



## PASSING THE TORCH: THE NEW IOCDF AMBASSADOR PROGRAM

by Ethan Smith



IOCDF National Amassador, Ethan Smith and IOCDF Executive Director, Jeff Szymanski, PhD

The first Annual OCD Conference I attended was Washington, D.C., in 2010. While I spent most of my time admiring the ceiling in my room, a few times I did manage to convince myself to actually attend some of the Conference. In fact, one of the first talks I ever went to featured IOCDF Spokespeople Elizabeth McIngvale and Jeff Bell. As I listened to each of their stories, a small seed grew in the back of my brain. At the time, I probably thought it was a brain tumor, but turns out it was the beginning of something much bigger: a growing desire to get better. A purpose bigger than myself. In that moment, I thought to myself, "I don't know how, I don't know when, but I will get better. And one day, I'll be on that stage presenting as an IOCDF spokesperson." As they say, the rest is history, albeit dramatic, difficult, painful, but so worth it, history.

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

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

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# San Francisco Highlights

by IOCDF Event Manager,  
Melissa Smith

In August of 2016, I had the pleasure of visiting the site of our 2017 Conference, the beautiful and unique city of San Francisco, California. Not only is the Conference hotel (San Francisco Marriott Marquis) a beacon of hospitality for any tourist, it is also conveniently located near many interesting attractions, historical sites, picture-worthy neighborhoods, and excellent restaurants.

In addition to its various colorful neighborhoods, some of San Francisco's famous attractions include the Embarcadero, the San Francisco City Hall, Fisherman's Wharf, the "Painted Ladies" of Full House fame, Muir Woods (located just outside the city), and of course, the Golden Gate Bridge.

**Below are some photo highlights from my trip to San Francisco. I hope you can join us there for the Conference, July 7-9!**

You can read about program highlights of the 24th Annual OCD Conference on page 6.



"Painted Ladies" of Alamo Square



Chinatown



San Francisco City Hall



Mission District



Muir Woods



Golden Gate Bridge

# [ocd2017.org](http://ocd2017.org)

## Letter from the Executive Director



Dear IOCDF Community,  
In 2004, back when OCD awareness and advocacy was still extremely limited, teenager Elizabeth McIngvale became the first face of OCD. As the International OCD Foundation's inaugural Spokesperson, Liz courageously shared her story about her own struggle with OCD with the entire nation. Liz

soon went on to get her PhD in social work and is now an assistant professor at Baylor College of Medicine, where she continues to be an educator and advocate for mental health!

Over Liz's 12-year tenure with IOCDF, she evolved into much more than just a spokesperson — she became an advocate and an ambassador.

Her tireless outreach has touched the lives of thousands of people affected by OCD. In fact, the Peace of Mind Foundation, which Liz and her family started to further serve the OCD community, sponsored last year's IOCDF Spokesperson Tour.

Through this tour our Spokespeople traveled to five cities in four states in just one week, with the goal of increasing awareness for OCD and related disorders. Given all that Liz has done for OCD awareness, as well as for the IOCDF, it was a bitter-sweet moment when she chose to shift out of her role as our Spokesperson this past fall; luckily she accepted a seat at our IOCDF Board of Director's table where no doubt she will continue to drive our mission forward.

Liz's "partner in crime" over the past eight years has been Jeff Bell. In 2008 Jeff joined the IOCDF Board of Directors and was named the second-ever IOCDF Spokesperson. Over the years, Jeff has also been a key contributor to the IOCDF community, giving countless media interviews, hosting our Keynote and Award Ceremony at our Annual OCD Conference, and continuing to advocate on our behalf. Jeff, like Liz, evolved from being a traditional spokesperson to being an active and engaged OCD advocate and ambassador.

At the end of 2016, after several years of serving the IOCDF, Jeff also made the decision to transition out of his role as Spokesperson. While Liz and Jeff will be greatly missed, it was thanks to their parting wisdom that we have decided to expand the role of Spokesperson to a title that matches the passion and level of service that we receive. As such, we are very proud to name former Spokesperson, Ethan Smith, as the new IOCDF National Ambassador. An OCD sufferer, Ethan has been committed to moving our mission forward through his involvement over the past few years. We are extremely grateful to have him take on this new role and expand the Ambassador Program in the coming year. Having known and worked with Ethan over the past years, I could not think of a better, more passionate person to take on the role of IOCDF National Ambassador. I encourage you to read Ethan's article in this newsletter, in order to learn more about his role, and about our plans for expanding the IOCDF Ambassador Program.

“...we have decided to expand the role of Spokesperson to a title that reflects the passion and level of service that we receive. As such, we are very proud to name former Spokesperson, Ethan Smith, as the new IOCDF National Ambassador.”

– Jeff Szymanski, PhD,  
IOCDF Executive Director

strongly encourage you to stop by and meet with Ethan, ask questions, share ideas, and help us learn how to grow this program together. I truly believe that with your help we can end the stigma around OCD and related disorders.

I would like to personally thank Liz and Jeff for their long and outstanding service to the OCD community, and I am thrilled to welcome and introduce Ethan Smith as our new IOCDF National Ambassador. We look forward to all that we can accomplish together in the coming year.

Sincerely,

Jeff Szymanski, PhD  
Executive Director  
International OCD Foundation

It is our hope that you will feel encouraged and inspired to join us in this new initiative. We will be kicking off the new Ambassador Program at the Annual OCD Conference this July. Ethan will be stationed at our IOCDF Information and Conference Ambassador Booth. I

## FROM THE FOUNDATION

### Passing the Torch *(continued from cover)*



Liz McIngvale, Ethan Smith,  
and Jeff Bell

The example set by Liz McIngvale and Jeff Bell truly laid the “yellow brick road” for me to follow. As the first IOCDF spokesperson in 2004, Liz quite literally became the face of the organization and OCD, with her campaign message being, “What Does OCD Look Like? Me... my name is Elizabeth.”

Brave and unwavering, as a teenager she stood in the public spotlight, shining her own light on mental illness, while simultaneously dealing with exhausting obsessions and compulsions. In 2008, CBS radio news anchor Jeff Bell joined her as a second IOCDF Spokesperson. Armed with passion and a limitless desire to give back, they worked together to break through stigma and give the IOCDF and OCD a loud impactful voice.

When I think about what the word “spokesperson” means, the literal definition being “a person who speaks for another or a group,” Liz and Jeff were that, but they were also so much more. They were sufferers and advocates every hour of every day. Not only when a camera turned on or an audience turned out, but with every phone call, with every conversation, at every turn. They shared their stories in a bold and brave effort to change the mental illness conversation and impact lives on a grassroots level. With proverbial shovel in hand, they paved the way for where we are today. And where we are is very exciting.

#### FROM SPOKESPEOPLE TO AMBASSADORS

In 2015, I felt privileged to be asked to join Liz and Jeff as IOCDF Spokespeople. However, towards the end of last year, after many years of service, Liz and Jeff decided to transition out of their roles as Spokespeople (it had nothing to do with me I promise!). A passing of the torch occurred, and all of a sudden I was handed a responsibility and a duty to fill their unfillable shoes. I take this new role very seriously and recognize that we are a community, and this process is collaborative. My role is to serve you. And so, for the last six months I have been brainstorming with the IOCDF, and we’ve begun an initiative that we believe is really special. I’m excited to finally share with you what we’ve been working on and, as IOCDF executive director Jeff Szymanski told me during our first meeting, “blow the roof off this thing.”

To begin, in consultation with Liz and Jeff, we have decided to do away with the title of *spokesperson* and replace it with *ambassador*. Yes, a spokesperson is the face of an organization, but we realized over the years that Liz and Jeff were so much more. They were in fact ambassadors of the IOCDF. Their advocacy and their lives were one in the same. We all advocate every day to change public perception and improve understanding of OCD. We lend a hand when support is needed in the community. In our own way, all of us are IOCDF ambassadors. No matter where you are in your journey — from speaking to a thousand people, to telling your story to one — you impact and change lives every time you speak your truth about OCD.

With that, I am excited to formally announce the new IOCDF Ambassador Program. And truly, “program” is too small a word, because what we really want to do is to create a *movement*. Now is the time to stand up and be heard. We need to diffuse social consciousness with meaningful and accurate information about OCD and treatment, so that so many of our painful stories don’t have to be the stories of future sufferers.

As your newly appointed IOCDF National Ambassador, the IOCDF and I decided to create a larger ambassador program to offer opportunities for you to advocate alongside the IOCDF. With the support of the IOCDF, we want to empower you in whatever capacity you feel comfortable with and passionate about. This initiative is still in the very early stages, but as a community it’s important to us that we communicate and collaborate with you. By sharing our ideas and goals we can create a larger discussion and turn our words into actions. This movement is nothing without your support and help. I not only want you to fill my head with ideas, I need you to, so that we may work together to ultimately shape a new future for all those suffering with mental illness.

Currently, we have pinpointed six specific categories where you can potentially become involved. All of these areas are vital to achieving our overall mission. Each category will be headed up by a “Lead Ambassador” who will oversee other ambassadors and our OCD advocates (“OCDvocates”), and work with them to develop opportunities to get engaged and give back throughout the year. Here is a list of our proposed Ambassador groups:

- Social Media
- Affiliate Engagement
- Outreach and Education
- Creative Expression

## Passing the Torch *(continued)*

- Diversity
- Kids and Teens

Our goal is to build a team of thousands, whose simultaneous efforts in each of these areas can begin to create the change we not only want, but also need. This team can't be successful without you. Having your participation, input, ideas, and feedback on how you want to be involved, are crucial to this movement.

