

A BRIEF HISTORY OF PSYCHOTHERAPY FOR OCD: 1966–2016

by John Greist, MD, & Jonathan Abramowitz, PhD



Dr. Jon Abramowitz (center) with the IOCDF's Dr. Jeff Szymanski and Jeff Smith. Right: Dr. Greist accepts his IOCDF Career Achievement Award in Boston last summer.

Until 50 years ago, there were no effective psychotherapies or medications for OCD. While people with OCD were given various "treatments," they typically led to only temporary relief from obsessions and compulsions, if any at all. As a result most individuals suffered with their OCD symptoms throughout their lives. In the late sixties, however, this began to change with the first report of behavior therapy showing a reduction in compulsive rituals. Since then, the psychological treatment of OCD has become a real success story in the mental health field. As the IOCDF celebrates its 30-year anniversary, this is an opportunity to look back and see how far we have come. As such, this article reviews the last 50 years of developments in this field. (Editors Note: A companion article by Dr. Wayne Goodman in the next issue of the newsletter will provide a review of the advances in our understanding of the biological causes and pharmaceutical treatments of OCD over the same period of time).

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

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Join us in the Windy City! Attendees at the 23rd Annual OCD Conference won't have to go far to enjoy all Chicago has to offer this summer. With this year's Conference hotel situated right on Michigan Avenue in the heart of the city, the struggle won't be finding things to do, but how to fit everything in around a busy Conference weekend! We asked the IOCDF's social media fans on Facebook, Twitter, and Instagram for can't-miss places to see, restaurants to hit, and other must-do activities in Chicago. Here are just a few of their suggestions.



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FROM THE FOUNDATION

Letter from the Executive Director: A Call to Action

Dear IOCDF Community,
In the spirit of celebrating the Foundation's 30th anniversary, in the last issue of the *OCD Newsletter* (I know, I know, the hair! My only defense is that it was the 80s.), I related some stories about what the world was like for those affected by OCD and related disorders 10, 20, and 30 years ago. In that article, we also traced the origins and

accomplishments of the Foundation over the years.

In this issue, we reached out to Drs. Greist and Abramowitz to give us an overview of the history and progress that has been made in the area of psychological treatment for OCD over that time. As they note in their article, while current OCD treatment is effective for many, there is still room for improvement (especially with regard to accessing care).

In the context of these retrospectives, we also know there are many stories from all of you in the IOCDF community about the last 30 years. With our Annual OCD Conference quickly approaching, we would like to hear from everyone in the IOCDF community about what the Foundation has meant to you and how things have changed since the IOCDF was founded in 1986. We invite you to contribute to our "then and now" presentation

by sharing your experiences over the past 5, 15, or 30+ years, whether it's about how you have seen treatment for OCD and related disorders evolve and change over the years, what your personal journey from "before" to "after" has looked like, or how the Foundation may have helped in that journey. Do you have stories about the Foundation's early years? Did you attend some of the early Conferences? Do you have pictures of Dr. Jenike's hair in the 80s? Has Dr. Goodman's mustache changed since then?

Send us your pictures, your quotes, and your stories, and we will share these with the IOCDF community at the Conference during the Saturday Night Social. This is a rare opportunity for all of us together to acknowledge, celebrate, and appreciate the pioneers and pivotal leaders in our community, as well as recognize how far we have come (and how far we still have to go!).

Recent research tells us that sharing personal stories is the most powerful way to reduce stigma. Will you help us by sharing your story?

I look forward to seeing many of you at the Conference this summer in Chicago! Please come and help us celebrate this important milestone.

Sincerely,

Jeff Szymanski, PhD
Executive Director
International OCD Foundation

Send your pictures, quotes, and stories to 30years@iocdf.org, then join us and celebrate during the 23rd Annual OCD Conference Saturday Night Social!



FROM THE FOUNDATION

A Brief History of Psychotherapy for OCD: 1966–2016 *(continued from front cover)*

BEGINNINGS

The clinical use of behavior therapy as a treatment for psychiatric disorders began in the 1950s. The core idea behind this type of therapy — that changing behaviors might also change one's thoughts and feelings — was the complete opposite of the then-dominant psychotherapy of the day: psychoanalytic therapy made popular by Dr. Sigmund Freud. The Freudians, in fact, believed that behavior therapy was harmful and, thus, did everything they could to prevent the behaviorists from gaining access to patients.

Psychoanalysis (later variations of psychoanalysis were termed "psychodynamic therapy") was based on the idea that our personalities are formed through childhood and aren't very changeable thereafter. Psychodynamic therapy for OCD involved listening to the patient describe his or her obsessions and compulsions, and perhaps even dreams, and trying to relate these back to "issues" in childhood such as unresolved conflicts or unmet psychological needs. It was thought that coming to understand the "real meaning" of obsessions and compulsions would lead to symptom reduction through a resolution of these issues. Nowadays, we recognize that this approach has no scientific basis and even distinguished therapists from this tradition concede that psychodynamic therapy is not effective in the treatment of OCD; Dr. Gabbard writes in a 2005 article, "There is little evidence in the literature to suggest that dynamic psychotherapy or psychoanalysis is effective in the treatment of obsessive compulsive disorder."

In 1966, however, things started to look better for OCD. In that year, Victor Meyer, a psychologist from the behaviorist tradition, reported successful treatment of two patients with severe OCD using what we would now call exposure and response prevention (ERP) (Meyer 1966). Below is a description of one of these patients (this is an abbreviated account):

A 47-yr-old school-teacher... married with one daughter and with 36-year duration of obsessive thoughts and rituals.

At 29 she saw a psychiatrist for 9 months with little improvement. At 31, deteriorated and was admitted for 3 months; had electroconvulsive therapy (ECT) and drugs and left unimproved. Soon after developed obsessional thoughts about killing her husband and daughter and had leucotomy (surgery cutting certain neural pathways in the brain) at the age of 32. Two years later embarked on psychoanalysis and remained in it for 11 years. At the end of the analysis was much worse... Attribute this change to the psychoanalysis since in it she learned about the extent of sexual symbolization. After 2 years of supportive psychotherapy and

drugs with another psychiatrist, was referred to the National Hospital to be considered for another leucotomy. This was decided against and she was referred for behavior therapy in March 1964.

Regarded her rituals as "acts of repentance for being a sinner." Felt that non-performance of rituals would result in her family being eventually "afflicted by some disaster" and was convinced that she herself would face an "eternal damnation."

In contrast, after ERP-based treatment with Meyer, "Both the patient and her husband (were) extremely pleased with the outcome."

Meyer treated 14 additional patients — having excellent overall results in 10, and some benefit in 5, with all but 2 patients maintaining this improvement for several years. Although not complete recoveries, these short- and long-term results, were an enormous improvement over how OCD had previously been managed.

Today, a half a century later, Meyer's initial work remains relevant. Although researchers and clinicians have introduced variations of ERP, the procedures of exposure and response prevention (also called ritual prevention) remain at the very heart of any intervention for OCD, with numerous high-quality research trials demonstrating ERP's effectiveness.

In its initial form, "exposure" referred to having the individual confront anything that triggered anxiety/discomfort and then simply waiting for anxiety/discomfort to decrease or habituate while staying in the presence of the feared trigger. Habituation is a normal process that occurs when a feared situation is not truly dangerous. The "response prevention" component was added so that the habituation process wouldn't be interfered with by a patient doing rituals to reduce his or her discomfort prematurely. ERP, when done systematically, leads to substantial and sustained decreases in anxiety/discomfort and compulsions to ritualize. In addition, a majority of patients demonstrate gains in functioning in important life roles, although ERP rarely entirely frees patients from obsessions and rituals.

1970s

The 1970s saw a more widespread study and dissemination of ERP. Research conducted in the United States, Canada, and Europe confirmed the efficacy and generalizability of this treatment. Studies also examined different variations of ERP: Researchers such as Jack Rachman and Isaac Marks found that exposure may occur in real life (in vivo) or in imagination and it could include graduated exposure using a fear hierarchy (arranging anxiety/discomfort triggers into a list of increasingly challenging levels) or involve flooding (beginning

A Brief History of Psychotherapy for OCD: 1966–2016 *(continued)*

with high severity triggers). In some instances, modeling — having the therapist demonstrate exposure before the patient repeats the practice — was found to be useful. Studies also found that ERP was more effective than relaxation therapy in both the short- and long-term; in fact, relaxation is often used as a placebo (a comparison) in studies involving ERP. By the end of the decade, Rachman and Marks had also conducted the first study comparing the efficacy of ERP to that of a new medication, a serotonin reuptake inhibitor (SRI) called clomipramine. In fact, their early reports found that ERP was more effective in treating OCD symptoms than clomipramine.

1980s AND 1990s

The next decade saw the continuation of research to optimize ERP. Edna Foa, Gail Steketee, and their colleagues developed and tested an intensive treatment protocol involving 15 ERP sessions over 3 weeks. Across all these studies, the value of ERP homework done by the patient alone was confirmed and is an integral part of effective ERP. Foa, Steketee and others also investigated what might be good predictors of treatment outcome. For example, these early studies found that depression and poor insight into the senselessness of OCD symptoms were associated with less improvement from ERP. One of the important contributions of this period of time was the development of the Yale-Brown Obsessive Compulsive Scale (YBOCS) by Wayne Goodman and colleagues. The YBOCS afforded a standardized way to measure OCD symptoms that would become the premiere or “gold standard” tool for measuring the severity of OCD symptoms for the next 30 years.

The 1980s and 90s also saw the introduction of cognitive therapy approaches to the understanding and treatment of OCD (a focus on how thinking patterns contribute to psychiatric disorders). Why did we need cognitive therapy approaches? ERP was developed from behavioral models focusing primarily on understanding and reducing compulsive rituals and behaviors. ERP was very successful when OCD symptoms involved behavioral rituals such as washing and checking. But patients who presented with so-called “pure obsessions” (what we now understand to be obsessions with hidden or mental rituals) were still a mystery. Cognitive theorists such as Paul Salkovskis developed and began testing ways of understanding and treating obsessions that focused on how the individual misinterprets “normally occurring” intrusive thoughts (i.e., intrusive and unwanted thoughts we all have) as personally meaningful and threatening. Cognitive therapy for OCD, which involves some elements of ERP along with strategies to directly address “mistaken beliefs” about thoughts, responsibility, perfectionism, and uncertainty,

was tested and shown to be effective, giving birth to the era of cognitive-behavioral therapy (CBT) for OCD. By the end of the 1990s, Mark Freeston and colleagues in Canada had completed the first study showing that a CBT program combining ERP and cognitive therapy was highly effective for patients who were thought to be, but who were not truly “pure obsessional” (i.e., individuals whose compulsive behaviors are all internal such as counting or praying).

The 1990s also saw the first efforts to translate psychological treatments for OCD — which had been developed for use with adults — to children and adolescents suffering from the disorder. Researchers learned a great deal about how OCD affects kids, and found that ERP could be applied to children with the same positive results as were obtained with adults. This was an important step forward as for many, OCD begins in childhood and adolescence.

