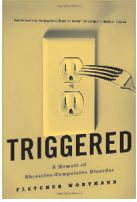
Stress Reactivity as a Mechanism of Treatment Response in Pediatric OCD

Families of youth with OCD are characterized by an array of stressful family dynamics that predict poor response to cognitive behavior therapy (CBT), the current treatment of choice for pediatric OCD. However, understanding of the specific mechanisms which family functioning interferes with treatment is limited. Youth in unstable home environments have been found to exhibit prolonged activation of stress response systems, and separate research links this heightened reactivity to disrupted learning and the maintenance of fear/avoidance behaviors. Thus, one possibility is that poor family functioning complicates CBT via heightened stress reactivity. Employing a multi-method battery, this study examines parent and child stress reactivity over the course of CBT with the goal of understanding how the pathophysiology of pediatric OCD changes with treatment; how parent and child stress reactivity relate to ability to complete key CBT tasks; and their role in CBT outcome. ■

FROM THE FRONTLINES

Information is the Best Medicine

by Fletcher Wortmann



“OCD is the pathological intolerance of risk, however minute, and the surrender to protective ritual, however unbearable.”

— from *Triggered: A Memoir of Obsessive-Compulsive Disorder*, by Fletcher Wortmann

I only learned that I had OCD thanks to a diagnosis by A. Wikipedia, Ph.D. I admit I was initially highly skeptical of Dr. Wikipedia’s credentials, but, after all, I was referred by Dr. Google, who I’ve trusted implicitly for years. I understand it may seem inadvisable to diagnose oneself with a mental disorder by utilizing a website, but I hadn’t had any success after years of talk therapy with flesh-and-blood counselors.

I knew that I was plagued by recurring, disturbing, and highly intrusive thoughts and images, and that my — let’s call them obsessions — were making it nearly impossible to live, let alone to function as a full-time college student at an extremely rigorous academic institution. And yet my therapist at the time never made the connection, even when I flat-out asked her if I might have some form of OCD. She quickly ruled this out. “You don’t have any repetitive behaviors,” she told me. It was only when I went to the internet for help that I learned of a more subtle and complicated form of OCD, one without physical compulsions, that seemed to explain the horribly graphic pictures and ideas that troubled me.

It didn’t stop there, of course; even a correct diagnosis can’t do much if you don’t do anything about it. My family and I sought out a doctor trained in the treatment of anxiety disorders who confirmed my suspicions. I then started down a path that would bring me to successful treatment at the OCD Institute at McLean Hospital in Belmont, MA.

Now, I’m not encouraging anyone to go out and start searching for the solution to their psychological problems on the internet, which as a source of diagnostic information probably ranks somewhere between daytime television and Tom Cruise. But I start with that story because I’m stunned by how ignorant many mental health professionals can be about OCD. I’d seen upwards of a half-dozen counselors, therapists, and psychiatrists over the course of my life, and none of them was able to figure

out what was stunningly obvious to a college kid with an anxiety disorder and an ethernet connection.

I assume the fact that you’re reading this means your life has been complicated in some way by OCD: either personally, or through a friend or loved one, or a patient. And I’m convinced that this means that for you, like me, this already formidable obstacle has been made more painful by our society’s misunderstanding of the disorder. Perhaps you or someone you know suffered a misdiagnosis from a well-meaning but uninformed counselor. Perhaps an acquaintance has unknowingly made thoughtless or triggering remarks. Perhaps you’ve watched in frustration as someone you care about suffers for reasons you don’t understand. Perhaps you’ve struggled to balance the management of the disorder with the everyday pressures of work, school, or family, and yet felt unable to ask for help due to the nature of your symptoms or the stigma against revealing mental illness.

I’m convinced that, until the glorious day when psychiatry invents a magic anti-obsession pill that also prevents hair loss and promotes weight loss, information is the best medicine we have in the fight against OCD. It was a deficiency of reliable information about OCD that allowed the disorder to gain strength until it took over my life. But it was information that empowered me to quit ineffective treatment and seek out a form of therapy that could help me. It was information that guided my treatment through Exposure and Response Prevention (ERP), where I used more information (triggering words, pictures and experiences) to reduce my anxiety and take back control of my life.

I’m wary of clichés about illness and opportunity; being trapped in your room by anxiety isn’t an opportunity - it’s a prison sentence. It’s solitary confinement. But at the same time, the therapeutic process didn’t just help me recover my mental health; it led me to a new and healthier way to live. For me ERP became, not just a method for fighting OCD, but a way to confront all forms of fear and anxiety. Before I was diagnosed, I obsessed, I performed quiet rituals, I covered my face or locked myself in my room - not because I enjoyed doing this stuff or because it worked, but because I was too frightened to try anything else. But as my

(Continued on next page)

FROM THE FRONTLINES

Information is the Best Medicine

(Continued from previous page)

therapists at McLean led me through my ERP therapy, and as I confronted the primal fears that fueled my obsessions, I realized I didn't have to live this way. If I could confront my worst and most personal fears in therapy, then couldn't I face down everyday worries and anxieties as well? ERP showed me courage I didn't know I had.

"Diagnosis" shares a root with the Latin word, *gnosis*, meaning knowledge. It was the absence of knowledge that led me to suffer for so many years, and it was knowledge that let me finally take back my sanity. At the end of it, Obsessive-Compulsive Disorder is habitual unhealthy thinking, an addiction to bad ideas. It's only appropriate that better ideas like ERP are the best curative.

If I've learned anything from my treatment, it's that curiosity, adaptability, and communication are enemies of mental illness. Tell your story and listen to others. Test new ideas instead of clinging to old ones. Teach and learn. OCD thrives on ignorance but withers and starves when confronted with truth; by keeping up our conversation about the disorder, we can make things better for ourselves and for those who suffer without understanding.