### THIS IS A CALL TO ACTION

At this summer's Annual OCD Conference, we will have a booth in the exhibit hall where you can sign up to be considered for an ambassador position (we are vetting individuals filling these slots), and/or an OCDvocate (this is open to everyone). Please let us know which you are interested in participating in. Participation does not mean you will have to discuss your personal story publicly. It means that if you have a desire to give back and increase

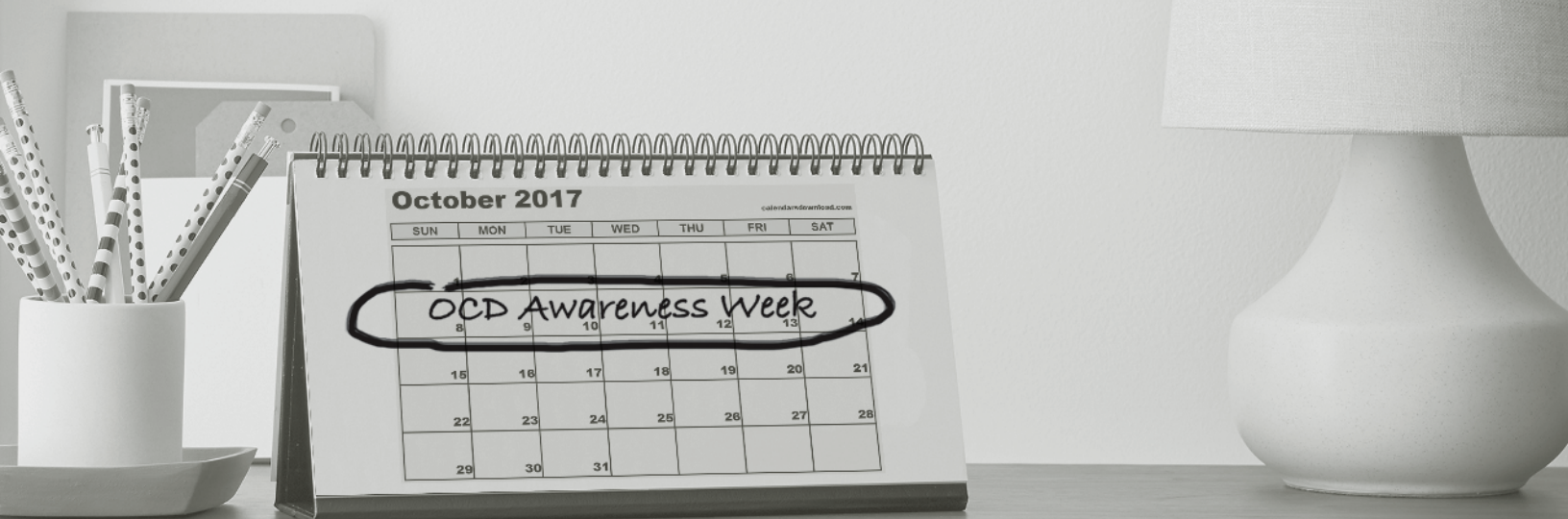
your engagement, we will create an opportunity for you to do so in a capacity that you're comfortable with. I encourage you to stop by the IOCDF information and Conference Ambassador booth in the exhibit hall during the Conference. I will have office hours there and I invite you to stop by, or to approach me any time at the Conference and tell me your thoughts on the new Ambassador Program.

I'm so excited about what we're doing. I'm so honored to work with all of you to continue to stamp out stigma and educate our world about OCD. I'm beyond passionate about doing anything we can to make effective treatment accessible and affordable to everyone who wants it. From the bottom of my heart, thank you for all that you already do, and I look forward to working with you side by side. ○

*The Annual OCD Conference will be taking place July 7-9, 2017 at the San Francisco Marriott Marquis. For more information and to register visit [www.ocd2017.org](http://www.ocd2017.org).*

# OCD Awareness Week 2017

## October 8–14 | [iocdf.org/ocdweek](http://iocdf.org/ocdweek)



## FROM THE FOUNDATION

### 24th Annual OCD Conference Highlights

*Will you be joining us in San Francisco July 7-9, 2017, for the 24th Annual OCD Conference?*

Each year, we work to bring together 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 been under-represented in the community.

The 24th Annual OCD Conference Program features a wide variety of talks on OCD treatment strategies and new research findings, in addition to an exciting Keynote Address and a number of popular mini-series! Some highlights of the 2017 program include:

- **2017 Keynote "UNSTUCK"**: We are thrilled to announce that our 2017 keynote will feature the world premiere of the film UNSTUCK as well as a Q&A session with the film's creators and child participants. UNSTUCK shines a spotlight on kids and teens with OCD. The children featured in the film are engaging, positive role models, who offer information and hope to other children dealing with OCD, as well as to their families and communities.
- **Revamped Youth Programming**: We are introducing a brand new style of programming for the youngest members of our OCD community, including three days of fun and learning for elementary-aged kids, middle schoolers, and high school-aged teens. Each group will have the opportunity to experience the Conference and enjoy themselves with others their own age.

- **BDD Series**: This series began in 2014, and is geared towards all individuals affected by or working with body dysmorphic disorder (BDD). The series includes four presentations and two evening support groups.
- **OCD and Substance Use Series**: In response to the increased focus within the OCD community on understanding the co-occurrence of OCD and substance use, this series seeks to shed light on the current state of the field, areas of need, and possible future directions. The series will consist of four presentations for individuals, families, and clinicians, in addition to an evening support group.

In addition, the Annual OCD Conference includes two special programs:

- **5th Annual Hoarding Meeting**: This year will be the fifth year of the Annual Hoarding Meeting, which includes a day-long Pre-Conference Training Session and two full days of presentations. There will be something for everyone: individuals with hoarding disorder (HD), their families and supporters, therapists, researchers, and other non-mental health professionals who interact with individuals with hoarding disorder.
- **Bilingual Program/Programa Bilingüe**: Because OCD affects individuals regardless of race or ethnicity, in 2012 we launched our first Spanish-language programming. In 2017, we will once again include a full-day, fully bilingual program for Spanish-speaking, English-speaking, and bilingual attendees alike. The program will take place on Saturday and will include four fully bilingual (Spanish-English) presentations, and an evening support group. ○

**24th Annual OCD Conference July 7-9, 2017**

**SAN FRANCISCO**

## OCD: Trapped in Compulsive Modes, Wrapped within Unwanted Thoughts and Fearsome Images

by Marsha Beede

*Within doubts, unwanted OCD thoughts and images can lead a person to misinterpret one's brain into irrational concepts...*

*Is it possible for the unimaginable to happen to you? Where one day you wake from a deep cloud, only to find life has passed you by?*

*This can happen, and it did happen to me...*

I woke ten years ago to the realization that a decade had passed me by; everything that I valued in life was gone. My home had become empty, not only to life, but my personal belongings were slowly fading due to my obsessive fears and thoughts. I had either given things away, tossed them in the trash, or donated many of my possessions under the assumption that I had too many things. My thoughts and fears had taken over my life and I was no longer in control. OCD had gotten the best of me, and I was surely fading in the realm of my four walls that were now completely bare.

One decade prior to realizing I was no longer in control, I was well established within my career. Even back then, there were certainly a few telltale signs of my OCD. When I look back, I can remember coworkers looking at my desk and saying, "Your desk is so neat." They were right; my desk was so spotless and well organized that I could see my reflection. There was not a thing out of place, not a single strand of hair, nor a speck of lint to be found lying anywhere near my desk. There were times when my mind would race and I would feel as if I were tranquilized by my various fears and obsessive thoughts. My surroundings would begin to fade as I would lose time, trapped within these thoughts. Along with my thoughts and fears I would become consumed with a self-doubt that I couldn't begin to process.

It never occurred to me that my brain wouldn't be able to rationalize things. After all, I would say to myself, "I should be able to reason with my own thoughts, right?" At times, I became paralyzed, asking myself, "Why can't I just let go of these unwanted thoughts and terrifying images?" I then began to ask, "How could doubts make me question my worthiness? My thoughts are supposed to serve a purpose, right?"

My OCD drove me to perform compulsions that other loved ones in my life could not make sense of. Images would appear in my thoughts that terrified me. In a desperate attempt to rid myself of these images I would shut down, throw my iPod on, and clean my home for hours, and

sometimes days. My cleaning was not necessarily related to fears of germs and toxins, rather it was a way for me to drown out my unwanted thoughts. I would wash my walls over and over, removing any sign of residue. Color coding my linen closet, clothes, and cabinets became a way of life.

As time went by, my OCD fears began to co-exist with an eating disorder. I later developed an autoimmune disease and became unable to rationalize eating without fears of dying or becoming gravely ill. At times, I found myself walking out of grocery stores empty handed, unable to reason with my own fears. While obsessively thinking about what to eat, I would simultaneously feel fear and frustration.

Years went by as I continued to be controlled by these thoughts. My children did not understand my behavior and they continuously struggled trying to reason with me. Despite this, I clung to the belief that these thoughts and images were true. I was spellbound by the hold that my OCD had on me, and my fears were becoming my demise.

A major turning point in my life was when I was accepted into the McLean Hospital OCD Institute six years ago. As I flew to Boston I had so many unanswered questions. One of the first things I learned while I was at the OCDI was that "your brain lies to you when you have OCD." I cannot even describe the emotions that flowed through me when I was told this. There are no words to describe my sense of relief, as though the burdens I had carried for far too long had finally been lifted. I learned that my brain had lied to me for most of my life, and that now I could learn to manage those unwanted thoughts, images, and emotions that kept me trapped.

I stayed and completed two months of outpatient treatment at OCDI. When I was ready to leave, I went home in a better state of mind, feeling that my thoughts and behaviors had finally been validated. I was ready to face the world head on and live in the present moment. I felt strong and empowered, having new tools to cope with my OCD. I had spent over a decade unable to move forward, being stuck in a debilitating situation and unable to escape OCD thoughts and compulsions. When I returned home, I was uncertain that I would find employment due to my long period of unemployment and low self-esteem. Luckily, I was greeted at the doors by employers who saw a potential in me that I had not been able to recognize in myself. I am very grateful for being given opportunities that have allowed me to return to a healthy quality of life. A life worth living.

## FROM THE FRONT LINES

### OCD; Trapped in Compulsive Modes, Wrapped within Unwanted Thoughts and Fearsome Images *(continued)*

I now understand that OCD will always be a part of me, but I continue to build strength and move forward by practicing ongoing exposure therapy. I must work in order to achieve ongoing progress and find a sense of belonging within my environment, family, and friends. My future depends on my ability to stay in the present moment and face my fears head on.

It is often said that time and patience are virtues of all things. But time doesn't stand still for anyone. OCD thoughts and fears can create a constant feeling of uncertainty in one's life and an inability to move forward. But life cannot be placed on pause and we cannot allow fears to hinder our ability to achieve a quality of life worth living. When a

person with OCD can challenge their fears, and obsessions, they make it possible to achieve goals and find purpose in life. What you learn from resolving your own internal OCD conflicts can even help you to manage conflicts and face fears in other areas of life.