However, there were also some important challenges to address in order for the field to move forward. For one thing, despite the availability of an effective treatment, most clinicians had not received proper training in how to use ERP effectively. Moreover, while many training programs and individual clinicians embraced the evolution toward CBT and other evidence-based psychotherapies during the 1980s and 1990s, some did not. Some clinicians resented the suggestion that research data are more reliable than “clinical judgment” when deciding on which treatment to offer for OCD. Others perceived ERP techniques as “drastic” and even “cruel.” It didn’t seem like common sense that encouraging someone with OCD to face his or her fears and purposefully provoke anxiety could actually help in the long run (science, of course, is uncommon sense). Thus, it became clear that better education about and dissemination of ERP for OCD was necessary. Sadly, this is a problem that endures to this day as there remain some mental health practitioners (and training programs) that reject the role of science and research in psychotherapy. Although this number is fortunately shrinking, there are still too many OCD sufferers who do not receive the most effective interventions.

This problem is not unique to the field of mental health. Max Planck, a noted physicist, noted the decades long resistance by his own field of science to convincing evidence about quantum mechanics, stating: “A new scientific truth does not triumph by convincing its opponents and making them see the light, but rather because its opponents eventually die and a new generation grows up that is familiar with it.”

Continued on next page >>

FROM THE FOUNDATION

A Brief History of Psychotherapy for OCD: 1966–2016 *(continued)*

2000s

With the effectiveness of ERP and CBT treatments now demonstrated in research settings, researchers turned to testing and building on this knowledge in different ways. Several studies found that ERP and CBT were as effective when done in traditional outpatient clinical settings as they were in academic research clinics meaning that this treatment was something that could be disseminated broadly. Hoarding behaviors were identified as a predictor of poorer treatment outcome (a development which would help the field recognize hoarding as a separate condition from OCD). Other key developments included the first large well-conducted studies comparing ERP to medications in the treatment of OCD in adults and children.

The field also continued to struggle with obstacles to dissemination of (i.e., improving access to resources about) effective treatment. Indeed, availability of, and access to CBT, continues to be a prime concern today. Variability of CBT provided by clinicians is also problematic (i.e., it is difficult to train clinicians to an effective standard and then maintain that standard over time). Some have turned to the use of technology, such as online training and online self-help programs, to help address these concerns by making standardized, though individually tailored, CBT widely accessible.

2010s

The present decade has continued to see new developments in the psychological treatment of OCD. Acceptance and commitment therapy (ACT) has increasingly been shown to be useful in reducing the impairment caused by obsessions and compulsions which has led to this approach becoming used more frequently along with other forms of CBT. A large collaborative study currently underway at Utah State University and the University of North Carolina will soon provide more information about the extent to which ACT adds to traditional ERP.

Another advancement is the recognition that OCD — in both children and adults — frequently occurs within a relationship and family context. We have learned that symptom accommodation by loved ones not only makes OCD worse, but can also interfere with treatment outcomes. Thus, studies have begun to examine how to involve spouses, partners, and other family members in treatment to reduce accommodation and promote a household and family environment of ERP-informed approaches, rather than accommodation and avoidance.

Another approach that holds promise is the work on “inhibitory learning” by Dr. Michelle Craske and others. According to this theory, what an individual learns during ERP does not overwrite a person’s fear. In this model, the fear is not “unlearned,” instead, through ERP, the individual develops new “learned safety” information which competes with (rather than erases) the older, learned fear. The theory of inhibitory learning opens up new possibilities for optimizing ERP by conducting exposure in ways that will increase the chances that safety learning triumphs over (i.e., inhibits) the older learned fear.

From both a treatment and dissemination perspective there is also encouraging advancement with the development and evaluation of internet-based treatment programs for OCD. For example, studies of computer-aided ERP (some coaching by a therapist) and computer-administered ERP (no coaching) were shown to have efficacy comparable to in-person clinician-guided CBT (Greist 2002 and Andersson 2012). Coaching improved the outcomes with some programs but is not always needed (Kobak 2015). Additionally, colleagues in the US and in Europe have developed treatments in which patients receive automated instructions for exposure and response prevention from the web, yet can also interact virtually with a therapist (via telephone or electronically) when they require assistance. Although research suggests that these programs can be very useful for many people with OCD, it remains to be tested the degree to which internet treatment can replace in-person therapist-assisted CBT. While awaiting more detailed comparisons, the potential for disseminating effective internet-based CBT was demonstrated by Dr. Kobak’s 2015 study that included patients from 26 states, Canada and Singapore.

Finally, there is excitement about the possibility that using d-cycloserine, a medication that appears to enhance learning, could speed the onset of benefit of ERP. The answers to these and other questions, we hope, will take OCD treatment to the next level in the years and decades to come.

SUMMARY AND FUTURE DIRECTIONS

Much of what we know about OCD treatment — especially some of the core components contributing to the effectiveness of ERP — was learned in early studies. However, despite its proven value, availability of therapist trained properly in the use of ERP for OCD remains a major challenge.

Ideally, once a diagnosis of OCD is confirmed, treatments can be considered and applied as appropriate. Recognizing the wide range of patient response to different treatments, CBT usually provides more short- and long-term benefit than

A Brief History of Psychotherapy for OCD: 1966–2016 (continued)

medication. Unfortunately, availability of clinician-based CBT is limited and variability in quality is inevitable. Personalized and standardized computer-based CBT could be widely available via the internet to complement, supplement and augment what clinicians provide.

Looking to the future, we see many promising ideas unfolding. And, although ERP is an effective treatment, we are aware that it is not a panacea. Some patients are not able to bring themselves to engage in challenging exposure tasks. Others receive only partial benefit. Still, the science behind ERP/CBT is solid. We believe the field will best benefit from working to make ERP more effective and available. The addition of ACT to ERP, and the inclusion of partners and family members in CBT, all represent attempts to optimize exposure-based approaches. Inhibitory learning and d-cycloserine may enhance effectiveness of ERP. And, digital access to CBT/ERP models can help with access and dissemination.

In the end, while we know much, important work remains to be done. ○

Dr. Greist is a Distinguished Senior Scientist at the Madison Institute of Medicine, and Clinical Adjunct Professor of Psychiatry at the University of Wisconsin School of Medicine and Public Health in Madison. He has published over 300 peer-reviewed articles and book chapters — nearly a third of which pertain to OCD.

Dr. Abramowitz is Professor and Associate Chair of Psychology, Research Professor of Psychiatry at the University of North Carolina (UNC), and Director of the UNC Anxiety and Stress Disorders Clinic. He has published over 250 research articles, books, and book chapters and he is Editor-in-Chief of the Journal of Obsessive-Compulsive and Related Disorders.

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FROM THE FOUNDATION

Legacy Giving

by Jeff Smith, IOCDF Director of Development

“The things you do for yourself are gone when you are gone, but the things you do for others remain as your legacy.” – Kalu Ndukwe Kalu

When someone influential or well-known passes away, one of the first things that springs to mind is their legacy. A legacy is a lifetime of relationships, accomplishments, truths, and values, and it lives on in those whose lives they've touched.

In the past few months, the OCD community lost two of its most dedicated members. In December, we lost Dr. Bruce Hyman, a long-standing professional member of the IOCDF who also served on the Scientific & Clinical Advisory Board (SCB). He was a faculty member for the Behavior Therapy Training Institute (BTI), and was a staple at our Annual OCD Conference. Dr. Hyman was a nationally recognized expert in OCD and related disorders, a field in which he dedicated his career to as a primary focus.

More recently, in March, we were saddened to learn of the passing of Dr. Jose A. Yaryura-Tobias, one of the inaugural members of the SCB. Dr. Yaryura-Tobias was a pioneer in OCD research and an internationally recognized expert in OCD and related disorders. He, along with his wife, Dr. Fugen Neziroglu (also an inaugural member of the SCB), opened one of the first comprehensive treatment facilities in the US for OCD and related disorders, the Bio Behavioral Institute, in 1979.

Legacy comes in many forms, but the most valuable component of legacy is keeping a memory alive — giving purpose and meaning to a life by helping others who need it most today. Both Dr. Hyman and the family of Dr. Yaryura-Tobias chose to memorialize and honor their respective lives by giving to the IOCDF in their memory and asking friends and family to consider doing the same. As such, the dedication with which they selflessly served the OCD and related disorder community will continue to benefit from their generosity. In addition, Dr. Hyman made the decision to include the IOCDF in part of his estate and mentioned to me in one of our last meetings that he hopes this will inspire others to do the same.

The IOCDF is supported entirely by individual donors. We do not receive any government support and rely solely on the generosity of our donors, who we consider to be partners in our mission to provide help to people living with OCD and their families and loved ones. There are many reasons people choose to donate to the Foundation. For some, it was

a personal and positive experience with the organization; perhaps they called the office and found help through a provider listed in our Resource Database. Or, they attended the Annual OCD Conference and discovered they were part of a larger community.

Donors have a wide range of gift opportunities to make a difference in the lives of others by joining the IOCDF Legacy Society through the use of planned giving. Planned giving takes a little more planning than if a donor were to make a gift of cash, via a check, or via credit card online. A donor usually considers a current gift to the IOCDF as a cash outlay now. To make a planned gift, a person decides to give at some future date, either a number of years from now or upon their death. For some, that means an outright gift of cash or appreciated property; for others, it is a deferred gift arrangement, such as a charitable bequest or as a beneficiary of a life insurance policy. It could even be a combination of gifts carefully planned to help support an IOCDF program that is meaningful to them.

One of the easiest ways to leave a legacy and support the IOCDF in a truly significant way is to include us in your will. There is no immediate cost to you, you can change it at any time, and you will be making a critical impact on the IOCDF's ability to serve the OCD community well into the future. If you would like to speak with someone at the IOCDF about including us in your estate plan, or if you would like to let us know that you have already done so, please contact Jeff Smith, director of development at (617) 973-5801 or jsmith@iocdf.org

Whatever the reason, a gift to the IOCDF helps the Foundation continue to be the primary resource for people living with OCD, their families, treatment providers, and others seeking to learn more about the disorder or get help. ○

If you would like to make a gift in memory of Dr. Bruce Hyman or Dr. Jose Yaryura-Tobias, you can do so by going to www.iocdf.org/donate. Your gift will honor their commitment and dedication to the OCD community for years to come.

FROM THE FOUNDATION

Donor Profile: A Teacher's Quest for Knowledge

by Jeff Smith, IOCDF Director of Development

In the fundraising world, it is not uncommon for a donor to give for a period of time and then move on to another cause that appeals to them. The International OCD Foundation is supported entirely through the generosity of individual donors — including many who have remained steadfast supporters of the IOCDF for several years who we are very grateful to have. This is the second column in a special 30th anniversary series of profiles highlighting donors who have been supporters of the IOCDF for many years, including some who have supported the Foundation since the beginning.

I want to introduce you to Jeanne. Jeanne has been a donor to the IOCDF Research Grant Fund since 1994! As with many of our longtime donors, Jeanne was in search of knowledge. In Jeanne's case, she wanted to better educate herself about OCD and related disorders so she could help a student in her classroom. I recently had the opportunity to speak with Jeanne on the telephone and asked her to share how she came to be involved with us.

Jeanne cannot really remember how she found out about the IOCDF. It was before the Internet was frequented, so she assumes that she learned of the Foundation from someone she knew or worked with. Jeanne is an educator by training and received her advanced degree in special education from Boston University. She always knew she wanted to work with kids in school systems who need extra help because of a special challenge. After receiving her advanced degree, she moved to California where she taught English and special education for many years before retiring.