Fletcher is donating a personally-autographed copy of his book, "Triggered: A Memoir of Obsessive-Compulsive Disorder," at the "A Night to Believe" silent auction in October. You can also find his book online or at a bookstore near you.

A POEM BY DENNIS RHODES

My biggest flaw
as a thinker
is my stubborn conviction
that life, and the world
it inhabits
can somehow
make sense.

MY DRAGON

By Lauren Thompson

I am fighting dragons for you.
I don't expect you to see,
there's not much you can do
Because this dragon is inside of me.

I confessed on the beach
That I'd battled before,
But I failed to tell you
That it will be back for more.

You see the horns are my anxiety
And his talons are my tears
That come from the baseless
Worries, those ridiculous fears.

My shame is its fire
Burning me beneath the flesh.
Its tail swipes when I over-analyze
With your each and every breath.

This is what I do,
It's what I've always done.
I fall but get back up,
Because I refuse to run.

Those are my choices, you see:
I can live life hiding in my tower
Blissfully unaware
or I can battle that fire.

And this time I know,
More than ever before
That this is something that matters;
Love is worth fighting for.

If you have a short story, personal essay, poem, or artwork that would like to share with other *OCD Newsletter* readers, please email your submissions to editor@ocfoundation.org. We are always happy to receive contributions from our members.

DONOR PROFILE

John Tessitore: Friend, Filmmaker, & Grassroots OCD Advocate

John Tessitore said his first memory of John Kelly was playing miniature golf while their families were on vacation together. “I must have been in kindergarten or first grade, and my brother and John Kelly were in third or fourth,” Tessitore said. “My brother was bullying me a little, pushing me around—but John stood up for me. He had my back. It was at that moment on that I fell in love with him.”

In March, 2011, John Kelly took his life after more than a decade struggling with debilitating OCD.

John Tessitore wasn't just a friend of Kelly's, they were kindred spirits — John Tessitore also has OCD. Tessitore's connection to Kelly was profound and the loss of his good friend was devastating. Tessitore now has a new personal mission: moving forward from the emptiness and grief he faced at the loss of Kelly by raising awareness of OCD, helping to ensure people get into proper treatment, and find a way prevent others from Kelly's eventual fate.

We first wrote about Tessitore's advocacy last summer when the OCD Newsletter featured an article on the 1st Annual John Cleaver Kelly Memorial Softball Tournament in Dobbs Ferry, New York. On Saturday, July 21, 2012, John Tessitore, his brother Paul, and several friends, hosted the 2nd Annual Tournament and raised over \$10,000 to support the work of the International OCD Foundation. These donations will be put to use by the IOCDF to raise awareness and expand and create resources for individuals with OCD helping to fulfill John's personal mission.



But fundraising isn't the end of Tessitore's newfound role as an OCD advocate. He is currently a senior at Fairfield University majoring in Television and Journalism. As part of his schoolwork this year, Tessitore made a documentary film about his friend John Kelly. Tessitore held a special screening of the film after this year's tournament at the after-party, where players, friends, and Dobbs Ferry residents gathered to celebrate the success of the day.

The film, titled “Heroes Get Remembered – But Legends Never Die,” has also received several accolades and most recently won several awards at the Cinefest Film Festival in Fairfield, Connecticut, including the Audience Choice Award. John was also asked to screen the film at the 19th Annual IOCDF Conference in Chicago, where it was shown to a packed audience, followed by a question and answer session about the process of making the 30-minute documentary.

“I chose the title for my film because so many people can be heroes, but John [Kelly] was truly a legend,” Tessitore said. “To us he'll never die. He's always in our hearts. He'll always be in the hearts of everyone who knew him in Dobbs Ferry—and hopefully he'll always live on in the hearts of everyone who sees this documentary.”

ABOUT JOHN'S FILM

Tessitore's film, *Heroes Get Remembered But Legends Never Die*, is a documentary about the life and legacy of John Cleaver Kelly. This powerful documentary takes us on a journey of John's life and his battle with OCD through his personal journals, as well as accounts from family and friends. John was a hero to all who knew him, and his life and legacy inspired friends, family, and a community to end the stigma of OCD forever, just like John would have wanted.

Heroes Get Remembered But Legends Never Die, is available to watch online on YouTube at: <http://youtu.be/xDJGSHF6hJk>

John Tessitore (bottom row, center) and his team at the 2012 John Cleaver Kelly Memorial Softball tournament in Dobbs Ferry, New York.

THERAPY COMMUNITY

Improvisation for Anxiety — It's Hard to Be Terrified When You're Laughing

By Mark Pfeffer, MS, LMFT

Mark Pfeffer is the Director of the Panic/Anxiety Recovery Center (PARC) in Chicago, Illinois. He also appears on the Emmy-nominated A&E show, Hoarders, and is a graduate of Second City Training Center A-E Improvisation 2011.

Charlie's Story

On a recent Friday night in a classroom at Second City, twelve students — all linked to each other by their struggle with anxiety disorders — gathered in a circle to each tell a 60-second story from their lives. The instructor challenged the students to relate their stories without preparation. One young man, I'll call him Charlie, has OCD that causes him to battle intrusive thoughts. Charlie has difficulty responding to questions without his ritual interfering, but in this instance, he pushed himself to get through a story about a 4th-of-July firework celebration gone awry. The other members of his ensemble were patient and attentive as his words trickled out in hesitant, contorted sentences. As it turned out, Charlie's story was quite funny. His classmates giggled and cheered as Charlie reached his awkward, yet entertaining, climax.

