



## HIGHLIGHTS OF THE 25<sup>TH</sup> ANNUAL OCD CONFERENCE



Whether you have attended the Annual OCD Conference for the past quarter-century or will be joining us for the first time this year, we are excited to see you in Washington, D.C. this July! We challenge ourselves each year to provide new and innovative programming to ensure every Conference is more informative (and fun!) than the one before, and this year will be no different. Here are some of the highlights you can look forward to at the 25th Annual OCD Conference.

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

**President, IOCDF Board of Directors:**  
Susan Boaz

**Chair, IOCDF Scientific & Clinical Advisory Board:** Michael Jenike, MD

**Newsletter Editor-in-Chief:**  
Jeff Szymanski, PhD

**Newsletter Managing Editor:**  
Meghan Buco

**Copy Editor:**  
Tiia Groden, MA

**Proofreading:**  
Elijah Peterson

**Layout Design:** Fran Harrington

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.

CONTACT THE IOCDF:

Phone: (617) 973-5801

Fax: (617) 973-5803

Email: [info@iocdf.org](mailto:info@iocdf.org)

Website: [www.iocdf.org](http://www.iocdf.org)

Facebook.com/IOCDF

Twitter: @IOCDF

Instagram: @IOCDF

Mailing Address:

International OCD Foundation  
P.O. Box 961029  
Boston, MA 02196

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

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## New! BTTI Sponsorship Program

**Are you a clinic or organization interested in bringing a Behavior Therapy Training Institute (BTTI) to your local area? Well, now you may have the opportunity to do so!**

In 2018, our BTTI team launched a new BTTI Sponsorship Program. Our goal is to be able to conduct BTTIs all over the country (and internationally!) with assistance from the community. Each BTTI costs between \$35,000-\$40,000 to run; since we do our best to keep registration costs low to make the training financially accessible to all attendees, a significant portion of this cost is not covered.

As such, we have had limited options for training locations in the past — but with sponsorship funding, we are able to take the BTTI almost anywhere! One of the many benefits of sponsoring a BTTI is that it allows you to hold a certain number of slots for local therapists.



**OCD Oregon sponsoring a recent BTTI**

*If you and your clinic or organization are interested in learning more about the BTTI Sponsorship Program or would like to be considered as a BTTI site, please email the IOCDF Event Manager, Melissa Smith, at [msmith@iocdf.org](mailto:msmith@iocdf.org).*

## OCD Awareness Week 2018

October 7–15



Join us in spreading awareness for OCD and related disorders!

[iocdf.org/ocdweek](http://iocdf.org/ocdweek)



## President's Letter

by Susan Boaz

Dear IOCDF Community,  
My daughter Meg and I recently shared a great book, *Turtles All the Way Down* by John Green. John received the IOCDF "Illumination Award" in 2016 for his work raising awareness for OCD, so I was thrilled to see how excited my daughter

was to read his latest book, which centers around a main character with OCD. Meg let me read the first chapter before she finished the book, and I was equally enthralled — so much so that we spent the rest of the weekend arguing about whose turn it was to read it. The book was an exciting read, but more importantly, it opened up new conversations about how it feels to inhabit the mind of someone with OCD.

John writes for young adults and is best known as the author of *The Fault in our Stars*, which is now also a major motion picture. John's remarkable ability to write in the authentic voice of a teenager is what has turned him into a best-selling author. John is an OCD sufferer, and in *Turtles* he shows an equal ability to write authentically about OCD. Meg told me that Aza, the book's heroine, "says the things I've always thought, but I was never able to explain to you in my own words." We talked a lot that weekend, about her old and new OCD thoughts, about having your childhood interrupted by OCD, and about her hope for the future. This book opened up new conversations between Meg and I about OCD and her struggle with the disorder. It gave her words to describe how her mind felt at the times when her OCD was at its worst. She later read parts of the book out loud to a friend and they talked about her experiences. Afterwards, the friend told her she was the bravest person he had ever met. I agree; I have always agreed. The book gave Meg a new voice to convey her struggle to others, so that they could truly appreciate all that she has overcome.

Megan, like Aza, has had intrusive thoughts since she was 3 years old. She was diagnosed with PANDAS (Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal infections) at age 7, and has largely been in recovery since that diagnosis. We joined the IOCDF at the Annual OCD Conference when Meg was 6 and her OCD symptoms were most severe. Throughout the Conference, we learned about OCD and how it's treated, and met many amazing friends who we have remained close to. We have been involved with the Conference for 11 years now because of the sense of home, hope and community that we find here. As Megan read *Turtles All the Way Down* she spoke to me about what she wished for Aza. It was pretty simple — she wanted Aza to have hope that she could escape the prison of her thoughts. My wish? I wanted Aza to find herself at the IOCDF's Annual OCD Conference — to find friends to talk with about OCD and feel like she was understood. The IOCDF made an immense difference for my child (and myself!) and through them we have created life-long relationships. I want that for Aza and for every child who suffers with OCD.

I spoke with IOCDF executive director, Jeff Szymanski, about Aza's character, and he agreed with the *New York Times's* evaluation that, with regard to Aza's OCD, her case "sits on the icier, distant end of the spectrum." But he disagreed about how it could be managed. If Aza's family had reached out to the IOCDF, Jeff would have recommended that Aza consider an intensive ERP program in addition to considering medication. The IOCDF also provides an immense amount of free information and resources for all those affected by OCD. If Aza were to look at their list of books, she might find one about intrusive thoughts, like Lee Baer's *Imp of the Mind*. In short, there are options and resources available to all individuals and families affected by OCD.

Personally, I related to the mom in the book. I wished she had more resources to learn how to talk to her daughter and more community support to help her with her own challenges. Mental health crises can make us feel agonizingly alone, despite knowing that nearly everyone around us is touched by some sort of mental health challenge. A few days after finishing the book, we read a blog by Bill Gates about *Turtles All the Way Down*, which included the matter-of-fact disclosure from his daughter, Phoebe, that she suffers from OCD. Part of our mission statement at the IOCDF is to "end the stigma associated with mental health issues." Stigma can only be eliminated by sharing our stories and supporting each other as a community — so, thank you, Phoebe, for helping to pave the way. Mental health issues truly know no boundaries; they occur without regard for race, gender, national origin, or economic status. There should be no stigma to having a mental health issue, because stigma stops people from accessing help, and help is out there.

