



OCD: A HOSTAGE SITUATION

by Shala Nicely, MS, LAPC



Shala Nicely giving her 2013 Keynote entitled, "Is Fred in the Refrigerator?" at the 20th Annual OCD Conference in Atlanta.

Let's talk about something seemingly unrelated to OCD: Stockholm syndrome. Named after a situation in the early 1970s where people taken hostage at a Swedish bank started identifying with and defending their captors, Stockholm syndrome is also known as "capture bonding." It is described as "a form of traumatic bonding," which does not necessarily require a hostage scenario, but results in "strong emotional ties that develop between two persons where one person intermittently harasses, beats, threatens, abuses, or intimidates the other."¹

It's hard to believe people could identify with someone who takes away all of their basic freedoms, but it unfortunately happens to 8 percent of hostage victims according to the FBI.

I think Stockholm syndrome is actually much more prevalent than that statistic would suggest. In fact, I would hazard a guess that it happens to almost everyone with OCD.

Sound crazy? Let me explain.

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

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Excited for the 22nd Annual OCD Conference in Boston this summer? *The IOCDF staff share their favorite spots around town so you can enjoy the city like a local!*



Boston is nicknamed the "Hub of the Universe." The Top of the Hub has brunch, lunch, cocktails, and dinner on the

52nd floor of the Prudential Tower with amazing panoramic views of the Boston skyline. On weekends and evenings they also showcase live jazz in their lounge.

– **Jeff Szymanski, PhD**, Executive Director



JP Licks is one of my favorite spots for ice cream. I love the fact that they put whole tiny peanut butter cups – my favorite ice cream topping – on your cone or dish. It's the best way to ensure an optimal chocolate-to-peanut-butter ratio!

– **Sydney Nolan**, Communications Assistant



My favorite spot is Back Bay, a beautiful neighborhood in Boston. Not only is there great shopping on Newbury and Boylston Streets, but there are also some great opportunities for sight seeing. Trinity Church is right in Copley Square, as well as the Boston Public Library and the Boston Marathon finish line. On a summer night, nothing is better than taking a stroll through the streets of Back Bay, stopping to grab a bite to eat (or some ice cream), and relaxing on a bench while people watching.

– **Marissa Keegan**, Program Director



One of my favorite things to do in Boston during the summer is to take visiting family and friends on a Boston Harbor Cruise. The view of the city from the water is amazing! There are so many different types of cruises, from whale watching to touring the Boston Harbor Islands. When you're back on land, it's always fun to go to Legal Seafood on Boston Harbor Wharf for quintessential Boston Clam Chowdah!

– **Jeff Smith**, Director of Development



On a nice day nothing beats walking around Jamaica Plain, enjoying Jamaica Pond, and then going to one of the awesome restaurants on Centre St.

– **Fran Harrington**, Web Developer & Designer



I'm going to be a big nerd and recommend the Museum of Science. There are lots of amazing exhibits that cover not only various realms of science, but history as well. My favorite exhibits were

the ones on zoology. They even have live animals in a few of the exhibits.

– **Alex Bahrawy**, Administrative Assistant

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Letter from the Executive Director

Dear Friends,

What matters most to you? What kind of impact are you making in the world? What do you stand for? We have embarked on another round of strategic planning at the Foundation, and I find myself thinking about questions like these. Strategic planning is an opportunity to take a step back and attempt to answer similar questions as an organization: What do we want the Foundation to stand for? What is our mission? What kind of impact do we want to make? What kind of help, support, and resources do the OCD and related disorders community say they need?

In order to look forward, I have first found myself looking backward. I wanted to take this opportunity to look at what has changed since 2008 when I first began at the International OCD Foundation (then called the Obsessive Compulsive Foundation, or OCF).

A theme I have heard over and over again these past several years is that those who are impacted by OCD and related disorders need to have access to resources and information. During one of our early strategic planning sessions, Carly Bourne, our marketing and communications director, described this as "empowerment through education." We have devoted a fair number of resources to our websites, recently wrapping up a second round of upgrades in the last seven years. Now, with over 2 million hits annually (and growing), it is clear that the Internet is a prime place for finding those resources and that desperately needed information.

Similarly, there were no websites dedicated to hoarding disorder or pediatric OCD until we launched our sites on these topics in 2010 and 2011 respectively. And, as of late 2014, we can add www.HelpforBDD.org to that list of resources as well.

However, accessing information via the Internet is different than the rich resource available to the OCD and related disorders community in the form of our Annual OCD Conference, a resource that has seen a 50 percent increase in attendance from 2009 to last year. For me, as well as for the thousands of Conference goers over the years, one of the best aspects of the Conference is the sense of community our attendees experience. Having treated individuals and families affected by OCD for many years, I am always struck by the sense of isolation experienced by so many for so long. My hope is that the communities we help build through events like the Conference and our 1 Million Steps 4 OCD Walk, as well as through the expansion of affiliates and in-person support groups, will continue to grow and reach a larger

population. In fact, "community" was the word I heard most often in our early strategic planning stages.

In addition to community building, we have also increased our emphasis on pediatric OCD in the last few years. We have lots of ideas about how to upgrade and revamp our "OCD in the Classroom" kit and believe this could have a wide-reaching impact on those affected by OCD in childhood and adolescence. For example, in an informal online survey we conducted a couple of years ago, we found that 95 percent of kids report that their OCD symptoms affect their school performance, with lowered grades (60 percent), school day absences (44 percent), and trouble with teachers (41 percent) leading the list.

So, after looking back, I am again looking forward. When Shannon Shy — one of our board members and the chair of the strategic planning task force — asked me what core value I shared with the mission of the IOCDF, my response was: "To ensure that those affected by OCD and related disorders have easy access to effective treatment." This echoed the tagline of the Foundation when I first started: "Effective treatment for everyone with OCD."

As such, one of my favorite programs at the Foundation is the Behavior Therapy Training Institute (BTTI), also one of our earliest programs. Over 1,000 mental health providers have participated in our BTTI and are now better trained in the diagnosis and effective treatment of OCD. Our hope going forward is to continue to expand these training opportunities through online webinars and the dissemination of our new Pediatrician Partnership Program, where we are educating pediatricians in the early detection of pediatric OCD and what they can do to help.

With so many accomplishments behind us it is hard to believe we still have so much to do. I continue to feel privileged to be a part of the OCD and related disorders community and to see what we can all accomplish together.

Sincerely,



Jeff Szymanski, PhD
Executive Director
International OCD Foundation

FROM THE FOUNDATION



ANCHORS AWEIGH!

22nd Annual OCD Conference Preview: Boston 2015!

We are so excited that our next OCD Conference will be taking place in the IOCDF's hometown of Boston. We cannot think of a better place to hold the Conference than in the middle of the city we love and know so well. This will be the first year that the Annual OCD Conference has made its way back to Boston since the 2008 Conference, and my, how things have

changed since then! Last year's Conference in Los Angeles was our largest and most successful Conference to date, and we are on track to hopefully break these records again this year. Join us and be a part of IOCDF history!

—Marissa Keegan, IOCDF Program Director

Come to the Cabaret! Life is a Cabaret!

Music has the power to transform, and, for some, music is also a key part of learning to live with and rise above OCD. On Thursday, July 30th, the Annual OCD Conference kicks off with "Louder Than OCD" Cabaret & Open Mic: An Interactive Evening of Music and Fun, featuring musical performances from Argentinian pop star and IOCDF Spokesperson Ro Vitale; songs from "Three Times Fast", a new musical by Teresa Lotz and Naomi Matlow inspired by their experiences with OCD; as well as other songs and performers. This musical evening will entertain and educate through discussions of how music has been important in the lives of our featured performers and how it has provided help, comfort, and inspiration during their struggles with OCD.

While attendees are welcome to just watch, there will be plenty of opportunities for the audience to join in the fun through vocal and musical exercises led by Ro Vitale.

At the end of the evening we will have a 30-minute open mic/jam session to allow anyone to perform. Please feel free to bring your guitars, ukuleles, and other musical instruments if you want to participate.

We asked two of the event creators, Naomi Matlow, co-writer of *Three Times Fast*, and Ro Vitale, to tell us more about the "Louder than OCD" Cabaret, and what music means to them:

Q & A WITH NAOMI MATLOW:

What inspired you to write a musical about OCD?

Teresa and I were inspired to write *Three Times Fast* because when we met in graduate school at NYU, we began a conversation about both of our experiences growing up with anxiety and OCD. We immediately knew that we had to write about it and, though it felt like an impossible task at the time, we decided to give it a try together.

Did you find the writing process therapeutic? Or was it challenging to talk about your OCD in this way?

Writing the show has been so many things — scary, cathartic, inspiring, and therapeutic, to name a few. However, just like battling OCD, we must do what scares us the most because it is those very things that teach us the most. By writing the show, we also wanted to provide hope for others who may currently be in the same situation as we once were. When I was in the thick of my OCD it was hard for me to pick up a pen and write. Now, everyday I reinforce myself with the message that OCD is not going to stop me from telling my story.

Are you and Teresa both performers as well? Has performing music been therapeutic to you?

I am not a performer, at least not in public, but Teresa is a wonderful singer and musician. You all to get to hear her chops at the Cabaret!

Do you think music, performance, or even just writing have therapeutic roles to play in OCD?

I think music, performance, and writing definitely have therapeutic roles to play in OCD recovery. At least for me, my OCD introverts me into a secluded space in my mind that is very frustrating and lonely, whereas the act of creation is the opposite of that. Creativity forces us to look at ourselves and others from a bird's eye view — from a place of freedom with a more forgiving and honest perspective. Creativity also has a large sharing element — and human interaction and fostering genuine relationships are very therapeutic.

Come to the Cabaret! *(continued)*

Are you excited about presenting songs from your musical at the Conference?

We are so excited to present some of our songs at this year's Conference! We can't wait to share what we are working on with a group of people who are sensitive and interested in the topics and questions that inspired us to write this piece.

What are you most looking forward to at the Conference (other than your event)?

We are really looking forward to meeting fellow Conference participants and sharing our thoughts and experiences. It is sure to be a wonderful weekend in Boston!

Q & A WITH RO VITALE:

Can you tell us how music has affected your life?

Music has always been an emotional translator for me. Through song writing and performing, I have always been able to access my most honest self with no obstacles. I started singing when I was 4 years old, but it wasn't until I became an adult that I realized how important music was for my mental health.

Shortly after my diagnosis (and even before), song-writing played a key role. I couldn't leave my house or touch other people, my world was the size of a bath tile, and I was scared and lost. I remember feeling like the only "safe" place on earth was my home studio, where I was able to connect with the creative tools that OCD was trying to destroy. My songs were the only undistorted mirror I could look at myself in — a reminder that not all was lost, my measure of hope.

Unfortunately, at one point, my home studio got trapped in the OCD cage as well. But I still had the stage. OCD deprived me of a comfortable relationship with my body, and my heightened levels of anxiety got me used to near constant muscle tension. But, performing live on stage always allowed me to connect with my body freely and naturally. As a singer, I learned to use my singing voice as an ambassador of my identity. That is why, when I'm on stage, I can express who I am and what I need with no boundaries. As for the symptoms, they practically disappear, leaving space for creativity and freedom. Music heals in the most amazing and unexpected ways.

What do you hope people will leave the Cabaret event feeling? What skills do you hope to teach them?

I hope people will leave the Cabaret with a strong sense of empowerment. Bearing in mind that music can directly connect with our pain, we will provide the means to help attendees access a brand new emotional tool through which we hope they will be able to channel their fears. The goal of this workshop is to encourage people to face their fears

Continued on next page >>

Boston Tips from IOCDF Staff

(continued from page 2)



Boston Common and the Public Garden

www.cityofboston.gov/Parks/emerald/

I really love green spaces and being able to be outside in more natural settings, and both the Boston Common and the Public Garden are full of a wide variety of trees,

plants, and flowers. You can take a nice walk along the various paths, stop for a rest or a picnic in the grass, while away the hours watching the Swan Boats, and pose for pictures with the iconic "Make Way for Ducklings" statue (among others!).

– **Stephanie Cogen**, Assistant Program Director

The New England Aquarium

www.neaq.org

I love visiting the Aquarium, especially for the octopi, jellyfish, penguins, and seals. It's located near a few nice restaurants with a view of the harbor and is right next to Long Wharf, where you can hop on a harbor cruise or take a ferry across to another one of my favorite places to visit — the USS Constitution in Charlestown (see below).

– **Pamela Lowy**, Director of Operations

Ferry to Charlestown

mbta.com/schedules_and_maps/boats/lines/?route=F4

I love taking the ferry to Charlestown. The ferry ride itself offers gorgeous views of the city, and it's run by the city's public transit system, so it's much cheaper than many of the Harbor Cruises (just \$3.75, free for children 11 & under). Once in Charlestown, you can take a free tour of the USS Constitution, the oldest commissioned Naval vessel in the US, you can follow the Freedom Trail into historic Charlestown, and have a pint at Warren Tavern (where George Washington and Paul Revere once drank), and climb to the top of the Bunker Hill Monument.