Rest assured, my ability to stand on solid ground and continue to face my OCD fear and doubts, without allowing them to control my life, will be the ultimate reward I can give to myself...○

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*Marsha Beede is an inspirational freelancer writer in the community. Her contributions in the community are to inspire others to reach their potential and transpire within.*

### Afraid of My Shadow

by Wendy O'Brien

Afraid of my shadow? No, it's much worse than that  
I can't pet my Black Lab or cuddle my cat

I can't touch a light switch or open a door  
It's been too many years since I've sat on the floor

My hands are chafed and red from washing & washing  
I can't risk feeling dirty so I avoid outside walking

I used to go barefoot, lie beneath the sun in the grass  
I was always outdoors; but no more. I'm afraid of trash!

When "contaminated" by germs, real or imagined  
The pain is physical, though it's difficult to fathom

These sensations are genuine; such is the power of the brain  
I struggle with the impulses; "Do not wash" - my refrain

I must try harder family and friends all say  
Their tolerance grows thin on my more difficult days

So expose and expose over and over again  
If you look really close, you'll see I have gained.

Because today I'm still washing but it was not long ago  
That I couldn't leave my house because there was no safe place to go

It's important to recognize that no matter how hard I try  
OCD's not going anywhere; It is the way I am wired

That is not to say I am not keeping score  
Each day's new victories, I refuse to ignore

So one day at a time or maybe only hour to hour  
I may not slay the dragon but I can diminish its power!

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*Wendy O'Brien is a freelance writer/blogger who has struggled with OCD since she was a child. This poem celebrates the idea that progress is possible when we choose not to give up.*



## Top Seven Things to Know If You or Your Child Has OCD

by Alex

*My name is Alexander. I just turned 13 years old in March. I have recently suffered with severe Pediatric Acute-Onset Neuropsychiatric Syndrome (PANS) obsessive compulsive disorder (OCD). When I suffered from my OCD symptoms, I sincerely hated my life. I could not do the simple, everyday tasks that I had always been able to, like walking from my bedroom to my kitchen, brushing my teeth, or even eating and drinking, without finding myself in immense pain. I have decided to share my story so that maybe I can help someone else who suffers. These are the top seven things that I think everyone with OCD should know, and that I wish I had known.*

**#1: You are not alone.** Millions of people all over the world are suffering from OCD right now, and many more are suffering from other mental disorders. Approximately one in every 100 children worldwide has OCD, and OCD has been ranked as one of the top 20 illnesses in the world that can affect your life to a great extent. Many others have gone through, and are currently going through, what you are right now.

**#2: You CAN ask for help from your peers.** OCD is NOT something to be embarrassed about. OCD is a complex mental disorder and your peers have no right to blame you for what you're doing. In my experience, when I was at school, I was late to class every day and could not even perform simple tasks like writing. However, once everyone realized what was happening, all of my friends, teachers, and even classmates I didn't know, rushed to help me out whenever possible. My classmates would help me write down my homework assignments, and there was even a teacher who volunteered to write down my math test answers when I dictated them to her. Bottom line: Ask for help and you will get it.

**#3: Don't be ashamed of what you're doing.** OCD is not something you can control. Many people have OCD and you don't need to feel embarrassed about it. What you're going through is pretty normal, and no one has the right to be rude to you because of what's happening.

**#4: Get diagnosed and get proper treatment.** If you haven't done so already, ask your parents to get you in to see a professional who is trained in the diagnosis and treatment

of OCD. You or your parents shouldn't be afraid of trying prescription medication or therapy. Every day you don't get treatment your OCD can get worse and worse, and you suffer more and more. The only reason my OCD got so bad was that I waited several months before getting treatment. There are two types of treatment for OCD: medication and a type of therapy called cognitive behavioral therapy. Your doctor or therapist will let you know what they believe is best for you, and it could be a combination of both.

**#5: 'Challenge' OCD.** One of the most important things I learned in psychotherapy was that I could 'challenge' OCD. Think about it this way: OCD is your brain sending a false alarm to your body to fix something that's already fine. It is like a big bully inside your head. The way to 'challenge' the anxiety that causes your behaviors is to give yourself even more anxiety. Let's say you step in mud and get really worked up about washing all of it off. Instead of washing your skin for hours until you feel it's clean, try stepping in the mud again! Do the opposite of what your OCD is telling you! This is really hard, but try being really brave about it. Surprisingly, this is the key to tricking your brain into thinking that you don't actually need to do what OCD is telling you. To parents: give your kids a reward system if they challenge OCD. Do not punish your child for doing a compulsion or a ritual. If you punish your kids — or allow them to punish themselves for giving in to OCD — all you are doing is making OCD worse.

**#6: Enjoy what you can in life.** I remember that with my OCD I had a lot of things I still enjoyed doing, like going on vacations, watching movies, and spending time with friends. Even when my OCD was on at full blast, doing those things that I liked really distracted me from OCD and made me feel a lot better.

**#7: Your life will get better.** Every day, I would ask my mom, crying, "When will my life get better?" I remembered when I had liked life and it felt normal. I wished I could just have a fun, normal life again. I wanted my life back. Finally, I got treatment, and slowly I was able to 'challenge' OCD and to not feel the urges as much. The dark void gradually lifted and I started being able to do the things I used to, and to feel like myself again. What kept me going? I knew deep down — as I know that you, or whoever you know who has OCD, knows — that life will get better soon. My story had a happy ending and if you take the necessary measures, I believe that yours will too. ○

## THERAPY COMMUNITY

**Oh, the Controversy! That's Not Me, That's My OCD**

How can we view our most disturbing thoughts as our own without getting caught up in false beliefs about who we are as people?

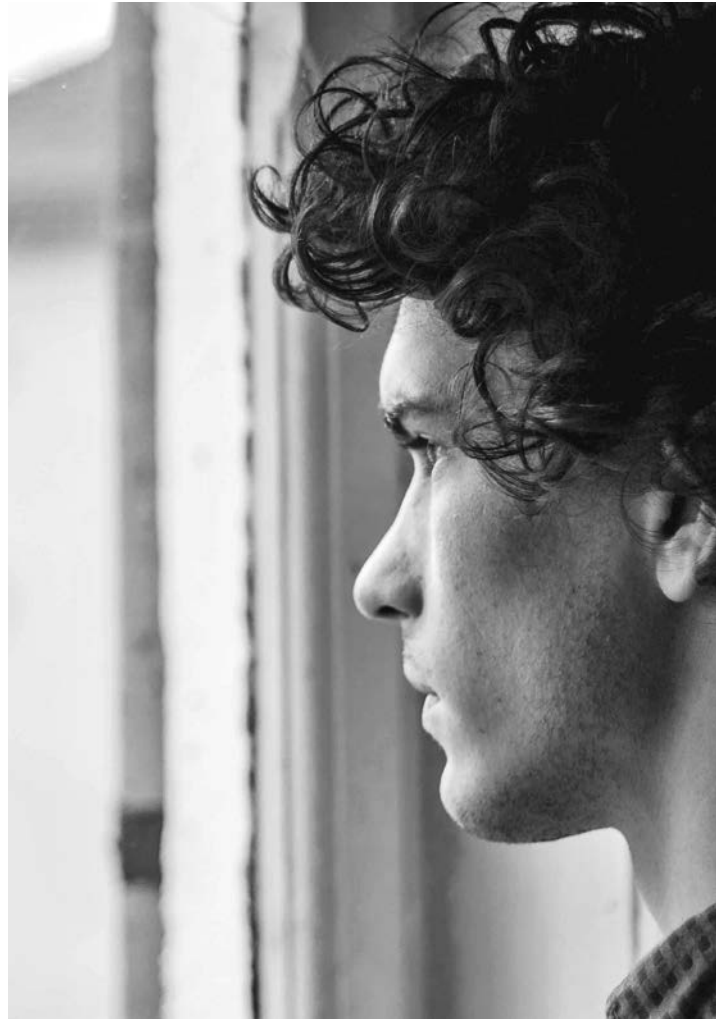
by Jon Hershfield, MFT

*A common approach to the treatment of OCD is to encourage patients to see their OCD thoughts as something outside of themselves. This can be particularly useful with children, who may not be able to make distinctions between one's self and one's thoughts or feelings. The idea of relabeling thoughts as "OCD thoughts" was popularized by the book "Brain Lock," by Jeffrey Schwartz. Though this is a treatment approach that many have found useful, I believe the act of labeling one's thoughts as "OCD thoughts," and attributing their existence exclusively to the disorder, may be problematic for many OCD sufferers. If our goal is to make a clear distinction between a thought and the identity of the person having it, I believe we are better off viewing all thoughts as thoughts, rather than attributing some to a disorder and some to an identity. The question is: how can we view our most challenging or disturbing thoughts as our own without getting caught up in false beliefs about who we are as people? Here I think we can benefit from distinguishing between content and process.*

**CONTENT VERSUS PROCESS**

Content refers to the words and images that make up your thoughts. If you could print the thought out and look at it as a series of words, what would those words be? A strategy within mindfulness, the ability to observe internal experiences without judgment, asks us to do just this — to look at our thoughts as we look at words on a page or ingredients in a recipe for making soup.

Process, on the other hand, refers to how we taste, experience, and think about the soup and the chef who made it. One person may think the soup is delicious and applaud the chef, while another person may taste the same soup but think it is disgusting and admonish the chef. In the same way, people with OCD may process certain thought



content as threats, orders to perform compulsions, or evidence of their own wrongdoing, while someone without OCD might take the same thought content and process it as meaningless background chatter. In other words, OCD sufferers process their thoughts differently, but the thoughts themselves are not unique to the disorder.

**EXAMPLES OF OCD VERSUS NON-OCD THOUGHT PROCESS**

**Example 1:** While on an airplane, you think, "Airplanes are busses with wings and are full of germs, which can spread disease." What is this? It is a thought. If you have contamination OCD, you might assume that this is an OCD thought. You might figure no one would think such a thing if they didn't have OCD, however, nothing in the content of the thought itself is that controversial or interesting. Now, let's

## Oh, the Controversy! That's Not Me, That's My OCD *(continued)*

add a process to this thought content. One way of processing this content may be "Well, so be it, but at least I get to travel and that's awesome."