This July, the Annual OCD Conference returns to Washington, D.C., and we are anticipating our largest gathering of participants in the 25-year history of the Conference. We have more support groups than ever, an exciting Keynote Address from Dr. Drew, and a full schedule of programming designed specifically for young kids, middle schoolers, and teens. Yet I can say from experience that the most exciting part of the Conference is the friendships that form over those three days. When you come to the Conference, you become a part of history and a part of the mission of the International OCD Foundation: to help those affected by obsessive compulsive disorder (OCD) 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. As you return home, you will have already helped to foster a community for those affected by OCD, and we are confident that you will continue to share that support and hope with others long after you leave the Conference.

See you in DC!

Susan Boaz  
IOCDF Board President

## FROM THE FOUNDATION

### Highlights of the 25th Annual OCD Conference



#### 2018 KEYNOTE ADDRESS WITH DR. DREW

We are excited to announce that renowned physician, Dr. Drew Pinsky — commonly known as Dr. Drew — will be giving the Keynote Address at this year's Conference! His highly-anticipated talk will focus on stigma reduction and advocacy as it relates to discussing mental health issues in the public sphere.

Dr. Drew is Board Certified in Internal Medicine and Addiction Medicine and is a globally-recognized specialist in addiction and related mental health issues. He delivers his wisdom on KABC's *Dr. Drew Midday Live* with Lauren Sivan, the iTunes top-rated *The Dr. Drew Podcast*, *The Adam and Drew Show* co-hosted by Adam Carolla, *This Life* with co-host Bob Forrest, *Weekly Infusion* with Dr. Bruce, and MTV's *Teen Mom* reunion specials. The 2018 Conference Keynote is sponsored by the Peace of Mind Foundation.

#### 2018 IOCDF AWARD WINNERS

##### ILLUMINATION AWARD WINNER: MARC SUMMERS

Marc Summers is an American television personality, comedian, gameshow host, producer, and talk show host. He is best known for hosting *Double Dare* for Nickelodeon and *Unwrapped* for Food Network. Recently, he was the Executive Producer for *Dinner Impossible* and *Restaurant Impossible* on Food Network.



In 1996, during an interview with Dr. Eric Hollander on *Biggers & Summers*, Summers revealed that he has obsessive compulsive disorder. He then went public about his condition on various television shows, including *The Oprah Winfrey Show* and *The Today Show*. In 2000, Summers published a book about his experience, called *Everything in Its Place: My Trials and Triumphs with Obsessive Compulsive Disorder*. Summers also participated in a series of VHS videos for *Freedom from Fear*, a non-profit

organization with the goal of addressing anxiety disorders and other related behavioral disorders. He continues to use his platform to share his experience and educate others about OCD.

##### SERVICE AWARD WINNER:

##### C. ALEC POLLARD, PhD

C. Alec Pollard, PhD, is Professor Emeritus of Family & Community Medicine at Saint Louis University and the Director of the Center for OCD & Anxiety-Related Disorders (COARD) at the Saint Louis Behavioral Medicine Institute. Dr. Pollard is also the Clinical Director of the IOCDF's Behavioral Therapy Training

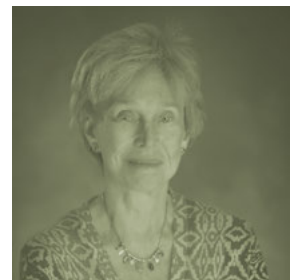


Institute (BTTI), and a member of the IOCDF Scientific and Clinical Advisory Board. He completed a postdoctoral fellowship in 1982 at the Temple University Behavior Therapy Unit, where he first developed a specialization in the treatment of OCD and related disorders. Alec has been a member of the IOCDF and its Scientific and Clinical Advisory Board for over 20 years. He has served on the Foundation's Speaker's Bureau and Conference Planning Committees and has given over 100 presentations at conferences and other IOCDF-sponsored events. In 1994, Alec was appointed chair of a Task Force to develop a model for training therapists in effective treatments for OCD. The proposed model, known now as the Behavior Therapy Training Institute, became the IOCDF's signature training program. Under Alec's leadership as Clinical Director, the BTTI has trained over 1,500 clinicians in evidence-based treatments for OCD. As Chair of the Training Sub-Committee, Alec helped develop a BTTI specifically to address pediatric issues, expand the BTTI outside of the United States, and create additional training products. These include consultation groups, preconference workshops, and 3-day Advanced Forums on topics like treatment-resistance, BDD, hoarding disorder (HD), and autism-associated OCD.

##### CAREER ACHIEVEMENT AWARD WINNER:

##### JUDITH RAPOPORT, MD

Judith Rapoport, MD, recently retired as the chief of the Child Psychiatry Branch at the National Institute of Mental Health (NIMH), part of the National Institutes of Health (NIH) in Bethesda, MD. Her decades-long research program focused on diagnosis in child psychiatry, attention deficit hyperactivity disorder (ADHD), and obsessive compulsive disorder (OCD). Dr. Rapoport's research group at NIMH also studied clinical phenomenology, neurobiology, and treatment of childhood-onset schizophrenia. She is the author of the pioneering and bestselling book, *The Boy Who Couldn't Stop*



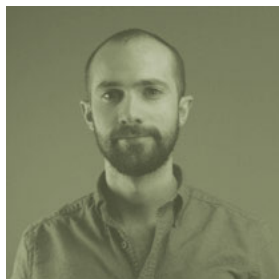
## FROM THE FOUNDATION

### Highlights of the 25th Annual OCD Conference *(continued)*

*Washing: The Experience and Treatment of Obsessive-Compulsive Disorder*, which drew from her experiences with patients with obsessive compulsive disorder.

**HERO AWARD WINNER:  
STUART RALPH**

Stuart is the founder of *The OCD Stories* podcast, a weekly show that offers hope and inspiration to those affected by OCD. He works passionately to inform fellow OCD sufferers and share stories to help others feel less alone. He has interviewed countless professionals and experts in the field of OCD for his podcast, as well as other well-known OCD advocates to help spread the word about the disorder. Since beginning *The OCD Stories*, Stuart has produced over 120 episodes and published various personal stories on his website [theocdstories.com](http://theocdstories.com). He recently published his first book, also entitled *The OCD Stories*, which contains 16 short stories by people who have or are dealing with OCD.



**NEW ADDITIONS TO THE ANNUAL OCD CONFERENCE**

The new **Breathing Room** will be a relaxing oasis throughout the duration of Conference, where attendees can retreat from the hustle and bustle of the Conference weekend. Beyond providing a place for relaxation and comfort, the Breathing Room will host daily morning support and stretch groups, in addition to periodic mindfulness and yoga activities sponsored by PCH Treatment Center.