– **Carly Bourne**, Director of Marketing & Communications

Charles River Esplanade

esplanadeassociation.org

Whether walking, jogging, biking, or having a picnic, the Charles River Esplanade is a great place to spend a beautiful summer day. It stretches along the Charles from the beginning of Beacon Street in downtown Boston (right near the IOCDF office) all the way to the beginning of Boston University.

– **Tiia Groden**, Membership Coordinator

For more tips on what to do in Boston, visit the Conference website at: www.oed2015.org/about/attractions. ●

FROM THE FOUNDATION



An Overview of the 3rd Annual Hoarding Meeting

by Jeff Szymanski, PhD, IOCDF Executive Director

Hoarding disorder (HD) presents a unique challenge because of how it impacts such a wide variety of individuals, agencies, and groups. As such, our goal at the IOCDF has been to continue to design and develop comprehensive resources that help support individuals with hoarding disorder while also addressing the family, community, and public impacts of HD.

During the 2012 Annual OCD Conference in Chicago, I was approached by Gail Steketee, PhD, and Randy Frost, PhD, about how the IOCDF could better serve the entire hoarding community. In particular, Drs. Steketee and Frost felt there was no nationwide conference devoted to hoarding in quite the same way that the Annual OCD Conference catered to the entire OCD community.

Hoarding disorder has long been an important part of the IOCDF's mission and focus and a big part of the Annual OCD Conference. It seemed only natural, then, for the IOCDF to move the many hoarding talks already at the Conference into their own meeting, which could run at the same time as the Annual OCD Conference. Consequently, the 1st Annual Hoarding Meeting was born in 2013 in Atlanta, GA, running concurrently with the 20th Annual OCD Conference.

We have expanded the Annual Hoarding Meeting by including an all-day Pre-Conference training for professionals working with individuals in the HD community. This innovative training will focus on helping all community responders (mental health professionals, home-based workers, professional organizers, coaches, first responders, peer responders, etc.) develop their knowledge and keep their skills up-to-date in order to maximize their impact. All attendees will get hands-on experience in community-based approaches to hoarding intervention.

Meeting attendees are invited to join Drs. Renae Reinardy, and Robin Zasio on a "non-shopping" shopping trip for an opportunity to learn how to respond more flexibly to impulses to buy something new (Visit www.hoarding.iocdf.org/therapy.aspx#nonshopping to watch a video of Dr. Randy Frost and a client on a non-shopping shopping trip). Drs. Christiana Bratiotis and Jordana Muroff will also be running an experiential workshop to help individuals with hoarding disorder learn strategies for de-cluttering.

Finally, for family members who have a loved one struggling with hoarding, Dr. Greg Chasson will be leading a workshop entitled: "Family Support and Intervention for Hoarding: An



Randy Frost, PhD, and Gail Steketee, PhD, at the 2012 Annual OCD Conference in Chicago, IL

Introduction to "Family-as-Motivators" Training." On Saturday evening, we will also be holding support groups both for family members and for those with HD.

We are looking forward to this exciting program. Thank you to our Hoarding Meeting Planning Committee Drs. Gail Steketee, Randy Frost, and Christiana Bratiotis. ○

To learn more about the Hoarding Meeting, please visit www.ocd2015.org/hoarding. All of the Hoarding Meeting events are included with your Annual OCD Conference registration except the Pre-Conference Professional training, which has an additional fee.

Come to the Cabaret! Life is a Cabaret!

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using some of the same techniques of exposure and response prevention (ERP), while also stimulating attendees' openness and self-esteem.

What inspired you to help create this event? What are you most looking forward to?

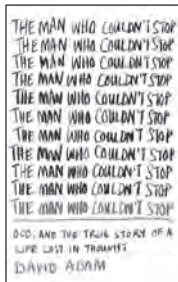
My dear friend and longtime advocate Margaret Sisson has been the biggest inspiration for this project. In fact, she came up with the idea in the first place. As for me, I am excited at the prospect of sharing my personal experience with music as a therapeutic tool. As a musician and teacher, I have seen the amazing outcomes of using this tool, and I can't wait to accompany attendees in their creative process. ○

Don't miss The "Louder Than OCD" Cabaret & Open Mic: An Interactive Evening of Music and Fun at the Annual OCD Conference on Thursday, July 30, from 6:30–9:00 p.m.. Hosted by Ro Vitale, Naomi Matlow, Teresa Lotz, Kevin Putman, & Margaret Sisson.

BOOK REVIEW: *The Man Who Couldn't Stop*

by Rebecca Radford, IOCDF Intern

Rebecca Radford has been a volunteer at the IOCDF since May 2014. She is an English major studying at Simmons College in Boston, MA. She is also serving as the IOCDF Program Intern this summer.



***The Man Who Couldn't Stop: OCD and the True Story of a Life Lost in Thought* by David Adam (Farrar, Straus, & Giroux, 2014)**

David Adam, a writer and editor for the acclaimed science journal, *Nature*, has created a masterful read for those whose lives are negatively affected by OCD, as well as for those who want to learn more about the disorder.

Adam's work is an intriguing narrative that functions not only as an autobiographical account of his own struggles with OCD, but as a relatable tale for both sufferers and their families, making *The Man Who Couldn't Stop* useful and entertaining for OCD sufferers and their loved ones alike. Adam approaches obsessive compulsive disorder with compassion, wit, and a marked sense of optimism regarding the future of OCD research and treatment. With relevant information on how to seek treatment and a critical look at OCD's tumultuous history in society and medicine, *The Man Who Couldn't Stop* is both a heartbreaking and hilarious read. This story of a man's quest to take his life back is a timely example of why mental health resources and education need a greater presence in our society as evidenced by the amount of misinformation Adam received in his initial attempts to seek treatment and the years he lost as a result.

Adam's stance throughout *The Man Who Couldn't Stop* is as a strong advocate for both cognitive behavioral therapy and exposure response prevention (ERP) in treating OCD. The use of psychiatric medication in conjunction with therapy is also recommended, and Adam urges anyone seeking help to discuss any and all treatment options available to them with their healthcare provider. Although Adam does not insist that any one kind of treatment will work for everyone, he emphasizes the importance of seeking treatment and provides a strikingly detailed array of information regarding what treatments are available. He emphasizes reaching out to others if you are struggling with OCD as the first step towards improving your quality of life.

As someone who has struggled with OCD for the majority of my life, I found this book to be both informative and inspirational, as well as compelling and entertaining. I could relate to so many of the accounts Adam recalls, whether they happened to him, someone he knew, or were well-documented medical cases. Adam also provides great insight into the past, present, and future of OCD and

other mental health treatments, referencing current studies and research projects that are now underway. With his biting sense of humor, sharp detail, and heartfelt empathy, Adam's insights offer a unique perspective on what might otherwise only function as horrific and disturbing anecdotes from OCD sufferers and their loved ones.

I enjoyed how Adam ties history, mythology, and folklore into *The Man Who Couldn't Stop*, and highlights the ways in which they contribute to our societal and communal perceptions of mental health. For example, among the legends of vampires that exist, there are frequent references to a vampire's obsessive need to count items. Some myths even suggest that the best way to escape from a vampire is to throw a number of objects at it, for the creature will stop hunting you in favor of counting all of the items now surrounding it. Perhaps long ago, we viewed OCD without the knowledge and insight we have today and feared that magic or evil was at work instead. This would also suggest that OCD is not a new phenomenon by any means. This can only emphasize the need for education, resources, and treatment to become more universally available.

Adam concludes his narrative with an additional reference to monster lore: "If you want to defeat a vampire then you can chase it with a wooden stake or holy water... but it's more effective to throw open the curtains and let in the light." In this sense, he likens an attempt to attack a vampire head-on to a person's denial of their own OCD and the subsequent distress it causes. Just as most mortal beings cannot hope to defeat a vampire on their own, those of us who suffer from OCD need to reach out and seek support. There is hope out there for all who suffer from OCD. The first step to receiving the right treatment is to share with others how you feel, like Adam accomplishes in his narrative.

OCD is a disorder that has been greatly stigmatized, misrepresented, underestimated, and even mocked in both our media and society. But, no matter how alone a sufferer may feel, there are others out there fighting the same battle and specialists willing to help them achieve a more productive, functional, and enjoyable life. Together, we can let the light in — and defeat the vampires. ○

David Adam will be presenting his talk, "The Man Who Couldn't Stop," on Sunday, August 2, 2015 at 8:00 am at the Annual OCD Conference in Boston this summer. He will also be the recipient of the 2015 Illumination Award for his work to promote awareness about OCD and help break the cycle of stigma.



FROM THE FOUNDATION

Donor Profile: "Charity in Bloom"

by Jo-Ann Winston, Introduction by Jeff Smith, IOCDF Director of Development

Last year at the 1 Million Steps 4 OCD Walk in Boston, I had the pleasure of meeting and getting to know Jo-Ann Winston of Winston Flowers. Since the walk, Jo-Ann has become a frequent volunteer at the IOCDF office and has taken up the torch of OCD advocacy. I asked Jo-Ann to share her story in this issue of the newsletter:

When you are blessed with a child and become a parent, nobody teaches you what to do. There isn't a school or any online parenting courses that can prepare you for the emotion that comes with parenthood. Somehow though, it seamlessly all falls into place, and you find yourself instinctively bonding and knowing what to do with your child — the joy of parenting!

However, what if one day you find that you are not able to soothe your child or are confused by the things she is doing, the questions she is asking, the frustration she is showing? You find that the magical instincts you initially relied on are now going awry. You don't understand what is happening.

This was the conversation going on in my head when my daughter Chloe was diagnosed with OCD at the age of 9. It was like a demon had taken over my daughter. I could see the fight going on within her and I couldn't do anything about it. I knew how to deal with a cold or a skinned knee, but there wasn't a chapter in any of parenting books I had read that told me what to do when my child became increasingly preoccupied and fearful as each day passed. In the end, I eventually turned to my parents for guidance and, with the support of my family and friends, I found Chloe a doctor and a therapist.

That, however, was just the beginning. I had so many questions and wanted to know more so I could help rescue my daughter from the grips of "The Poop Dude" (the name Chloe had given to her OCD). The Dude was clever and didn't give up easily. I needed to learn how to help my daughter fight back against him. While looking for answers, a friend shared with me that her child also suffered from OCD and told me about the International OCD Foundation. When I went on the website, I was amazed at the amount of information. There were book referrals that were so helpful and a parenting support group held at McLean Hospital that I started attending every week. My mind was slowly being put at ease. I felt like the unknown just became manageable.

I decided to sign up to become a member of the IOCDF and receive the newsletter. I felt so empowered by the stories and the amazing research being done to help ease the suffering for the OCD community. The Foundation gave me the strength I needed. I no longer felt so sad about Chloe having OCD. I accepted her illness and was determined to help her and others fight back.

When we joined the "1 Million Steps 4 OCD Walk" two years ago, I made it mandatory for the whole family to attend (even the dogs!). We mostly kept to ourselves but still felt the vibe from the other walkers. During our second year at the Walk, I set out to talk to people and get to know others who were also dealing with OCD. My kids were mortified. "What are you going to say?" they asked. "Nobody wants to talk about their OCD, mom!"

Thankfully I was saved or, should I say, my kids were saved from embarrassment when Jeff Smith, the director of development at the IOCDF introduced himself. We had a lovely talk the whole way around the pond and from that moment, the bond began. Shortly afterwards, I started volunteering once a week at the Foundation. The people behind the scenes are young, smart, innovative, and dedicated. They even put up with my slow typing and are so encouraging and thankful for my time.

Now to really let you know why I am writing this article. Winston Flowers, my family's business, has a wonderful program, "Charity in Bloom." This program was created to raise awareness and funds for nonprofit organizations. Each month, proceeds from specially-designed "Charity in Bloom" arrangements are shared with a partner organization to support their initiatives.

The IOCDF will be the partner organization for the month of August 2015. Please join me in raising money for the IOCDF by sending someone a beautiful arrangement. Starting August 1 simply go to www.winstonflowers.com and click on "Charity in Bloom." You will be supporting a wonderful Foundation and making someone very happy with a lovely Winston's arrangement.

Oh, and by the way, Chloe, the one who brought me to the Foundation, still has to fight the "Poop Dude," but she is winning and thriving at the age of 18, and is off to college next year. Thank you, IOCDF, for giving me awareness, hope, and strength. ○

– Jo-Ann Winston

The IOCDF is excited to announce that we have been selected as the beneficiary of the "Charity in Bloom" program for this coming August. Charity in Bloom is a philanthropic program run through longtime Boston florist, Winston Flowers. To order your flowers, just go to www.winstonflowers.com during the month of August and click on "Charity in Bloom."