Another way of processing the same content could be, "I have to make sure I don't touch anything and I must use hand sanitizer regularly." Through this processing, the content of "germs" takes on a value. What if we further built on this process by adding anxiety, self-criticism, increased heart rate, shortness of breath, and a powerful urge to check, avoid, and wash? Sound familiar? That's OCD! So here, saying, "That's my OCD" may actually be really helpful because it may lead to a change away from compulsive behavior. So maybe the response then is, "That's OCD junk and I'm better off leaving it alone. Let's see what the in-flight movie options are." The thought about planes being germey (the content) is not "OCD," but the processing of that thought towards compulsive behavior is.

**Example 2:** Picture yourself standing on a train platform. In front of you is a child and you think, "What if I pushed that child off the platform and watched him get hit by a train?" The thought content is the thought that occurred to you: the idea of pushing a child to his/her death. Now, what is the process? Well, you could process the thought in an OCD way and say something like, "I shouldn't have had that thought. I have to back away from the child because I must be a horrible person." Or, you could process this thought in a healthy way, as in, "Well, that's creative. My mind is pretty active today with all kinds of different thoughts and images."

### OWNING YOUR THOUGHTS

So what's the real problem with just calling all taboo thoughts "OCD thoughts"? The problem lies in the "dis-ownership" of thoughts: "I don't like this thought, I don't own it, it's not me." This applies equally to thoughts like "I might have sex with an animal" or "I may never stop thinking about blinking." "Owning" your thoughts does not mean accepting the thoughts as a reflection of your identity. Owning your thoughts simply means accepting that these are the thoughts going on in your head. If you process these thoughts in an "OCD way" (i.e., you take them too seriously and assume they deserve urgent responses), it's fine to say that it's your OCD that's upsetting you. But it is important to acknowledge that the thought itself is not an "OCD thought." It is simply a thought. If your first response to any thought you didn't want to have is to disown it (i.e., "that's not my thought"), then a thought is perceived as a threat. Something that needs to be defended against. Something to keep yourself safe from. When a thought is

labeled as dangerous, it actually triggers the obsessive-compulsive loop. There is nothing to disown. It's just what you happened to notice going on in your mind. If you want thoughts to stop being intrusive, you have to stop treating them like they are intruders. If you want them to come and go with ease, consider allowing them free passage.

The OCD sufferer is a person who notices things that others overlook. It is a gift when it comes to noticing greatness in music or art, when noticing the little things that make our loved ones so lovable, or noticing the revealing details in complex problems that we solve at work. It is a burden when noticing that someone touched their nose before shaking our hand, or noticing that one mistake on the road could lead to a terrible accident, or noticing that we can't remember with perfect certainty where we were an hour ago and might have done something shameful. The point is that we notice our thoughts, the delightful ones and the sinister ones, and they are undeniably ours to notice. If we attribute their mere existence to a mental disorder, we tell ourselves a lie about the nature of thoughts, and that puts us at a disadvantage when confronting the disorder. Additionally, we open ourselves up to so much unnecessary self-criticism for having too many "OCD thoughts" and not enough "good" thoughts of our own.

If I stand at a window, I am likely to notice a thought about jumping out of it. These are my thoughts. That is how my mind thinks. And the less I get caught up in this, the more open and available I am to the arrival of thoughts about the beauty of the sunset outside that window. If I begin to worry about why I had these thoughts and whether they will lead to horrific ends, then that is my OCD and that is what I would want to change. Developing mastery over OCD is all about learning to love having a mind like an HD 3D IMAX screen, full of texture and color, regardless of what is being projected on it. By owning all of our thoughts, we are then free to disown the mental rituals and other compulsions that cause us to suffer. That's not you. That's your OCD. ○

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*Jon Hershfield is the director of The OCD and Anxiety Center of Greater Baltimore and a specialist in the treatment of OCD and related disorders. He has previous experience as the associate director of the UCLA Pediatric OCD Intensive Outpatient Program and as a psychotherapist for the OCD Center of Los Angeles. You can read more from Jon at [www.ocdbaltimore.com/jons-blog](http://www.ocdbaltimore.com/jons-blog). This article was originally published on [IntrusiveThoughts.org](http://IntrusiveThoughts.org).*

## THERAPY COMMUNITY

### Institutional Member Updates

*Institutional Members of the International OCD Foundation are programs or clinics that specialize in the treatment of OCD and related disorders. For a full list of the IOCDF's Institutional Members, please visit [www.iocdf.org/clinics](http://www.iocdf.org/clinics).*

#### AMITA HEALTH

**Alexian Brothers Behavioral Health Hospital**

1650 Moon Lake Boulevard  
Hoffman Estates, IL 60169

Phone: (847) 755-8566

Email: [Patrick.McGrath@amitahealth.org](mailto:Patrick.McGrath@amitahealth.org)

[www.alexianbrothershealth.org/abbhh/ocd-anxiety](http://www.alexianbrothershealth.org/abbhh/ocd-anxiety)

**Foglia Family Foundation Residential Treatment Center**

801 Gloucester  
Elk Grove Village, IL 60007

Thank you to all that attended the grand opening of the Foglia Family Foundation Residential Treatment Center. A big thanks to Shannon Shy for speaking and giving an amazing speech on the need to treat individuals who have OCD, PTSD, anxiety, and addictions. The grand opening was featured in local newspapers (Chicago Tribune, Daily Herald) as well as on local radio (National Public Radio, WBEZ, and CBS Radio, WBBM) with over 500 people attending the event, including federal, state, and local officials, as well as local and regional clergy and therapy providers. We were honored to not only have Shannon Shy here for the grand opening, but also Dr. Mike Jenike, who came to see us on our first day of accepting patients and was able to tour the new building. Soon we will have a virtual tour of the facility loaded on our website for all to see. When fully operational, the Center will house 48 residents and will utilize evidence-based treatments to help challenge OCD, PTSD, anxiety, and addictions. The Center is currently accepting residents (over age 18) for treatment who have OCD, PTSD, anxiety, and addictions.

#### 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](mailto:drrobin@atcsac.net)

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

The Anxiety Treatment Center of Sacramento was a proud supporter of the 4th Annual Northern California 1 Millions Steps 4 OCD Walk held this year in at the California State Capitol in downtown Sacramento. Offering sponsorship for the 4th year in a row, our staff joined hundreds of walkers to support the mission to promote awareness into proper treatment for OCD and anxiety disorders and work to reduce stigma. Volunteering

to assist on the day of the walk, forming a team and working together to fundraise, the ATC is committed to the IOCDF and OCD Sacramento to offer our support and resources year round.

The ATC is currently seeking licensed clinicians to facilitate the expansion of our Sacramento, Roseville, and El Dorado Hills locations. Full-time positions are available in our intensive outpatient treatment programs with an opportunity for in-house referrals if interested in building a private practice, with office space available. All of The ATC locations offer hands on training in CBT and ERP and participation in our equine assisted activities.

The ATC will have a booth at the Annual OCD Conference held July 7-9, 2017 in San Francisco, CA. We invite you to come by to learn more about our services and the exciting new programs we have to offer.

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

**Columbia University/NYSPI**

1051 Riverside Drive, Unit #69

New York, NY 10032

Phone: (646) 774-8062

Email: [chenste@nyspi.columbia.edu](mailto:chenste@nyspi.columbia.edu)

[www.columbiapsychiatry.org/ocd](http://www.columbiapsychiatry.org/ocd)

Our research program is dedicated to improving the lives of people with obsessive-compulsive disorder (OCD) by conducting cutting edge research to transform how we understand and treat these disorders. For the patients of today, we study how best to deliver novel and current treatments. For the patients of tomorrow, we partner with brain imagers and basic scientists to study potential causes of OCD.

**New Staff:** We recently welcomed new research assistant, Marissa Raskin, to the team.

**Studies:** We continue to actively recruit patients to treatment studies on topics such as control and reward circuits in OCD. For more information on all our current studies, call Stephanie at (646) 774-8062 or visit us at [columbiapsychiatry.org/ocd-treatment](http://columbiapsychiatry.org/ocd-treatment).

#### CENTER FOR PSYCHOLOGICAL AND BEHAVIORAL SCIENCE

11380 Prosperity Farms Rd Suite 209A

Palm Beach Gardens, FL 33410

Phone: (561) 444-8040

Email: [treatment@psychologyandbehavior.com](mailto:treatment@psychologyandbehavior.com)

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

Summer is officially here! Beat OCD's heat by working full-time on your anxiety. In addition to our regular outpatient treatment

## Institutional Member Updates *(continued)*

offerings, summer programs at the Center for Psychological & Behavioral Science (CPBS) include the following:

**Intensive Outpatient Therapy.** Our IOP consists of intensive, one-on-one ERP sessions held 5-7 days/week. Available all summer long...

**OCD Boot Camp.** Our "Boot Camp" program supplements one-on-one intensive therapy sessions with weekly group-based exposure sessions on nights or weekends. Group sessions begin in June and will continue throughout the summer.

**Diagnosis-Specific Anxiety Treatment Groups.** Groups are held weekly and focus on CBT- and mindfulness-based treatment of specific anxiety disorders, including OCD, panic disorder, and social anxiety disorder. Groups will launch in June or early July.

Also, don't forget about our free monthly OCD support groups. The adult OCD group will meet on 6/13, 7/11, and 8/8. Our child and teen groups don't stick to a specific day each month, but are always announced on our events calendar and via our mailing list ([recoverfromocd.com](http://recoverfromocd.com)). We will also offer a special "Teen Edition" of our Scriptathon event this summer at one of our group meetings.

OCD, watch your back — we're coming!