We are also pumping up the volume on our evening activities this year. Check in early to start your weekend off with **ERP Boot Camp**, learn to share your story with the **Secret Illness** group, or attend a **one-woman comedy show** about living with hoarding disorder.

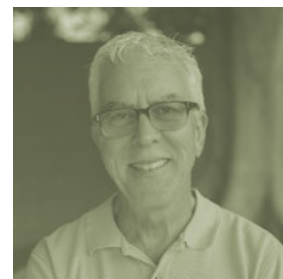
On Friday night, we have also added a **young adult networking group**, the **LGBTQIA+ All- Inclusive Meet-up**, and the chance to perform for the entire community at **Open Mic Night**.

**POPULAR PROGRAM OFFERINGS THAT WILL BE RETURNING IN 2018:**

**Youth Programming:** We will be bringing back our new and improved youth programming, with activities tailored specifically to elementary-aged kids, middle schoolers, and high school-aged teens.

**Special Topics and Programs:** 2018 will see a return of both the body dysmorphic disorder (BDD) and the co-occurrence of OCD/ substance use disorder (SUD) topic series. The Annual Hoarding Meeting will celebrate its 5th year, and the Bilingual Program/ Programa Bilingüe will celebrate its 3rd year with presentations in both English and Spanish.

**Reid Wilson Pre- and Post-Conference Treatment/Training Groups:** For those who may not otherwise have access to intensive treatment, Dr. Reid Wilson's pre- and post-Conference groups are a good way to jumpstart your OCD recovery journey. Additionally, professionals who are interested in learning about Dr. Wilson's model may attend as observers. Dr. Wilson is also donating registration fees back to the IOCDF! ○



For more information about the Conference program, visit [ocd2018.org](http://ocd2018.org).

With so many new and exciting things on tap for this summer, we can't wait to welcome you to Washington, D.C! If you have any questions about anything Conference-related, you can reach us by phone at (617) 973-5801 or by email at [conference@iocdf.org](mailto:conference@iocdf.org).

## Do You Want Your Article Featured in the OCD Newsletter?

The IOCDF is accepting personal stories, poems, and therapy and research article submissions for upcoming Newsletter editions.

Submissions can be sent to [editor@iocdf.org](mailto:editor@iocdf.org).



## FROM THE FOUNDATION

### An Experienced Tourist's Guide to Washington, D.C.

by Morgan Rondinelli



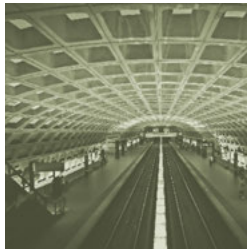
*The 25th Annual OCD Conference is being held in Washington, D.C. this year! As someone who has spent time in D.C., I am thrilled to share my experience and help provide some inspiration for your trip this coming July.*

After living in Washington, D.C. as an intern for two consecutive summers, it has easily become one of my favorite cities. It is a center of history and culture, full of amazing museums, monuments, and attractions that are FREE and open to the public!

However, Washington, D.C. is large and can be overwhelming if you've never visited before. Here are a few things I learned while I was there.

#### HOW TO GET AROUND:

Washington, D.C. has a huge subway system called the **Metro**. You can use it to get from one end of the city to the next for just a few dollars, and the maps are easy to read. There are also public buses and bikes you can rent. Plus, there's always good old walking. D.C. is known for being full of walkers.



The easiest thing to do is to buy a reloadable Metro card at a Metro station for the weekend. You can use this card to ride the Metro or the buses, and you can easily reload money onto it at any Metro station. Plus, if you purchase your card near the National Zoo, it might have a cute animal on it!

#### WHAT TO SEE:

As I mentioned, D.C. is packed full of free attractions. I was interning at the Smithsonian Natural History Museum, so I'm a little biased towards that set of museums, but there are many other great places to visit as well. You can view some of my suggestions below, and make sure to visit [Washington.org](http://Washington.org) for addition tips and information.

- **Smithsonian Institution:** The Smithsonian is actually not one museum, but a group of nineteen museums plus a zoo! I, of course, spent most of my time at the **Natural History Museum**, which is phenomenal. Some of my other favorites were the **American History Museum** (see Dorothy's ruby slippers!), the **Air and Space Museum** (see a planetarium show!), and the **American Indian Museum** (try some amazing food!). Or, go visit the newly built **African American Museum**. Truly, there's a museum for everyone, *and all the Smithsonian museums are free!*
- **Other museums:** I'm not kidding when I say there is a museum on every topic imaginable. Another of my favorites was the **Spy Museum**. It's great for kids!
- **National Monuments:** It's hard to walk around the city and not see a national monument. Be sure to check out places like the **Lincoln Memorial**, the **Thomas Jefferson Memorial**, **Washington Monument**, and the **White House**.



#### WHAT TO DO:

- **Paddle Boat:** A simple, though tiring, fun activity is to rent a paddle boat and take it in the Tidal Basin off the Potomac River. You get to paddle around right near the Jefferson Memorial.

## FROM THE FOUNDATION

### An Experienced Tourist's Guide to Washington, D.C. *continued*

- **Ghost tour:** By far one of the silliest activities I did was taking a ghost tour of Georgetown. You walk through the historic city and listen to tales of ghosts that haunt the area. Some tours are probably scarier than others, but ours was quite fun.



- **&Pizza:** If you walk around downtown, you will likely see people holding &Pizza boxes. Now, this isn't your ordinary pizza shop. You get to make a custom pizza with more topping choices than you can imagine. Absolutely delicious!
- **Roti:** Roti is like Subway, but if Subway served really good Mediterranean food. There are a few scattered around near Metro stations. Seriously, check out their menu online.

#### WHAT TO EAT:

I'm not one for fancy restaurants or long waits. I'm all about what I can get fast and for a reasonable price. Here were my favorite three places to eat on the way home from work:

- **Ollie's Trolley:** If you love French fries (and who doesn't?), you need to get a burger and fries from Ollie's Trolley. The fries are famous for having 26 herbs and spices on them. Plus, the whole restaurant is decorated with antiques. Find it on 12th Street!