During her tenure as a teacher, Jeanne encountered several kids with many types of special needs. Jeanne can vividly recall one child. "She was the brightest little girl, so conscientious and you could tell she was just really smart. I kept asking myself, 'Why is this child requiring special education?' I quickly noticed she would often perform rituals throughout the day that were interrupting her ability to

concentrate on learning and her schoolwork. I thought she might have obsessive compulsive disorder." Jeanne learned her student had OCD and that she had been in treatment most of her young life.

Jeanne called the IOCDF (then known as the Obsessive Compulsive Foundation). "The person who answered the phone was so nice and really knew what they were talking about. They were so very helpful and sent me a tremendous amount of information and brochures that I could use to help me in my work and to educate others in my school district."

Over the years, Jeanne has supported the work of the IOCDF. She has attended three Annual OCD Conferences, where she had the opportunity to learn more about OCD and new and important research into the cause and treatment for OCD and related disorders. At the Conference, Jeanne has been able to speak with some of the leading scientists conducting research on OCD to learn even more.

Jeanne says, "That is why I support research. It is so very important to find out what causes OCD and how to treat it. Meeting some of the people doing the research who are so committed, I think that it's a good thing to donate. If everybody who has been touched as teacher or parent took on the mission to talk about OCD to get people education

and increase awareness, we could get more focus and more money coming in to discover a cure."

The IOCDF is grateful for Jeanne and the many loyal donors and members who supported us in the beginning and continue to support the work of the Foundation today. Their commitment and combined generosity makes it possible for others to get the help they so desperately need. ○

Have you been a donor or member of the IOCDF for many years? If so, we would welcome the opportunity to hear your story. Please contact Jeff Smith, IOCDF Director of Development, at jsmith@iocdf.org or (617) 973-5801

MEMBERSHIP CORNER

Membership Highlight: IOCDF Institutional Membership

By Tiia Groden, MA, IOCDF Membership & Outreach Specialist

When the IOCDF was founded in 1986 as the Obsessive Compulsive Foundation, it was virtually impossible to get access to effective care. From the beginning, this has been one of the core missions of the Foundation — to ensure that those needing care are able to find it. However, 30 years ago, those affected by OCD found it extremely difficult to navigate the landscape of treatment options and know which type or level of care would be best suited for a particular individual struggling with OCD symptoms.

In the 1990s, the International OCD Foundation (IOCDF) began listing individual treatment providers on the website as a benefit of professional membership. Yet resources were clearly lacking when it came to finding more intensive treatment across the US. In the late 1990s, three of the first residential programs offering OCD treatment opened — the first was McLean Hospital's OCD Institute, then Rogers Memorial Hospital's OCD Center, and then the OCD Program at Menninger Hospital (now the Houston OCD Program). In 2005, the IOCDF was in search of partnerships that would help spread the word about important resources offered by residential programs like these. Additionally, a half dozen other intensive treatment programs for OCD were slowly popping up around the country. The IOCDF collected information on these programs and began providing links on the website to these desperately needed treatment programs. In 2009, these partnerships became formalized as part of the IOCDF Institutional Membership Program.

We have many therapists in our Resource Directory on the website who treat OCD via traditional outpatient therapy (seeing a therapist 1–2 times per week for 45–50 minute sessions). However, there are certain situations when an individual requires a higher level of care beyond what's provided as part of traditional outpatient therapy. These programs were the foundation of the Institutional Membership and include:

- **Intensive Outpatient** — Patients may attend groups and individual sessions each day, several days per week.
- **Day Programs** — Patients attend treatment during the day (typically group and individual therapy) at a mental health treatment center usually from 9am–5pm up to five days a week.

- **Partial Hospitalization** — Same as the Day Program, but patients attend treatment in a hospital setting.
- **Residential** — Patients are treated while living voluntarily in an unlocked mental health treatment center or hospital.

In addition to intensive treatment and residential programs, a new type of clinic was added to the Institutional Membership Program in 2013 — Specialty Outpatient Clinics. These clinics are staffed by a minimum of three full-time clinicians with a minimum of 10 years experience. Highlighting these clinics allows us to showcase programs that utilize advanced case consultation when offering outpatient therapy.

Intensive Treatment Programs, Residential Programs, and Specialty Outpatient Clinics are all listed in the Resource Directory and will come up as a result in a location-based search. Often times, however, location is not the primary factor when seeking treatment, and individuals will travel cross-country to attend a program, often for weeks at a time. For this reason, all of our Institutional Members are also listed alphabetically on the "View all Clinics & Programs" page at www.iocdf.org/clinics. On this page, individuals can select the specific clinic type they are searching for: Intensive Treatment, Residential, or Specialist Outpatient. To help narrow the search results down to the best treatment options, the list is also filterable by populations served and specialty areas of expertise.

Over the years, with both increased research on OCD treatment and the accessibility of training opportunities for clinicians, the number of intensive treatment programs and specialty outpatient clinics making up the IOCDF Institutional Members has grown to 65 clinics and programs. With the revamp of our Help for Hoarding website (helpforhoarding.org), we are excited to soon expand our Institutional Membership to include interdisciplinary programs dedicated to helping individuals and families manage and overcome hoarding situations. More information about that coming soon! ○

To see a complete list of clinics and programs, visit www.iocdf.org/clinics. If you run an intensive treatment/residential program or specialty outpatient clinic and are interested in applying to be an Institutional Member with the IOCDF, please contact Tiia Groden, membership & outreach specialist, at membership@iocdf.org or visit www.iocdf.org/institutional-membership.

Welcome To



23rd Annual OCD Conference

by Jeff Szymanski, PhD
IOCDF Executive Director

Each year we work with our Conference Planning Committee to bring the best of what the OCD treatment, research, and advocacy communities have to offer, while also making sure to highlight topics and themes that have not yet been a focus in the community. The 23rd Annual OCD Conference Program features a wide variety of talks on OCD treatment strategies and new research findings, in addition to workshops on related disorders, such as body-focused repetitive disorders (BFRBs), PANDAS/PANS, and autism spectrum disorders. Body dysmorphic disorder (BDD) is again the focus of a mini-series, offering workshops for individuals, families, and professionals.

We are also excited to offer a new Bilingual English-Spanish series at this year's Conference to better serve the Hispanic population. Research shows individuals from every ethnic

and racial background develop OCD at similar rates, but non-Caucasian individuals are underrepresented in research and often face additional obstacles in accessing treatment and other resources. In particular, the collaboration between Dr. Barbara Van Noppen and Romina Vitale to bring the very popular Families Unite workshop into this series will be very impactful. By fully incorporating this series into the Conference program, we hope to extend the wonderful sense of support and community at the Conference to our Spanish-speaking attendees (see more about this on page 14).

The OCD & Substance Use Series (see more about this on page 15) is also being launched this year. As discussions about the opiate epidemic increase across the US, this topic is critical to address with individuals, families, therapists, and researchers.

And, on a personal note, I am really looking forward to the return of David Adam, our 2015 Illumination Award winner, as our Keynote Speaker at this year's Conference. David is an editor for the science journal *Nature* and author of *The Man Who Couldn't Stop*. His keynote address this year, "The Accidental Advocate," will be a must-see for all conference goers (see below for an interview with David). And note that this year, the Keynote and Award Presentation will take place in its new time slot from 4:00-5:30pm on Saturday instead of at 8:00am (good news to all those non-morning people out there!).

David Adam set to bring humor, hope (and books!) to this year's OCD Conference

By Sydney Nolan, IOCDF Communications Assistant



David Adam signing copies of his book at the 2015 Annual OCD Conference.

This year's keynote at the Annual OCD Conference will be delivered with some international flair provided by this year's speaker, David Adam. An editor for the science journal Nature and author of The Man Who Couldn't Stop, Adam was honored as the 2015 recipient of the IOCDF Illumination Award at last year's Conference and will be returning again this year to deliver the Keynote Address. We recently interviewed Adam to hear about his experiences last year and to get a sneak peek of his Keynote.

FROM THE FOUNDATION

David Adam set to bring humor, hope (and books!) to this year's OCD Conference *(continued)*

IOCDF: Last year was your first time attending the Annual OCD Conference. What were some of the highlights for you, and what made you interested in coming back?

David Adam (DA): I was really taken by the positive atmosphere and by the number of families who attended. I would see a group of attendees, in the elevator, perhaps, and I couldn't tell who — the mum, dad, or one of the kids — was affected by OCD, if any. At events in the UK, people tend to come alone, and children are very rare. I think that shows how far behind we are in Britain in terms of social acceptance of mental disorders.

So, I'm looking forward to more of the same, and as the keynote speaker, to speaking to most of them in one go!

IOCDF: Do you have any advice for first-time attendees based on what you experienced last year?

DA: Go see the keynote speaker, I hear he's really good! Seriously, I'm not one to usually offer advice, mainly because I am rubbish at taking it. I guess I would say that in deciding to attend and then doing so, they have done most of the hard work. They are then free to put as much or as little into the events and sessions as they wish. It's ok just to listen and take it all in. It can be quite overwhelming to see something that might be very personal to someone, and perhaps a long-standing secret, discussed so openly. And that's OK.

IOCDF: Is there anything uniquely American (a food, restaurant, shop, attraction, etc.) you're especially looking forward to, since you're coming from "across the pond" for this year's Conference?

DA: So much. I've never been to Chicago and can't quite believe there are lakes that someone can't see across to the other side. (In Britain you can walk around most lakes in a morning). Breakfasts. You guys really do breakfasts well. And baseball on TV. I've been all over the world but never feel quite so foreign as when I was sat in a bar with someone watching baseball on TV.

IOCDF: Your book, *The Man Who Couldn't Stop*, covers everything from historical examples of OCD to some of the genetic and evolutionary research on OCD to what you call the "just plain unfortunate pressures that might contribute" to the disorder — what facts or pieces of information surprised you the most or stood out as the most intriguing for you when conducting research for the book?

DA: Most surprising was the fact that the intrusive thoughts of OCD are very common and have been reported throughout history. Almost everyone will recognize them, yet they are rarely associated with OCD. Most intriguing? Well there's this astonishing story of... wait, no, I'm afraid you'll just have to buy it and see.

IOCDF: A lot of your book and personal experiences related to OCD are connected to HIV/AIDS, a topic that, similar to many mental health issues, obviously requires a lot of sensitivity when discussing. What has writing the book and speaking more openly about how OCD has affected your life shown you about how we can have productive or meaningful conversations about subjects like those you cover that are no doubt important, but can still be difficult to discuss?

DA: Honestly, I think it has shown to me just how difficult they can be. In every conversation or audience there is always someone who is hearing and talking about this stuff for the first time. And, while in the book, I can explore and explain stuff at length, that's much harder to do in person. So I think the tone is important, as well as the content. That's why I think it probably is slightly easier for people who have been affected to discuss, because our experience gives us a connection and helps us prioritize what matters when time/words are short.

IOCDF: What will your next project be? Any plans for a sequel or similar book in the works?

DA: Yes! I am finishing a book about an experimental treatment for OCD and other mental disorders that involves passing mild electrical currents into the brain, looking at how else these techniques might be used, if and how they could alter cognitive abilities and even intelligence, and what that might mean for society.

IOCDF: Has your role as a journalist and editor influenced the way you view mental illness and/or the way it's discussed in society and by the media?