Giving the Gift of a Life-Changing Weekend: The Frances Sydney Conference Scholarship Fund

by Jeff Smith, IOCDF Director of Development

In 2014, a record-breaking 1,345 members of the OCD community came together at the 21st Annual OCD Conference in Los Angeles to hear from OCD experts, meet others affected by OCD, and discover life-changing information about OCD treatment and recovery. But for many, while the desire to come to the Conference is great, the financial obstacles of traveling and attending the Conference are too big to overcome.

Every year, the IOCDF provides at least 20 Conference Scholarships to those who need them most. Through our Frances Sydney Conference Scholarship Fund, we are able to subsidize a significant portion of the Conference registration fee to make the conference affordable for many individuals who may not otherwise be able to attend. The fund was established in memory of founding IOCDF board member Frances Sydney, who worked diligently to provide support for the OCD community.

IOCDF member Raquel wrote to thank the Foundation after receiving a Scholarship to attend the Conference in 2012. Raquel asked to share what receiving a scholarship to the Annual OCD Conference has meant to her.

The Annual OCD Conference literally changed my life.

The Conference Scholarship was a great help in allowing me to attend the OCD Conference. I am from Puerto Rico and coming to the annual conference in Chicago was going to be very expensive for me. Three years ago, I made a big leap of faith. My OCD had left me homebound for 3 years. I learned about the OCD Conference in Chicago in 2012 and read that there was going to be a 2-day intensive treatment program for OCD sufferers by Dr. Reid Wilson. With help from the Frances Sydney Conference Scholarship Fund, I traveled by myself to Chicago, where, for the first time, I received exposure and response prevention (ERP) therapy from Dr. Wilson.

In 2013, I was able to go to the Conference in Atlanta. I went to every workshop that I could fit into my schedule.

Sometimes I wished that I could have been in two places at once because there was so much I wanted to learn. I wanted to absorb every single tool and technique offered, and I wanted to meet as many therapists as possible. I was determined that I wasn't going to let OCD steal what was left of my youth.

Besides getting information and meeting amazing therapists, one of the best things that happened to me during the Conference was meeting lots of people who gave me support when I was going through a rough time. I eventually was able to receive intensive treatment at a program in Florida. It wasn't easy. I am now back at home and today I can say that I'm 99% OCD free. And it's AWESOME!

None of this would have been possible without the help of the IOCDF and the scholarship that I received to attend my first Conference.

Now I'm starting over with my new life, dreams, and goals. I really want to help people and let them know there's hope, and they can live a life with OCD. Last year's conference in LA was awesome. I am counting the days until Boston 2015!

Sometimes donating to a charity can just feel like writing a check. But stories like Raquel's remind us that donations can change lives. Will you help us meet our \$10,000 goal to help send 20 or more individuals to the OCD Conference this year?

If you are interested in helping someone who is suffering from OCD or a related disorder attend the Annual OCD conference, please make a donation to the Frances Sydney Scholarship Fund. Your gift, combined with the generosity of other IOCDF donors and members, can help make a difference in the life of someone living with OCD. ○

You can donate to the Frances Sydney Scholarship Fund online by going to www.ocd2015.org/donate, mail your gift to IOCDF, PO Box 961029, Boston, MA, 02196, or call (617) 973-5801 and ask for Jeff Smith, Director of Development.

FROM THE FRONT LINES

Hide or Confess? The Right to be Honest

Written by Ro Vitale, along with Anita Morf



Ro Vitale at the 2014 Annual OCD Conference in Los Angeles

Please join us in welcoming Ro Vitale as our new IOCDF Spokesperson. Ro Vitale is an award-winning singer and songwriter from Argentina who suffers from severe OCD.

Not long after her diagnosis Ro decided to go public with

her struggles in a major magazine. The article made a huge impact (more than 40,000 hits online), marking the beginning of an intense advocacy journey. She has since been featured on several TV shows, magazines (including the Spanish version of Newsweek), newspapers, and radio shows. Ro was the keynote speaker for the Spanish Program at our 21st Annual OCD Conference in Los Angeles in 2014, where she stole the show with her honesty and openness. Her song, "My Inspiration," was written especially for the 21st Annual OCD Conference. She is donating all of the proceeds from song sales to the International OCD Foundation. In this column, she discusses why OCD advocacy is so important to her and the entire OCD community.

I was walking home from the grocery store when I had this thought: obsessive compulsive disorder has the most amazing ability to make me waste my time. Choose any random day-to-day task: Laundry? Buying groceries? Dishwashing? Mopping the floors? Cooking dinner? If we were to measure the duration of these activities when performed by a non-OCD sufferer versus an OCD sufferer, the contrast would be striking. This is probably obvious to anyone affected by OCD, but most people outside of the OCD community have no idea how seriously OCD can affect daily functioning.

I find it fascinating to watch other people navigate their everyday adventures out in the world so functionally and so quickly. Yet, as I wander the streets, performing as many natural exposures as I possibly can in an effort to blend in with everyone else, I am immersed in an endless one-on-one battle between both "sides" of my brain — there is the normal side and the OCD side.

What is "normal" anyway? The objective of treatment is to get closer to my dreams and goals, create emotional availability in order to get back on stage, get back to my social life and, ultimately, extend my actions towards the pursuit of happiness. I'm glad to say that my treatment at the OCD Center of Los Angeles has given me ample opportunity to do this.

But, life after successful treatment also involves new responsibilities and increased demands. I am asked to run — to go, go, go — as fast as my semi-articulated OCD legs can carry me. The more I look like a "normal" person, the less people consider giving me a little extra time and a little more space to perform whatever task I am socially entrusted with. While OCD no longer rules my outward life, without the bizarre spectacle of my symptoms I am no longer immune from criticism or worthy of compassion. More is expected of me. There are no more potential or actual disability benefits or increased attention.

In sum: successful treatment means I have lost the safety net. But, I do not feel ready.

I can't compete with the toned legs of these fast-moving "normal" people. I strive to keep up with them, almost choking on my self-encouraging, "I can do it!" mantras.

On top of that, stigma takes on a new dimension when I am out in the world. Most of the time, people cannot anticipate my odd movements. I look "normal" — relatively well-dressed, agile, and attractive.

Out in the world, there's an unspoken agreement that structures our interaction with others around a set of expected "normal" behaviors. But, people cannot anticipate... me. To be fair, it's not really "me" (we all know OCD is not the same thing as your personality), it's the distorted effects OCD has on my gestures and attitudes. Those everyday clashes tend to pull me in two directions at once: either hiding or confessing.

I belong, but I don't fit in. I agree with the rules, but I'm still also following other rules, ones that are not entirely in keeping with reality. I'm subject to dual criteria. Are others aware of this? Why would they be?

When you are ill, you assume the role of "Patient." And over time, people start to see that aspect of you — the Patient — above all else. Your personality, lifestyle or any other unique attributes are ignored or overlooked. Reality (and its

Hide or Confess? The Right to be Honest *(continued)*

interactions) becomes practically one-dimensional as you navigate the world of doctors, therapists, and treatment.

Conversely, life after treatment means accepting a much broader definition of ourselves and our possibilities in life and society. We are no longer just Patients. We now must readjust to a new reality in which our dreams, goals, and — ultimately — our identity and personality, take center stage, displacing OCD's overwhelming presence.

Unexpectedly, being ill didn't make me feel as inadequate as I do now because I had a comfortable label — I was the Patient, and I had a particular type of relationship with others because of this. But now, my newly achieved access to a more functional life reveals the entire color spectrum of my personality, though stained with indelible OCD ink. Therefore, the new challenge is learning to deal with this dichotomy: I must be held accountable for who I am, who I was, who I'm supposed to become, but I also must still contend with OCD's demands. The disorder has its own survival instinct, and it's not willing to give in so easily.

I am sometimes criticized for talking about OCD too much when I am out in the world. I tend to explain my compulsive behaviors as technically as possible. But I feel like the more I talk about OCD, the less it speaks for me. This applies not only to advocacy, but also to everyday life.

Being labeled as ill sends us straight to the margins of society. Maybe this is one of the reasons why, when we feel strong enough and ready to enter the 'real world,' we desperately feel the need to dissimulate any visible trace of the disorder. We can't afford to be rejected again.

While I understand this mindset, I also believe this attitude undermines our self-esteem and nurtures stigma. Paradoxically, being open about our difficulties could actually ease our reinsertion into the functioning adult world. We have the right to be honest and, are undoubtedly entitled to ask for a little extra time and a little more space.

Of course, an educated society, with the ability to compassionately understand our struggle and recognize our efforts, would be of great help. This is where advocacy comes in.

As an OCD advocate, I've met sufferers who perform the most complex maneuvers to cover up their symptoms. I've

seen tears, tiredness, fear, and frustration. But as much as the decision to hide or confess might look like a personal decision, I personally believe it is a direct reaction to real or imagined hostility and potential for rejection from others. Over time, I have come to the conclusion that there's nothing to be ashamed of. And, in fact, there's so much to be proud of. Consider what we have been through. Think about the resilience and persistence we've nurtured over years of struggle. Let people feel that pride and resonate with us.

Who would hire an OCD sufferer? Someone who celebrates the courage that brought us to his or her office in the first place.

Who would dare love an OCD sufferer? Someone who's capable of seeing the strength and determination it took to overcome the obstacles on our path to his or her arms.

Who is going to listen to an OCD sufferer? Anyone who knows the overwhelming beauty that resides within each and every story of overcoming. Every single privileged listener who dares to learn from the sensitive, captivating voice of those who wake up every day to the gentle touch of their own hands, ready to wipe their tears and celebrate life.

If I had to choose between the risks of talking about OCD too much or not talking about OCD at all in an attempt to fit in, my choice would be clear: I'd get myself a beautiful white t-shirt with the words "I have OCD" emblazoned on it. ○



Ro Vitale will be a speaker at this year's Annual OCD Conference in Boston. You can see her at one of the presentations below:

- How I Became an IOCDF Spokesperson: A Journey to Advocacy*
Sunday 8/2, 9:15–10:45 a.m.
- Your Courage Is My Inspiration*
Friday 7/31 4–5:30 p.m.
- The "Louder Than OCD" Cabaret, Musical Preview, + Open Mic: An Interactive Evening of Music and Fun*
Thursday 7/30, 6:30–9:30 p.m.
- Everyone Orientation*
Friday 7/31, 8–9pm
- Conquering Personal Stigma*
Friday 7/31, 9:15–10:45 a.m.

FROM THE FRONT LINES

OCD — A Hostage Situation *(continued from front cover)*

A HOSTAGE AND A VOICE

When I was developing, “Is Fred in the Refrigerator?” — my Keynote Address at the 2013 Annual OCD Conference in Atlanta — I wanted to use a metaphor that adequately described how it feels to have OCD. Characters with OCD have had key roles in numerous TV shows and movies, but for me, those portrayals lacked the emotional depth needed to convey the utter hell that OCD creates in the mind and life of sufferers.

It hit me as I was trying to go to sleep one night—a hostage crisis! That’s what it feels like to have OCD — like you are being held at gunpoint 24/7.

I like metaphors. Another one I created for my keynote was “WDNG,” the radio station playing in my head and broadcasting “All danger, All the time: Your home for the worst case scenario — all the bad things that can happen to you and the ones you love, broadcast 24 hours a day, uninterrupted for your listening hell.”

I know I’m not supposed to “mix metaphors,” but I can’t help it. If you put the hostage crisis and WDNG together, you get a really good idea of what having OCD is like: on one side of your head is the cold, hard barrel of a weapon that keeps you stuck doing your compulsions. On the other side is a vicious voice whispering not only obsessions in your ear but also what a pathetic, shameful person you are for all of the harm you are causing (if you have harm OCD), or how you must get whatever it is you’re doing, thinking, or feeling right (if you have just right OCD), or some lovely combination of the two.

Sounds like fun, huh?

OCD-INDUCED STOCKHOLM SYNDROME

Unfortunately, according to research from the IOCDF, it takes on average 14–17 years from the onset of symptoms for people to get the right treatment for OCD. This means that those of us with OCD spend a long time (and I do mean a loooooonnnnnnggggggg time) listening to that vicious voice, feeling like there’s a gun permanently pointed at our temples.

Let me remind you of a key phrase in Wikipedia’s definition of Stockholm syndrome: “one person intermittently harasses, beats, threatens, abuses, or intimidates the other.”¹ To me, that sounds like a great description of what OCD does to people who have it. Here are a just a few choice examples from my personal experience:

“Can’t you be responsible and pick up that piece of trash? Someone could slip and fall on it, and it will be your fault! Won’t you feel awful if something happens that you could have prevented?!”

“Wash your hands again, you negligent oaf! You didn’t do it right the first [insert large number here] times, and you’re going to get sick and die if you don’t!”

“Did you just have a horrible image of a religious figure come up in your mind? What is wrong with you? Who thinks those things? Only people destined for hell, that’s who. I’d get on your knees and start praying for forgiveness if I were you!”

How would you feel after listening to that garbage all day long? Exhausted? Depressed? Beaten down? Like you just want it to stop? Yes, yes, yes, and YES.