### 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: [theaga@mail.med.upenn.edu](mailto:theaga@mail.med.upenn.edu)  
[www.med.upenn.edu/ctsa](http://www.med.upenn.edu/ctsa)

The Center for the Treatment and Study of Anxiety (CTSA) continues to offer the highest-quality evidence-based treatment for OCD as well as training and supervision for professionals in order to help meet the demand for similar services around the world. We are excited for our upcoming 4-day professional workshop on Exposure and Response Prevention for OCD to be held July 17–20, 2017 in Philadelphia, PA. This annual workshop offers providers the chance to receive intensive, interactive training directly from experts in the field, including Dr. Elna Yadin and CTSA director and IOCDF Outstanding Career Achievement award winner, Dr. Edna Foa. The CTSA continues to advance treatment, research, and training related to OCD both nationally and internationally. For more information about the services, presentations, and workshops offered at the CTSA, please visit our website.

### CHILD MIND INSTITUTE INTENSIVE OCD PROGRAM

445 Park Avenue  
New York, NY 10022  
Phone: (212) 308-3118  
Email: [appointments@childmind.org](mailto:appointments@childmind.org)  
[www.childmind.org/center/intensive-treatment-ocd](http://www.childmind.org/center/intensive-treatment-ocd)

The Child Mind Institute is excited to announce that we've collaborated with Jumo Health to create a comic book for children with OCD. MEDIKIDZ Explain OCD is meant to help children and adolescents understand OCD in a fun way. The main character is based on one of our intensive program graduates! Please visit our table at the Annual OCD Conference for a free copy. Contact Jerry Bubrick, PhD if you'd like copies for your patients or waiting areas.

We have had great success with our one- and four-week intensive OCD treatment programs. Both include three hours per day of individual CBT and exposure treatment sessions. A recent alumnus of our four-week program has returned to school after a six-week absence and is thriving. We are able to offer step-down treatment to help ease him back into school. Another four-week alumnus has returned to acting and recently appeared in a fashion show for kids. A young woman who recently completed our one-week program had such a positive experience that she is organizing a fundraiser to provide financial aid to families who cannot afford the treatment. We are thrilled to share in their accomplishments!

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

12961 Village Drive  
Suite C  
Saratoga, CA 95030  
(408) 384-8404  
Email: [info@cbtstv.com](mailto:info@cbtstv.com)

1221 Pleasant Grove Blvd.  
Suite 150  
Roseville, CA 95678  
(916) 778-0771

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

The Cognitive Behavior Therapy Center recently hired Kimberly Thorner, MFT Intern, in our Saratoga office.

Our staff therapists have been busy expanding their clinical knowledge this year:

- Erica Russell, LPCC, LMFT and Saryna Konczyk, LMFT attended the Pediatric Behavior Therapy Training Institute at Roger Memorial in Wisconsin in April.
- Caitlyn Oscarson, LMFT and Kimberly Thorner, MFT Intern attended the Anxiety and Depression Association of America Conference in San Francisco in April.
- Caitlyn Oscarson, LMFT attended the Professional Training Institute for Body Focused Repetitive Behaviors sponsored by The TLC Foundation.

## THERAPY COMMUNITY

### Institutional Member Updates *(continued)*

- Alina Ghitea, MFT Intern completed the Beck Institute program in Cognitive Behavior Treatment of Anxiety Disorders.

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

#### **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](mailto:info@kcanxiety.com)  
[www.kcanxiety.com](http://www.kcanxiety.com)**

Lots of excitement at KCCAT! Team members and families joined local affiliate OCD Kansas for participating in the 1 Million Steps 4 OCD Virtual Walk, and Dr. Bill Oakley will be representing us again at this year's Annual OCD Conference in San Francisco, providing a workshop helping teens manage perfectionism.

This month we happily welcomed Nathan Fite, PhD to our staff! Dr. Fite brings not only training and commitment to working with OCD and anxiety across the lifespan, but also important expertise for bilingual and school service options. We also have been developing additional reduced-cost services, including CBT for Transdiagnostic Anxiety Groups forming this fall, and holding regularly scheduled "exposure mixers" as a fun and social avenue of boosting skills practice.

Finally, we are thrilled to announce our next generation of program leadership! Team member Dr. Katie Kriegshauser has partnered with founding director, Dr. Lisa Hale, for ownership of KCCAT and is excited to be taking on her role as director. Dr. Hale will continue to serve the center in a part-time research and consultation role, while expanding her volunteer efforts in community service. Please join us in congratulating Katie, and in wishing Lisa well for her new phase and next adventure!

#### **LOUISVILLE OCD CLINIC**

**912 Lily Creek Road, Suite 201  
Louisville, KY 40243  
Phone: (502) 338-0608  
Email: [bewellproviders@gmail.com](mailto:bewellproviders@gmail.com)  
[www.louisvilleocdclinic.com](http://www.louisvilleocdclinic.com)**

We are excited to announce that we have a new prescriber on staff, Dr. Sarah Schirmer. Dr. Schirmer is a board certified psychiatric nurse practitioner licensed in Indiana and Kentucky and is able

to prescribe to adults and children of all ages. Dr. Schirmer specializes working with people who have anxiety disorders and, in addition to her medication management, is a skilled therapist who uses cognitive behavioral therapy.

We are also expanding our resources for eating disorders treatment. Starting this summer, we are welcoming Heather Davis, MS, to our staff. Heather has experience treating adolescents and adults with eating disorders, depression, anxiety, and trauma. She has also facilitated several types of group therapies focused on cognitive behavioral, mindfulness, and interpersonal skills. Heather works under the supervision of accomplished psychologist Dr. Cheri Levinson, PhD.

#### **MCLEAN HOSPITAL**

**OCD Institute, 115 Mill Street  
Belmont, MA 02478  
Phone: (617) 855-2776  
Email: [ocdiadmissions@partners.org](mailto:ocdiadmissions@partners.org)  
[www.mcleanhospital.org/programs/obsessive-compulsive-disorder-institute](http://www.mcleanhospital.org/programs/obsessive-compulsive-disorder-institute)**

The OCDI is happy to welcome our two new post-doctoral fellows who will be joining us in July for the next academic year. Jacob Nota comes to us from his pre-doctoral internship at McLean Hospital. Receiving his undergraduate degree at Skidmore College and his PhD in clinical psychology from Binghamton University, Jake's research interests include: the relation between sleep, circadian rhythms, and anxiety; cognitive behavioral interventions for sleep and their effect on symptoms of anxiety disorders; information processing constructs associated with OCD and anxiety disorders; transdiagnostic perseverative behavior and thinking; and social and cultural factors associated with the onset and maintenance of OCD. Jake will be doing both research and clinical work at the OCDI. Meghan Schreck received her undergraduate degree from Brown University and did her graduate training at the University of Vermont under the direction of Dr. Robert Althoff. She completed her pre-doctoral internship at the Alpert Medical School of Brown University. At Brown, Meghan conducted clinical work at the OCD intensive outpatient program (IOP) and the pediatric anxiety outpatient clinic at Bradley Hospital. She also conducted research on OCD, anxiety, and tic disorders. We are excited to have Jake and Meghan on board!

## Institutional Member Updates *(continued)*

### **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](mailto:talia.glass@mssm.edu)**  
**[www.mountsinaiocd.org](http://www.mountsinaiocd.org)**

The Mount Sinai program continues to offer comprehensive diagnostic evaluations and empirically-supported treatment to children, teens and adults affected by OCD and related disorders. Our no-cost CBT/ERP group for children (ages 8-12) with OCD begins again in Fall 2017 and is now accepting referrals.

Our program continues to offer reduced-fee care for youth and adults affected by OCD or related disorders. Clinical fellows, psychiatry residents and doctoral students provide affordable, comprehensive evaluations and treatment under the supervision of our OCD program faculty.

In research news, Dr. Emily Stern's psychiatric neurocognition lab is using fMRI to investigate sensory phenomena in OCD and a potential new pharmacologic intervention for these symptoms. Dr. Grice's trans-diagnostic genetic research project, Study of Psychiatric Disorders to Explore Relationships (SPyDER), recently obtained additional funding to enhance the OCD-specific collection and analyses. As always, for more information on any of our clinical or research programs, please call or email us.

### **MOUNTAIN VALLEY TREATMENT CENTER**

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

Mountain Valley Treatment Center (MVTC) is excited to announce a new partnership with Dr. Sandra Pimentel of Montefiore Medical Center, Bronx, NY. This partnership will lead to the establishment of an internship program at MVTC for her doctoral candidates and will begin early this summer.

Sandy Pimentel, PhD, is chief of child and adolescent psychology, associate director of psychology training, and assistant professor of clinical psychology in the department of psychiatry and behavioral medicine at Montefiore and the Albert Einstein College of Medicine. She has been working closely with Mountain Valley's clinical director, Dr. Timothy DiGiacomo, and MVTC's associate clinical director, Jeanette Nogales, LCMHC, to craft the program. The Montefiore interns

will be supervised by Dr. DiGiacomo and Ms. Nogales while at MV and be responsible for, among other things, supporting MVTC's clinical staff.

### **NORTHWELL HEALTH OCD CENTER**

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

The Northwell Health OCD Center offers evidence-based, comprehensive treatment for OCD and related disorders, including body dysmorphic disorder and obsessive compulsive personality disorder. It is one of the only specialized OCD facilities in the New York metropolitan area to accept most health insurance plans, including Medicare and Medicaid. Treatment options include individual and group therapy, as well as medication management. There are currently four active groups, all led by Dr. Anthony Pinto. In the two weekly exposure and response prevention (EX/RP) groups, members have the opportunity to engage in exposures with the support of other individuals with OCD. The twice-monthly maintenance (relapse prevention) group provides strategies to maintain wellness and prevent relapse for members who have completed individual EX/RP therapy and have attained partial remission of symptoms. The Center also offers a weekly cognitive-behavioral therapy group that targets clinical perfectionism/obsessive compulsive personality disorder. Please call for more information and to schedule a confidential screening. Drs. Pinto and Christman will be attending the Annual OCD Conference in San Francisco and they look forward to seeing you there!

### **NW ANXIETY INSTITUTE**

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

NW Anxiety Institute will be moving to a new location on July 1st. The clinic has found a new home to offer more space and increase its services. We will be moving to the East Side of Portland to a historic Portland Home. NW Anxiety Institute's IOP has seen a very busy spring. We are scheduled out during the summer for both children and adults to participate in our intensive program. One of our associate clinicians, Gillian Sleeman recently completed the IOCDF's Pediatric BTTI and brought back a wealth of knowledge from the awesome

## THE THERAPY COMMUNITY

### Institutional Member Updates *(continued)*

weekend in Wisconsin. Finally, NW Anxiety Institute was thrilled to support local IOCDF Affiliate, OCD Oregon, and participate in the 1 Millions Steps 4 OCD on Saturday, June 10th.