I hope this provides some insight into what it's like to visit D.C. and sparks ideas of things you can do while there for the 25th Annual OCD Conference. Washington D.C. really is a wonderful, entertaining town full of things to do. Hopefully I'll see you there! ○

*For more information on this summer's Annual OCD Conference, including information on hotel and travel to D.C., visit [ocd2018.org](http://ocd2018.org).*

*Morgan Rondinelli is a student at the University of Michigan as well as a Conference attendee and speaker.*

**25TH ANNUAL  
OCD CONFERENCE**

WASHINGTON, D.C. | July 27–29, 2018

# 25TH Annual OCD Conference Washington D.C.

## July 27 – 29, 2018

*Pre-conference activities July 26*

[ocd2018.org](http://ocd2018.org)

## FROM THE FRONT LINES

### My Experience at the 24th Annual OCD Conference

by Katy Marciniak



*We were taking a Lyft to the San Francisco airport to catch our flight back home after five days in California when my husband looked over at me jokingly and said, “Hey Katy, you didn’t get any souvenirs on this trip did you?” I laughed a little bit at the randomness of his comment and reassured him that I had plenty of souvenirs from the trip — just not in the traditional sense. I wasn’t bringing home a T-shirt or key chain. My souvenirs were much more meaningful. I didn’t have any tangible items tucked away in my bag, but I had plenty of mental souvenirs tucked away in my mind. I had found things that for so many years of my life I never thought I would find.*

About two months prior, my husband and I had made the decision to fly out to San Francisco to attend the International OCD Foundation’s 24th Annual OCD Conference. For months, I had looked at the Conference program online and had wavered back and forth on whether to go or not. Eventually, my husband just booked the flights and told me we were going. There was a part of me that was excited, but the closer we got to the Conference, the more I started to feel like I had gotten myself in over my head. I was pregnant and had been going through a tough period with my OCD. Getting on a plane and flying across the country entailed a handful of triggers I honestly didn’t want to deal with and wasn’t sure I could handle. I’d known that I had OCD for a few years by then, but it had been an incredibly long arduous process for me to accept that OCD was truly part of who I am. So, committing to going to a Conference that was all about OCD was a huge step for me.

I worried that I would get to San Francisco and completely regret going, or that I would shut down and not be able to leave my hotel room to attend the Conference sessions. Despite my hesitations, I was somehow able to board our early morning flight. I even surprised myself by somewhat calmly handling most of my triggers that morning. By the time we reached the hotel in San Francisco, I actually felt empowered by the small things I had overcome to get there — but then I remembered I actually had to go to the Conference the next day. All of that fear, anxiety, and emotion built back up inside me. I also had to spend the next five days in a hotel room, which is essentially taking my OCD to an amusement park.

The first day of the Conference, I was a basket of nerves when I woke up, but I really tried to have a positive attitude. I’m embarrassed to even admit this, but quite honestly putting a name tag on that morning that even said I was attending the Annual OCD Conference was outside my comfort zone. We went down to breakfast and were greeted with a lot of smiles. I had to run up to the hotel room to grab something, but when I got back my husband told me he had met a woman who was part of the IOCDF Board of Directors. He told me they had chatted for a bit and that she was incredibly friendly and welcoming.

When we sat down at our first session, my husband leaned over and asked how I wanted him to introduce us to other people, because he had noticed people were often stating what their relationship to OCD was. I had to pause for a moment. Publicly acknowledging that I had OCD was not something I had ever been okay with, but in that moment, I decided to own it. I told him to say that I have OCD and you are here supporting me. In that first hour of being at the Conference, I began to feel comforted and I realized I was in a safe space. I also came to the conclusion that there was no



## My Experience at the 24th Annual OCD Conference *continued*

point in me flying across the country to attend a conference on OCD if I was going to pretend that I didn't have OCD. I decided to commit myself to making the most out of the Conference no matter how uncomfortable it made me feel.

I went to all the sessions I was interested in going to, even if I was scared to do so, and I never regretted it. I pushed myself outside my comfort zone and I can honestly say that only good things came of it.

For so much of my life, I struggled with a mental illness I didn't even know I had. While I know I have OCD now, and I have made great strides in therapy, I still have days where I struggle tremendously. With each Conference session that I attended, and each person's story that I heard, I felt a little bit less alone in my struggle and a little more empowered. It's not that I personally connected with every single person, but I realized I had something in common with many of them. My OCD has always been something that made me feel separate from other people, but here at the Conference, it was the one thing that united us. I was able to identify with so much of what was being presented or shared during many of the sessions. I was truly astonished by how moved I was at times and by the amount of emotions that were constantly flowing through me. My therapist has consistently told me I need to connect with others who have OCD. I had always downplayed this because it made me uncomfortable, but at the Conference, I realized just how meaningful and therapeutic it can be. Hearing other people's stories and seeing that there is a whole community out there that "gets it" really helped me own my OCD story.

As I mentioned, the Conference brought out a lot of emotions in me. There were the moments when I felt grateful to be part of such an incredible weekend. I felt proud of myself for going and making the most of it. I felt joy for the people that shared stories of how they had persevered and been able to find happiness. I felt thankful for my amazing husband who supported me through my mental health battles. But in addition to these positive emotions, there were some tougher moments as well. Certain sessions stirred up a lot of old emotions for me. Often times, they were emotions I hadn't even realized I was still holding inside. Since I was a child, my OCD has

wreaked havoc on my life in many different ways, and in some sessions I found myself thinking of all the things OCD had stolen from me over the years. So, while I had some incredibly empowering moments at the Conference, I would

be lying if I didn't admit there were also moments of sadness for all those things I had lost. But there was something different about these feelings of sadness. Instead of pushing them away or pretending they weren't there — which I so often do — I allowed

myself to feel all these emotions throughout the Conference. It was a roller coaster, but I realized that it was something that I needed to do to heal.

After the Conference ended, my husband and I stayed at the hotel for a couple of extra days and we both commented on how weird it felt to be there without all of the other attendees. It felt like the end of a family vacation; after a week of making amazing memories, you feel a nostalgic mix of happiness and sadness. When it was time to leave, we drove to the San Francisco airport and I found that I felt surprisingly calm. I also felt a new sense of pride and happiness. Not only had I made it through the Conference, but I had actually enjoyed it.

So, when the conversation turned to souvenirs it kind of made me laugh, because I felt grateful for so many things the Conference had given to me. The Conference challenged me, pulled emotions out of me that I didn't even know I was keeping inside, made me realize I'm not alone in my fight, inspired me, gave me the strength to start fighting battles I had been avoiding, and helped me to realize that my struggle might just have a purpose. Most of all, it helped me accept that I have OCD, and that it's nothing to be ashamed of. It's just a part of who I am. ○

*Katy is a speech-language pathologist from the Baltimore, MD area, and is currently staying home to spend time with her newborn daughter.*

*To learn more and register for this summer's Annual OCD Conference, visit [ocd2018.org](http://ocd2018.org)*

**“With each Conference session that I attended, and each person's story that I heard, I felt a little bit less alone in my struggle and a little more empowered.”**

## FROM THE FRONT LINES

### My Steps to Recovery

by Catherine



*I'm thirty-seven years old, I live in London with my husband and son, and I've lived with OCD for as long as I can remember.*

My childhood was very much focussed on keeping my loved ones safe, with my OCD symptoms centred heavily on external compulsions. I counted, checked... recounted and rechecked everything because I believed it would help keep my family safe. I spent whole evenings watching out of the window for my parents to return from work, believing this silent vigil would secure their safe return. At my worst, it took me three to four hours to settle into bed because I was busy walking the well-trodden pathway of my night-time safety checks.