So wouldn’t you think that once an OCD sufferer goes through exposure and response prevention (ERP) therapy and turns down the volume on the voice of his or her “captor” OCD that he or she would do anything she could to keep it quiet so that he or she could be truly free?

You’d think so, but in so many cases, those of us with OCD develop Stockholm syndrome: we take OCD’s vicious voice and make it our own.

THE SELF-CRITICAL MONSTER

I, unfortunately, have firsthand experience with OCD-induced Stockholm syndrome. I’ve been in recovery from OCD for almost five years and noticed about a year ago that my inner dialogue about everyday stuff sounded an awful lot like the voice of OCD:

“You know that decision you made to buy your house all those years ago? That was a terrible choice. You bought it at the peak of the bubble – don’t you know better? What were you thinking? I can’t believe how stupid you were.”

“Did you call your friend Jeannie back yet? You should have called her back right away. What kind of a friend are you? Not a very good one, that’s for sure.”

“Oh, great. You forgot to get milk at the grocery store again. Can’t you get it together? Come on, you’re an adult for heaven’s sake, be more organized!”

Notice that the voice is not talking about anything that would be considered an OCD obsession, nor is the voice really worrying about real-life situations as someone with generalized anxiety disorder might. Instead, it’s just telling me what an awful person I am. And what’s worse — it’s MY voice! I had taken on the voice of my former captor, OCD!

HOLDING MYSELF HOSTAGE

Because I lived with the voice of OCD sniping at me for decades, I unfortunately adopted its style as my own. My choice of how I treated myself was also reinforced by our pull-yourself-up-by-your-bootstraps, push-yourself-really-hard-and-you’ll-make-it, always-find-a-way-to-improve American culture. I was used to OCD talking to me like that, and societal norms made me think that kind of inner voice would be motivating.

OCD — A Hostage Situation *(continued)*

Dr. Kristin Neff's book *Self-Compassion: Stop Beating Yourself Up and Leave Insecurity Behind*, debunks that myth. In her chapter on motivation and personal growth, she says there's a "widespread belief [that] we need to put a gun to someone's head to make them do something unpalatable—especially when the someone is us." Well, I can definitely relate to that!

According to Dr. Neff, self-criticism does more harm than good for several reasons.

Self-criticism, like OCD, motivates through fear. But how well are we going to do when anxiety resulting from fear keeps us from performing at our best? Self-criticism also undermines our belief in our abilities and causes us to lose faith in ourselves. Who wouldn't start to lose confidence after being criticized over and over again?

Finally, after years of blaming ourselves, we also might start trying to avoid the blame we're inevitably going to dish out by self-sabotaging and procrastinating. That way, we can blame outside forces instead of ourselves. For example: "I was just so busy that I didn't have time to prepare for the meeting. It's my hectic schedule, and not me that's the problem."

None of us, however, need to live like this. As you might have guessed from Dr. Neff's book title, another option exists: self-compassion.

BREAKING FREE

On Dr. Neff's website there's a self-compassion assessment you can use to determine how self-compassionate you are (<http://self-compassion.org/test-how-self-compassionate-you-are/>). I took it last year, and I scored a 1.81 out of 5, which means I was low in self-compassion.

By the way, as I was writing that previous sentence, I almost added "abysmal" before "1.81" but caught myself before I used needless, self-critical language. Instead, let me say that I scored about what I would expect for someone whose OCD has been hounding her for years. I'm going to give myself a break because I've been through hell with OCD. Of course someone who has been through what I have would score in that range!

That's the point of self-compassion — to learn to be kind to yourself. I have been working on incorporating the following three elements of self-compassion into the way I talk to myself:

1. **Mindfulness:** I'm much more aware of when I hear that OCD-inspired vicious voice. "Wow, there I am talking like OCD again!"
2. **Common Humanity:** I recognize that probably most people in my situation would think and feel similarly. "You know, I'm not alone here. I lot of my good friends

have severe OCD, and any of them would feel exactly like I feel right now."

3. **Self-kindness:** I am giving myself a break much more often:

"So I bought a house at the peak of the bubble....that's OK. I made the best decision that I could at the time."

"I might not have called Jeannie back right away, but I called her the next day, and it's not as if she had a stopwatch counting the minutes until I called her back!"

Does this mean I'm going soft on myself? That I'm just to let myself get away with anything? That I'll lose any drive or ambition? No. This point is so important that I'm going to quote directly from Dr. Neff's book:

"We found that self-compassionate people were just as likely to have high standards for themselves as those who lacked self-compassion, but [self-compassionate people] were much less likely to be hard on themselves on the occasions when they didn't meet those standards. We've also found that self-compassionate people are more oriented toward personal growth than those who continually criticize themselves. They're more likely to formulate specific plans for reaching their goals, and for making their lives more balanced. Self-compassion in no way lowers where you set your sights in life. It does, however, soften how you react when you don't do as well as you hoped, which actually helps you achieve your goals in the long run."

Recently I took the self-compassion assessment again and scored a 3.87, which means I am now high in self-compassion. What's more important than my score, however, is how I feel: better. This is only natural considering that I am slowly but surely overcoming my OCD-induced Stockholm syndrome. Day by day, I am changing the way I talk to myself, dropping the harsh, critical tones and words favored by my OCD in exchange for self-compassion: mindfulness, common humanity, and self-kindness.

Not only do I feel better, but the more self-compassionate I am, the stronger my recovery from OCD will be. For me, thanks to ERP, the OCD hostage crisis has been over for several years now. The less I mimic the voice of my decades-long captor, the more I can enjoy my well-earned freedom. ◉

1. http://en.wikipedia.org/wiki/Stockholm_syndrome

A version of this article originally appeared on Shala's blog, "Aha! Moments" at www.shalanicely.com.

Shala will be speaking more about self-compassion at the 22nd Annual OCD Conference in Boston. Her talk, "Don't Talk to Me Like That! Maximize Your OCD Recovery Using Self-Compassion," will be co-presented with Amy Jenks, PsyD, and Jon Hershfield, MFT, and will take place on Saturday, August 1st, at 11:15 a.m.



RESOURCES

Facing Stigma: Daily Disclosure Decisions

by Sue McKenzie, Co-Director of Rogers InHealth, Rogers Behavioral Health System

The first symptoms of mental illness often lead one to search for a quick explanation. For far too many, that first quick explanation is usually blaming oneself. If there was no shame or blame associated with mental illness, people might not waste precious time on self-blame and instead, begin the very hopeful path of recovery.

Stigma is the combination of false ideas (stereotypes) that become one's beliefs (prejudices) and play out in harmful actions (discrimination). When these ideas are turned on one's self, it is known as self-stigma. Stigma is an oppressive barrier to accessing a full range of life resources such as education, employment, healthcare, etc. Research has shown that for some, the very act of reaching out for help can lead to setbacks due to stigma in health care settings.

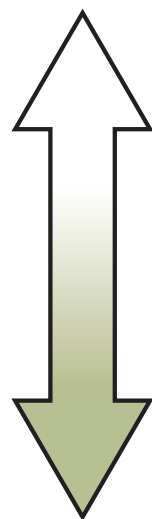
"The most damaging part was when [a doctor] told me that I would never have a normal life, never get married, never go to school, never have a job... here I was looking at this education about OCD and thinking I could get better and then this doctor says this and I think he must know what he's talking about since he has been doing it for 27 years." –Chris

Research has been extremely clear in the last decade that the best way to reduce the stigma of mental illness is through a movement of people collectively and strategically sharing stories of their recovery journeys. We used to think that people would be more accepting if they just knew more about the illness. We now know that focusing just on the science of the illness without sharing personal stories of empowerment and recovery can do more harm than good.

"It is hard to be proud of something that most people are ashamed to talk about. Like parents don't want to tell everyone about their kid with depression or you don't want to talk about your aunt with schizophrenia. But you have to be proud, because it is so brave to fight for and live in recovery." –Bailey

It can take time, however, to be comfortable enough to tell your own story. Disclosing one's mental health status to friends and family can be hard enough, let alone to classmates,

coworkers, or strangers. The decision to become an advocate and to publically "disclose" is at one end of a larger spectrum of important strategic decisions made about disclosure along the path of recovery. To understand this journey of disclosure in a bit more detail, consider the levels of disclosure outlined by international stigma researcher Patrick Corrigan, PhD:



Social avoidance – Living in isolation or only with those who have a mental illness.

Secrecy – Going out in the world and actively working to keep your mental illness hidden.

Selective disclosure – Choosing to tell selected people who will offer support.

Indiscriminant disclosure – No longer working to conceal your story but not actively sharing with everyone.

Broadcasting your experience – Actively sharing one's story in the service of mental health advocacy.

Each level involves daily choices that may or may not be healing for individuals depending on their preparations and expectations. One can just imagine the problematic impact of someone who makes a brave choice to move from secrecy to selective disclosure by talking to a teacher or employer and being met with some form of discrimination.

"You think the sky is going to fall if I tell people, you keep it in because of that, and then you find that people accept you." –Ali

People who fare best in acts of disclosure have spent time countering their negative self-talk with affirming ideas and adopting the language of strengths and resilience when describing their journey. They also put forethought into the decision of who, when, and what to disclose about their mental health challenges and recovery process. Many take small steps toward broader disclosure, learning from experience at earlier levels and seeking external supports along the way. Some feel comfortable "broadcasting" in advocacy situations and yet, are hesitant to talk to their closest family and friends. The assessment of who and what situations are safe varies from person to person.

Continued on page 17 >>

Like Nails on a Chalkboard: A Misophonia Overview

By Adam B. Lewin, PhD, ABPP; Eric A. Storch, PhD, & Tanya K. Murphy, MD, MS, University of South Florida

Dr. Lewin is an associate professor of pediatrics and director of the OCD, Anxiety, and Related Disorders Behavioral Treatment Program at the University of South Florida. Dr. Storch is the Guild Professor of Pediatrics at the University of South Florida, director of research in developmental pediatrics at All Children's Hospital, and clinical director for Rogers Tampa Bay. Dr. Murphy is the Rothman Professor of Pediatrics, division chief of pediatric neuropsychiatry and vice chair of faculty affairs at the University of South Florida.

Misophonia, or "hatred or dislike of sound," is characterized by selective sensitivity to specific sounds accompanied by emotional distress, and even anger, as well as behavioral responses such as avoidance. Sound sensitivity can be common among individuals with OCD, anxiety disorders, and/or Tourette Syndrome. This co-occurrence has led clinicians and researchers to look into whether misophonia is related to these disorders, including potential overlaps in how the brain is affected (i.e., neurobiological overlaps).

Similar to OCD, misophonia presents differently in each individual. Misophonia may range from mild (for example, decreased tolerance of certain types of sounds) to severe, excessive sensitivity to specific auditory (sound) triggers. These sound triggers are often highly specific, including sounds emitted in the context of common human behavior such as sounds associated with: chewing, breathing, swallowing, stepping, lip smacking, tapping, and speaking (sometimes specific spoken sounds). In some cases, extreme sound sensitivity, a characteristic of misophonia, is associated with the behavior of a specific individual, such as "my brother chewing," or "my mother's voice." In other cases, the presentation may be more generalized (e.g., all women's voices, barking dogs) or may include environmental or engineered stimuli (e.g., "the hum of fluorescent lighting, clocks ticking, etc.").

Individuals with misophonia describe encounters with triggering sounds resulting in discomfort, distress, or anger. Affected individuals liken experience of the sound trigger more closely to irritation, disgust, or even pain, rather than

anxiety/fear. The magnitude of disturbance is not necessarily proportional to the duration or the volume of the sound trigger. For example, some children may exhibit an intense outburst when seemingly low-intensity sounds are encountered. The most common behavioral response is the avoidance of and/or withdrawal from sound triggers or situation/stimuli that are likely to result in exposure to the sound. In some cases, situations or stimuli associated with specific sounds are also avoided (i.e., conditioned aversion), as just the possibility of encountering triggers may result in distress or discomfort. For example, an individual may avoid restaurants because of the high likelihood of encountering chewing sounds. Among youth with misophonia, rage or anger outbursts may occur in the presence of triggering sounds or stimuli associated with sounds (e.g. being in a room full of Halloween candy may trigger an outburst in a child with extreme sensitivity to the sound of opening a plastic wrapper).

ETIOLOGY AND PREVALENCE

The neurobiological mechanisms and etiological causes of misophonia are still unknown; although it is thought that it results from abnormal functioning within the limbic system (the part of the brain that regulates emotions), the autonomic nervous system (the part of the brain that controls our involuntary organ functions such as breathing and our hearts beating, and the "fight or flight response"), and the auditory cortex (the part of the brain that manages hearing and interprets sounds). Respondent/classical conditioning also plays a role as previously neutral places and situations become associated with unpleasant sounds (for example, a young girl may be triggered by the sound of her brother chewing and may develop a conditioned reaction to the family's dinner table regardless if anyone is eating at it).