At the end of the exercise, the group was asked to vote and select their favorite story. Charlie's story was selected as best of the bunch, hands down. Then the instructor upped the ante, challenging Charlie to share his story again, this time as a monologue, with the other members of the ensemble acting out every detail of the scene on stage as he tells it. The second time around, calmed noticeably by the silliness of the moment and the support of his peers, Charlie told his story more smoothly, still with hesitation, but also with animated, bold gestures and dramatic pauses, narrating the group's performance more like a professional voice-over artist. It was a remarkable transformation.

Ironically, just the night before, as I was presenting an Improv workshop at the IOCDF conference in Chicago, I mentioned Charlie's struggle, not knowing I would see his performance the next evening in class. As I observed the storytelling exercise unfolding, I was struck by Charlie's very real progress and courage, aided by the power of an ensemble. I was fortunate to be in the classroom to witness that moment.

Improv for Anxiety: How it Started

As a psychotherapist and amateur anthropologist, I've always been interested in finding creative ways to meet treatment

challenges. Our ancestors relied on a tribe of people, not only for food and shelter, but also for emotional security. Ancient performance art had the dual purpose of entertaining others, and also helping to manage fear and anxiety — and there is evidence of those qualities even in things we do today. We continue to cheer on our favorite NFL “gladiators,” we tell stories, we go to the theater, we dance and sing. These are all emotionally driven, cathartic experiences for both the audience and the performer. Throughout my career, I found myself asking how can we harness this potential to use performance therapeutically?

About 10 years ago, I began referring some of my clients with Social Anxiety Disorder, OCD, and/or Panic Disorder, to The Second City in Chicago for their basic Improv classes as an add-on activity. The Second City is most widely known as the launch pad for such comedians as Tina Fey, Steven Colbert, Jim Belushi, and countless other Saturday Night Live alums. But less well known is that they also offer a slew of improvisational classes to both aspiring comedians and people just wanting a fun new hobby or skill.

At the time, I was looking for inexpensive alternative group exposures that my clients could access for ERP work. When I suggested Improv class, I could barely get anyone to even consider the idea. Yet, over the years, a small percentage decided to give Improv a try, and slowly began to report back to me with significant gains in their anxiety management and overall self-confidence.

Prompted by this anecdotal evidence, in December of 2010, I met with Kerry Sheehan, the President of Training and Education at The Second City, to see if they would be interested in creating an Improv class specifically for students with anxiety disorders. Kerry confirmed what I already suspected: they have been helping people with mental health issues for years, though never in a formal, publicized way. She agreed to the project on one condition: I first had to learn Improv myself.

Reluctantly, I enrolled at The Second City and completed all five courses in its year-long “A–E Improvisation” program, with the distinction of being the oldest member of my ensemble. I graduated in October 2011 with a performance on The Second City's main stage. I will admit that it was an experience that brought fear front and center, but also

excitement and pride. More importantly, the benefits to my practice and personal life were well beyond my expectations.

Soon after that, Sheehan and I got to work on creating the “Improv for Anxiety” program at The Second City.

Improv for Anxiety: How Does it Work?

After I complete an initial face-to-face evaluation for each “student,” they join an “ensemble” of 12–15 people, which meets for 2.5 hours/week to learn the basics of Improv. It is the only class on the planet I am aware of that requires you not to be prepared. Due to the intense nature of the experience and potential results, the program is referred to in-house as “boot camp.” Everyone in the program also sees a therapist individually.

Boot-camp students are taught the same skills that anyone at The Second City learns, including how to free-associate, make strong choices, connect with scene partners, engage in active listening, ignore counterproductive thoughts, and communicate using the body and the physical environment.

At its most basic level, Improv is about people partnering with each other to build scenes on the spot, out of nothing. The early classes are simple, and consist mostly of Improv exercises, eventually building to more complex scenes and storytelling, as time goes on. At the end of the initial 8-week class, students have the option to continue on to the next, B-level class with the boot-camp ensemble or advance to a regular Improv class.

In addition to the Improv class, students meet for a weekly, 2-hour support group to learn cognitive-behavioral therapy (CBT) skills, plan their weekly exposure response prevention (ERP) schedule, and help each other create and modify ways to use the principles learned in their Improv class to their ERP and their everyday lives. Students stay in touch between boot-camp sessions using email and group video conferencing.

Preliminary Results & Benefits

Since Improv for Anxiety has evolved very quickly from an add-on class to a treatment program in its own right, I cannot offer any standardized outcome data at this time. Currently I am seeking research partners at local universities and hope to begin data collection early next year. What follows is some preliminary data and informal observations about the program.

Forty-five students enrolled and 32 completed the eight-week program. Of the program graduates, 60% had Social



The Rules of Improv

New students of Improv must learn some basic rules to create good scenes. Here are four of the most important rules that apply remarkably well to life in general.

YES, AND...

This is the most important principle of Improv. To build a scene, never deny your fellow actor. Instead, be willing to embrace what your scene partner initiates and then add something of your own. For example, you might start a scene by saying, “What a miserable day to be a ranch hand!” Then I must accept your premise and add to it: “Yep, and the boss said we don’t get no water until this fence is mended.” If we deny or block each other, the scene dies quickly; through agreement, the scene can be heightened indefinitely.

ACT, REACT

If “Yes, and” is about attitude and acceptance, this rule is about taking responsibility and confronting fear. The core belief here is that everyone on stage should always work to contribute to the scene. You do this by being courageous and following your instincts. Put something out there and trust that your fellow actors will follow your lead. Take the risk, don’t hold back, make bold choices.

BE TRUTHFUL, NOT FUNNY

One of the biggest mistakes new improvisers make is to try to be clever and witty. It often feels forced. Instead of going for the laugh, students are taught to be vulnerable, to stay in character, and to be honest. Veteran improvisers call this approach “truth in comedy.”