DA: Not really. I think my experience as a patient has done that. There isn't really a homogenous "society" or "media." There are just bunches of individuals, all of whom can react differently, for good and bad. Many groups feel they get a raw deal from society and the media, but their targets should be the individuals, which is why a conversation with even a single person can be influential.

FROM THE FOUNDATION

David Adam set to bring humor, hope (and books!) to this year's OCD Conference

(continued)

IOCDF: Are there others in the OCD and related disorders community or general mental health field whose work or advice you admire or have learned from?

DA: There is a psychologist, a giant of the field, called Jack Rachman who everyone with OCD, me included, owes a huge thank you to for his work over the decades. I met him a few times when I was writing the book and he is an inspiration.

IOCDF: What do you hope people will be able to take away from your keynote address?

DA: A book. I will even sign it.

If not, then I hope they will take two messages. That even severe OCD (and mine was) can be treated and, if not cured, then beaten down to manageable levels. And that OCD is very much on a spectrum of conditions, including "normality," which most people have some experience of. People with OCD are not somehow separate or cut off from the rest of the population.

IOCDF: What advice would you give to others wishing to share their story about how OCD has affected them?

DA: Advice again! People ask me if writing the book has helped, and I always say the same thing. OCD, and other medical problems, have two impacts. There is the direct impact of the symptoms. And there is often an indirect impact, caused by keeping the problem to ourselves or feeling like we need to. That indirect impact no longer bothers me. And that helps. But did writing the book help with the direct impact, the symptoms? No, no more than writing a book about an experience with cancer would shrink a tumor. OCD is a medical problem that needs medical help. Sharing a story, ultimately, might seem a good thing to do, but make sure you share it with a medical professional as well. ○



Don't miss David Adam's keynote address beginning at 4pm Saturday, July 30th at the Annual OCD Conference. He will also be signing copies of his book in the Conference bookstore on Saturday, July 30.

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FROM THE FOUNDATION

Hasta la vista, OCD: Introducing the Spanish–English Bilingual Program

by Stephanie Cogen, MPH, MSW, IOCDF Education & Training Manager



Romina Vitale speaking at the 2015 El Conferencia del TOC.

Research shows that OCD does not discriminate — it is found in every gender, race, ethnicity, and socioeconomic status around the world at a rate of about 1–2 percent. As such, the IOCDF is committed to providing education and resources for all members of our diverse OCD community. One

of the ways we have done this for the past four years is through Spanish-language programming at the Annual OCD Conference, which seeks to make the resources and community at the Conference more accessible to Spanish-speakers.

According to the American Community Survey, there are over 60 million people in the US who speak a language other than English at home. Of these 60 million people, the majority (62 percent or 37 million people) speak Spanish at home. With this information in mind, and knowing there are over 400 million Spanish-speakers worldwide, incorporating Spanish-language programming into the Conference seemed like a natural place for the IOCDF to start.

It can be very difficult for members of the Spanish-speaking community to find information and resources, especially about mental health. One of the most common barriers to access is language — the vast majority of existing resources are only available in English, including printed materials and training programs, and, as noted above, over 37 million people in the US are not able to understand these resources.

In 2012, we started the “Spanish Program” to bridge this gap within the OCD community by focusing on providing education, raising awareness, and decreasing stigma. It was a half-day program consisting of two workshops and a support group. Content focused very broadly and generally on anxiety and anxiety treatment, with a special emphasis on OCD and related disorders.

At the 2014 OCD Conference in Los Angeles, we expanded the program to a full day of five workshops and a support group and renamed it the “El Conferencia del TOC.” The content was also more specifically aimed at OCD (as the new name reflected — TOC is OCD in Spanish). We held our inaugural Spanish Keynote address by Romina Vitale, who has since become an IOCDF spokesperson and our Hispanic Outreach Ambassador.

This year in 2016, we are very excited to offer a fully bilingual program for the first time at the Annual OCD Conference. The Programa Bilingüe will now include a full day of bilingual workshops about OCD and related disorders, conducted in both Spanish and English open to all Conference attendees. The change from Spanish-only to bilingual Spanish–English programming was done in order to make this track accessible to all attendees interested in the topic, no matter of their fluency level. It also allows families to attend together, and unites the program with the rest of the OCD Conference. It is our hope that this new integrated bilingual track will bring the best of both programs together, featuring leaders in the field of OCD treatment and the Hispanic community.

The Bilingual Program will serve all individuals, families, and professionals who would like to learn more about OCD and related disorders. It will consist of several educational workshops and a support group covering topics like OCD treatment options, family issues, social skills, and overcoming the challenges of recovery. ○



We hope you will join us to celebrate our diverse OCD community this summer at the Programa Bilingüe at the Annual OCD Conference, taking place Saturday, July 30 from 8:00am–5:30pm. See you there!

FROM THE FOUNDATION

Announcing a New Mini-Series at the Annual OCD Conference: Co-Occurring OCD & SUD

by Jeff Szymanski, PhD, IOCDF Executive Director

The opiate epidemic has taken America by storm in recent years. Nowhere is the impact greater than in the mental health community, where self-medicating may feel like the only option for those who suffer without access to quality mental health care.

But addiction can occur even in those with a correct diagnosis, with access to appropriate care, and with a strong support network. Like OCD, addiction strikes across demographics. And like OCD, addiction is a disorder that needs appropriate treatment.

Substance use disorder (SUD), as it is now known, includes opiate addiction and alcohol dependency, and is a topic not often discussed in the OCD community.

In 2013, I was approached by a handful of people asking why there weren't any workshops at the Annual OCD Conference for individuals who struggle with both OCD and substance use disorder (SUD). The answer was simple: in the past five years, we had never actually received a proposal on this topic.

As a result, in 2014 at the Conference in Los Angeles, Riley Sisson put together a panel entitled, *OCD and Addiction (Dual Diagnosis): Maintaining Recovery and Managing OCD*. His co-presenters included Dr. Michael Jenike, Dr. Jim Claiborn, Dr. Bradley Riemann, Darlene Davis, and Jordan Pearlman, and outlined the struggle that many in the OCD community face in dealing with addiction. This talk received rave reviews and, more importantly, started an important conversation in the community.

Later that year, the community faced a huge blow in the loss of Riley Sisson as he lost his battle with addiction. Now more than ever, this conversation needed to be continued.

Last summer in Boston, Dr. Michael Jenike, Dr. Jonathan Hoffman, Ethan Smith, Sara Jenike, and Margaret Sisson (Riley's mom) gave a talk entitled *OCD and Addiction Town Hall* to a standing-room only audience. The focus of this talk was to broaden the conversation from not just what we could do at the Annual OCD Conference, but what we can do in an even more impactful way in the treatment and research communities. Following this discussion we collaborated with Stacey Conroy, MSW, MPH, on two articles for our *OCD*

Newsletter reviewing the state of research on this topic, as well as what the current model of treatment is for co-occurring OCD and SUD.

This year, we continue to grow resources in this area, by hosting a four-part series at the OCD Conference. We brought back two very popular talks from last year to discuss progress and next steps, "*OCD and Addiction Town Hall*" and "*The Hidden Side of OCD: An Open Discussion About Addiction, Depression and Suicide*." We paired these talks with a resource for families, "*Understanding and Managing Co-Occurring OCD and Substance Use Disorders*," as well as a resource aimed at therapists, "*Treating OCD and SUD: Tools for Effective Treatment*." These talks will run serially throughout the day on Saturday, along with a support group run in the evening.

It is our hope that this series will continue the important discussion about the unique needs of those with OCD and SUD and will open the door to more effective treatment options in the years to come. Clearly, there is no time to waste. ○



Find the OCD and Substance Use Series, featuring four presentations and a support group, Saturday, July 30 at the Annual OCD Conference.

DONATE TO THE RILEY SISSON MEMORIAL CONFERENCE SCHOLARSHIP FUND



"Riley believed that the conference was a place where someone suffering with OCD or a related disorder could go and meet others who would understand the struggle of what daily life could be like living with OCD."

— Margaret Sisson, Mother of Riley Sisson

Each year more than 1,300 people — including individuals living with OCD, their family members, treatment providers, and others — join the leading experts in OCD and related disorders at the International OCD Foundation's Annual OCD Conference. In an effort to make the Annual OCD Conference as accessible as possible, the International OCD Foundation offers a scholarship program to individuals who would not otherwise be able to afford to attend the Conference due to financial hardship. Please help someone get help today by making a gift in memory of OCD Advocate Riley Sisson.

www.ocd2016.org/donate

FROM THE FRONT LINES

“I Was The Kid” — Becoming a Cross-Country OCD Fighter

by Josh Steinberg

Tears collected in my eyes the moment I woke up, blurring my already cloudy morning vision. I buried my face in the cool pillow as if it were the answer to all of my problems. I felt the first tear trickle down my cheek as I lifted my head and moved my legs into a crisscross position. My clock read 7:27am. I knew I would not need to get up for three more minutes, so I sat trembling on my bed until my mom came in to wake me.

“Good morning, sweetheart! It’s time for your first day of school!”

Her greeting sent my body into a cry so ferocious that I could not catch my breath. I wanted to form logical sentences, or what I believed to be logical in my 6-year-old mind, but instead, ugly attempts at words came out like bursts of projectile vomit. I felt myself shivering with frustration and self-loathing.

“Josh, honey, we talked about this. You knew last night that you were going to have trouble starting the day, but you are going to be late. You don’t want to be late, right, sweetie?”

I shook my head at the idea of being late for my first day of first grade and climbed out of bed, pushing away the urge to crawl back under the covers. I had no idea at the time, but that moment was my first experience with cognitive behavioral therapy (CBT), the therapeutic technique that would save my life and my family years later.

I was always the kid who struggled with transitions. I was the kid who had to be walked onto the field by my parents for soccer games. I was the kid who had to be assured at least four times that one of my parents would be on the same floor of the house as me before I could comfortably fall asleep. I was the kid who wouldn’t go to friends’ houses for playdates. And I was the kid whose mom had to hold his hand as they approached school on the first day, and again on the second day, and the third day, and the day after that one and after that one, until the teachers would start to lose their sense of understanding.

I was born in Needham, Massachusetts, to caring and attentive parents. With almost 8 and 9 years between us, respectively, my older sisters Emily and Becki both adored me as well. Yet when I was 6 years old, my family moved

from our hometown to Avon, Connecticut. As days passed at my new school, I found it harder and harder to sleep at night. I was too nervous about having to walk into my classroom the following day. I’d lie awake in bed with my mom and dad for what felt like hours. I spent a lot of my time crying. I refused to take the bus because I thought that I wouldn’t make it to school without my mom driving me. I started seeing a therapist named Dina who gave me cool toys after each session. She diagnosed me with “separation anxiety.” I would have wanted to avoid the stress — to avoid school and the bus and my after-school activities — but Dina told my parents to force me through the stressors. So up until sixth grade, I pushed myself into the school building every day — sometimes with my mom, or even my mom and dad by my side — and for the most part, I passed for functioning.