As mentioned above, sensory over-responsivity (SOR), including heightened sensitivity to sounds is common among individuals with OCD, anxiety, and Tourette Syndrome. This suggests possible overlap in neuropathology. While the prevalence of misophonia is unknown, recent studies suggest high rates of SOR among youth with OCD and anxiety. The rate of misophonia among individuals with tinnitus (a condition that causes ringing in the ears) is also elevated.

ASSESSMENT

There are no official criteria for diagnosing misophonia in the most recent edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*; however, it has been proposed that misophonia may be most appropriately categorized under "Obsessive Compulsive and Related Disorders." In 2013,

Continued on next page >>

THERAPY COMMUNITY

Like Nails on a Chalkboard: A Misophonia Overview *(continued)*

Schröder and colleagues proposed diagnostic criteria based on their clinical observations. The proposed criteria may be too restrictive, especially for youth (for example, these criteria require that the individual recognize the feeling of anger or disgust [associated with the sound trigger] to be excessive, and specify that sound triggers must be produced by human beings, both of which may not necessarily apply in cases of misophonia in children and adolescents). We suggest the following considerations for identifying misophonia, simplifying Schröder's proposed criteria:

1. Hypersensitivity to the presence (or anticipation) of a specific sound that may be accompanied by hyperarousal, irritation, anger/outbursts, or fear.
2. Avoidance of sound triggers or stimuli associated with specific sounds.
3. The individual's sensitivity and autonomic/emotional experience and/or avoidance/behavioral response results in significant distress or impairment (e.g., tantrums, disrupted educational/occupational functioning, or significant family accommodation of symptoms).
4. Symptoms are not better explained by another psychiatric disorder.

These criteria are offered as suggested guidelines for identifying probable occurrence of misophonia. Formal diagnostic criteria for misophonia will hopefully be developed through consensus panels of expert clinicians and scientists. At present, "Other Specified Obsessive-Compulsive and Related Disorder" (300.3) may be the most appropriate DSM-5 classification. Evaluation by a medical professional with audiological (such as an ear, nose, and throat [ENT] specialist or otorhinolaryngologist), or possibly neurological expertise is recommended as part of the assessment process to identify other possible conditions that affect the hearing or nervous system. For example, misophonia should be distinguished from hyperacusis (a hypersensitivity to sounds of a certain intensity/volume), which is more common among individuals with autism spectrum disorders.

TREATMENT

There are no evidence-based treatments for misophonia. To date, we lack clinical trials (or treatment studies), and recommendations are currently based on clinical experience and case reports. Most psychological interventions focus on reducing distress or dysfunction associated with heightened sensitivity to sounds (e.g., anger, avoidance). Some preliminary reports have indicated treatments such as exposure and response prevention (ERP), psychoeducation, and habituation training may be helpful. Given the overlap with obsessive compulsive and related disorders, ERP may be an appropriate intervention for some patients. However, it is posited that

exposure therapy may not be sufficient (or appropriate) for extinguishing the relationship between the sound trigger and the irritability/disgust reaction. In some cases, habituation to the auditory trigger (e.g., using graduated, real-life exposures) may reduce sensitivity and/or behavioral responses such as tantrums, anger, and irritability. Nevertheless, in other cases, even repetitive exposure to a target sound might not reduce the sensitivity or subjective distress.

Consequently, learning to "sit with" distress, as well as learning ways to reduce emotional and behavioral reactivity in the presence (or anticipation) of the triggering sounds may be a core component of psychological treatment. Additionally, treatment can focus on breaking the associations between sound triggers and other stimuli (i.e., using extinction strategies to break the associations between locations where the sound may occur and the people/objects associated with the sound).

For children, it is recommended that distress tolerance skills be taught. Over time, prompting the use of these skills can become a replacement for rage outbursts, avoidance, or refusal when faced with triggering sounds. Child treatment is often focused on decreasing the rage outbursts and working extensively with parents to both (a) decrease accommodation around misophonia (e.g., such as setting special meal times to allow the child to avoid trigger sounds), and to (b) encourage/reward use of distress tolerance skills and managing discomfort/anger when triggers are encountered.

Until studied, the use of accommodations such as protective equipment (e.g., noise cancelling devices or ear protection) or quiet-zones (e.g., quiet places in the home, school or workplace) should not be considered treatments of misophonia but might be helpful with managing symptoms while more adaptive strategies are implemented. In other words, accommodations (headphones, white noise, noise cancellation) alone, without cognitive behavioral strategies that develop new distress tolerance and other adaptive skills, is not recommended as a sole treatment strategy. Avoidance of sound triggers (e.g., homeschooling, eating in isolation) is strongly discouraged as a treatment strategy because of interference with the development of more adaptive strategies and possible negative social impacts.

In summary, there is no definitive psychological treatment for misophonia. Until evidence-based treatment programs are developed and tested, treatment should be individually tailored and based on research-supported techniques that address the targeted problems (e.g., avoidance, anger/rage, anxiety/fear, rituals/compulsions). In other words, knowledge of treating anxiety, OCD spectrum disorders, and anger/rage/reactivity can be flexibly adapted.

THERAPY COMMUNITY

Misophonia *(continued)*

There are no medications with specific indications for misophonia. Nevertheless, pharmacotherapy may be indicated for co-occurring problems such as severe anxiety or reactivity/anger/rage. ○

SUGGESTED READING

Jastreboff, P.J. and Jastreboff, M.M. (2014). Treatments for Decreased Sound Tolerance (Hyperacusis and Misophonia). *Seminars in Hearing*, 35, 105-120.

Lewin, A. B., Wu, M. S., Murphy, T. K., & Storch, E. A. (2015). Sensory Over-Responsivity in Pediatric Obsessive Compulsive Disorder. *Journal of Psychopathology and Behavioral Assessment*, 37, 134-143.

Schröder, A., Vulink, N., & Denys, D. (2013). Misophonia: Diagnostic criteria for a new psychiatric disorder. *PLoS ONE*, 8(1), e54706. doi:10.1371/journal.pone.0054706.t001.

Schneider, R.L., and Arch, J.J. (2015). Letter to the editor: Potential treatment targets for misophonia. *Gen Hosp Psychiatry*. doi:10.1016/j.genhosppsych.2015.03.020.

Webber, T.A., Johnson, P.L., Storch, E.A. (2014) Pediatric misophonia with comorbid obsessive-compulsive spectrum disorders. *Gen Hosp Psychiatry*, 36 (2), pp. 231.e1-231.e2.

Wu, M. S., Lewin, A. B., Murphy, T. K., & Storch, E. A. (2014). Misophonia: Incidence, Phenomenology, and Clinical Correlates in an Undergraduate Student Sample. *Journal of Clinical Psychology*, 70(10), 994-1007.

Facing Stigma *(continued from page 14)*

Even with careful forethought, one cannot know for sure what the response will be from everyone. Being prepared allows individuals to minimize the impact of negative responses and maximize the power of your story in the movement to increase inclusion and hope for all. AND, by far, most people have found careful disclosure to be an important piece of their recovery and have found support they never imagined possible.

Rogers InHealth has had the honor of interviewing many people living in recovery with mental health challenges and invites you to view the video stories on our website at www.rogersinhealth.org. We hope you will find encouragement from the many, diverse stories offered there. For a digital version of a helpful workbook on disclosure decisions, email smckenzie@rogershospital.org. ○



Sue McKenzie will be moderating the talk, "I have OCD — A Framework for the Daily Decisions about Disclosing your OCD," featuring Janet Ruth Young; Michelle Villani, MA; Scott Cypers, PhD; & Lisa Walter, on Sunday, August 2nd, at 9:15am at the Annual OCD Conference in Boston.

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, go to www.iocdf.org/clinics.

ALEXIAN BROTHERS BEHAVIORAL HEALTH HOSPITAL'S CENTER FOR ANXIETY AND OCD

1650 Moon Lake Blvd
Hoffman Estates, IL 60169

Phone: (847) 755-8566

Email: Patrick.mcgrath@alexian.net

www.alexianbrothershealth.org/abbhh/ocd-anxiety

Alexian Brothers Health System and Adventist Midwest Health have joined in a partnership called AMITA Health. You may hear the name AMITA in advertising or see it online. Rest assured that the Center for Anxiety and OCD is still here and still going strong. Any name changes to the individual hospitals will be worked out soon, but all of our contact information remains the same. We look forward to serving you in the future.

THE ANXIETY TREATMENT CENTER OF GREATER CHICAGO

656 West Randolph, Suite 4W
Chicago, IL 60661

Phone: (312) 441-1300

707 Lake Cook Road, Suite 310
Deerfield, IL 60015

Phone: (847) 559-0001, Ext 3

Email: info@anxietytreatmentcenter.com

www.anxietytreatmentcenter.com

The Anxiety Treatment Center of Greater Chicago offers customized individual intensive treatment for young children (age 3 and up) through adults. Our program teaches patients how to overcome their OCD and OC spectrum disorders using exposure with response prevention, parent training, and other therapies that make it possible to give up rituals, reassurance seeking, and avoidance. Parents participate in treatment and develop the necessary skills for parenting an anxious child. Our expert staff will come to your home, school, workplace, or community to help you practice overcoming OCD or OC spectrum disorders. Our team of exposure therapists can work with your schedule to help you maintain important daily responsibilities while going through treatment. We gladly work with other educators and health care professionals involved in your treatment. We also enjoy working with autism spectrum disorder patients and special needs children and adults who suffer from OCD and OC spectrum disorders. We offer an OCD support group for adults.

THE ANXIETY TREATMENT CENTER (ATC) OF SACRAMENTO

9300 Tech Center Drive, Suite 250
Sacramento, CA 95827

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

Email: drrobin@atcsac.net

www.AnxietyTreatmentExperts.com

We have experienced great success in our new equine track and phobia track. Providing specialty services to both children and

Continued on next page >>

THERAPY COMMUNITY

Institutional Member Updates *(continued)*

adults, the ATC provides partial hospitalization and intensive outpatient treatment, housing for those traveling out of town and to lower levels of care, including individual, group, and family therapy.

Recently, The ATC was honored to host Clint Malarchuk and his wife who shared their story about life with OCD and the devastating effects it can have without proper treatment. Sold out to the public, their stories impacted all who attended. In May, The ATC partnered with USC to host Michelle Pato, MD, who presented on the genetics of OCD and offered an opportunity for interested candidates to participate in their current research study. Coming up on July 23, 2015, we are thrilled to welcome Dr. John Preston, PsyD, ABPP who will discuss "The Psychopharmacology on Anxiety Disorders." Open to the public, this talk will be held from 10am-12pm PT. RSVP strongly recommended.

BIO BEHAVIORAL INSTITUTE

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

Our long-standing free OCD support group meets on the last Wednesday of every month from 7:30-9:00 p.m.. We offer specialized intensive outpatient programs consisting exclusively of individual sessions to meet the unique needs of each patient. We also offer short-term summer intensive programs for children and adolescents who may want to make gains before the fall academic year.

THE BODY DYSMORPHIC DISORDER PROGRAM AT RHODE ISLAND HOSPITAL

**1 Hoppin Street
Rhode Island Hospital, Coro Center West, Suite 2.030
Providence, RI 02903
Phone: (401) 444-1644
Email: bdd@lifespan.org
www.rhodeislandhospital.org/bdd
www.bodyimageprogram.com**

The Body Dysmorphic Disorder Program at Rhode Island Hospital, the major teaching hospital of the Alpert Medical School of Brown University, offers research study opportunities as well as clinical evaluations and treatment for people with body dysmorphic disorder (BDD), olfactory reference Syndrome (ORS), and other disorders.

Our evaluation service for patients with BDD and ORS provides an expert evaluation of the person's symptoms and makes treatment recommendations tailored specifically to his/her particular needs. These recommendations can be used as a roadmap to guide the patient's care. We also offer outpatient treatment with psychotherapy and/or medication for individuals with BDD, ORS, or other disorders (such as OCD and anxiety disorders).

BRADLEY HOSPITAL INTENSIVE PROGRAM FOR OCD

**1011 Veterans Memorial Parkway
East Providence, RI 02195
Phone: (401) 432-1516
Email: acousineau@lifespan.org
www.bradleyhospital.org/The_OCD_Intensive_Outpatient_Program.html**

The intensive program for OCD provides treatment to children and adolescents ages 5 to 18 who experience significant impairment in their daily lives due to OCD and obsessive compulsive spectrum disorders. The program's goal is to alleviate OCD symptoms while improving daily functioning and promoting further involvement in school, social, and family activities. Treatment takes place daily, Monday through Friday, at Bradley Hospital. Program hours depend on a child's level of care. In July, the program will be expanding so we can provide our services to more kids and families.

The Bradley Hospital OCD Intensive Program is also pleased to announce that on April 11, 2015 we held our first family reunion. We had about 60 of our families return for a day of fun filled activities, as well as parent, patient, and sibling support groups. We are excited to have started a new tradition here at the Bradley Hospital OCD Intensive Program.