#### **OCD AND RELATED DISORDERS PROGRAM AT MASSACHUSETTS GENERAL HOSPITAL (MGH)**

**185 Cambridge Street, Suite 2000  
Boston, MA 02114  
Phone: (617) 726-6766  
Email: [cfazio@partners.org](mailto:cfazio@partners.org)  
[www.mghocd.org](http://www.mghocd.org)**

The Obsessive Compulsive Disorder (OCD) and Related Disorders Program at the Massachusetts General Hospital/Harvard Medical School is located in Boston, MA. We specialize in the research and treatment of obsessive compulsive disorder (OCD), body dysmorphic disorder (BDD), body dysmorphic disorder by proxy (BDD by Proxy), tourette syndrome (TS) and chronic tic disorder (CTD), hoarding disorder, hair pulling and skin picking, and olfactory reference syndrome (ORS). Patients will undergo a detailed intake assessment. Based on this assessment, an individualized treatment plan will be developed.

This year we welcome our new clinical psychology intern, Berta J. Summers. We have also hired new clinical research coordinators, Ilana Ladis, Jin Shin, and Grant Jones. For more information on our clinical or research program, please call/ email us or visit our website.

#### **PALO ALTO THERAPY**

<b>407 Sherman Avenue Suite C Palo Alto, CA 94306 Phone: (650) 461-9026 Email: <a href="mailto:info@paloaltotherapy.com">info@paloaltotherapy.com</a> <a href="http://www.paloaltotherapy.com/ocd">www.paloaltotherapy.com/ocd</a></b>	<b>940 Saratoga Avenue Suite 104 San Jose, CA 95129</b>
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At Palo Alto Therapy, we are pleased to announce our expanded evening and weekend hours at our San Jose location. Allowing us to help more clients who are struggling with anxiety, depression, and OCD.

We also welcome Natalie Henry, LCSW and Reshma Patel, MFTI to our San Jose location. Natalie received her BA in Psychology and her Master's degree in Social Work at the University of Illinois at Urbana-Champaign. Her trainings include cognitive behavioral therapy (CBT), TEAM therapy by David Burns, MD, crisis intervention, along with mindfulness and motivational interviewing techniques. She has four years of experience in psychological research through the Beckman Institute at UIUC. Reshma's training and knowledge in cognitive behavioral

therapy (CBT) will serve her clients well and will be used in creative ways, which meet each client's personal style and presenting concerns. She has experience working with children, teens, and adults and has found great success through the use of behavioral interventions, which match the pace and comfort level for each individual.

As we expand in our two locations, Palo Alto and San Jose, we strive to continue to provide all our clients with quality service to reach their goals. To inquire more information about our therapists or services visit our website or email us.

#### **PORTLAND ANXIETY CLINIC**

**1130 SW Morrison St, Suite 619  
Portland, OR 97205  
Phone: (503) 894-9630  
Email: [dr.jilldavidson@gmail.com](mailto:dr.jilldavidson@gmail.com)  
[www.PortlandAnxietyClinic.com](http://www.PortlandAnxietyClinic.com)**

The Portland Anxiety Clinic is adding an adult intensive outpatient treatment program (IOP) utilizing CBT with an emphasis on ERP. The IOP is designed for moderate to severe OCD and other treatment resistant anxiety disorders. The IOP is multidisciplinary including psychologists, LPCs, medication providers and behavior specialists to enhance treatment outcomes. The primary treatment modality is ERP but incorporates elements of DBT and ACT.

We have three new treatment team members. Jenna G. Sheftel, PsyD is a licensed clinical psychologist leading implementation of the new IOP. She has training in CBT, ERP, and ACT and has worked as a VA psychologist, gaining expertise in treating PTSD using CPT and PE. Miranda Clark, LPC, specializes treating anxiety and mood disorders in adolescents and adults using CBT and ERP. She previously worked with youth in state custody treating PTSD, anxiety and depression. She also is a couple's therapist using emotion-focused therapies to break negative interactions and develop new patterns in the relationship. Kate Sturges, LPC, like all members of the team, specializes in the treatment of anxiety and mood disorders using CBT and ERP. She works with adolescents and adults with a focus on LGBTQ individuals.

#### **RENEWED FREEDOM CENTER FOR RAPID ANXIETY RELIEF**

**Division of Strategic Cognitive Behavioral Institute, Inc  
1849 Sawtelle Boulevard, Suite 543  
Los Angeles, CA 90025  
Phone: (310) 268-1888  
Email: [ashleybramhall@renewedfreedomcenter.com](mailto:ashleybramhall@renewedfreedomcenter.com)  
[www.RenewedFreedomCenter.com](http://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](mailto:info@RenewedFreedomCenter.com).



## Institutional Member Updates *(continued)*

Program: Mindfulness & Self-Compassion Skills Training Group

Clinician: Christine Izquierdo, PsyD, Licensed Psychologist

Description: Aimed to provide concrete tools for individuals to manage difficult emotions. Participants will learn about the utility of mindfulness and self-compassion in decreasing pain and suffering, cultivating the capacity to cope with anxiety, depression, and life dissatisfaction.

Program: Teen Assertiveness Workshop

Clinician: Jennifer Bulger, MA, Psychology Assistant

Program Description: 4-week workshop to help develop and practice assertive communication through: Developing Communication Styles & Skills, Learning 5 Ways to Respectfully Disagree, and Saying No to Unreasonable Requests.

Program: Soothe Group

Clinician: Wesley Stahler, LMFT, Licensed Clinician

Description: The premise for the group is to focus on building parental competency via developmental guidance, creating archival art, and building community with other parents.

autism spectrum disorder (ASD). The anxiety and mood disorders in ASD partial hospital program is led by Joshua Nadeau, PhD, clinical supervisor, and Eric Storch, PhD, clinical director of Rogers-Tampa Bay and professor at the USF Health Morsani College of Medicine, University of South Florida.

Evidence-based treatment provided in the program varies by each patient's needs, but in general, programming includes cognitive behavioral therapy (CBT), exposure therapy, behavioral activation and elements of dialectical behavior therapy. Family involvement is also a key aspect of treatment. Rogers Behavioral Health–Philadelphia will offer the program in the coming months.

Paula Young, PhD, is now clinical director of Rogers Behavioral Health–Chicago. Dr. Young previously served as clinical supervisor of our outpatient center in Skokie, Illinois. In her new role, Dr. Young will provide clinical oversight to the Chicago team, which provides comprehensive care for OCD and anxiety, mood disorders and eating disorders. ○

### ROGERS BEHAVIORAL HEALTH

34700 Valley Road

Oconomowoc, WI 53066

Phone: (800) 767-4411, Ext. 1846 or (413) 822-8013

Email: [r Ramsay@rogersbh.org](mailto:r Ramsay@rogersbh.org)

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

Rogers Behavioral Health–Tampa Bay now offers OCD and anxiety treatment for children and teens ages six to 18 with

## Calling all OCDvocates — we need your help!

The IOCDF is creating a comprehensive resource center for school personnel, parents, and students about anxiety and related disorders (with an emphasis on OCD) in the school setting. But first, we need to learn more about the current state of anxiety and related disorders in our schools.

We have developed a survey for school faculty to do just that, and we need your help getting the word out about it! We challenge you to share this survey with school personnel in your community — teachers, administrators, school nurses, school mental health professionals, classroom aides, etc.

The survey can be found online at the following link:

<https://www.surveymonkey.com/r/AnxietyInTheClassroom>

## RESEARCH NEWS

## Obsessions and Compulsions in Her and His Brain: How Do Hormones Affect OCD Symptoms?

by Mira Z. Hammoud, Lisa Y. Maeng, & Mohammed R. Milad, PhD

*Mary was 13 when she had her first menstrual period. It was also the year she almost stopped going to school because she was afraid of germs everywhere she went. Mary was diagnosed with OCD and responded extremely well to treatment. She went on to go to college, get married, and start a successful small business. But when Mary decided to take birth control pills at age 26, she fell right back to point zero with her OCD symptoms. "I felt paralyzed, I thought I had everything under control, and I hadn't changed or stopped my medication but for some reason, I went right back to where I was 13 years ago".*

Most would agree that men and women differ in how they perceive, process, and express emotions. Do these differences carry over to patients suffering from anxiety and obsessive compulsive disorder (OCD)? In fact, there are well-documented differences between the male and female brains that are based on the genes we inherit from our parents. We are different from the moment we are born, and these differences become even more pronounced during adolescence due to the surge of hormones that both men and women experience. In addition to changes that occur during puberty, the hormonal changes that women experience throughout their lives continue to influence noticeable differences between the female and male brain. In this article, we discuss how sex hormones, especially estrogen, affect the brain's ability to regulate fear and anxiety, and how they may impact OCD in women.

### PREVALENCE OF OCD IN HER AND HIS BRAINS

When looking at the prevalence of OCD among girls versus boys, studies have shown that a shift occurs around age 10: Under the age of 10, boys present with more cases of OCD than girls, however there is a rapid increase in cases of OCD in girls during adolescence and early adulthood. In adults, OCD affects 1.5% of women, but only 1% of men<sup>1</sup>. Furthermore, some studies suggest that OCD may appear less frequently in men as they age, however this is not true for women. In addition to OCD, the prevalence of anxiety and mood disorders are twice as high in women<sup>2</sup>. It has been documented that women's anxiety symptoms, along with panic attacks, appear to change when they go through stages of their lives that involve large fluctuations of sex hormones<sup>3</sup>.

These include pregnancy, post-partum, menopause, and menstruation. All of the above data suggest that changes in our body's hormones may greatly influence how we process emotions.

### SEX HORMONES: WHAT ARE THEY, AND WHERE DO THEY COME FROM?

The most commonly known sex hormones are estrogens, progesterone and testosterone. These hormones are produced primarily in the gonads (testicles in men and ovaries in women). In addition, there are many brain regions that are critical for regulating emotions where both estrogens and testosterone are produced in small amounts. When hormones are produced within these regions of the brain, they can rapidly affect brain cells (neurons). Some of the brain areas that are influenced by sex hormones include the hippocampus (important for memory formation), amygdala (where we experience fear), and the medial prefrontal cortex (this brain structure controls our fear and the amygdala and helps us think more rationally)<sup>5</sup>.