When I was 11, my dad was recruited to another job and my family relocated again to Chicago, where I enrolled in a private Jewish day school. I knew almost immediately that this transition was different. Though I made friends, my new school was high-performing and stressful. I began having what I now call “dark thoughts,” or horrible images of things I feared would happen unless I took a specific action. One “dark thought” required me to write down all of my homework in my planner several times. Then, afraid that I still wouldn’t see my assignments, I would erase and rewrite, erase and rewrite, over and over until things felt “right” to me. Sometimes this obsession kept me up until 3:00am. I’d shut my eyes, then get out of bed and rewrite something in my planner. I would get back into bed, remember another detail that I should write, and start the entire choreography all over again. I’d perform this routine night after night without anyone in my family knowing, my parents chalking up my tired eyes in the mornings to reading or playing video games too late.

Another “dark thought” involved “blanky threads” — pieces of my beloved childhood blanket that I believed held the key to my own life; if I didn’t preserve the blanket, I would not be able to succeed in life, or worse: my life would end. For winter vacation, my family went back to the East Coast to visit family, where my blanket got stuck in the zipper of my suitcase. I got it out, but a thread had fallen. I checked the zipper for more threads, but did not tell my parents about the obscene amount of checking that I was doing. When we returned, I begged my mom not to make me get out of bed for school. For the next few months I was in and

FROM THE FRONT LINES

"I Was The Kid" — Becoming a Cross-Country OCD Fighter *(continued)*

out of my classes, taking only a few at a time and working with my school social worker. I met with four different therapists who, like Dina, diagnosed me with separation anxiety, general anxiety, or even severe stress related to my move, but were ultimately unable to help me cope. By the summer, I wouldn't leave the house for fear that "blankey threads" clung to my body and would disappear into the outside world. This was something much more than anxiety. Crawling through the halls of my house with my nose to the ground in search of blankey threads, I could no longer hide my struggles from my parents.

Driven to seek a proper diagnosis, my mom took me to a psychiatrist at Northwestern University, where I was diagnosed with generalized anxiety and severe OCD. In June, we found Dr. Andrea, a therapist who introduced me to cognitive behavioral therapy (CBT), and whom I think of today as my favorite person in the world. Through intense exposure therapy sessions almost every day for three months, Andrea taught me to manage and control my OCD. I became closer and closer to her each day, trusting and valuing her friendship more than I ever thought I would. By the fall, I had made it back to school where, little by little, I made several close friends, connected with my teachers, and found myself able to concentrate on schoolwork and sports. I even began to feel a glimmer of excitement to eventually be an independent high schooler. Finally, I thought, life would be a bit more normal.

So when my dad announced that spring that we were relocating back to our Massachusetts hometown for a new job he wanted to take, I thought things had gone wrong forever. "All of my hard work down the drain," I thought to myself. "I can't survive another move. What about my friends? And worse: what about Andrea?" As we prepared for the move, I feared all of my symptoms would re-emerge and I'd be dragged back to the "dark thoughts" that had once taken over my life.

Despite my panic, I prepared for the transition with Andrea prior to the move, and Skyped with her often once we arrived in Massachusetts. The new school I joined — which my sisters attended when they were younger — was a soft landing, collaborating with my parents and me from the beginning to support my transition. So as my family completed our third move in less than 10 years, something incredible — almost magical — happened: I was actually managing my OCD. Though there were certainly bumps throughout my transition, I found myself appreciating my warm and supportive teachers, even making friends and joining two sports

teams. At my middle school graduation the following May, I delivered a speech despite my intense anxiety surrounding public speaking. The audience gave me a standing ovation.

I guess you could say I'm thankful for all of these experiences. If my family hadn't moved so many times, I would've had to discover my OCD in another stressful situation — like college applications, my first job, or graduate school. Looking back, I know I'm lucky — I found out about my OCD young and was able to beat it. To maintain my gains, I continue to meet with a therapist in Massachusetts monthly and am fortunate to have support from my teachers and school administrators. Though I'll never be rid of my OCD, in 2014 Andrea told me via Skype that I am 100 percent symptom free. I now have too many tools and know too much about the disorder to allow it to control my life as it once did.

OCD is still an ever-present fight, but today I know that I am a fighter. I'll never give up on anything easily, as I've learned that perseverance is an accomplishment in its own right and is the most important tool for conquering OCD. My hope is that anyone reading this — and anyone else affected by OCD — can persevere through the disorder too, knowing in the meantime that this fight can be won. ○



Josh and his sister Emily will be speaking at the 23rd Annual OCD Conference this summer. Don't miss their talk, "OCD in the Family: Becoming More Supportive Parents and Siblings" Sunday, July 31 at 8:00am.

NOW ACCEPTING NEWSLETTER SUBMISSIONS!

We want to hear from you! Share your art and creative writing in the *OCD Newsletter*. Poems, short stories, essays, drawings, paintings, and photography all accepted.

Email your submissions to editor@iocdf.org.

THE THERAPY COMMUNITY

Institutional Member Updates

Institutional Members of the International OCD Foundation are programs or clinics that specialize in the treatment of OCD and related disorders. For a full list of the IOCDF's Institutional Members, please visit www.iocdf.org/clinics. See article on page 10 to learn more about Institutional Membership.

ANXIETY DISORDERS TREATMENT CENTER

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Chapel Hill, NC 27516
Phone: (919) 942-0700
Email: rrw@med.unc.edu
www.anxieties.com/weekend.php

Director Reid Wilson, PhD, will travel to Oslo, Norway in August 2016 to conduct a new two-day large-group (up to 30 participants) treatment demonstration observed by a live audience at the Norwegian OCD Association's Annual Conference. Prof. Gerd Kvale of the University of Bergen and Dr. Bjarne Hansen of Health Bergen will conduct research on this experiment of generating rapid change in OCD beliefs within a large group. Dr. Wilson's newest trade book, *Stopping the Noise in Your Head: The New Way to Overcome Anxiety and Worry* (HCI Books), was released in May and offers a universal self-help protocol for all anxiety disorders and OCD.

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

The Anxiety Treatment Center welcomes the following behavioral specialists to our team. Ashleigh Golden, PsyD, returns to Northern California after working in the Center for OCD and Anxiety Disorders Program (COORD) at the St. Louis Behavioral Medicine Institute. She will take a leadership role as program director of our intensive outpatient program and will be expanding our services directed toward BFRBs. Dr. Golden will also launch our Academic Performance Track in July 2016, the first in Northern California to help those struggling specifically with academic issues. Dana Matalon, PsyD, brings her expertise in working with OCD and anxiety disorders and combines behavioral interventions with creativity, consistency, and compassion. Susan Armstrong, LMFT, has particular expertise and talent in ERP, ACT, and

emotionally focused therapy, helping clients approach anxiety in a goal-directed manner.

The ATC is also a proud supporter of Spotlight Sacramento, an organization that hosts events connecting mental healthcare resources in the greater Sacramento area to facilitate networking and referral relationships. On July 8th, 2016, the ATC will host the monthly event with a presentation on treatment considerations for anxiety disorders.

BIO BEHAVIORAL INSTITUTE

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

The Bio-Behavioral Institute staff is excited to announce our new Behavioral Activation Program for adults with OCD and related disorders, anxiety, and depression. Group activities will offer opportunities for personal enrichment, learning, and socialization. We are aiming to meet a wide variety of interests, including health/physical fitness, arts and crafts, music, and poetry/literature. Join our group to integrate more pleasurable activities into your life while meeting others with similar struggles.

Our recently launched School Refusal/School Anxiety Program serves children and adolescents experiencing difficulties with school attendance as a result of anxiety, depression, OCD, or a related disorder. After careful evaluation, we will develop an individualized comprehensive treatment plan to target reasons for school difficulties. In addition to multiple days of individual therapy, our caring staff offers home visits, coordination with school personnel, and parent skills training. The Institute also offers short-term intensive treatment for students who want to take advantage of academic vacations to make gains in a shorter amount of time. Our long-standing free OCD support group meets on the last Wednesday of every month from 7:30–9:00pm.

CENTER FOR OCD & ANXIETY-RELATED DISORDERS (COORD)

Saint Louis Behavioral Medicine Institute
1129 Macklind Avenue
St. Louis, MO 63105
Phone: (314) 534-0200, Ext 407
Email: sue.mertens@uhsinc.com
www.slbmi.com

We are delighted to announce three new services established this year:

Institutional Member Updates *(continued)*

1. **Advanced Parenting Workshop: When Being a Good Parent Isn't Enough:** A four-hour program held on Saturdays for parents grappling with the challenge of a child with OCD, anxiety, or depression. The workshop is lead by Gary Mitchell, MSW, LCSW, one of our senior clinicians and child and parenting specialists.
2. **Parent Follow-Up Group:** Allows parents an opportunity to meet with other parents and a child specialist to further develop skills they learned in the workshop. Mr. Mitchell also leads this group.
3. **Adolescent Social Anxiety Group:** A complement to our long-standing adult group, this service is led by Amanda Peterson, LPC, and provides teenagers a supportive venue for addressing their social fears.

COARD is also pleased to announce it has selected all of the trainees for the next 2016-17 academic year. We will be announcing the four postdoctoral residents and four graduate practicum students selected in the next update.

THE CENTER FOR PSYCHOLOGICAL & BEHAVIORAL SCIENCE

**11380 Prosperity Farms Road, Suite 209A
Palm Beach Gardens, FL 33410**

Phone: (561) 444-8040

**Email: treatment@psychologyandbehavior.com
www.psychologyandbehavior.com**

The Center for Psychological and Behavioral Science is pleased to announce it has relocated to its new permanent home in Palm Beach Gardens, FL. Our new office was completely renovated and custom-designed to provide even more comprehensive treatment options for individuals suffering from OCD. We are especially excited to announce the addition of a spa-like shower treatment room for those with contamination OCD. This new in-office treatment option is ideal for those looking to reduce their shower times and implement effective response prevention around this essential activity.

We would also like to announce the return of "OCD Boot Camp," our intensive outpatient treatment experience for individuals looking to tackle OCD during the summer months. Out-of-state individuals will love our location in sunny South Florida, just minutes from pristine beaches. Work hard, play hard. We also continue to offer free OCD support groups for children, teens, and adults.

Visit our website for a virtual tour of our new facilities and to learn more about what's happening in our clinic. Also be sure to visit our table at the Annual OCD Conference this summer in Chicago!

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: stsao@mail.med.upenn.edu
www.med.upenn.edu/ctsa**

The Center for the Treatment and Study of Anxiety (CTSA) is looking forward to offering our upcoming four-day workshop on exposure and response prevention for OCD July 11-14, 2016 in Philadelphia, PA. This annual workshop offers providers the opportunity to receive intensive, interactive training from experts in the field, including CTSA director and IOCDF Outstanding Career Achievement award recipient Dr. Edna Foa. In April 2016, the CTSA was proud to have eleven staff members selected to present at the Anxiety and Depression Association of America's annual conference. The focus of these presentations included the under-diagnosis of OCD, depressive symptoms in OCD, and mechanisms of cognitive behavior therapy. Through these efforts, the CTSA continues to advance treatment, research, and training related to OCD both nationally and internationally. For more information about clinical services, presentations, and workshops offered at the CTSA, please visit our website.