THE CENTER FOR EMOTIONAL HEALTH OF GREATER PHILADELPHIA

**1910 Route 70, East
Cherry Hill, NJ 08003
20 Nassau Street, Suite 24
Princeton, NJ 08542
Phone (856) 220-9672
Email: mail@thecenterforemotionalhealth.com
www.thecenterforemotionalhealth.com**

The Center for Emotional Health of Greater Philadelphia (CEH) is an outpatient facility, with locations in Cherry Hill & Princeton, NJ, specialized in the evidence-based treatment of anxiety and related disorders and obsessive compulsive and related disorders. CEH congratulates our Executive Director, Marla Deibler, PsyD, on her appointment to the Trichotillomania Learning Center (TLC) Board of Directors as well as her appointment to Vice President of OCD New Jersey, the NJ affiliate of the IOCDF. Dr. Deibler will also be serving as the "OCD expert" and contributing writer for About.com. CEH welcomes two new staff members, Jenny Ratnovsky, PhD, NCSPP and Elizabeth Foster, PhD. We are delighted to have Drs. Ratnovsky and Foster join our team. The staff of CEH looks forward to program development this summer, including an expansion of our intensive outpatient services as well as school-based services and outreach.

CENTER FOR COGNITIVE-BEHAVIORAL PSYCHOTHERAPY

**137 East 36th Street, Suite 4
New York, NY 10016
Phone: (212) 686-6886
Email: center686@gmail.com
www.cognitivebehavioralcenter.com**

Institutional Member Updates *(continued)*

Since its inception in 2013, our intensive outpatient treatment program has benefitted many individuals struggling with OCD. Overseen by Dr. Steven Phillipson, challenges are confronted in collaboration with the support, guidance and expertise of our treatment team.

This program is appropriate for individuals who have never had access to effective treatment for OCD or who have had previous treatment failures. Individuals who have a more severe symptom presentation may also benefit from this program. In addition, this program is advantageous for those requiring a short-term treatment effect, such as individuals in jeopardy of losing employment due to the impairing nature of their symptom presentation, or persons who have difficulty managing the cost of a more typically protracted treatment process. Finally, those who have had difficulty abiding to the discipline required to complete homework between sessions individually (as required by more traditional treatment), may benefit from the support and guidance of an intensive treatment team.

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

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

The Center for the Treatment and Study of Anxiety (CTSA) at the University of Pennsylvania is an internationally renowned treatment research center dedicated to developing, refining, and testing state-of-the-art therapies for anxiety and traumatic stress disorders in children, adolescents, and adults. Since its founding in 1979 by Dr. Edna Foa, the recipient of the IOCDF's inaugural Career Achievement Award, OCD has been a specialty at the CTSA. Decades of research on exposure and response (or ritual) prevention (ERP) clearly support its high efficacy in reducing OCD symptom severity and improving the long-term management of these symptoms. We continue to offer weekly, twice-weekly, and daily ("intensive") individualized treatment regimens based on a thorough evaluation of the sufferer's needs. For those meeting certain inclusion/exclusion eligibility criteria, we are enrolling subjects in a treatment study. For current and former CTSA patients, we also offer a monthly therapist-facilitated support group where people can share their stories, ask questions and offer support to each other. We also continue to offer workshops and specialized trainings for professionals.

HOUSTON OCD PROGRAM

1401 Castle Court
Houston, TX 77006
Phone: (713) 526-5055
Email: info@HoustonOCDProgram.org
www.HoustonOCDProgram.org

The IOCDF Behavior Therapy Training Institute (BTTI) held this April, hosted by the Houston OCD Program, was a smashing success with therapists coming from all over the country to further their knowledge about OCD and related disorders. The Houston OCD Program was honored to be a part of such an esteemed tradition by being able to host this event again.

We are also happy to announce the addition of Ivey Ruths, PhD, to our staff in the fall. Dr. Ruths will be our newest behavior therapist and will help our team expand our child and adolescent services. She comes with a broad range of experience in childhood disorders. Dr. Ruths is also bilingual and will be able to offer services to Spanish-speaking clients, something in huge demand!

For an update on the program's new facility, construction is now closer to completion for our move at the end of this summer. There is a fresh coat of paint on outside walls, while on the inside we are taking our time to select furniture to make sure our future residents excel in a therapeutic, homelike environment.

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

4075 Old Western Row Road
Mason, OH 45040
Phone: (513) 536-0532
Email: Kathleen.neher@lindnercenter.org
www.lindnercenterofhope.org

The Lindner Center of HOPE is excited to welcome Adrienne Cenci as the clinical director of the Williams House. The Williams House is home to the Adolescent Comprehensive Diagnostic and Short-Term Intensive Treatment Program, a program that offers a specialized and intimate treatment setting focusing on intensive assessment and treatment of patients ages 11 through 17 suffering with complex, co-morbid mental health issues, including OCD and other anxiety disorders.

MCLEAN HOSPITAL OCD INSTITUTE

115 Mill Street
Belmont, MA 02478
Phone: (617) 855-3371
Email: corozco@partners.org
www.mcleanhospital.org/programs/obsessive-compulsive-disorder-institute

The OCD Institute and McLean Hospital are proud to be the presenting sponsor for this year's Annual OCD Conference in Boston. The OCDI and OCDI for Children and Adolescents have over 23 staff members and alumni participating in over 30 presentations, workshops, support groups, and interactive experiences. We are so excited to have the Conference in our hometown this year!

The OCD Institute for Children and Adolescents, or OCDI Jr., is up and running as of March! We are so thrilled to bring this additional service under our OCDI umbrella. The program uses exposure and

THERAPY COMMUNITY

Institutional Member Updates *(continued)*

response prevention (ERP), as well as acceptance and commitment therapy (ACT) and mindfulness-based treatments in this new cutting edge, evidence-based program. Referrals can be made by calling Dr. Stacey Rice at (774) 419-1162 or srice@mclean.harvard.edu.

MOUNT SINAI OBSESSIVE-COMPULSIVE AND RELATED DISORDERS PROGRAM

**One Gustave L. Levy Place, Box 1230
New York, NY 10029
Phone: (212) 659-8823
Email: ocd@mssm.edu
www.mountsinaiocd.org**

The Mount Sinai Obsessive Compulsive and Related Disorders Program offers comprehensive, evidence-based treatment for children, adolescents, and adults with OCD and related disorders, including tic disorders, body dysmorphic disorder, hoarding, skin-picking, and trichotillomania. Our psychiatrists, psychologists, psychiatry residents, and psychology externs work together to provide interdisciplinary coordinated care. We offer expert diagnostic evaluations, evidence-based therapies, medication consultation, and medication management to create individually tailored treatment plans. Our clinic also offers investigational interventions such as transcranial magnetic stimulation (TMS) and ketamine as part of ongoing clinical trials. Deep brain stimulation, under the directorship of Wayne Goodman, MD, leading researcher, and developer of the Y-BOCS, is an option for select adult patients who have not responded to multiple medication trials and CBT.

For families seeking a reduced fee option, specialized care is also available in the OCD and related disorders track through Mount Sinai's child psychiatry outpatient service. Dr. Dorothy Grice, child psychiatrist and chief of our OCD program, and Dr. Ariz Rojas, child psychologist, supervise child psychiatry residents and psychology doctoral students who provide comprehensive evaluations and treatment of OCD in youth.

In addition to our individual treatment options, we are pleased to announce a FREE one-week camp for children with OCD. In addition, we will continue to offer a no-cost CBT group for kids (age 8–12) with OCD.

NEUROBEHAVIORAL INSTITUTE (NBI)

**2233 North Commerce Parkway, Suites 1 & 3
Weston, FL 33326
Phone: (954) 217-1757
Email: Andrea@nbweston.com or Jennifer@nbweston.com
www.NBIWeston.com**

Adult OCD Support Group: Free of charge and professionally led, meets at the West Boca Medical Center (inside physician's dining room in cafeteria, enter via main entrance and bring photo ID) at 21644 State Rd 7, Boca Raton, FL 33428 on the first Thursday of every month from 7:30-8:30 pm. *OCD Skills Group for Children and Adolescents* meets the second Tuesday of every month from 5:30-

6:30 pm at NBI. *OCD Parent Skills Group* meets the last Thursday of every month from 6:45-7:45 pm at NBI. *Therapeutic Yoga — Expanding Fitness for Life:* Clinician assisted class with a certified yoga instructor. Learn to implement cognitive behavioral strategies to the practice of yoga and practice the areas of focus, body control, and mindfulness. Meets the first and third Thursday of every month from 5:30-6:30 pm for \$45 per class at NBI. *Social Skills Group — Skill Building For Adolescents:* Adolescents between the ages of 12-17 will use evidence-based techniques to practice initiating conversation, identifying topics for discussion, speaking in public, meeting new people, developing closer relationships, talking with peers of the opposite gender, and enjoying group interactions. Meets at NBI on Mondays from 5:45-6:45 pm.

NYU CHILD STUDY CENTER — ANXIETY AND MOOD DISORDERS SERVICES/INTENSIVE ANXIETY AND OCD OUTPATIENT TREATMENT PROGRAM

**One Park Avenue, 7th Floor
New York, NY 10016
Phone: (646) 754-5000
Email: services@aboutourkids.org
www.aboutourkids.org**

The Anita Saltz Institute for Anxiety and Mood Disorders at the NYU Child Study Center is excited to offer intensive treatments for children, adolescents, and young adults with anxiety, obsessive compulsive disorder (OCD), and related disorders, including hoarding, trichotillomania, tic disorders, and body dysmorphic disorder.

In addition, the Child Study Center also offers the unique OCD Explorers Summer Treatment Program, a one-week "camp-like" intensive group CBT treatment for children ages 8–13. This program pairs exposure and response prevention (ERP) techniques, the gold-standard treatment for OCD, with real world skills practice involving engaging field trips around New York City. Youth will learn to confront their fears with peers in an interactive and supportive environment while building confidence and mastery of anxiety. Parents also receive education about OCD and anxiety and gain skills for helping their child work through challenging situations.

OCD CENTER OF NORTH SHORE—LIJ

**The Zucker Hillside Hospital
75-59 263rd Street
Glen Oaks, NY 11004
Phone: (718) 470-8052
Email: apinto1@nshs.edu
www.northshorelij.com/ocdcenter**

The OCD Center of North Shore—LIJ, located on the border of Queens and Nassau on Long Island, offers evidence-based treatment for OCD/related disorders and accepts most health insurance plans. The OCD Center offers the following outpatient services: individual exposure and response prevention (ERP), medication management, group therapy, and family therapy. Our services are informed by the latest research, and our Center is committed to advancing

Institutional Member Updates *(continued)*

understanding of OCD through our own research program. (See Page 25 to learn about our new study).

PSYCHOLOGICAL CARE & HEALING OCD INTENSIVE TREATMENT PROGRAM

**11965 Venice Boulevard, Suite 202
Los Angeles, CA 90066
Phone: (888) 724-0040
Email: fmarenco@pchtreatment.com
www.pchtreatment.com**

Psychological Care and Healing (PCH) Treatment Center of Los Angeles recently expanded its OCD Treatment Program and added staff members and treatment options to its original format. The OCD Intensive Treatment Program at PCH now employs six licensed clinicians, including five clinical psychologists, in addition to six exposure and response prevention (ERP) coaches as part of its OCD treatment team. Treatment involves intensive ERP that spans several hours a day depending on the severity and type of OCD treated. The program has a residential option that allows clients with OCD to live in one of three houses located within walking distance of the treatment center. In addition to the residential treatment option, PCH offers an OCD day program that includes all-day and half-day treatment schedules. Clients meet with their primary OCD therapist five days per week and carry out multiple hours of exposure work per day with the help of ERP coaches as well as in self-directed sessions. Toward the end of their treatment, clients transition to a three-day step-down program before they discharge to outpatient treatment as part of their aftercare plan.

THE REEDS CENTER

**7 West 36th Street, 15th Floor
New York, NY 10018
Phone: (212) 203-9792
Email: thereedscenter@gmail.com
www.thereedscenter.com**

Three new therapists are joining The Reeds Center in the next two months, including a former extern who will join us full time and has extensive experience in treating OCD, trauma, and anxiety disorders. As a result of this expansion, The Reeds Center is now able to offer adjunctive mindfulness and DBT skills groups, in addition to intensive and traditional outpatient individual therapy, to individuals with OCD and other anxiety disorders. Groups will take place on weekday evenings in our convenient midtown Manhattan location. They are open to patients with anxiety disorders who are working with other clinicians in the community. Please have interested individuals call for more information.

RENEWED FREEDOM CENTER FOR RAPID ANXIETY RELIEF

**1849 Sawtelle Boulevard, Suite 543
Los Angeles, CA 90025
Phone: (310) 268-1888
Email: cloribrown@renewedfreedomcenter.com
www.renewedfreedomcenter.com**

The Renewed Freedom Center (RFC) is a boutique-style obsessive compulsive disorder & anxiety center that has successfully treated over 500 individuals and families from across the nation suffering from severe OCD & anxiety. At RFC, each clinician is trained under the direction of Dr. Jenny C. Yip to be an OCD & anxiety expert. Each treatment plan is tailored to the sufferer's needs. Just as no two patients are alike, no two treatment plans are the same! We provide 5-6 hours of 1:1 individual treatment daily. Our intensive program is structured to allow the sufferer to return to normal functioning in as little as 3-6 weeks. RFC's treatment philosophy centers on a family approach that ensures a smooth transition from our center to the home.