THERE ARE NO MISTAKES

Improv helps remove the fear of making mistakes. You say “clown” and I hear “gown.” You can’t stop the scene to explain to each other what you really meant. This rule celebrates the fact that many of life’s greatest discoveries are accidents born of mistakes.

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Improvisation For Anxiety (Continued from previous page)

Anxiety, 30% OCD, and 10% Panic Disorder. Eighty percent of the individuals with OCD reported Social Anxiety as a secondary issue, as well as OCD-related perfectionism. After completing the initial program, half of program graduates decided to take another Improv class. In a non-standardized evaluation, participants self-reported reductions in the frequency, intensity and duration of their major symptoms during treatment. In addition, I found most students showing fewer avoidance behaviors, changing their views of ERP from a chore to a creative challenge, assuming program accountability, and just having more fun.

As many of us know, a core issue in OCD is living with uncertainty. One of the major benefits that can be attributed to improvisation is a significant “attitude adjustment” about the relationship between uncertainty and confidence. The more someone desires and experiences uncertainty, the more confident they will become about facing uncertainty in the future. This adjustment can happen rather quickly in Improv. Once you get it, you get it.

This Improv “attitude” facilitates an uncertainty habituation model that could be generalized to other settings in a more seamless way, reducing the need for highly detailed ERP content. Improv definitely has potential for being part of a treatment plan for OCD, while research is still needed to show the most effective ways to use it.

In the meantime, our work on Improv for Anxiety has already yielded some important skills and insights that can be applied to almost any treatment setting.

Important Skills in Improv — And Therapy

- **Improved Listening and Observational Skills.** The skills required to be a successful Improv partner are the same skills we need in life. Sometimes we can get so caught up in our symptoms or just everyday stressors that we don't listen to others or ourselves. In Improv, you must practice listening even during the controlled chaos of an ensemble scene.
- **Risk Taking.** The ability to take risks and overcome fear of failure and judgment becomes part of learning and the culture during an Improv class. With unconditional acceptance at their side, students can consider the possibilities without the fear of failure or negative

scrutiny. When I first visited my clients during an Improv class, I was surprised by their willingness to participate in and their enjoyment derived from risk-taking behaviors. That's what happens when there is no such thing as failure, only opportunities for learning.

- **Embracing Ambiguity.** Ambiguity is the cousin of uncertainty. Improv allows you to explore different ways of doing things and allows random elements to influence your creativity from different perspectives. In Improv, you look for alternative meaning of things or events and consider several probabilities, not just the “right” answer. Then you decide on action.
- **Listening to Intuition.** Due to the nature of Improv, students are constantly given the opportunity to trust their inner voice. To succeed in Improv, you must go with your creative instincts and refrain from allowing logic to make the call. Perceived logic is not always correct, especially for people with anxiety. In Improv, you can learn to listen to your inner voice.
- **Flexibility/Adaptability.** One of the first things that you may notice in yourself after Improv is less rigidity and less tunnel vision. Being more flexible allows you to bring more ideas together to start something new.

Moving Forward

We need research to distill the specific benefits of Improv so that we can nail down what works and what doesn't and adapt our findings. We're hoping to grow the program and extend it to other Second City locations. In addition, I also hope to work with The Second City to offer training opportunities for mental health organizations and clinicians in other communities.

While partnering with other Improv organizations is ideal when trying to start the program in another area, if you don't have an Improv venue in your local area, you can also consider finding a small theater company that offers an introductory acting class. If you find that there's no help, improvise... and start your own. Just say “Yes, and” begin. ▣

For more information about Improv for Anxiety, visit: www.beyondanxiety.com. Or if you would like to start an improv program in your area, feel free to email Mark Pfeffer at director@beyondanxiety.com

THERAPY COMMUNITY

Institutional Member Updates

BIO BEHAVIORAL INSTITUTE

935 Northern Boulevard, Suite 102
Great Neck, NY 11021
(516) 487-7116
info@biobehavioralinstitute.com
www.biobehavioralinstitute.com

The Bio Behavioral Institute is seeking participants for an ongoing research study investigating visual perceptual factors in adults with OCD and BDD. In the Fall, we will be offering a 12 session “Caregivers Group” for family members who have a loved one suffering from an anxiety, mood, or OC related disorder. The group will teach coping techniques to care for yourself while also caring for your loved one. Our free, long-standing monthly OCD Support Group now meets on the last Wednesday of every month. We also have openings in our ongoing Adolescent Socialization Group. Contact us at (516) 487-7116 or email at info@biobehavioralinstitute.com for more information.

MT. SINAI OBSESSIVE-COMPULSIVE DISORDERS CENTER

1425 Madison Avenue, 4th Floor
New York, NY 11104
(212) 659-8823
www.mountsinaiocd.org

We are pleased to announce the expansion of our OCD program into a larger Division for Tic, Obsessive-Compulsive, and Related Disorders (DTOR) as well as the recruitment of new faculty. This change will allow us to better serve a wide array of children, adolescents, and adults with these conditions.

Wayne Goodman, MD, co-founder of the IOCDF and principal developer of the YBOCS, will direct the DTOR program. Recently, Mount Sinai welcomed Barbara Coffey, MD, who will serve as Chief of the newly developed Tics and Tourette’s Disorder Clinical and Research Program; Dorothy Grice, MD, who will head the OCD & Related Disorders Program; and Ariz Rojas, PhD, who will work with faculty member Matthew Hopperstad, MD, to provide cognitive-behavioral therapy (CBT) and expert psychopharmacology, respectively, to children, adolescents, and adults in both programs. Faculty member Alicia Hirsch, PsyD, will also continue to provide CBT services.

We are excited about our growing clinical and research programs and continue to offer evaluations, consultations, evidence-based therapeutic services, medication management and device-based interventions, including Deep Brain Stimulation (DBS). We feel as comfortable treating new onset tic, OCD and related disorders in children as we do managing intractable OCD in adults.