COGNITIVE BEHAVIOR THERAPY CENTER OF SILICON VALLEY AND SACRAMENTO VALLEY

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

**1221 Pleasant Grove Boulevard
Suite 150
Roseville, CA 95678
(916) 778-0771**

**Email: info@cbtstv.com
www.CognitiveBehaviorTherapyCenter.com**

The Cognitive Behavior Therapy Center is expanding in Roseville! We moved to a newly renovated office suite in an upscale and growing area. We now have various new work opportunities available:

1. We have job openings for licensed therapists and registered interns. We are looking for individuals with some experience and training in CBT for anxiety and OCD who are quick learners and want to practice evidence-based therapy as a staff therapist of the CBT Center. Visit www.cognitivebehaviortherapycenter.com/jobs-roseville.
2. We have affiliate opportunities for psychiatrists, therapists, and others with a complementary specialty looking to sublet office space within a group setting.

THE THERAPY COMMUNITY

Institutional Member Updates *(continued)*

Affiliates should already have their own private practice and business license. If you're interested, visit www.cognitivebehaviortherapycenter.com/office-rental.

- To learn more about the CBT Center, visit our website. If you are interested in a job or an affiliate opportunity, please contact Laura Johnson at laura@cbsv.com or (408) 821-1937. Please share this announcement with anyone who might be interested.

DOORWAYS, LLC

1825 East Northern Avenue, Suite 200
Phoenix, AZ 85020
Phone: (602) 997-2880
Email: info@doorwaysarizona.com
www.doorwaysarizona.com

Doorways, LLC is looking for an OCD therapist to be part of our growing OCD/Social Anxiety Adolescent Intensive Outpatient program. Doorways offers the only OCD IOP for adolescents in Arizona, and we are looking forward to future growth of this vital program.

The ideal candidate will have the following qualifications:

- Fully licensed behavioral health counselor or psychologist in the state of Arizona.
- Minimum one year of experience working with adolescents with diagnoses of OCD or social anxiety disorder, as well as experience in ERP treatment.
- BTTI training preferred, as you will be joining our team of BTTI-trained staff.
- Desire to work in a collaborative, multidisciplinary environment.
- Enthusiastic and positive personality!

To apply, please submit a cover letter and resume to hr@doorwaysarizona.com.

HOUSTON OCD PROGRAM

708 East 19th Street
Houston, TX 77008
Phone: (713) 526-5055
Email: info@HoustonOCDProgram.org
www.HoustonOCDProgram.org

ANNOUNCING A NEW ADDITION TO THE HOUSTON OCD PROGRAM TREATMENT TEAM! Jason Garvin, DO, has joined us as a staff psychiatrist. Jason brings years of training and experience in treating OCD, OC spectrum, and anxiety-related disorders. He has been a fixture in the Houston psychiatric community and will add a wealth of knowledge to the treatment team. You can learn more about Dr. Garvin by visiting our website.

The IOCDF's Houston BTTI was another resounding success! Dr. Alec Pollard was joined by Houston OCD Program's Director Thröstur Björgvinsson, PhD, ABPP, and program psychiatrist Joyce Davidson, MD, as well as Aureen Wagner, PhD, Patrick McGrath, PhD, Constantina Boudouvas, LCSW, and John Hart, PhD. Clinicians from all over the country participated in the three-day training event and as seen to the right, enjoyed a reception at the Houston OCD Program.



KANSAS CITY CENTER FOR ANXIETY TREATMENT (KCCAT)

10555 Marty Street, Suite 100
Overland Park, KS 66212
Phone: (913) 649-8820, Ext 1
Email: info@kcanxiety.com
www.kcanxiety.com

KCCAT staff members are looking forward to joining everyone in Chicago for the 23rd Annual OCD Conference, where staff psychologist Dr. Bill Oakley will be presenting on two topics: the use of ACT in kids and the co-occurrence of substance use in OCD.

We are also excited to pilot a new exposure group for teens and young adults this summer as an adjunct to individual sessions! Created by staff members Drs. Heather Smith-Schrandt and Katie Kriegshauser, this first group is targeted toward exposure work with social anxiety and/or social perfectionism themes, facilitating crucial avenues for extra support and peer practice.

In May, KCCAT sponsored a free half-day BFRB conference offered as part of our Community Education Series. Led by Dr. Ashley Smith, who facilitates our ongoing monthly support group, the morning included a great lineup of information, encouragement, and resource ideas for individuals of all ages and their families. We invite you to check in with us regularly for updates about the Center!

MCLEAN HOSPITAL

OCD Institute
115 Mill Street
Belmont, MA 02478
Phone: (617) 855-3371
Email: corozco@partners.org

OCD Institute for Children and Adolescents (OCD JR.)
23 Isaac St.
Middleborough, MA 02346
Phone: (774) 419-1182
Email: McleanCAOCDI@partners.org

www.mcleanhospital.org/programs/obsessive-compulsive-disorder-institute

www.mcleanhospital.org/programs/child-and-adolescent-ocd-institute

Institutional Member Updates *(continued)*

The OCDI is proud to announce Nathaniel Van Kirk, PhD, is this year's recipient of ADAA's Clinician Trainee Award. He received his award at the ADAA Conference in Philadelphia. In its commitment to clinical care and training, ADAA's Clinician Trainee Award acknowledges those who have excelled in their performance in an internship or clinical training setting. We are incredibly proud of Nathaniel's accomplishments and are happy he will be remaining at the OCDI at the end of his postdoctoral fellowship.

The McLean OCDI and OCDI Jr. are happy to be Platinum sponsors of this year's Annual OCD Conference in Chicago. We are equally pleased that so many of our talented staff will be on hand to present Conference talks, workshops, and research posters, including Dr. Marcia Rabinowits and Laurah Shames who will be presenting in the bilingual track, and Dr. Jason Elias, Dr. Jason Krompinger, Dr. Brian Brennan, Dr. Carol Hevia, Dr. Lisa Coyne, Dr. Nathaniel Van Kirk, Perrie Merlin, Diane Davey, and others. Please stop by our exhibit booth to learn more about our programs for adults and children.

MOUNT SINAI OCD AND RELATED DISORDERS PROGRAM

**1425 Madison Avenue
Department of Psychiatry, 4th Floor
New York, NY 10029
Phone: (212) 659-8823
Email: talia.glass@mssm.edu
www.mountsinaiocd.org**

We are pleased to announce Dr. Wiesel has launched a 12-week CBT group for adults with OCD. The next group will start in early fall 2016. Additionally, we provide a no-cost CBT group for children (ages 8–12) with OCD led by Dr. Rojas; the next session also begins fall 2016.

We also will be offering another no-cost OCD summer camp week in July for children (ages 9–13).

In research news, Dr. Grice was awarded funding to expand her collaborative research program at the Karolinska Institute in Sweden. This work focuses on identifying environmental and genetic risk factors for OCD and tic disorders using an epidemiological approach and complements her ongoing genetic studies of OCD based at Mount Sinai. Dr. Goodman continues to offer investigational interventions such as transcranial magnetic stimulation as part of ongoing clinical trials and, for select adult patients, deep brain stimulation (DBS) treatment.

For more information on any of our clinical or research programs, please call (212) 659-8823 or email us at OCD@mssm.edu.

MOUNTAIN VALLEY TREATMENT CENTER

**2274 Mt. Moosilauke Highway
Pike, NH 03765
Phone: (603) 989-3500
Email: clovejoy@mountainvalleytreatment.org
www.mountainvalleytreatment.org**

Mountain Valley Treatment Center, a specialized residential program treating debilitating anxiety and OCD, is pleased to announce it has been accredited for a period of three years by CARF International, an independent nonprofit accrediting body whose mission is to promote the quality, value, and optimal outcomes of services through a consultative accreditation process.

This decision represents the highest level of accreditation that can be awarded to an organization and shows the organization's substantial conformance to CARF standards. An organization receiving a three-year accreditation has put itself through a rigorous peer review process and demonstrated to a team of surveyors during an onsite visit that its programs and services are of the highest quality, measurable, and accountable.

NEUROBEHAVIORAL INSTITUTE (NBI)

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

The NeuroBehavioral Institute (NBI) in Weston, FL continues to develop its evidence-based treatment services and intensive outpatient programs for OCD, related conditions, and anxiety disorders (including our Fear of Flying Program). To support this ongoing expansion, we have also initiated a variety of new therapy groups, including a lunch social group, weekend multifamily therapy group, drama therapy group, emotion regulation therapy group, and a social anxiety group. Additionally, we have increased our efforts to offer consultation and treatment for Portuguese and Spanish-speaking international patients and their families in their native languages. We received great feedback on our weeklong "OC-Ski" Treatment Adventure in Park City, UT at the end of 2015 and will keep you posted on dates for our upcoming fall 2016 Women's OCD Treatment Adventure. We also welcome recent additions to our postdoctoral resident staff, Drs. Lissette Cortes and Elliot Joseph.

THE THERAPY COMMUNITY

Institutional Member Updates *(continued)*

NORTHWELL HEALTH OCD CENTER

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

Dr. Anthony Pinto of the Northwell Health OCD Center was recently interviewed by FoxNews.com for an article on OCD. You can view the article at www.foxnews.com/health/2016/04/07/pure-ocd-when-logic-is-overthrown-by-nightmare-like-thoughts.html.

In addition to our ongoing open enrollment for individual exposure and response prevention and medication management, the Northwell Health OCD Center currently has group therapy openings. We offer a weekly ERP group and maintenance group. The ERP group meets weekly, and gives members the opportunity to engage in exposures with the support of other individuals with OCD, as well as with the guidance of a licensed psychologist. The maintenance group, also led by a licensed psychologist, meets every other week and provides strategies to maintain wellness and prevent relapse for members who have completed individual ERP therapy and have attained partial remission of symptoms.

Please call for more information and to schedule a confidential screening.

NW ANXIETY INSTITUTE

325 NW 21st Avenue, Suite 100
Portland, OR 97209
Phone: (503) 542-7635
Email: info@nwanxiety.com
www.nwanxiety.com

NW Anxiety Institute, a specialized clinic treating OCD and anxiety, is excited to announce a new summer camp for youth with OCD and other anxiety disorders. Fight Fear Summer Camp is a unique offering for youth fighting anxiety daily to engage in an active, fun, and empowering experience. Our camp is designed to extend the premise of exposure therapy to an overnight summer camp while being supported by peers, camp counselors, and licensed clinicians with expertise in treating anxiety disorders. This camp provides youth an opportunity to challenge their anxiety through group therapy, physical activities, relaxation training, skill groups, and FUN.

Fight Fear Summer Camp is situated at Camp Kuratli in the breathtaking Pacific Northwest, 30 minutes from Portland, OR. The camp is nestled within a stunning natural setting and offers beautiful facilities, including a recreational center,

heated pool, hiking trails, and a high ropes and low ropes course. The camp will be held August 15–20, 2016 and can accommodate a maximum of 40 campers. Both in-state and out-of-state campers ages 10–17 will be accepted. Scholarships are available, please email for more information.

OBSESSIVE-COMPULSIVE AND RELATED DISORDERS CLINIC AT NEW YORK STATE PSYCHIATRIC INSTITUTE / COLUMBIA UNIVERSITY MEDICAL CENTER

1051 Riverside Drive, Unit #69
New York, NY 10032
Phone: (646) 774-8062
Email: chenste@nyspi.columbia.edu
www.columbiapsychiatry.org/ocd

We are excited to add two new research assistants to our team. Rachel Middleton, BA, from Temple University will be running our Control and Reward Circuits in OCD study. She will be utilizing MRIs to study how the brain may change following exposure and response prevention therapy. Yael Stovetzky, BA, from Harvard University will assist with the Stress Reactivity in Patients with Anxiety study, where she will look at ways to enhance extinction learning.