ROGERS MEMORIAL HOSPITAL

**34700 Valley Road
Oconomowoc, WI 53066
Phone: (800) 767-4411, Ext. 1050 or (413) 822-8013
Email: rramsay@rogershospital.org
www.rogershospital.org**

In our continuing commitment to providing intensive quality OCD treatment, Rogers Behavioral Health–Nashville opened on May 4, 2015. Offering separate intensive outpatient and partial hospitalization programs for children, adolescents, and adults, these programs will help the regional area address the needs of those individuals and families suffering with OCD and anxiety.

Stephanie Upchurch is the director of operations and Stephanie Eken, MD, is the medical director. We are also excited to welcome Amy Mariaskin, PhD and Bunmi Olantunji, PhD as our clinical leadership. If you have questions about admissions contact Cherie Connors at (844) 615-3221, or if you are interested in a tour contact Kristy Kaul, national outreach representative at (615) 760-3971.

Our next endeavor is Rogers Behavioral Health–Chicago which we are projected to open July 20th. Rogers is excited to announce that Karen Cassiday, PhD will serve as the clinical director for our OCD and anxiety programming. With Brock Maxwell as director of operations and Rebecca Cho, MD, as the attending psychiatrist our team is ready to get started. Contact Blair McAnany, national outreach representative at (815) 871-7284 to learn more.

SAGE ANXIETY TREATMENT PROGRAM

**601 University Avenue, Suite 225
Sacramento, CA 95825
Phone: (916) 614-9200
Email: Robin@SagePsychotherapy.org
www.sagepsychotherapy.org**

Sage Anxiety Treatment Program offers an intensive outpatient program utilizing two evidence-based treatments, acceptance and commitment therapy (ACT) and ERP. The intensive program includes individual therapy, formal training in mindfulness meditation, process group, aftercare group and a family support group. In addition to the intensive program, Sage offers individual therapy for

THERAPY COMMUNITY

Institutional Member Updates *(continued)*

either 45 or 90 minutes as well as groups for social anxiety disorder, body focused repetitive behavior (e.g. hair pulling, skin picking), and binge eating disorder.

Sage welcomes Theresa Thoits, LMFT, to our treatment team. Theresa will be providing individual therapy for anxiety disorders in children as young as age four. With us for a few months is Kristina Antonson, MD, PhD, who provides psychiatric services for patients in our intensive program.

SPECTRUM CBT

1081 Westwood Boulevard, Suite 212
Los Angeles, CA 90024
Phone: (310) 857-6517
Email: info@spectrumcbt.com
www.spectrumcbt.com

This summer, Spectrum CBT is offering a new set of CBT/ERP groups for individuals with OCD and individuals with social anxiety. Spectrum CBT also has new low-cost educational/support groups for individuals dealing with OCD, social anxiety, and BFRBs (body focused repetitive behaviors such as trichotillomania and dermatillomania). We also provide integrated one-on-one CBT/ERP with real world coaching to help individuals get their life back. We actively encourage individuals to be in charge of developing and carrying out their treatment with our therapists. We believe that treatment should empower people and enrich their lives. A central aspect of Spectrum CBT is to provide collaborative care using a

team-based approach to guide treatment planning, implementation, and troubleshooting. We also utilize a set of coaches to help individuals learn ways to deal with life's challenges (doing well in school, keeping up with bills, applying for jobs, organizing, and time management).

UCSF YOUTH OCD INTENSIVE OUTPATIENT PROGRAM (IOP)

University of California, San Francisco LPPH&C
401 Parnassus Avenue
San Francisco, CA 94143
Phone: (415) 502-3120
Email: melody.keller@ucsf.edu
<http://psych.ucsf.edu/youth-ocd-iop>

UCSF has a new youth OCD Intensive Outpatient Program (IOP) in San Francisco, CA. It operates Monday through Thursday from 3:00-6:00 p.m. Treatment is supervised by a licensed staff member such that ERP exercises are closely observed to ensure that they are done correctly. Our treatment is intensive, allowing for exercises to be repeated many times throughout the week. We recognize that support and learning can take place by being around other youth with similar disorders. There is no pre-determined IOP treatment duration, but youth should anticipate being in the program for at least 8–12 weeks. In order to participate in the IOP, youth need to be motivated and committed to OCD treatment work, and parents need to have a willingness and ability to be involved in the treatment process. ○

**OCD Awareness
Week 2015****October 11–17**

**Visit
iocdf.org/ocdweek
to learn how to
get involved!**

- Enter the Video Challenge
- Find an Event in Your Area
- Help Spread Awareness via Social Media
- Join our Online Chats about OCD and Ask Questions from Experts

#OCDWEEK

Understanding OCD Genetics: Where We Are and Where We Need to Go

by Michele T. Pato, MD, Keck School of Medicine of the University of Southern California

Michele T. Pato, MD, and her collaborator (and husband) Carlos Pato, MD, PhD, established the Genomic Psychiatry Cohort at the University of Southern California where they are currently conducting research on the genetics of OCD. Dr. M. Pato is also a member of the IOCDF Scientific & Clinical Advisory Board and the IOCDF Genetics Collaborative.

Recently, it seems like every week brings new findings about genetics and psychiatric illnesses. While these findings sound promising and hopeful, we should still be careful not to over-interpret "genetic" results. While some genetic profiles have made it easier to identify an individual's risk for diseases such as prostate cancer, breast cancer, and even Alzheimer's disease, it is important to remember that risk does not equal destiny. This concept of "risk, not destiny," is particularly true of psychiatric disorders, including OCD.

Psychiatric genetics has made us aware of more than 200 gene variants that may contribute to psychiatric illnesses such as schizophrenia, bipolar disorder, OCD, and depression. Yet, even monozygotic twins (MZ), aka identical twins, who technically "share" virtually all of their DNA, can be discordant for developing a mental illness like schizophrenia or OCD, meaning one of the identical twins may have the illness while the other does not.

Almost all studies to date have reported MZ "concordance" (meaning both have the disorder) rates around 50% and DZ (dizygotic twins, aka fraternal twins) rates around 20%, no different from non-twin siblings.¹ Essentially, about half of all identical twins share genetic coding for a specific mental illness, while about 20 percent of fraternal twins share coding for a mental illness, a percentage no different from non-twin sibling pairs. Thus, it is important to remember when talking about genetic risk for OCD or other psychiatric illnesses that genetics are not the only determining factor for whether or not someone will have a psychiatric disorder such as OCD.

The other important part of risk is the role of environment. Environment should be considered in the broadest sense of the word, meaning everything from your upbringing, to the food and chemicals you are exposed to, the bacteria and viruses that infect you, and to the life stresses you experience as you grow up and age.

With so many genes that may play a role in risk of psychiatric illnesses in general, we have also gained a new appreciation of different forms of OCD and have expanded our understanding of OCD to encompass "Obsessive Compulsive Disorder and Related Disorders" (OCDR), as they are now called in the 5th edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*. OCDR are now understood as genetically complex disorders, meaning it is unlikely that any single gene directly causes OCD or any of the related disorders. Rather, many genes can collectively make minor contributions to risk. In addition, OCDR is "multifactorial," emphasizing the idea that a combination of genes and environmental factors may play a role in causing disorders, not genes alone.

To date, there have not been any specific genes consistently identified in any of the OCDRs, including OCD, body dysmorphic disorder (BDD), trichotillomania (hair-pulling disorder), hoarding disorder, or excoriation (skin-picking) disorder. However, studies have zeroed in on abnormalities in serotonin (5-HT), dopamine (DA), and glutamate neurotransmission — all neurochemicals thought to play a role in OCDR.² In other studies, some genes seem to be associated with the chemistry of OCD. These have included: catechol-O-methyltransferase (COMT), monoamine oxidase-A (MAO-A), brain-derived neurotrophic factor (BDNF), myelin oligodendrocyte glycoprotein (MOG), GABA-type B-receptor 1, and the mu opioid receptor.³


As we dig deeper into the roles of genes and environment in the development of OCD and related disorders, we also need to look to what we can learn from treatments like medications and psychotherapy for OCDR's. Most recently, functional imaging studies that allow us to watch the brain as it works (similar to how angiographies allow us to watch the heart pump) have given us new clues about the roles of genes and environment. Studies as far back as 1992 have allowed us to "see" the changes in brain function occurring as a result of both medications and psychotherapy. For example, a few studies have used functional imaging to monitor brain function in individuals with OCD while they participated in cognitive exposure and response prevention (ERP) therapy.⁴

With all of the OCDR disorders now formally grouped together in one chapter in the DSM-5, the similarities of these disorders are now highlighted. However, it is more important than ever to pay attention to the distinct differences. In analyzing OCDR, it will be particularly important to look at specific symptoms, symptom severity, co-morbidities, onset, and population variation factors such as sex/race/ethnicity, and combinations of environmental factors. For those of us in the research community, this means asking even more sufferers with OCD to participate in genetic studies.

RESEARCH NEWS

Understanding OCD Genetics *(continued)*

At the Keck School of Medicine at USC, we are happy to announce that we have received funding from the National Institute of Mental Health to partner with and study 5,000 individuals with primary OCD, HD, BDD, or other OCDR. We are using modern research methods in which participants can join the research via secure Internet connection and follow up through face-to-face contact with research clinicians. By doing this, we hope to make the study accessible to the many affected individuals who may not be able to come to academic research centers for care. Participants may work directly with us electronically or through centers around the country that we are collaborating with.

To learn how to get involved in this study, please visit the USC-OCD research website at www.keck.usc.edu/gpc-ocd. We will also be at this year's Annual OCD Conference in Boston this summer where interested participants will have the opportunity to enroll and participate in this study right at the Conference. As clinicians and researchers ourselves, we encourage patients, family members, and clinicians to stay involved in OCDR research efforts through our website and organizations such as the IOCDF. 

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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 Internal Review Board (IRB). The studies are listed alphabetically by state, with online studies and those open to multiple areas at the beginning.

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

ONLINE STUDIES

An investigation into religiosity, spirituality and obsessive compulsive symptoms

Research by Ben Marram, Professor Mark Freeston and Dr. Patrick Rosenkranz

What is the purpose of the study? The main purpose of this study is to further investigate whether there is a relationship between an individual's personal experience of religion/spirituality, any anxiety

provoking religious/spiritual thoughts they may have, and their obsessive compulsive symptoms.

One of the things that is believed to play a role in the development and maintenance of OCD is how people make sense of unwanted thoughts. Research suggests that people who engage in religious or spiritual practice and/or hold certain religious or spiritual beliefs may be more likely to make sense of thoughts in specific ways. Some may find that these thoughts are helpful, some may

Research Participants Sought *(continued)*

find them unhelpful, and sometimes, these thoughts become tangled with their religious or spiritual beliefs, making it confusing to know what to do. It is therefore hoped that this research will help clinicians understand the relationships between unwanted thoughts and religion/spirituality and to help think about how this may be addressed in treatment.

What would I be asked to do?

1. You will be asked to complete a set of questionnaires.
2. The questionnaires can be completed online.

Who can take part in this study? We are looking for adults (aged 18+) who experience or have experienced obsessive compulsive symptoms, either with or without religious/obsessional content. You do not have to be religious or spiritual to complete this research.

How long will it take? In total, we would expect the research to take between 20 and 40 minutes although there is no time limit.

Does this study have ethical approval? The study has full ethical approval from Newcastle University in the United Kingdom. It is unlikely that the questionnaires will cause distress for the participants. If you would like to see copies of the questionnaires, please do not hesitate to contact me directly.

Is my information kept confidential? Yes! All the information that we get from this study will be confidential, anonymous and will only be used for research purposes. All the digital information will be stored electronically on a secure server at Newcastle University in the United Kingdom that will be protected with a password and only accessible to the research team.

How do I take part in this research?

To take part in this study, simply go to the url below and follow the instructions. http://nclpsych.eu.qualtrics.com/SE/?SID=SV_eVvfZpmBwchp6wB

Who can I contact if I have any questions? Any questions about the research can be directed to Ben Marram, who is the lead researcher, at ocdstudy@newcastle.ac.uk

Ethical Approval Reference: This study has been approved by Newcastle University (UK) ethics committee who have independently reviewed the quality and safety of this research. This is to protect your well-being and safety. Ethics reference number: 00727_2 (Amendment) /2014.

Do you live with a relative (i.e., spouse or child) with a diagnosed anxiety disorder or obsessive-compulsive disorder?

If you have lived with your relative for at least one year and are 18 years of age or older, you might be eligible to participate in an online research study. We are studying various thoughts and emotions among relatives of individuals with anxiety disorders.

You will be asked to complete a short interview and a series of questionnaires. This should take about 30 minutes in total.