I became an expert at hiding my symptoms and didn't tell a soul. I feared, even back then, that talking about it would get me labelled as "weird" or "different" and bring shame on my family. Occasionally, I'd get busted as my parents heard my wandering or whispered counting. They would sit with me until I was settled, believing me to be upset about something at school or going through a phase. This was the eighties; mental health awareness was not what it is today.

It wasn't until my mid-twenties that I began to realize I might have OCD; I'd heard murmurings about it in the media and found that I could identify with the symptoms being described. I went to talk to my doctor to discuss these symptoms and was given a diagnosis of OCD. Now that I finally had a name for what I was feeling, I broke my silence — I told my future husband, my mum, and a few close friends. I hoped against hope that it would all go away by itself.

As I progressed through my twenties, my OCD came in phases and I experienced big gaps with very few symptoms at all. It was during one of these periods of having my

symptoms well managed that I became a qualified teacher, began living with my boyfriend, got married, and adopted a beautiful stray cat, my lovely boy Archer. Life was busy and productive; I was happy and content. In 2012, we decided to extend our little family and I gave birth in September to a beautiful little boy, William. It was at this point — the point Hollywood tells you should be the happiest time of your life — that I saw my mental health decline to crisis point.

Very soon after I'd given birth, I became absolutely convinced that something bad was going to happen to my little man. He was so small and vulnerable that I was convinced that he'd be harmed or would die. This worry quickly grew into a fear that someone would hurt him by accident, which in turn grew into a fear that someone would hurt him deliberately. I can't tell you the lengths I went to keep my little boy safe. I put household objects that I deemed too toxic for the house in the front garden. I barricaded us into our bedroom at night in case my beloved Archer sat on Will and suffocated him. I set alarms throughout the night so that I could wake up to check he was still breathing. As time went by, both my obsessions and their resulting compulsions became increasingly irrational and time-consuming. I sat guard over him to protect him from... life.

As the weeks passed, my mental wellbeing continued to decline, and I was hit with my worse obsessions yet — I became convinced that it would be me who would deliberately hurt William. I was tortured with these thoughts and images twenty-four hours a day. The worse part of it was that I began experiencing harm urges as well. While I could just about live with my previous OCD symptoms, the harm urges pushed me to a point of crisis. I could no longer be in the same room as my little one. I made an appointment to see my doctor in which I told him I was a risk to my son and needed to be "taken away from him for

## My Steps to Recovery *(continued)*

his own safety.” Thankfully, he recognized my symptoms as anxiety and prescribed anti-depressants.

The medication helped lower my anxiety, but my OCD symptoms persisted. Out of desperation, I started doing online research and learned that what I was experiencing was postnatal OCD. Up until that point, I honestly thought I was a monster for having these obsessions. I didn’t know that compulsions could take place internally as a kind of mental ritual, and I had no idea that urges were in fact a very common type of obsession in OCD. Along with a diagnosis, I also learned about CBT as a treatment for OCD.

In March 2014, I was introduced to the most amazing psychotherapist. I worked with her to complete two sets of twenty weeks of CBT. After 32 years, my thought patterns were rigid and took a while to shift, but with hard work I was able to manage my symptoms and my experiences of motherhood finally turned a corner.

The road to recovery was not easy. I lost my parents and my beautiful cat during this time. I’ve had setbacks surrounding grief and my original OCD, anxiety, and depression symptoms, and I’ve continued to experience anxiety attacks. But what came out of that adversity was an absolute desperation to get better, which, in turn, propelled me into action. My well-being and health became the centre of everything.

### **What follows is a summary of some of the things I did, and still do, to help with my recovery.**

*One of the most helpful things I did was learn everything I could about OCD — and I’m still learning loads all the time.* I came across mindfulness in my therapy sessions and found it very helpful, so started incorporating it into my daily life. I made sure that I completed my CBT homework and carried out my ERP exercises, which at one time saw me going up and down the higher-level escalators in an M&S with my son in my arms! This was to help address my harm-based intrusive thoughts and urges, both of which were very strong in this area of this specific shop. How I didn’t end up with security guards following me around I’ll never know!

*Self-care became key.* I decided to stay on my medication because it helped me to access my therapy and feel well enough to carry out self-care activities. I started exercising, specifically Zumba and dance classes, as opposed to running, which gave me too long alone with my thoughts. I ensured I got a decent amount of sleep. I got out more and saw my friends more. I spent time in the sun. I started to take supplements. I tried to eat well and drink enough water. I read everything and anything I could about self-care but mostly I made sure I did it — if I felt I was getting lost in

reading about self-care and not actually practising it, I tried to adjust my behavior.

*Thanks to social media, I was introduced to the online OCD community — a community made up of some of the strongest, kindest, and most compassionate people you could ever meet. It helped me to know that I wasn’t alone and that I could get better. Checking out groups, pages, and profiles of people who had OCD, and had similar stories to my own, was life-changing! Again, I backed off a bit if I noticed that this became triggering or a compulsion.*

*I did a huge amount of self-esteem building.* The nature of my obsessions meant that my view of myself was at rock-bottom and I found this work central to my recovery. I needed to really care about me and my experiences. I needed to feel I deserved to get better and that I could begin to accept what I’d been through. I needed to get my head around the fact that all brains produce random thoughts, images, and urges. How many times do people get the urge to press that red “don’t press” button, to jump in front of that train, or to knock that tray of drinks out of someone’s hands? Having just had a baby, it makes sense that my intrusive thoughts and urges would involve the most important thing to me. I wasn’t alone in experiencing them, they weren’t the problem — it was my interpretation that was.