If you are interested in learning more about the research and clinical services offered at Mount Sinai, please contact Dr. Ariz Rojas at (212) 659-8716 or ariz.rojas@mssm.edu.

KANSAS CITY CENTER FOR ANXIETY TREATMENT (KCCAT)

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KCCAT is excited to announce our formal teaching and research appointments with the Department of Psychology at the University of Missouri—Kansas City! Under this partnership, we will continue (and expand upon) our existing training program, which includes completion of a full-year practicum experience in evidence-based interventions for all advanced clinical doctoral students.

We are also thrilled to be welcoming Dr. Michelle Gryczkowski to our staff! Dr. Gryczkowski joins us this fall following completion of a two-year post-doctoral fellowship in Child Clinical Psychology at Mayo Clinic, with advanced OCD and anxiety specialty training supervised under Dr. Stephen Whiteside. Her energy, strong training background and dedication to empirically-based practice, research and teaching makes her an ideal fit for our KCCAT team! To learn more about Michelle and all of our staff, please visit www.kcanxiety.com. ■

RESEARCH NEWS

International OCD Foundation Genetics Collaborative Completes the First Genome-wide Association Study (GWAS) of OCD

By S. Evelyn Stewart, MD

S. Evelyn Stewart, MD, is a child and adult psychiatrist and a clinical researcher. She is an Instructor of Psychiatry at Harvard Medical School, and an Associate Professor in Clinical & Behavioural Neurosciences, Department of Psychiatry, at the University of British Columbia.

The IOCDF Genetics Collaborative recently held our annual meeting at Massachusetts General Hospital (MGH) in Boston, MA, on June 22–24. This Collaborative of international experts on the genetics of OCD was initially founded by David Pauls, PhD, with the support of the International OCD Foundation, and is currently co-directed by James Knowles, MD, PhD, and myself. Given the potential of the group to further the scientific understanding of genetic impacts on OCD, our Collaborative has received funding from the National Institutes of Health (NIH) to conduct its regular meetings. While it is clear that environmental, non-genetic influences are directly connected to OCD, there is no doubt that inherited genetic factors also play a significant role in this illness. By advancing OCD genetics research, we believe this may lead to the discovery of new, more effective treatments and therapies and, ultimately, to direct the field closer to a cure.

The goal of the IOCDF Genetics Collaborative is to encourage genetic researchers from different countries and universities across the globe to combine their efforts. It is believed that this cooperation will make for faster scientific progress, in addition to allowing the completion of very large studies that no single site could achieve on its own. Since the establishment of the Collaborative in 2002, several clusters of researchers within this group have completed research studies together for the first time. In addition, a highlight of this year's meeting was the discussion of next steps following the completion of our first large combined project, a genome-wide association study (GWAS). Thus, the founding hopes and beliefs of this group have now been realized.

It has long been thought that OCD is due to a combination of both genetic and environmental causes. The GWAS study has made significant progress towards determining which of the approximately 22,000 human genes may

predispose individuals to OCD. The GWAS project combined participants from 21 different sites across North and South America, the Middle East, Africa and Europe. It included over 7,000 OCD-affected individuals, their family members, and healthy controls, to compare the differences in their DNA (which contains genes). With the help of evolving genetic technology, the support of a private donor, as well as the NIH, the first ever GWAS was completed for OCD. Specifically, this was conducted by examining nearly a half million locations (single nucleotide polymorphisms, or SNPs) along the DNA of over two thousand OCD-affected individuals and over 5,000 comparison individuals. Most of the SNPs (469,410) included in the study are located on non-sex chromosomes, although sex chromosome SNPs were also examined (9,657). In doing this, the DNA of a large group of individuals was examined more closely than it has ever been studied to date in the research of OCD.

Several of the GWAS results are tantalizing and although the research is still in its early stages, this work helps to provide a more complete understanding of the genetics behind this debilitating disorder. Members of the IOCDF Genetics Collaborative are very aware that the ultimate value of our work lies in attempting to 'translate' and apply the research findings to improve the lives of families affected by OCD. This will involve a dedicated approach to understanding genetic and other influences over the onset of OCD, the disorder's long-term course, and response to treatment. Understanding the implications of research to those affected by OCD will also undoubtedly guide the future direction, mission, and outcomes of the group.

Jeff Szymanski, PhD, Executive Director of the IOCDF, explains, "The initial GWAS findings help to narrow the focus on the likely genes involved. In addition, these new findings could have future implications for more effective treatments of OCD, especially for those who have not had success with current medications."

Results of the GWAS indicate that there are likely to be a number of genes (rather than only one), which combine to increase the risk for OCD. As such, it is a more challenging and "complex" illness to study when compared to other

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'Mendelian' genetic disorders, such as cystic fibrosis or Huntington's disease. This means that larger sample sizes are needed to confirm findings and to apply these to improving treatment. For example, when looking at another "complex" genetic illness such as type 2 diabetes, it was only by completing follow up GWAS studies and combining their results that researchers were able to clearly identify "risk genes" and help guide development of new treatments.

Similarly, further OCD GWAS studies are needed to confirm these initial findings. Fortunately, the OCD Collaborative Genetics Association Study research group, led by Gerald Nestadt, MD, will be completing another GWAS in the coming year. Although, in a similar manner to the case for diabetes, further studies will likely be necessary before results can be applied to "real life" patients. This was one aspect of discussion at the June meeting, as the IOCDF Genetics Collaborative group

began to consider its future goals, recognizing that over one thousand unstudied OCD DNA samples are now available across its sites. This group will be seeking out funding in the coming year in an attempt to continue this important work.