For more information, please contact the study investigator Lillian Reuman, at: The UNC Anxiety and Stress Disorders Clinic, Chapel Hill, NC (919) 843-3951 or familyanxiety@unc.edu.

Study seeking college students with OCD symptoms who are interested in web-based treatment

Are you experiencing symptoms of obsessive compulsive disorder (OCD)? Are you currently enrolled in a college/university and are your OCD symptoms interfering with your life? Or, did you drop out of college or go on medical leave because of your OCD symptoms?

OCD is characterized by the following core symptoms:

- Recurrent, intrusive, and distressing thoughts, urges, or images (obsessions)
- Repetitive mental or behavioral acts that the individual feels driven to perform (compulsions) to prevent or reduce distress, or to prevent some dreaded event or situation

The North Shore-LIJ OCD Center is conducting a research study of web-based therapy for OCD for college students struggling with these symptoms. The therapy provided is exposure and response prevention (ERP), which has been found to be effective in significantly reducing OCD symptoms, with many patients able to maintain their gains after therapy has stopped. Participants will receive one-on-one web-based-ERP with a live doctoral level clinician specializing in OCD. Treatment will include 60-minute sessions twice weekly for 8 weeks. As this is a funded study, the therapy will be provided at no cost to participants. Participants must be able to attend an initial in-person visit.

Call (718) 470-5005 ext. 63688 or email ccervoni@nshs.edu and mention our Web-based Treatment Study for OCD to schedule a confidential phone screening to determine if you are eligible to participate. To learn more about the North Shore-LIJ OCD Center, visit our website at: <https://www.northshorelij.com/ocdcenter>.

CONNECTICUT

Do you worry a lot about your physical appearance? Have you been diagnosed with BDD? Are you interested in participating in research?

Who is eligible? Adults age 18 & older who worry a lot about their physical appearance.

What do I need to do?

- An interview about your emotional health that generally takes about 60 to 90 minutes (each time).
- Online questionnaires about your emotional health that is likely to take 30 to 45 minutes.

Continued on next page >>

RESEARCH NEWS

Research Participants Sought *(continued)*

- Repeat the interview on the same day with a different interviewer.
- Complete a third interview one week from your first interview.

Will I be compensated for my time? You will receive \$20 for completing each of the three assessments, for a maximum of \$60.

Where does it take place? At the Institute of Living in Hartford, CT.

How can I sign up? Please call 860-545-7039 or email adcresearch@hhchealth.org. Mention the "DIAMOND" study.

MASSACHUSETTS

OCD Study at Harvard University by the Department of Psychology: Harvard Faculty of Arts and Sciences

We seek individuals who suffer from obsessive compulsive disorder to participate in a study at Harvard University by the Department of Psychology: Harvard Faculty of Arts and Sciences in Cambridge, MA. If you are between the ages of 18-70 years old and do not have a current or past diagnosis of psychosis, you may be eligible to participate.

We are conducting a study to learn more about people's thought patterns. The study involves questionnaires, a brief interview, and completing a number of tasks that entail identifying emotions, indicating how risky certain activities are, and rating the importance of your own and other people's thoughts. The study requires one to two visits to our offices at Harvard University (for a maximum of three to four hours). It is intended that all collected information will remain strictly confidential.

Eligible participants will be paid \$40.00 for their participation. If interested, please contact Dianne Hezel at dhezel@fas.harvard.edu or (617) 612-5161.

MICHIGAN

OCD-CBT STUDY: Do you have obsessive compulsive disorder?

The University of Michigan Department of Psychiatry is conducting a research study using cognitive behavioral therapy (CBT) as a treatment for those diagnosed with obsessive compulsive disorder (OCD). If you are someone who struggles with OCD, you may be eligible. Volunteers for this study will receive a comprehensive diagnostic evaluation, 12 outpatient therapy sessions, and 2 MRI scans. All study procedures are provided by our expert clinicians at no charge.

Eligible participants are:

- Male or female
- 25-45 years old
- Diagnosed with OCD
- Able to tolerate small, enclosed spaces
- No alcohol or substance abuse or dependence

- Other eligibility criteria may apply.

Participants will be compensated for their time. If interested, please call (734) 936-1323 or email Psych-OCD-Study@med.umich.edu (HUM#00091368).

OCD-CBT STUDY: Does your teenager have obsessive compulsive disorder?

The University of Michigan Department of Psychiatry is conducting a research study using cognitive behavioral therapy (CBT) as a treatment for those diagnosed with obsessive compulsive disorder (OCD). If you have a teenage son or daughter who struggles with OCD, he or she may be eligible. Your teen will undergo a comprehensive diagnostic evaluation and 2 MRI scans. He or she will also receive 12 outpatient therapy sessions provided at no charge to you.

Eligible participants are:

- Male or female
- 13-17 years old
- Diagnosed with OCD
- Able to tolerate small, enclosed spaces
- No alcohol or substance abuse or dependence
- Other eligibility criteria may apply.

Participants will be compensated for their time. If interested, please call (734) 936-1323 or email Psych-OCD-Study@med.umich.edu (HUM#00091368).

NEW YORK

A prospective, double blind, randomized, controlled study to evaluate the safety and efficacy of the deep transcranial magnetic stimulation (DTMS) for the treatment of obsessive compulsive disorder

Researchers at the Icahn School of Medicine at Mount Sinai are recruiting for a multi-center clinical trial of HAC-coil deep transcranial magnetic stimulation (DTMS) as a treatment for obsessive compulsive disorder (OCD).

You may be eligible to participate in this study if you:

- Are 22-68 years old
- Have been diagnosed with OCD
- Have been on SSRI medication for at least 2 months and/or are receiving psychotherapy.

Participation in this research study consists of 33 visits, including psychiatric assessments, and 29 DTMS sessions over 12 weeks. Subjects may be reimbursed for expenses incurred.

Contact: David Rosenthal, Icahn School of Medicine Department of Psychiatry, at (212) 659-8803 or david.rosenthal@mssm.edu for more information.

PI: Wayne Goodman, MD, GCO#14-1390; MSSM IRB Approved through 9/22/15.

RESEARCH NEWS

RHODE ISLAND

Do you have OCD? Are you looking for behavior therapy? Therapy integrating exposure and stimulation (TIES) study

TIES is a new study designed for individuals with OCD who are interested in behavior therapy. If you have been diagnosed with OCD and are between the ages of 18 and 65, you may be eligible to participate.

Researchers at Butler Hospital and affiliated with the Alpert Medical School of Brown University are investigating whether combining noninvasive brain stimulation with behavior therapy can help to improve outcomes. Exposure and response prevention

(ERP)—a specific type of behavior therapy—is a first line treatment for OCD. TIES will test whether a form of noninvasive brain stimulation called transcranial direct current stimulation (tDCS) can help ERP work better.

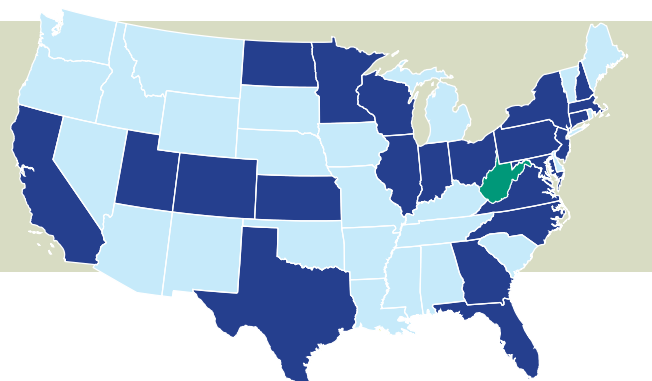
Study participants will receive an 11-session program that includes behavior therapy combined with active or sham tDCS and compensation for time spent completing study assessments (up to \$185 for full participation).

If you are interested in learning more about TIES, please visit www.butler.org/TIES or call (401) 455-6610. ○

FROM THE AFFILIATES

Affiliate Updates

Our affiliates carry out the mission of the IOCDF at the local, community level. Each of our affiliates are non-profit organizations run entirely by dedicated volunteers. For more info, visit: www.iocdf.org/affiliates

**OCD CONNECTICUT**

www.ocdct.org

OCD Connecticut continues to provide support and promote awareness throughout the state. We were present at the 4th Annual Course on the Treatment of Obsessive Compulsive Disorder and Related Conditions held at Yale on May 8th. Team Connecticut walked at the 1 Million Steps 4 OCD Walk in Boston on June 6th. Planning is underway for our OCD Awareness week event that will be held in October in New Haven. Volunteers are welcome to assist with planning for the future of OCD CT. Please look for us at the Annual OCD Conference in Boston in July, check out our website, and like us on Facebook.

OCD KANSAS

www.facebook.com/OCDKansas

OCD Kansas, operating out of Wichita, is committed to raising Kansans' awareness about OCD and its treatment as well as connecting clients and their families with providers and other resources to enhance their well-being. 2014-2015 has been an exciting transitional period for OCD Kansas—and one of growth! We have ambitious plans for the coming months. The organization has adopted the following new leadership due to our past president moving out of state:

President and Treasurer: Sarah Staats, MA, LMLP

Vice President: Eric Richardson, BS

Secretary and Past President: Angela Cathey, MA, LPC

A huge leap forward for OCD Kansas in early 2015 has been the long-awaited arrival of 501(c)3 non-profit status with the IRS. We can now accept tax-deductible donations conveniently through a PayPal link on our Facebook page ([facebook.com/OCDKansas](https://www.facebook.com/OCDKansas)). In addition, this fall we are looking forward to partnering with Wichita State University to host fun, engaging OCD Awareness Week events as well as a training workshop that will teach local clinicians skills in exposure and response prevention. The workshop will focus specifically on working with severe presentations of OCD spectrum disorders as well as helping ambivalent/disengaged clients. Reach us at OCDKansas@gmail.com.

OCD GEORGIA

www.ocdgeorgia.org

1 Million Steps & counting! OCD Georgia was honored to co-host the 1 Million Steps 4 OCD Walk in Atlanta's Chastain Park on June 6th. We had a wonderful turnout and were able to raise funds to support the OCD Georgia community. We are so appreciative to our sponsors for their generous contributions and for all those who came out to raise awareness and donated. A big thank you to our Race Director, Margaret Sisson, and our Grand Marshal, Susan Dailey for all your hard work. We look forward to continuing this annual event for years to come!

Continued on back cover >>

FROM THE AFFILIATES

Affiliate Updates *(continued from page 27)*

OCD NEW JERSEY

www.ocdnj.org

After a very successful annual conference in March with presenter Anne Marie Albano, OCDNJ has scheduled our quarterly presentation meetings moving forward. On June 8th, our Board President, Allen H. Weg, EdD, spoke on fear of loss of impulse control OCD with a talk entitled "I'm afraid I'm really gonna do it!" Future presentations include Dr. Jennifer Gola in September and Dr. Rob Zambrano in December. We have also recently published our latest online newsletter. Check it out along with a review of the annual conference and a preview of the next quarterly meeting on our website.

OCD NEW YORK

www.ocdny.org

OCD New York is busy planning a conference for the 2015 OCD Awareness Week to be held in the upstate NY area. We are also launching a monthly meeting for parents of children with OCD and related disorders in the Long Island area. The group will allow parents to share ideas, resources, and gain support. Please visit our websites for updates and information.

OCD SACRAMENTO

www.ocdsacramento.org

OCD Sacramento hosted a number of events since the last newsletter. First, our 2nd Annual 1 Million Steps 4 OCD Walk was a great success. With the goal of promoting awareness of proper treatment for OCD and anxiety disorders and working to reduce stigma, hundreds of people came to support and fundraise at this very important event. The funds will continue to provide presentations and education for the public and work to expand our services offered to those who might not otherwise have access to information.

Additionally, OCDS continues to offer their monthly presentation line-up. In April, Dr. Mitchell Galerkin, MD, came to speak on "Medications for Anxiety Disorders." In May, Jeff Bell shared his Greater Good Motivational Model for both consumers and mental health professionals. In June, Holly Wang, LMFT, provided tips for how to help a loved one who is struggling with OCD. In the upcoming months, we look forward to hearing from Dr. Lauran Nasatir, MD, who will offer an opportunity for Q&A on frontline medications for the treatment of anxiety disorders, and Jennie Gault, LMFT, will talk about "How to Get a Grasp on Body Focused Repetitive Disorders." All presentations are free and open to the public.

OCD WISCONSIN

www.ocdwisconsin.org

In March, OCD Wisconsin attended the State High School Counselor Convention. We provided resources and information about OCD and offered an opportunity for counselors to nominate a student with OCD for the \$500 Barry Thomet Scholarship (Barry pictured below). In April, we attended the state NAMI convention and the Rogers Hospital grand opening, offering information and resources. In May, we had Dr. David Jacobi do a community talk about OCD at Waukesha Technical College and on June 13, we had our first OCD Awareness Walk, "Making Strides for OCD." ○



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McLean OCD Institute

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BOSTON 2015

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