### SEX HORMONES, EMOTIONS, AND THE BRAIN

In order to determine the brain regions involved in the underlying malfunction in OCD and other anxiety disorders, neuroscientists study the brains of patients using modern

#### HERE ARE SOME QUESTIONS WE FREQUENTLY GET IN OUR CLINIC:

1. Am I the only one who dreads the time of the month right before my menstrual period? It makes me doubt my clinical progress and sometimes sends me right back to point zero.
2. I feel there must be something more than just my OCD that is influencing my feelings and thoughts. How come I always feel my worst during my period?
3. I am worried about getting pregnant. I heard that pregnancy causes a lot of women with OCD to regress in managing their symptoms. Is that true? How will pregnancy affect me?
4. Can anything be done to help women with OCD? How should psychiatrists/physicians change their practice to accommodate these findings?

## Obsessions and Compulsions in Her and His Brain: How Do Hormones Affect OCD Symptoms? *(continued)*

imaging techniques, such as functional magnetic resonance imaging (fMRI). Through these studies, researchers have found that there are significant differences in how areas of the brain communicate in OCD patients vs non-OCD patients. These differences were seen in brain areas that are critical for generating and regulating emotion<sup>7</sup>. Moreover, it is important to note that these emotional brain areas function differently in men and women. In women, the level to which these areas help to control fear varies based on the phase of their menstrual cycles. Most of the recent studies show that women with higher levels of estrogens tend to be better at regulating their emotions and fears<sup>8</sup>. Testosterone also influences the brain, but only after being converted either to another hormone (dihydrotestosterone or DHT) or to estrogen<sup>9</sup>. In fact, testosterone is known to have antidepressant and anti-anxiety effects. Although it is considered a male hormone, testosterone is also present in females, though in smaller amounts. In women, testosterone may directly affect brain regions involved in mental illness and reduce the stress responses that cause anxiety<sup>10</sup>.

### SEX HORMONES AND OCD: WHAT DO WE KNOW SO FAR

So, do the changes in estrogen levels and other hormones at different points in a woman's lifespan influence OCD? The simple answer is, we still do not know. Much more research in this area is needed. However, current scientific research is focusing on how hormones that are produced in the gonads influence neurotransmitters involved in OCD brain activity.

Findings to date show that estrogen and progesterone help to increase serotonin activity, which is associated with improved obsessive compulsive symptoms. Interestingly, it has also been shown that specific genetic mutations in the estrogen receptors are associated with an increased risk for developing OCD in both men and women<sup>11</sup>. In addition, research also indicates that estrogen and progesterone influence other neurotransmitters such as dopamine and glutamate<sup>10</sup>. Studies in women have found that the onset of OCD symptoms correlates with the hormonal fluctuations experienced around reproductive events. In 25% of women, OCD onset was found to correlate with the timing of puberty; however, OCD onset was also correlated with pregnancy, the post-partum period and menopause<sup>12</sup>. Women also report a change in the intensity of their OCD symptoms that corresponds to hormonal changes throughout their menstrual cycles. Subjective reports show an increase of OCD symptoms that starts around four days prior to the menstrual cycle and lasts around six days<sup>13</sup>. These reports were further backed by clinical studies, one of which that found that 42% of women with OCD experience this premenstrual worsening of symptoms<sup>13</sup>. Women with OCD also experience a change

in symptoms during pregnancy, though some women experience an increase in symptoms, while others report improvement<sup>14</sup>. Further evidence to support the theory that sex hormones produced in the female ovaries impact the severity of OCD symptoms stems from findings that oral contraceptives (e.g., birth control pills) could either worsen or improve OCD symptoms<sup>13</sup>.

Response to treatment of OCD and other mental health disorders has also been found to be dependent on gender and sex hormones. Women respond better to selective serotonin reuptake inhibitors (SSRIs), a response that may be attributed to the above-described interactions between estrogen and serotonin. Interestingly, some of these effects have been associated with naturally cycling female sex hormones, which may account for the differences in response to antidepressant medications<sup>8</sup>. Research on male versus female response to treatment has not yet caught up with research showing the difference in the evolution of OCD in men and women. More emphasis on how OCD differs in men and women is necessary in order to improve the quality of care for both.

### THE TAKE-HOME MESSAGE

Sex hormones are not just important for sexual behavior and reproduction. The past two decades of basic science research have taught us that estrogens, progesterone, and testosterone are key regulators of our emotions, and critically influence the brain areas that perceive, process, and express them. We also know that changes in estrogen during the menstrual cycle affects how the brain reacts to emotional stimuli. Though more research is needed, it appears that the higher the estrogen levels, the better the brain is able to regulate fear. Future studies are needed to examine how big and/or abrupt fluctuations of sex hormones in women and men may disrupt brain function, and whether these fluctuations are linked to the brain activity of OCD and other mood and anxiety disorders.

At this point in time, there is no absolute clinical implication or treatment plan specific for girls and women at different stages of life. However, it is important for therapists and patients alike to realize and be aware that sex hormones play a big role in the progression of OCD, fluctuations of symptoms and response to treatment. In the world of psychiatry, where uncertainty is present more often than not, knowing the reason behind a change can be a powerful tool in patient care. ○

## RESEARCH NEWS

## Obsessions and Compulsions in Her and His Brain: How Do Hormones Affect OCD Symptoms? *(continued)*

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### Research Participants Sought

The IOCDF is not affiliated with any of the following studies, although we ensure that all research studies listed on this page have been reviewed and approved by an Internal Review Board (IRB). The studies are listed alphabetically by state, with online studies and those open to multiple areas at the beginning.

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

#### ONLINE STUDIES

##### Family dynamics in adults with obsessive-compulsive disorder

Do you have obsessive-compulsive disorder (OCD)?

Are you in a romantic relationship? AND/OR do you have a child aged 6-17?

If this is the case, you may be eligible to participate in a study exploring familial relationships in adults with OCD. As a result of the study, we hope to better understand the impacts of OCD on family life, and to shed light on specific familial issues relative to OCD.

Participation in the study includes a 30 to 45 minute interview, which may be conducted in person or through Skype. You will also be asked to complete a series of online questionnaires about your thoughts, feelings, behaviors, and your romantic and/or parent-child relationships. The whole procedure should take between 60 and 120 minutes.

To be eligible for this study, you must be 18 or over, have

a primary diagnosis of OCD, and either (a) be in a romantic relationship or have been in a relationship in the last six months, (b) have at least one child aged between 6 and 17 years old with whom you have regular contact, or (c) both.

This study is being conducted by Dr. Eric Storch, Ph.D. at the Rothman Center for Pediatric Neuropsychiatry, USF. For further information please contact the study coordinator, Dr. Valerie L.B. Ariza, [valerielabui@health.usf.edu](mailto:valerielabui@health.usf.edu) or (727) 898-7451

IRB#: Pro00029901

#### CALIFORNIA

##### Contribute to Research on the Genetics of OCD

Principal Investigators: Dr. Michele Pato MD and Dr. James Knowles MD, PhD

Research has shown that genes can make some people more likely than others to develop Obsessive Compulsive Disorder and Related Disorders (Hoarding Disorder, Body Dysmorphic Disorder, Hair pulling Disorder/Trichotillomania and Skin

## Research Participants Sought *(continued)*

Picking Disorder/Excoriation). Researchers at Downstate Medical Center are trying to find these genes. Once genes are identified, new or improved treatments may be possible.

Participation involves a study questionnaire, an interview and donation of a small blood sample. You will be compensated for your participation.

\* Some aspects of your participation can be completed remotely or off-site

For more information or to begin enrollment please visit our website at:

<http://keck.usc.edu/psychiatry/research/gpc-study>

To contact our research team please call: (718) 270-2249 or leave a confidential voicemail at (718) 270-8254.

Email at: [instituteorgenomichealth@downstate.edu](mailto:instituteorgenomichealth@downstate.edu)

### Enhancing Treatment of Hoarding Disorder with Personalized In-home Sorting and Decluttering Practice

Purpose: To understand if personalized in home sorting and decluttering practice can help enhance treatment of hoarding symptoms

- Do you have difficulty with clutter?
- Feeling overwhelmed and needing help?
- Are you 18-65 years old?
- Not taking medications or willing to work with your primary doctor for a trial off your medications?

You may be eligible to receive evidenced-based treatment. There is no cost to participate.

Physician Investigator: Carolyn Rodriguez, MD, PhD, Stanford Medical Center

<https://med.stanford.edu/profiles/carolyn-rodriguez?tab=bio>

Funding: National Institutes of Mental Health (NIMH)

Stanford IRB# 34622

NCT02843308

For more information contact: [clutterhelp@stanford.edu](mailto:clutterhelp@stanford.edu); 650-723-4095; [rodriguezlab.stanford.edu](http://rodriguezlab.stanford.edu)

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

### Understanding How Ketamine Brings About Rapid Improvement in OCD

NCT02624596, IRB-34622

PI: Carolyn Rodriguez, MD, PhD

The Stanford Translational OCD Research Program is looking for adults, 18-55 years old, with OCD, to take part in a study providing these possible benefits:

- Free Diagnostic Evaluation
- Free Picture of Your Brain
- Free Test of Your Memory and Attention
- Compensation of up to \$400 after study completion
- Your choice of free OCD psychotherapy or pharmacology after study completion

Purpose

To understand how a new drug brings about rapid improvement in OCD symptoms

Contact: (650) 723-4095; [ocdresearch@stanford.edu](mailto:ocdresearch@stanford.edu)

### ILLINOIS

#### Do you have a problem with pulling out your hair or picking your skin?

The University of Chicago is seeking volunteers for a research study to better understand these problems. You must be at least 18 years old. Participants will be compensated up to \$200.

If interested, please contact study staff at 773-702-9066 or [sredde@uchicago.edu](mailto:sredde@uchicago.edu).

Dr. Jon Grant is directing this study at the University of Chicago.