What makes this study such a landmark for OCD is the fact that, by completing a GWAS, genetic research on OCD has now entered the same realm of research as the other major psychiatric disorders such as schizophrenia, autism and bipolar disorder. The successful completion of this project by the IOCDF Genetics Collaborative demonstrates that international researchers are willing and able to combine their efforts—rather than competing against each other—to learn more about the genetics of OCD. ■

"Genome-wide association study of obsessive-compulsive disorder." Available online August 14, 2012. *Journal of Molecular Psychiatry*.

A New Scientific Journal Dedicated Solely to OCD and Related Disorders

For those of you who are long-time readers of the OCD Newsletter you may have been missing the Research Digest. With the launch of the *Journal of Obsessive Compulsive and Related Disorders* – and with their permission – we have reprinted research abstracts below for you to review. We are committed to sharing the latest research on OCD and related disorders and now with a journal dedicated to just these topics we felt it was important to reintroduce this feature. Another indication of how far we have all come in making OCD and related disorders important areas of study! Abstracts reprinted with permission.

Superior face recognition in Body Dysmorphic Disorder

by Kiri Jefferies, Keith R. Laws, & Naomi A. Fineberg

Volume 1, Issue 3, July 2012, Pages 175–179

<http://dx.doi.org/10.1016/j.jocrd.2012.03.002>

Introduction: Individuals with Body Dysmorphic Disorder (BDD) may have a propensity for viewing faces differently from healthy controls. In an attempt to explore these processing changes in more detail, we investigate face processing in BDD using two facial recognition tasks; one testing the recognition of facial characteristics, the other testing the recognition of facial expressions of emotion. **Method:** Participants with BDD (n=12) and healthy controls (n=16) were tested for inverted face recognition using the Famous Faces Task (FFT) and the Facial Expression of Emotions Stimulus and Test emotion recognition task (FEEST). The groups were matched for age, IQ and education. **Results:** Participants with BDD showed a significant ability to correctly recognise inverted famous faces compared to well-matched controls. In

contrast, participants with BDD showed a specific deficit in recognising fearful facial emotions. BDD participants excel over controls at performing the FFT. **Conclusions:** These findings may represent a cognitive marker for BDD. The specific deficit within the BDD group for recognising fearful expressions may be another feature of the disorder and may implicate abnormal processing of negatively valenced emotional material. The specificity of these findings for BDD merit further investigation using other clinical groups and a larger sample size.

The co-occurrence of obsessions and compulsions in OCD

by Rachel C. Leonard & Bradley C. Riemann

Volume 1, Issue 3, July 2012, Pages 211–215

<http://dx.doi.org/10.1016/j.jocrd.2012.06.002>

DSM-IV requires the presence of obsessions or compulsions, but not both, for a diagnosis of OCD. While earlier research suggested the existence of a "pure obsessional" subtype, studies now suggest individuals with

(Continued on next page)

RESEARCH NEWS

Research Abstracts (Continued from previous page)

OCD experience both obsessions and compulsions, with some compulsions being covert. The current retrospective study sought to replicate and extend this finding within a treatment-seeking sample with a wide range of symptom severity, and with children and adolescents as well as adults. One thousand eighty-six individuals admitted to an intensive outpatient or residential treatment program for OCD were given a battery of symptom measures as well as a clinical interview. Both obsessions and compulsions were ultimately identified in all cases. These findings suggest that to be empirically consistent, the forthcoming DSM-5 should include the presence of both obsessions and compulsions as diagnostic criteria for OCD.

Common pitfalls in exposure and response prevention (EX/RP) for OCD

by Seth J. Gillihan, Monnica T. Williams, Emily Malcoun, Elna Yadin, & Edna B. Foa

Available online 30 May 2012, In Press, Uncorrected Proof

<http://dx.doi.org/10.1016/j.jocrd.2012.05.002>

Obsessive-compulsive disorder (OCD) is a highly debilitating disorder. Fortunately there are treatments that help the majority of OCD sufferers. The behavioral treatment with the most empirical support for its efficacy is exposure and response prevention (EX/RP). Over the years in our supervision meetings and in our clinical practice we have noted a number of relatively common therapist pitfalls that decrease the effectiveness of EX/RP. These pitfalls include not encouraging patients to approach the most distressing situations, doing imaginal exposure when in vivo is called for (and vice versa), encouraging distraction during exposure, providing reassurance, failing to address the core fear, ineffective handling of mental

compulsions, and difficulty working with close others in the patient's life. In the current article we describe these common pitfalls and how to avoid them.

Exploring the relationship between OCD symptom subtypes and domains of functional impairment

by Valerie Vorstenbosch, Heather K. Hood, Jenny Rogojanski, Martin M. Antony, Laura J. Summerfeldt, & Randi E. McCabe

Volume 1, Issue 1, January 2012, Pages 33–40

<http://dx.doi.org/10.1016/j.jocrd.2011.10.002>

Obsessive-compulsive disorder (OCD) is associated with significant functional impairment across various life domains, including reduced physical functioning, increased use of healthcare services, financial difficulty, and lower overall quality of life. The present study investigated whether domains of functional impairment vary across OCD symptom subtypes. Participants (N=180) with a diagnosis of OCD completed measures assessing severity of OCD symptomatology and associated functional impairment. The OCD symptom subtypes under investigation were derived according to Leckman et al. (1997) factor analysis and included obsessions and checking, symmetry and ordering, contamination and cleaning, and hoarding. Domains of functional impairment included lifestyle, activity involvement, and relationships. Analyses revealed that the presence of obsessions and checking was associated with greater overall impairment and lifestyle impairment, and hoarding was associated with greater overall impairment and impairment in activity involvement. Results suggest that domains of functional impairment vary as a function of OCD symptom subtype.