While listing everything like this makes it sound quick and easy, it really wasn’t. It’s been five years since the onset of my postnatal OCD and I have spent at least three years actively walking the road of recovery. I still use prompts to remind me to carry out certain self-care activities, and I don’t always do them even when I can see them written down, because I’m human. And I mess up. Often. While it’s not been easy, every step I took along the way was totally worth it. I still deal with OCD daily, but it is far more manageable now and it very rarely stops me from doing anything. So if you are struggling with OCD, please have hope. It really does get better; despite what that troublesome brain tells you, you are not a monster and you most definitely are not alone! ○

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*Catherine is a teacher and OCD advocate; she writes for OCD-UK and her website [tamingolivia.com](http://tamingolivia.com).*

## FROM THE FRONT LINES

### My OCD Journey

by Samantha Mansfield



*Growing up, my life would be considered fairly normal. Most of my time was spent on gymnastics, church, and hanging out at the lakes. My own journals describe me as an extremely happy child. The town I grew up in was very small and very religious. It had more churches per capita than any other town in the US, with the exception of Las Vegas. As you may imagine, religion played a huge part in my life. Sundays meant hymns, handshakes, and almost falling asleep on my mother's shoulder listening to a sermon. Wednesdays meant youth group with best friends and digging as deep as possible into a Bible study. When I was sixteen, I first noticed that I was more concerned about things relating to religion than most of the individuals around me. One time in particular, a few of the parents were talking about end of times and I became physically ill with worry.*

My concerns surrounding religion crossed the line into a disorder during the fall of my second year in college. I was living by myself in a town about an hour away when out of absolutely nowhere thoughts of worry about salvation and end of times started entering my mind. Soon my grades were slipping and my evenings were spent on the phone crying to my mom about the fear of my eternal future. Most of the time I could barely catch my breath. My mother and I reached out to one of my pastors from home to talk

about the thoughts that I was having. He was actually knowledgeable about OCD and suggested that I might be experiencing scrupulosity (moral or religious OCD). My mom contacted a therapist and made an appointment for me to meet with him. Unfortunately, after talking to the therapist for an hour, he referred me to my general physician who diagnosed me with major depressive disorder and prescribed an antidepressant.

The medication seemed to help and I was able to get through my last semester of school and earn my associate's degree. I thought my struggle was all over, but really it had just begun. I spent the next three years taking various college art courses all while struggling with constant intrusive thoughts. Physically I was in class, but mentally I was hanging on by a thread, consumed with thoughts of worry about being separated from God. I was three classes from earning my bachelor's degree in graphic design when I made the decision to take a break from school to deal with my illness. Mentally, I could no longer function as a student. Not only was I being flooded with these thoughts but they were impacting my ability to eat, resulting in extreme malnutrition. It started simple with a thought such as "I cannot drink milk, or I might be separated from God," but it soon spread to almost all food. If you think this does not make any sense, you're not alone. To be honest, it did not make sense to me either. I understand now that my thoughts were attacking the thing I feared most. The more I tried to avoid the intrusive thoughts, the more they became ingrained and the worse the type of thoughts became. Despite knowing they were irrational, it felt impossible for me to eat. The risk seemed too great. Within months I went from roughly 130 lbs. to just under 90 lbs. Words can never

## My OCD Journey *(continued)*

describe the horrifying details of what I experienced around this time. I was hospitalized for almost three months before I was finally correctly diagnosed with OCD.

I was released from the hospital and began therapy, but my struggle continued. Yes, I was physically stable, but mentally I was a wreck. OCD thoughts still consumed my mind. Much of my time was spent ritualistically praying in my head just to attempt to handle the uncertainty and intrusive thoughts related to OCD. In my small town, there were no therapists who specialized in treating OCD. My therapist was only trained in very general cognitive therapy, and after a year in therapy I still felt very little reduction in overall symptoms. Eventually, however, I was able to find a therapist who was trained in CBT with an emphasis in exposure and response prevention (ERP). This new therapist thought it was a good idea to start exposing me to the things that would trigger these intrusive thoughts. I was extremely hesitant at first. To be honest, I was terrified and even told my prior therapist, "Her techniques are crazy, but they just might work." Slowly, I began to build trust and started to see the rationale in what my new therapist was saying. The more I tried to avoid these thoughts the more they showed up and, of course, the more rituals I had to perform to avoid feeling complete and utter panic. In the first few months of therapy I had made some progress, but cognitively there was still so much uncertainty created by the OCD that I just did not think it was ever going to go away. I was fed up with battling OCD. I decided I was done with therapy for good unless there was a possibility of getting help in residential treatment. I asked my therapist if she thought this was a possibility and if she truly believed it could help. Luckily, she did.

After a lot of effort on both my therapist's part and my own, I was on my way to residential treatment. I traveled over nine hours in a snowstorm to finally reach the program. My days consisted of close to four hours of exposure work, with much of the rest of the time filled with group therapy, individual therapy, medication management, art therapy, and experiential therapy. The exposure work was miserable, but the staff was amazing. It did not take long before things started to click. The

thoughts became less, the worries became less, and slowly I was getting my life back. I was recovering.

While I have learned to manage my symptoms and now have control over my life, this does not mean that things are

perfect. There are times when OCD still flares up and really bugs me. There are days when I have to remind myself of lessons I have already learned. Sometimes I even have to go back to doing exposures.

In addition to OCD, I have had to deal with

a fair amount of depression and self-doubt, and was even diagnosed with PTSD as result of the three months I spent in the hospital. However, learning to treat my OCD has allowed me to view these things in a new light. I figure if I can handle one mental illness, I can handle any of them!

To be honest, there have even been a lot of positives that have resulted from my treatment. I've met many amazing people and been able to and gain a lot of insight into myself. I am now a clinical psychology student working to become a therapist so that I can help others who suffer from mental illness. My goal is to specialize in OCD and work in a residential OCD treatment setting. But for now, I am just hoping that others out there will hear my story and realize there is hope. It does get better. ○

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*Samantha is a small-town, compassionate mental health advocate.*

**“ I understand now that my thoughts were attacking the thing I feared most. The more I tried to avoid the intrusive thoughts, the more they became ingrained and the worse the type of thoughts became. ”**

## THERAPY COMMUNITY

**Schizophrenia and OCD: A Consideration of Schizo-Obsessive Disorder**

by Robert Hudak, MD

*Schizophrenia is a severe and chronic mental illness that affects approximately one percent of the population. It is a psychiatric disorder with the potential to significantly impact a person's social and occupational functioning. Complicating things further, some individuals with schizophrenia experience co-occurring obsessive compulsive disorder, which makes diagnosis and treatment even more challenging. In fact, there is a large enough group of individuals experiencing both disorders that some have proposed the idea of a "schizo-obsessive disorder." A proper diagnosis leads to effective treatment; therefore, it is critical that the mental health provider conduct a comprehensive and thorough assessment and ask the right questions in order to determine the correct diagnosis. An additional obstacle in working with individuals with co-occurring schizophrenia and OCD is that there has been little research into effective treatments for this group. However, what we know about treating OCD should help inform treatment approaches for those with co-occurring schizophrenia and OCD.*

**SCHIZOPHRENIA AND OCD OVERLAP**

**Schizophrenia and obsessive compulsive disorder (OCD) share some important traits:**

- Both are severe and chronic mental illnesses;
- Both disorders are linked to abnormalities in brain structure and functioning;
- Both can contribute to difficulties in employment, interpersonal relationships, and emotional and mental well-being.