We are also sad to say goodbye to two of our research assistants. Olivia Pascucci, BA, from Harvard University will be pursuing a doctoral degree in clinical psychology at St. John's University. Olivia has been a dedicated research assistant and helped greatly with our pursuits in furthering OCD research. Suzie Choi, MA, from Teachers College, Columbia University will be working toward her licensure in mental health counseling. She has been an enthusiastic volunteer research assistant and has done great work with the OCD team. They will be greatly missed!

We finished recruiting for our Internet-based cognitive behavioral therapy study and have begun the data analysis phase. We're looking forward to the findings and hope to make great contributions to the field.

THE OCD AND ANXIETY TREATMENT CENTER

386 North Main Street
Centerville, UT 84014
Phone: (801) 298-2000
Email: paul@itherapycenter.com
www.theocdandanxietytreatmentcenter.com

The OCD and Anxiety Treatment Center is growing! In addition to our ongoing adult intensive outpatient program, we have recently launched a new youth intensive outpatient program for children ages 10–17 struggling with OCD. The youth program offers convenient after-school hours (Monday through Thursday, 4–7pm).

Institutional Member Updates *(continued)*

We have also added a new licensed psychologist, Kate Rogers, PhD, to our staff. Dr. Rogers received her doctoral training in clinical psychology at American University, where she received extensive training in the provision of evidence-based treatments for a wide variety of presenting concerns. During her doctoral training, Dr. Rogers developed specialties in the treatment of anxiety disorders (e.g., OCD, panic disorder, social anxiety, etc.) and body focused repetitive behaviors (e.g., compulsive hair-pulling and skin-picking). Dr. Rogers has joined the OCD and Anxiety Treatment Center as a specialty therapist in the intensive outpatient and aftercare programs. She has also launched an outpatient treatment program for body focused repetitive behaviors at the Center.

We are excited to bring these important treatment resources to the community! Give us a call with any questions or interest in our treatment programs.

PALO ALTO THERAPY

**407 Sherman Avenue, Suite C
Palo Alto, CA 94306
Phone: (650) 461-9026
Email: info@paloaltotherapy.com
www.paloaltotherapy.com/ocd**

We are very excited and proud to be a new Institutional Member of the IOCDF and be listed on the IOCDF website! It is a pleasure and an honor to help those who struggle with OCD and other anxiety problems.

Our goal is to provide the best possible therapy using compassion and evidence-based therapy techniques such as ERP and CBT. Our team continues to grow, as does the need for quality services. Three of our staff members have attended the Behavior Therapy Training Institute (BTTI) with a goal of having our entire team graduate from this training in the next two years. We also strive to have all of our therapists certified through the Academy of Cognitive Therapy and are 50 percent there!

At our Center, we have the ability to provide intensive treatment when needed (several sessions per week/extended sessions) and are also pleased to incorporate family and/or support persons. We also offer groups to further support our clients. Learn more by visiting our website.

Thank you for considering Palo Alto Therapy and be assured of our heartfelt gratitude for referring to us. It's the greatest compliment you can send.

RENEWED FREEDOM CENTER FOR RAPID ANXIETY RELIEF

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

RFC would like to announce our upcoming programs for the summer and early fall season. For more information, contact us at info@RenewedFreedomCenter.com.

Mindfulness & Self-Compassion Skills Training Group

Christine Izquierdo, PsyD, Licensed Psychologist
Aimed at providing concrete tools for individuals to manage difficult emotions, participants will learn about the utility of mindfulness and self-compassion in decreasing pain and suffering and cultivating the capacity to cope with anxiety, depression, and life dissatisfaction.

Parents' Booster Workshop: Meltdowns Part 1 & 2

Jessica Parlor, BA, Psychology Intern
This parent/caregiver series offers tips to manage your child's anxiety during the summer break and will include information about how to best respond to meltdowns, preparing for transition, and minimizing setbacks.

Teen Assertiveness Workshop

Jennifer Bulger, MA, Psychology Assistant
This four-week workshop will help develop and practice assertive communication through "Developing Communication Styles & Skills, Learning 5 Ways to Respectfully Disagree, and Saying No to Unreasonable Requests."

Soothe Group

Wesley Stahler, LMFT, Licensed Clinician
This group focuses on building parental competency via developmental guidance, creating archival art, and building community with other parents.

ROGERS MEMORIAL HOSPITAL

**34700 Valley Road
Oconomowoc, WI 53066
Phone: (800) 767-4411, Ext. 1846 or (413) 822-8013
Email: rramsay@rogershospital.org
www.rogershospital.org**

Opened May 23rd in Eden Prairie, MN, Rogers Behavioral Health—Minneapolis will initially offer a partial hospital program for children and adolescents with OCD and anxiety disorders and a partial hospital program for adults with mood disorders. Partial hospital programs for adults with posttraumatic stress disorder (PTSD) and OCD and anxiety will follow.

THERAPY COMMUNITY

Institutional Member Updates *(continued)*

A Minnesota native, Samantha Clos has a new role as national outreach representative for Rogers–Minneapolis. With extensive experience as an admissions coordinator and national outreach support specialist/representative for Rogers' residential child and adolescent programs, Sam offers her clients a full understanding of our services. Contact Sam at (612) 979-5455 or sclos@rogersbh.org.

Thanks to donor support, Rogers Memorial Hospital–Oconomowoc has a newly formed position: support group specialist. We plan to implement a support group for adults with OCD and anxiety within the community. Beyond that vision, we will also explore adding an online component, allowing patients and families from our other locations and the global OCD community to also participate.

The landscape surrounding our residential OCD Center in Oconomowoc, WI, is being revitalized with new plantings to be more therapeutic for patients. Increasing access to nature is an evidence-based method for improving health and mood.

SAGE ANXIETY TREATMENT PROGRAM

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

Sage is pleased to announce the opening of our child & adolescent intensive treatment program for anxiety. This program is for ages 5–14 with tracks for ages 5–7, 8–11, and 12–14. The program is in a dedicated suite and will utilize the same ACT-based exposure treatment as the current intensive treatment program for ages 15+. The program meets two hours per day, two days per week and includes a weekly psychoeducation/support group for parents. We also continue to offer a group for social anxiety and for body focused repetitive behaviors.

STANFORD TRANSLATIONAL OCD PROGRAM

**Rodriguez Lab
401 Quarry Road
Stanford, CA 94305
Phone: (650) 723-4095
Email: ocdresearch@stanford.edu
www.med.stanford.edu/profiles/carolyn-rodriguez?tab=bio**

The Stanford Translational OCD program, directed by Dr. Carolyn Rodriguez, utilizes an interdisciplinary approach to finding treatments for patients suffering from OCD and hoarding disorder. Our team, including our newest lab members Maria Filippou, Jordan Wilson, Erik Wilkerson, Pete

Aston, and Brian Levin, are pleased to support the 1 Million Steps 4 OCD Walk in Oakland, CA this June!

Dr. Rodriguez will be presenting two research talks at the Annual OCD Conference in Chicago this July on her pilot work understanding the ability of ketamine, an NMDA receptor antagonist, to quickly and effectively quell obsessive thoughts.

Dr. Andrea Millen will join our group in September as a new clinical postdoctoral fellow focusing on treatment for individuals suffering from OCD and hoarding disorder.

STRESS & ANXIETY SERVICES OF NEW JERSEY, LLC

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

SAS of NJ is pleased to announce a complete “overhaul” of our website, creation of a new logo, and development of our social media presence. In addition to our website, you can now learn about us through Facebook, Twitter, LinkedIn, and YouTube.

We have also begun to produce a video series called “OCD Tips.” These are short videos (about two minutes long) published on our YouTube channel, with each installment focusing on lesser-known strategies/ideas to help boost your ERP treatment program. We are currently releasing about one per week. You can be alerted to these releases by liking us on Facebook, following us on Twitter, or subscribing to us on YouTube. We are also working on a monthly e-newsletter, which will serve as a brief review of recent and upcoming events of interest to the communities we serve.

In other news, as SAS of NJ builds our service reach in our newly opened second office in Springfield, we are currently completing our interviews for a new post-doc fellowship position for the 2016–2017 training year. ○

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

Do you or your child suffer from obsessive compulsive disorder (OCD)?

The Department of Psychology at Texas A&M University is conducting an online psychology study that aims to better understand OCD and related disorders. If you are an adult who has OCD (or believes you have OCD), you can participate in the current study. Or, if you have a child or adolescent who has OCD and is between the ages of 7–17, your child can participate in the study. Parents must be present in order to provide permission for their child to participate, and parents will be asked to fill out several questionnaires along with their children.

Once you click the link, you will read a brief description of the study and be provided contact information for the researchers should you have any questions, and then be assessed for eligibility. Persons who are addicted to alcohol or drugs, have been diagnosed with a psychotic disorder (e.g., schizophrenia) or autism spectrum disorder, or have certain neurological disorders will be asked to refrain from participating.

If you meet the criteria for this study, you can take part on your computer/tablet/or smartphone at home! Taking part in the study involves completing a battery of questionnaires on your electronic device. It should take between 45 minutes to 1 hour to complete. Once you have completed the study, you can enter your contact information to be entered into a lottery drawing for a \$25 gift card to Amazon.com. A total of 10 gift cards will be awarded, and your odds of winning depend on the number of participants who enter the lottery.

If you are interested in taking part, please visit: https://agrilife.az1.qualtrics.com/SE/?SID=SV_cHfpksWFOLoHLEN

If you have questions, please email davidhoughton@tamu.edu

TAMU IRB #2015-0775D Approved: 01/15/2016 Expiration Date: 01/15/2017

Effect of Shame on Memory in Adults with OCD

Study Participants Sought: Adults Diagnosed with obsessive compulsive disorder

Please contact Martina Bonolis at mab2322@tc.columbia.edu if you would be interesting in participating in an hour-long

online survey looking at the relationship between anxiety and memory. Identities are kept strictly confidential. Participants will be entered in a raffle to win a \$200 amazon gift card. IRB #16-224

ILLINOIS

Parental Experiences and Perspectives of Pediatric OCD

The purpose of this study is to learn more about the experience of parenting a child or adolescent diagnosed with OCD. If you are a parent of a child between the ages of 5 and 17 who has been diagnosed with OCD, are English-speaking, and have access to a telephone, you may be eligible to participate. There are no direct benefits to you for participating in this study, but it is an opportunity to provide information that may help to better support other parents and families dealing with pediatric OCD. This research is being conducted as part of a dissertation project at the School of Social Service Administration, The University of Chicago.

Please contact Megan Schwallie, PhD Candidate, at nordquml@uchicago.edu or (312) 479-5860 if you would like to learn more.

MARYLAND

Families with Obsessive Compulsive Disorder are invited to help scientists learn more about the causes of OCD

A team of investigators at the Johns Hopkins School of Medicine has been studying the occurrence of OCD in families. We are now investigating genetic factors, which may increase the susceptibility to OCD. Recent advances in molecular biology and statistical genetics make it possible to identify and describe specific genes that may cause complex diseases such as OCD. We are seeking help from families with OCD to help to conduct these studies.

YOU CAN HELP!!