### WISCONSIN

#### Research Opportunity in Southeastern Wisconsin: Test App on a Smartphone for Adult OCD Sufferers

Principal Investigators: Dr. Bradley Riemann, PhD and Dr. Nader Amir, PhD

Rogers Behavioral Health is currently recruiting individuals (aged 18-65) with OCD symptoms to participate in testing a computer-based treatment program. The treatment, delivered on a smartphone in a controlled setting, is aimed at reducing the anxiety associated with the disorder.

After participants complete a clinical interview, researchers will individualize the program to specifically target their OCD symptoms. Study details:

- Participants cannot be currently enrolled in treatment, but can be medicated for OCD.
- Nine visits, twice a week for approximately 4 weeks, in our Brown Deer or Oconomowoc, WI locations
- Participants will receive compensation up to \$250.

## RESEARCH NEWS

### Research Participants Sought *(continued)*

If interested please contact us at: [researchstudies@rogershospital.org](mailto:researchstudies@rogershospital.org); 414-865-2600; or [rogershospital.org/research](http://rogershospital.org/research).

#### CANADA

##### Does OCD influence school functioning?

The Provincial OCD Program at the British Columbia Children's Hospital is conducting a study looking at how OCD influences the school life of children and youth. Parents/guardians of OCD-affected students will be asked to complete an online survey that takes approximately 10 minutes. Participants will have the chance to win one of two \$50 gift cards from Amazon. We hope that by better understanding how OCD influences school functioning, the school life of children and adolescents with OCD will be improved in the future.

For more information, please use the following link: <https://rc.cfri.ca/redcap/surveys/?s=WL8Y3EE8YW> or contact Dr. Juliana Negreiros at [jnegreiros@bcchr.ca](mailto:jnegreiros@bcchr.ca).

##### Who can participate in this study?

You may be able to participate in this study if you have a child, youth, or young adult who has been diagnosed with OCD from a health professional.

##### Who should not participate in this study?

You will not be eligible to participate in this study if your child has NOT been diagnosed with OCD.

##### Study Procedures

If you agree to participate in this study, you will answer approximately 14 questions about your child's OCD in regard to his/her school life. Most of the questions will focus on when your child's OCD was most noticeable at school. Your child no longer needs to be attending school in order for you to complete this survey.

The survey will take approximately 10 minutes. Your responses on the survey will be entered into a database without any identifying information, which means your answers are anonymous. Your responses to the survey will be combined with those of other participants for the purpose of research. It is important to note that participation in this study is entirely voluntary and will not affect the care you receive by any health professional.

##### Remuneration

You will have the chance to win one of two \$50 gift cards from Amazon.

##### Who do I contact if I have questions about the study during my participation?

If you have any questions or desire further information about this study before or during participation, you can contact Dr. Juliana Negreiros at [jnegreiros@bcchr.ca](mailto:jnegreiros@bcchr.ca). By completing the survey, your consent to participate in this study is implied. Please do not hesitate to contact us to discuss any questions you may have. ○

# CHARITY IN BLOOM — JULY 2017

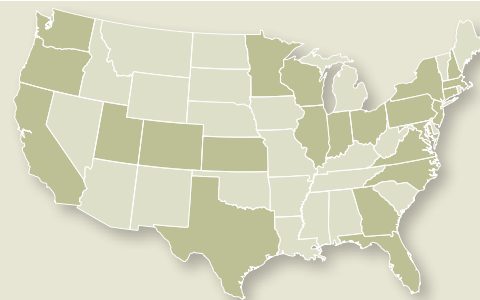


For the third year in a row the International OCD Foundation (IOCDF) has been chosen to participate in Winston Flowers, Charity in Bloom program. Through the Charity in Bloom program, Winston Flowers is proud to contribute 20% of the proceeds from this floral design to the IOCDF for the month of July.

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

Starting July 1st, simply go to [www.winstonflowers.com](http://www.winstonflowers.com) and click on "Charity in Bloom" to place your order. With this lovely Winston's arrangement, you will be supporting the important work of the IOCDF while giving the gift of beautiful flowers.

## 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](http://www.iocdf.org/affiliates).

#### OCD GEORGIA

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

OCD Georgia once again co-hosted with the IOCDF the 3rd Annual 1 Million Steps 4 OCD Walk in Chastain Park in Atlanta! We were joined by almost 100 members of the local OCD and related disorders community and raised approximately \$5,000 for the IOCDF and OCD Georgia programming — thank you to everyone who walked with us and made a donation!

#### OCD MASSACHUSETTS

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

Thank you to all that attended the OCD Massachusetts lecture series this year! Our 2017-2018 schedule will be posted soon and includes topics such as family accommodation, body dysmorphic disorder, and postpartum OCD. Lectures and support groups are held monthly in Worcester, Northampton and Belmont. Please go to our website for more information and a full list of topics.

Please join OCD Massachusetts on Tuesday, July 18th for pizza and bowling at the Flatbread Company in Davis Square, Somerville, MA. The Flatbread Company will be donating a portion of all pizza sales that evening directly to OCD Massachusetts. Bring your friends.

#### OCD OREGON

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

OCD Oregon is up and running! We are thrilled to have established an IOCDF Affiliate in the "Beaver State," and hosted a 1 Million Steps 4 OCD Walk meet-up of our own to support the IOCDF and its local affiliates. The Portland #1Million4OCD Walk took place on June 10th at Laurelhurst Park with check-in at 9am. Our mission is to build a community in Oregon and SW Washington that promotes inclusiveness and builds awareness for OCD. Please check out our website for more information.

#### OCD RHODE ISLAND

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



Ryan J. Glode, MA & Carla A. Kenney, MA

OCD Rhode Island was founded in March of 2017 by Ryan J. Glode, MA, president of OCD RI. Shortly after, Carla A. Kenney, MA, LMHC and Jayme M. Valdez, MA, LMHC, joined the board of directors as vice president and treasurer, respectively. As a newly formed IOCDF Affiliate, we are

looking to collaborate and develop a partnership with local programs, agencies, and treatment providers to develop a monthly lecture series and help community members connect to support groups that will be free of charge and open to the public.

We are pleased to announce the appointment of Jennifer B. Freeman, PhD, to our scientific advisory board. Dr. Freeman is the director of research and training at the Pediatric Anxiety Research Center located at Bradley Hospital in East Providence, RI.

Rhode Island is the smallest state in the US and its motto is "hope." In honor of this, OCD Rhode Island is anchored in the hope that we can be a resource for all those affected by OCD and the providers who treat them.

#### OCD SACRAMENTO

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

OCD Sacramento was honored to host the 4th Annual Northern California 1 Million Steps 4 OCD Walk this past June 10, 2017, at the California State Capitol in downtown Sacramento, CA. Co-hosted by OCD Bay Area and the IOCDF, hundreds of individuals including professionals, individuals

*Continued on next page >>*

## FROM THE AFFILIATES

### Affiliate Updates *(continued from page 23)*

with OCD and related disorders, their loved ones, and those who simply wanted to show their support, came together to raise awareness on the importance of taking a stand against OCD and anxiety disorders. Through promoting awareness in working to reduce stigma and direct individuals toward front-line treatment resources, we continue to reach our goals of advocating to the local and surrounding communities.

On behalf of the board, we thank our generous sponsors: Valley Recovery Center, Arcadia Healthcare, Rogers Behavioral Health, Peace Within, The Anxiety Treatment Center of Sacramento, OCD-BDD Clinic of Northern California, SF Bay Area Center for Cognitive Therapy, Sierra Office Supplies and Printing, Sacramento Valley Psychological Association, and the Cognitive Behavioral Therapy Center of Roseville and Silicon Valley. We also want to send a special thanks to those who walked with us, formed teams, fundraised, and supported us from a far in virtual walking. Our success is entirely based on the incredible support and continued dedication of everyone involved.

#### OCD SOUTHERN CALIFORNIA

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



Ethan Smith at the 2nd Annual OCD Southern California Conference

OCD Southern California continues to remain busy! In March, we hosted our 2nd Annual OCD Conference in Irvine, CA. Over 200 people attended and were able to hear the fascinating keynote addresses by speakers Jonathan Grayson and Ethan Smith. The attendees were then able to attend the four

workshops offered, and the Renewed Freedom Institute provided activities for the kids throughout the day.

We also participated in the 1 Million Steps 4 OCD Walk at three locations: Los Angeles, Orange County, and San Diego. We raised over \$2,000 to help support our future local events as well as support the necessary work done by the IOCDF.

We will be present at the Annual OCD Conference in San Francisco this July. Please join us Saturday, July 8, 2017 from 11:15am–12:30pm for an affiliate lunchtime meeting, and visit us at the Affiliate Exhibit Booth from 5:30pm–7:00pm during the Researcher and Exhibitor Meet & Greet on Saturday, July 8th. There you will meet OCD SoCal board members and volunteers. We want to hear from you about what OCD

events you would like to see happen in Southern California. Recently, our area was expanded to include Santa Barbara, San Luis Obispo, Ventura, and Kern counties. We'd love to meet our newest members!

In early fall, we will be hosting our third Book Club. You can participate in person or call in by phone from any location. We have the honor of hosting Mr. Arie Winograd who will discuss his new book, *Face to Face with Body Dysmorphic Disorder*.

Visit our website or email us at [info@ocdsocal.org](mailto:info@ocdsocal.org) if you have any questions. There you will receive the latest information, be able to join our mailing list, and stay informed!

#### OCD WASHINGTON

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

As we round out our inaugural year as an IOCDF Affiliate, OCD Washington is proud to have participated in the 1 Million Steps 4 OCD Walk, raising awareness by taking to the streets (and hiking paths!) of Seattle. Earlier this spring, OCD Washington hosted a professional networking mixer, giving those working with OCD and related disorders the opportunity to meet, share resources, and to support each other as we grow our community of OCD professionals. The mixer was followed by an improvisation workshop co-hosted by CSz Seattle, the folks who perform ComedySportz. At this event, attendees were invited to play games with experienced improvisers who illustrated how Improv can be fun and how it can help individuals manage their anxiety better. We hope to make this a regular feature for OCD Washington, and look forward to many more opportunities to connect with the community.

We are looking forward to meeting current and future members at the Annual OCD Conference in San Francisco — stop by the affiliate booth in the exhibit hall and ask about our meet-up! ○