Of note, while people with OCD do not appear any more likely than the general population to have schizophrenia, people with schizophrenia experience obsessive compulsive (OC) symptoms at an increased rate. While the rate of OCD in the general population is approximately 1%, the rate of OC symptoms in people with schizophrenia is 25%, and the percentage of people with full-blown OCD is 12%<sup>2</sup>. It has also been noted that in many people who later develop schizophrenia, their first clinical symptoms are often an OCD-like presentation and the schizophrenia diagnosis becomes clearer over time.

Because of the common co-occurrence between the two disorders, a proposed diagnostic term of "schizo-obsessive disorder" has been discussed extensively in scientific literature. While not yet an official psychiatric term in the Diagnostic and Statistical Manual of Mental Disorders (DSM), this potential diagnosis has begun to receive some study and attention.

**ISSUES AROUND DIAGNOSIS**

Schizophrenia is identified by the presence of delusions, hallucinations, or disorganized speech as well as disorganized behavior or "negative symptoms." Let's take a moment to define some of these terms:

- **A hallucination is defined as a false sensory perception.** For example, hearing a voice speaking to you when in fact no one is present.
- **Delusions are defined as unfounded, idiosyncratic beliefs that are held without supporting evidence.** For example, a typical delusion in schizophrenia sufferers is that aliens have implanted a chip in their brain and are using it to control them. No amount of evidence (such as offering to do an MRI of their brain) will convince them otherwise.
- **Examples of "negative symptoms" of schizophrenia** include reduced emotional expression and extreme difficulty making decisions.

One of the trickier parts of determining whether someone is struggling with schizophrenia versus OCD is trying to understand if the individual is experiencing a *delusion* or an *obsession*. The rule of thumb is that delusions are consistent with a person's ideas about themselves, including their needs and their ideal self-image. People suffering from delusions are comfortable and accepting of their beliefs and see no need to question the presence of such a belief nor the content of it. The technical term for this is "ego-syntonic" (i.e., this is in sync with my sense of self). In contrast, obsessions are inconsistent with one's needs and self-image. People with OCD usually have doubts that the content of their obsession is true, and they will usually question why they are having an obsessive thought in the first place. The mere presence of the thought makes them uncomfortable. In this case, we call these thoughts "ego-dystonic" (i.e., this doesn't feel like me).

Unfortunately, while these definitions sound very different, in clinical practice they can be difficult to distinguish. Additionally, many patients have both ego-syntonic and ego-dystonic thoughts. As previously mentioned, because of the increased likelihood of schizophrenia and OCD occurring together, as well as this complicated relationship between obsessions and delusions, a new diagnostic category of "schizo-obsessive disorder" was proposed in the 1990s. To qualify for this diagnosis, the patient must have symptoms of both disorders. Schizo-obsessive disorder is currently being conceptualized as a subtype of schizophrenia rather than a subtype of OCD. Diagnostic criteria for this disorder have been proposed by Poyurovsky et al.<sup>1</sup> and include:

1. Symptoms that meet criteria for OCD must be present at some point in someone who has a diagnosis of schizophrenia;
2. If the content of the obsessions and/or compulsions is interrelated with the content of delusions and/or hallucinations (e.g., compulsive hand washing due to

## Schizophrenia and OCD: A Consideration of Schizo-Obsessive Disorder *(continued)*

command auditory hallucinations), additional typical OCD obsessions and compulsions recognized by the person as unreasonable and excessive are required;

3. OCD symptoms are present for a substantial period of the schizophrenia diagnosis;
4. The OCD must cause significant distress or dysfunction that is separate from the impairment associated with schizophrenia; and
5. OCD symptoms cannot be caused by antipsychotic agents, substance abuse, or other medical issues.

**According to these criteria, a person is not considered to have schizo-obsessive disorder if OC symptoms occur solely in the context of a delusion.**

- For example, if someone heard voices telling them their hands were contaminated, and as a result they repeatedly washed their hands, this would not be considered schizo-obsessive disorder. In such patients, the handwashing would be expected to improve after treatment for the auditory hallucinations.

Often, a patient will have both delusions and obsessions about the same themes.

- For example, a patient with schizo-obsessive disorder may have the delusion that they are the devil when they are psychotic. After their psychosis is treated, they may have scrupulosity or religious obsessions that they are evil or are going to hell, and will have rituals centered on those thoughts (e.g. compulsive praying, or compulsive checking if they have a tail like a devil might). If the recurrent intrusive thoughts occur solely about the themes of the patient's delusions, this is not considered schizo-obsessive disorder<sup>5</sup>.

In this example, to qualify as having schizo-obsessive disorder, such an individual would need to have other, separate obsessions and compulsions. **OCD symptoms that occur in patients with schizophrenia do not present differently than in people with OCD alone; they present the same in both groups of patients.**

### PROPOSED TREATMENT APPROACHES FOR INDIVIDUALS WITH SCHIZO-OBSESSIVE DISORDER

There have been few studies focused on the treatment of people with schizo-obsessive disorder. As a result, little is known about the effects of Exposure with Response Prevention (ERP) in this group. That said, there is a good argument that ERP should still be the first treatment to try. In my clinical experience, patients with decreased insight into their obsessions (i.e., obsessions that are more ego-syntonic) will often respond just as well to ERP as patients with better insight (i.e., when their obsessions are ego-dystonic). The real challenge, in fact, is getting them to agree to participate in ERP treatment!

Another treatment approach would be to use medication. Unfortunately, OCD symptoms rarely respond to antipsychotic medications. In these cases, anti-psychotic medications can

be used to treat the schizophrenia symptoms, and treatment for obsessions would be initiated after sufficient resolution of psychotic symptoms has occurred. The good news is that the same medication protocols used to treat individuals with OCD work the same way in individuals with schizo-obsessive disorder<sup>7</sup>. Certain anti-psychotic medications, such as clozapine, are believed (although not proven) to induce obsessions in patients or worsen already existing obsessions. Therefore, if possible, it is best to avoid this medication in someone who is schizo-obsessive.