■

Research Participants Sought**MULTIPLE SITES****Cognitive-Behavioral Therapy and Supportive Psychotherapy for BDD**

Principal Investigators: Sabine Wilhelm, PhD (Boston) and Katharine Phillips, MD (Providence)

Boston, MA

Anne Wilson
(617) 4MGH-BDD
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Providence, RI

Martha Niemiec
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Massachusetts General Hospital and Rhode Island Hospital are conducting a research study to learn more about two different forms of therapy to help individuals with BDD: cognitive behavioral therapy (CBT), a promising new treatment for BDD, and supportive psychotherapy (SPT), the most commonly received therapy for BDD. We would like to find out which treatment is more effective for BDD. Participants will be randomly assigned (like the flip of a coin) to receive 22 sessions (over 24 weeks) of either CBT or SPT. Study visits will take place at either Massachusetts General

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Hospital in Boston, Massachusetts or at Rhode Island Hospital in Providence, Rhode Island.

FLORIDA

Attentional Processes in Scrupulous OCD

Joe Slimowicz
(954) 262-5809
js2869@nova.edu

The purpose of this study is to examine how individuals with Obsessive-Compulsive Disorder (OCD) pay attention to things. OCD is a psychiatric illness characterized by persistent and intrusive obsessions and/or repetitive, time-consuming compulsions. For this study, we are recruiting people whose OCD symptoms are focused on religious or moral concerns. Participants will come in for one visit (approximately 3-4 hours) and complete an interview with a clinician, fill out questionnaires, and complete a series of computerized attention tasks. Participants will receive \$75 compensation for completing the study.

MASSACHUSETTS

OCD Treatment Study for 4-8 Year Olds with OCD

The Boston University Center for Anxiety and Related Disorders is recruiting participants for a research project evaluating a family-based treatment for obsessive compulsive symptoms in young children.

You and your child may be eligible to participate in this project, which offers a clinical assessment and a 12-week treatment program at no cost to you. You may also be compensated up to \$90 for your time completing study assessments.

For more information, please call (617) 353-9610.

MICHIGAN

Group Therapy Imaging Study for Pediatric OCD

Do you have a child with Obsessive Compulsive Disorder (OCD)? Children with OCD (ages 8-20) and their parents are needed for a research study using functional magnetic resonance imaging (fMRI) to understand how cognitive behavior therapy helps patients get better. Youth with OCD are provided with cognitive behavioral group therapy, delivered by an expert clinician at the University of Michigan over about 12 weeks. Volunteers

must be able to come for a 1-5 hour interview (interview may occur over one or two sessions) and a 1 hour fMRI scan with a parent, for a total of 2-5 hours, before and after treatment. Payment is \$50.00 for each interview and \$50.00 for each scan. Subjects will also be reimbursed for mileage if they live further than 20 miles from the Rachel Upjohn Building.

Contact us at 734-232-0443 or ocdkids05@umich.edu for more information.

OHIO

Children with Obsessive Compulsive Disorder (OCD) Needed for Treatment Study

Does your child have to do things “just right”? Does he/she have to keep doing something over and over again? Does he/she have thoughts that constantly bother him/her? The Child Anxiety Research (CARE) Program offers assessment and treatment services to children and adolescents ages 4-17 with OCD. Families meeting eligibility requirements may receive a full assessment of symptoms, treatment recommendations, and, if eligible, treatment at the CARE Program.* Please call 330-672-2200 if interested or if you're not sure if your child has OCD.

*Not all families will qualify. Duration of participation for these families will not exceed 2 hours.

This posting has been approved by the Kent State University Institutional Review Board.

The Child Anxiety Research (CARE) Program at Kent State University is interested in learning more about child anxiety and its relationship to family functioning.

We are seeking to recruit parents with a child under the age of 18 and who lives at home. In addition, we are interested in recruiting the oldest child of these parents, as long he or she is between 8 and 17 years of age. Participants will be asked to complete an internet-based survey. The survey will take parents no more than 45 minutes to complete. It will take about the same amount of time for the child to complete his or her portion of the survey as well. Parents are free to participate even if their kids don't want to fill out the survey and even if they don't feel that their child is very anxious. If you are interested in learning more about this study, please visit:

http://kentstate.qualtrics.com/SE/?SID=SV_cGVET0J3z3CtFRy

This study has been approved by the Kent State University Institutional Review Board. ■

FROM THE AFFILIATES**OCD MASSACHUSETTS**www.ocdmassachusetts.org

OCD Massachusetts is running 3 Monthly Lecture Series & Support Group Programs throughout the state. For more information, contact Denise Egan Stack at deganstack@gmail.com or Carla Kenney at carla@ocd-therapy.net.

Belmont, MA

September 11, Second Tuesday of the month, 7pm:
 “I’ve Been Diagnosed With OCD. Now What?” by Denise Egan Stack, LMHC

Worcester, MA

September 13, Second Thursday of the month, 6pm:
 “The Basics of OCD” by Jennifer Lish, PhD

Hyannis, MA

September 19, Third Wednesday of the month, 6:30pm

OCD MIDWESTwww.facebook.com/OCDMidwestaffiliate

Thank you to all of the people who came to the Kick-Off OCD Midwest meeting. We look forward to working with you in the future. Please contact patrick.mcgrath@alexian.net to be added to our mailing list.



OCD Midwest is also a sponsor of Ping Pong 4 OCD in Cincinnati, OH. This

fun, family-friendly event will be held on September 8, 2012, at Newport on the Levee, in an effort to help raise awareness and understanding of OCD; improve access to specialized treatment, ERP, and quality of care; and organize additional resources such as caregiver and parent workshops to support families in the Cincinnati area. For more information, visit: www.facebook.com/PingPongForOCDcincinnati

OCD NEW JERSEYwww.OCDNJ.org

On Monday, September 10, Dr. David Rosmarin from The Center for Anxiety in New York City will be presenting at our quarterly meeting. His presentation, “Sex, Violence, Blasphemy, & Sin: ‘Bad Thoughts OCD’”, is free and open to professionals, as well as those with OCD and their supporters.