Families with two or more relatives with OCD are invited to participate in the study. Participants will be given a confidential interview about their medical and psychiatric history and will be asked to provide a small sample of blood. Participants do not need to travel. Participants will be monetarily

Research Participants Sought *(continued)*

compensated. Confidentiality of all information is assured.

YOUR HELP COUNTS!!

Each participant's help is vital and it DOES make a difference. Families may be referred by a clinician, or may contact us.

To learn more about the study, please contact:

Jack Samuels, PhD, Associate Professor, Email: jacks@jhmi.edu

The Johns Hopkins University School of Medicine

Department of Psychiatry 550 N. Broadway, Room 902, Baltimore, MD 21205

Visit us at:

http://www.hopkinsmedicine.org/psychiatry/specialty_areas/obsessive_compulsive_disorder Or at: <http://googl/tjoldO>

PRINCIPAL INVESTIGATOR: Gerald Nestadt, MD, MPH

NEW YORK

AUG III – Attaining and Maintaining Wellness in OCD (IRB #6628)

- Are you suffering from OCD?
- Are you between the ages of 18–75?
- Are you taking one of the following medications for obsessive compulsive disorder (OCD) and STILL having bothersome symptoms?
 - Clomipramine (*Anafranil*)
 - Fluoxetine (*Prozac*)
 - Fluvoxamine (*Luvox*)
 - Sertraline (*Zoloft*)
 - Paroxetine (*Paxil*)
 - Citalopram (*Celexa*)
 - Escitalopram (*Lexapro*)
- Are you interested in receiving no-cost therapy treatment that may improve your symptoms such that you may be able to stop taking your medication?

If you answered, "yes" to all four questions, you may be eligible for treatment as part of our research study.

Eligible participants initially remain on a stable dose of their OCD medication and will receive cognitive behavioral therapy consisting of exposure and ritual prevention (EX/RP) twice a week for up to 12 weeks as additional treatment. Participants who become well (with only minimal to mild OCD symptoms) after the EX/RP will be randomly assigned (assigned by chance) to either continue their medication or begin to taper

off their medication and have it gradually replaced with a placebo (sugar pill).

All patients will be carefully monitored throughout the study for 24 weeks. The goal of the study is to understand whether patients with OCD on Serotonin Reuptake Inhibitors (SRIs) who achieve wellness from EX/RP can safely discontinue their medication.

Please call Stephanie Chen at (646) 774-8062 or email her at checnste@nyspi.columbia.edu for the New York site. You can also visit our website at www.columbiapsychiatry.org/ocd.

This study is done in conjunction with the Center for the Treatment and Study of Anxiety, at the University of Pennsylvania. At the University of Pennsylvania, the study is led by Dr. Edna Foa, author of *Stop Obsessing!*

Circuits – Control and Reward Circuits in OCD (IRB #7000)

- Are you between the ages of 18–55?
- Do you have bothersome OCD symptoms?
- Are you not taking any psychiatric medications?
- Are you interested in receiving no-cost therapy treatment that may improve your symptoms?

If you answered, "yes" to all four questions, you may be eligible for treatment as part of our research study "Control and Reward Circuits in OCD." Eligible participants will be asked questions about their symptoms, perform tasks on a computer, and receive 17 sessions of cognitive behavioral therapy consisting of exposure and ritual prevention (EX/RP). You will receive a brain scan using Magnetic Resonance Imaging (MRI) both before and after therapy. The purpose of this study is to assess whether therapy treatment with EX/RP changes the brain.

For more information about participating, please call Olivia Pascucci at (646) 774-8064, or visit our website at www.columbiapsychiatry.org/ocd.

NORTH DAKOTA

Parents of Adolescent Children with Mental Illness: A Qualitative Exploration of the Lived Experience

Hello! My name is Lindsay Yates and I am a Counseling Psychology doctoral candidate in the Counseling Psychology and Community Services department at the University of North Dakota. I am doing research on the experience of parents of adolescent children diagnosed with severe and persistent mental illness under the supervision of Doctor Cindy Juntunen.

I am specifically recruiting English-speaking custodial parents (18 years of age or older) of an adolescent (aged 13 to 17 years

Research Participants Sought *(continued)*

old) diagnosed with a severe and persistent mental illness, of any gender and ethnic background to participate in an interview that will take approximately 60 minutes. Individuals are invited to participate in an in-person interview about their experiences. Phone and Skype interviews may be set up instead of in-person interviews if this relieves any additional stress for participants. This research has been approved by the Institutional Review Board at the University of North Dakota.

For the purposes of this research, severe and persistent mental illness is defined as any diagnosis in the following categories, as defined and outlined in the Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition (DSM-V; APA, 2013):

- Schizophrenia Spectrum and Other Psychotic Disorders
- Bipolar and Related Disorders
- Depressive Disorders
- Anxiety Disorders
- Obsessive-Compulsive and Related Disorders
- Trauma- and Stress-Related Disorders
- Dissociative Disorders
- Somatic Symptom and Related Disorders
- Feeding and Eating Disorders
- Disruptive, Impulse-Control, and Conduct Disorders.

- Your child must have one diagnosis that fits into one of the above categories.
- Your child must have been diagnosed at least 6 months ago.
- Your child must have been diagnosed by a medical or mental

health provider (e.g., general practitioner, psychologist, psychiatrist, social worker, counselor, nurse practitioner, physician's assistant, or other related providers).

- Your child must currently be receiving mental health services.

Those interested in participating should email the principal investigator (Lindsay.Yates@und.edu) and provide your phone number. The principal investigator will contact you, after ensuring you meet participation requirements, to set up a convenient date and time to complete an interview. You are not obligated to participate in this research and if you do choose to participate, you may terminate your participation at any time without consequence.

Please email me if you are interested in participating:
Lindsay.yates@und.edu

Thank you so much! P.S. Feel free to forward the link to others who might be interested!

Lindsay Yates, MS
Dept.: Counseling Psychology and Community Services
Position: Doctoral Student
Email: Lindsay.yates@und.edu

Cindy Juntunen, PhD
Dept.: Counseling Psychology and Community Services
Position: Supervising Professor
Email: Cindy.juntunen@und.edu
Phone: (701)777-3740

Affiliate Updates

Affiliate Updates

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

www.iocdf.org/affiliates

OCD CONNECTICUT

www.ocdct.org

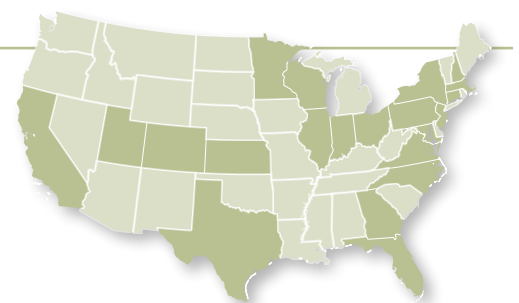
OCD Connecticut continues to provide support and outreach throughout the state. Our new educational program, "Parenting your Child With OCD," will be presented throughout the state (please check our website for updates). Team Connecticut participated in the 1 Million Steps 4 OCD Walk in Boston on June 4th and will be at the Annual OCD Conference in Chicago. Look for us at the affiliate booth. Volunteers are welcome to assist with planning for the future of OCD CT. Please check out our website and like us on Facebook.

OCD JACKSONVILLE

www.ocdjacksonville.com

OCD Jacksonville is sponsoring three licensed clinicians in northeast Florida to attend the September 2016 Behavior Therapy Training Institute (BTI) held at Massachusetts General Hospital in Boston. This scholarship will be awarded to therapists who demonstrate a desire and need to incorporate evidenced-based treatment for OCD into their practice. For more details please visit our website.

OCD Jacksonville is also proud to announce that Dr. Jonathan Abramowitz will lecture at our annual conference on Friday, October 14th, 2016 at the Schultz Center in Jacksonville, FL.



FROM THE AFFILIATES

Affiliate Updates *(continued from page 27)*

Dr. Abramowitz is an internationally recognized expert on OCD and anxiety disorders and an accomplished clinician, researcher, author, and academician from the University of North Carolina-Chapel Hill. He will present a 5.5 hour lecture entitled "Using Inhibitory Learning and Acceptance-Based Strategies to Supercharge Exposure Therapy for OCD and Anxiety." This workshop is open to all mental health professionals. More details to come!

OCD MASSACHUSETTS

www.ocdmassachusetts.org

OCD Massachusetts would like to thank everyone for attending our 2015–2016 lecture season. Please check our website in August for another exciting lecture line-up as well as events for OCD Awareness Week. See you in the fall!

OCD NEW JERSEY

www.ocdnj.org

Our quarterly free presentation series, open to mental health professionals as well as consumers, continued with a June 13th meeting featuring Dr. Rob Zambrano of Stress & Anxiety Services of NJ who presented "Applying Buddhist Concepts to the Treatment of Obsessive Compulsive Disorder." We will have an "OCD Success Panel" in September taking place in the Cherry Hill area right across the water from Philadelphia, as well as an "Ask the Expert Panel" in December in East Brunswick.

Michelle Villani, a doctoral candidate at the College of St. Elizabeth's PsyD program, will be joining OCDNJ in a newly created volunteer coordinator position. We already have a small band of committed volunteers, but are always looking for more! Our first focus is on identifying community and health fairs throughout the state, and then manning a table at these events with materials about OCD, OCDNJ, and the IOCDF.

Our board members continue to promote OCDNJ during their presentations, including ones made to NASW-NJ, NJ Counseling Association, NJ Association of Learning Consultants, and multiple groups of school personnel.

OCD SACRAMENTO

www.ocdsacramento.org

This year, OCD Sacramento was pleased to team up with OCD SF Bay Area to host the 3rd Annual 1 Million Steps 4 OCD Walk in Northern California at Lake Merritt in Oakland, CA on June 4th. We were honored to be part of this very important awareness-raising event. Once again, we had an amazing turnout of individuals who participated in the Walk to support our mission.

OCD Sacramento continues in its efforts to remain closely connected to the IOCDF to work toward reducing stigma associated with OCD and anxiety disorders and promoting proper treatment for these conditions. Our monthly lecture series supports this goal and includes the following upcoming talks: "Introduction to Social Anxiety Disorder and Treatment Considerations," presented by Heather Damon, ASW, on July 12; and "From Clutter to Hoarding: Finding Yourself on the Continuum," presented by Dr. Robin Zasio, PsyD, LCSW, on August 9th. ○

CHECKING IN WITH OUR GLOBAL PARTNERS: OCD JAPAN

Two years ago, OCD Japan (OCDJ) was established and became a Global Partner of the IOCDF. Dr. Jeff Szymanski, executive director of the IOCDF, was there to give the keynote address and celebrate the launch. Since its establishment, OCDJ is working steadily to increase awareness about OCD and its treatment. They host monthly lectures and created a website filled with resources for those with OCD, their support networks, and professionals who treat OCD.

In March of this year, OCDJ hosted an international lecture series and invited Szu-Hui Lee, PhD, and Thea Cawley, LICSW, to speak on treatment of OCD. Dr. Lee is a psychologist at Phillips Exeter Academy, a clinical associate of McLean Hospital, has a private practice focused on working with individuals with OCD, and is the president of the OCD New Hampshire IOCDF affiliate. OCDJ looks forward to hosting more international lecture series and continuing their collaboration with IOCDF. For more information about OCDJ, please contact Masaru Horikoshi, PhD, at mhorikoshi@ncnp.go.jp.