On Sunday, October 21, Dr. Barbara Van Noppen from the University of Southern California, Keck School of Medicine, will be presenting at the OCD NJ annual conference. Her topic will be, “The Role of Family in OCD: Current Trends in Research and Treatment Implications.” As always, there will also be a “Living with OCD” panel, where several persons

(usually a mixture of adults, children, and adolescents) discuss their OCD experiences and take questions from the audience.

For the first time, OCDNJ will be partnering with **OCD NEW YORK** and will host the OCD Awareness Week Conference together. It will be held in NYC on Saturday, October 13th, and will include a full day of activities and presentations, including an interactive performance of the New Jersey Mental Health Players, and breakout groups dealing with such topics as BDD, OCD, Tics and OCD, pharmacological treatment of OCD, Hoarding, and parenting a child with OCD.

All information about the above programs can be found on our web site, www.OCDNJ.org, as it becomes available.

OCD SAN FRANCISCO BAY AREA (OCDSFBA)www.ocfoundation.org/affiliates/bay-area

We are presenting a free event on Saturday, October 20:

“The Many Faces of OCD” Presentation and Panel Discussion, by Dr. Carol Mathews, Director, Obsessive Compulsive Disorders Clinic and Associate Professor in Residence, UCSF

For more information, please call (415) 273-7273, or email ocdbayarea@yahoo.com, and find us on Facebook.

OCD TEXASwww.ocdtexas.org

“Washing Away Myths and Stereotypes about OCD — and Secrecy and Shame” will be the theme of the OCD TEXAS conference in Austin, Texas, on October 13, 2012.



Keynote speaker Heather Currey (pictured left) will share her personal story. As Heather says, “Unfortunately, many of us struggling with OCD and related disorders suffer in secrecy, utterly ashamed of our thoughts and irrational behaviors. My goal in sharing my story is to offer hope to OCD sufferers and their loved ones.” Heather now lives in Austin, and is the Outreach Coordinator for OCD TEXAS.

The conference, held in conjunction with OCD Awareness Week, will include presentations by OCD treatment professionals, OCD success stories, and special support groups. An OCD Film Festival and online discussions will take place before the conference. For more information and registration, visit: www.ocdtexas.org/austin-oct-2012. ■



WALKING WITH NATHANIEL

Finish Line and OCD/BDD Awareness Rally

June 7, 2012 – Boston, MA



On April 24, Denis Asselin walked out his front door in Cheyney, PA, and began a pilgrimage to Boston, MA, in honor of his 24 year-old son, Nathaniel who took his own life after a 13-year struggle with BDD (Body Dysmorphic Disorder). 6 weeks and over 525 miles later, Denis arrived in Boston where he was greeted by friends, family, and well-wishers.

The day was created to honor Nathaniel, celebrate Denis' amazing accomplishment, and raise awareness around BDD, OCD, and related disorders. The rally was emceed by ABC Boston's weatherman David Brown, and we were honored to have City Councillor Sal LaMattina present, who issued a city proclamation in recognition of Denis Asselin's walk. Dr. Michael Jenike of the OCD Institute at McLean Hospital and MGH was also on hand to speak about BDD. And Nancy Farrel from the American Federation of Suicide Prevention spoke about grief, loss, and turning adversity into an opportunity for advocacy.

It was truly an inspirational day. Thank you to Denis and the entire Asselin family, and the generosity of all of those who gave to the IOCDF in honor of Nathaniel. ■

A) Denis crosses the finish line (held by his wife and daughter) at Christopher Columbus Park in Boston. B) ABC 5's David Brown emcees. C) IOCDF Executive Director Jeff Szymanski, City Councillor Sal LaMattina, Dr. Michael Jenike, Denis Asselin, and David Brown.



The "Dare to Believe" mural was one of the many art projects kids and teens could help with in the Art Therapy Rooms. Here, a few contributing artists pose in front of the mural with their mom.



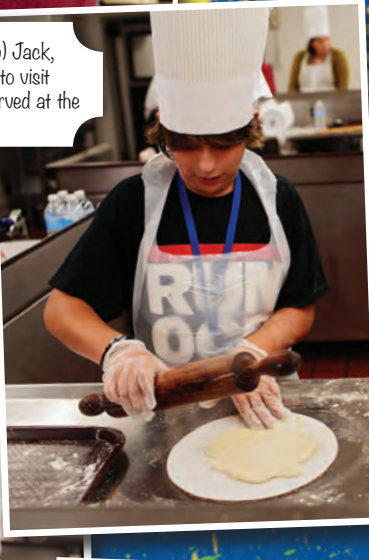
Michaela (right) works on chocolate chip cookies to be served at the Saturday Night Social, while a face-painted Alyssa (below) shows off her cupcake masterpiece.



Kids & Teens Conference Scrapbook

Chicago, July 27-29, 2012

Aspiring teen chefs (clockwise from top) Jack, Adam, and Alexandra, had the chance to visit the hotel kitchen and make pizzas to be served at the Saturday Night Social.



Cassandra (left) and Trayton (below) work on their cupcake masterpieces, while Madison gets a hand from Kids' Art Therapist, Katie.



Alexa and Jacob show off their their vocal talents at the Kids & Teens Karaoke Night.



Chef Cheryl (at right), the Chicago Marriott's Pastry Chef, offers (from left) Maya, Michaela, and Trayton some tips as they decorate cupcakes and desserts to be served at the Saturday Night Social.