### CONCLUSIONS

To improve clinical outcomes in people with OCD as well as people with schizo-obsessive disorder, additional research is needed on the relationship between obsessions and delusions, as well as thoughts that may fall somewhere between obsessions and delusions (termed "overvalued ideas" in the literature). Also, increased cooperation in academic settings between schizophrenia researchers and OCD researchers, clinicians, and therapists should occur. Finally, similar to issues that arise for co-occurring OCD and substance use disorders, schizophrenia and OCD programs should develop bridge programs to help educate people with schizophrenia and schizo-obsessive-like presentations and prepare them for exposure with response prevention treatment in OCD programs.

### RECOMMENDED READING

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5. Botts, A., Cooke, R.G., Richter, M.A. (2005). Comorbidity and pathophysiology of obsessive-compulsive disorder in schizophrenia: is there evidence for a schizo-obsessive subtype of schizophrenia? *Journal of Psychiatry and Neuroscience*, 30(3), 187-93.
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## THE THERAPY COMMUNITY

### Institutional Member Updates

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

#### AMITA HEALTH

**Alexian Brothers Behavioral Health Hospital**

1650 Moon Lake Blvd  
Hoffman Estates, IL 60169

Phone: (847) 755-8566

Email: [Patrick.McGrath@amitahealth.org](mailto:Patrick.McGrath@amitahealth.org)  
[www.alexianbrothershealth.org/abbhh](http://www.alexianbrothershealth.org/abbhh)

**Foglia Family Foundation Residential Treatment Center**

801 Gloucester Dr.  
Elk Grove Village, IL 60007

AMITA Health Alexian Brothers Behavioral Health Hospital Anxiety and OCD program and the Foglia Family Foundation Residential Treatment Center look forward to meeting many of you in July in Washington, D.C. at the IOCDF's 25th Annual OCD Conference. AMITA is pleased to be sponsoring the wi-fi at the Conference and hopes that you will take advantage of this feature to use the Conference mobile app to help you to plan your time throughout the Conference weekend. Please come visit our booth to help us celebrate the first anniversary of the Foglia Family Foundation Residential Treatment Center and meet Shannon Stowasser, our new Business Development Liaison. Shannon can assist you with getting into our anxiety-based programs or support groups.

#### THE ANXIETY TREATMENT CENTER (ATC) OF SACRAMENTO, ROSEVILLE, AND EL DORADO HILLS

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 was a proud supporter of this year's 5th Annual 1 Million Steps 4 OCD Walk in Sacramento, CA. Held at Southside Park, the staff at The ATC helped to rally volunteers, promote awareness, and reach out to the community to encourage participation and sponsorship. Additionally, the ATC hosted Ethan Smith, this year's grand marshal, in a pre-OCD Walk presentation the day prior, when he shared candid and vulnerable insights into his life of OCD and brave recovery. All proceeds from this event were donated to OCD Sacramento to continue empowering their community outreach efforts.

The ATC is now preparing for International OCD Awareness Week to be held nationwide from October 8-12, 2018. We will be holding presentations throughout the week, in addition to hosting The Spotlight Sacramento series on October 12, 2018. This event draws therapists and organizations throughout the community, and we are excited to continue providing education and resources on evidence-based treatment for OCD and anxiety related conditions.

#### BEHAVIOR THERAPY CENTER OF GREATER WASHINGTON (BTC)

11227 Lockwood Drive  
Silver Spring, MD 20901

Phone: (301) 593-4040

Email: [info@behaviortherapycenter.com](mailto:info@behaviortherapycenter.com)  
[www.behaviortherapycenter.com](http://www.behaviortherapycenter.com)

Summer is the time for OCD intensives at BTC! We are accepting new clients who have the time, commitment, and bravery to engage in what research supports as fast, effective treatment for OCD. Please visit our website or call our center for details.

Dr. Gloria Mathis continues to run her social anxiety exposure group that involves field trips for *in vivo* exposure activities. Our Disruptive Behavior Management Program, under the direction of Dr. Noah Weintraub, is intended for children with OCD, Tourette's, or an anxiety disorder in combination with externalizing behaviors (e.g., anger outbursts, defiance), and is appropriate for families in which PANDAS /PANS is suspected. This program involves a structured parenting group. BTC's professionally-assisted GOAL OCD support group continues to run strong.

We are welcoming a new clinician, Caitlin Condit, joining us this summer! Also, we hope you join BTC next month at the Annual OCD Conference, coming to Washington, D.C.! Our clinicians will be presenting on a wide range of topics, to audiences of children, families, sufferers, and mental health professionals.



## Institutional Member Updates

### BEHAVIORAL WELLNESS CLINIC

392-E Merrow Road  
Tolland, CT 06084  
Phone: (860) 830-7838  
Email: [admin@behavioralwellnessclinic.com](mailto:admin@behavioralwellnessclinic.com)  
[www.bewellct.com](http://www.bewellct.com)

The Behavioral Wellness Clinic has added two new clinicians to our team this summer: Dominique Courts, LMFT and Lauren Sharn, LMSW. Dominique provides treatment for individuals, couples, and families. She has worked at the UConn Humphrey Clinic and other community organizations and agencies. She works collaboratively with clients using cognitive-behavioral, family systems, culturally-attuned, and community-centered approaches. She provides compassionate support and guidance to help clients with OCD better understand their feelings and thoughts and find new ways of coping, behaving, and communicating. Lauren received her bachelor's degree from Eastern Connecticut State University in Social Work and proceeded to Columbia University where she received her Master's degree in Clinical/Medical Social Work. Lauren works with patients of all ages and provides knowledge and experience with cognitive behavioral therapy (CBT) approaches for OCD. Both clinicians are also available for intensive outpatient programs (IOP) for OCD!

### BIO BEHAVIORAL INSTITUTE

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

Bio Behavioral Institute recently welcomed a new addition to our full-time staff. Darius Muller, LCSW is a licensed clinical social worker with extensive expertise in treating individuals, families, and couples with anxiety, OCD and related disorders, and mood disorders. He brings his many years of experience and integrative approach to our patients. Our abbreviated summer Dialectical Behavior Therapy (DBT) Skills group geared for young adults aged 18-30 is open for enrollment. Please contact us to learn more.

### THE CANADIAN TREATMENT CENTER FOR OBSESSIVE COMPULSIVE DISORDERS

4115 Sherbrooke St W, Suite 430  
Westmount, QC H3Z 1K9, Canada  
Phone: (514) 710-7063  
Email: [DrDSookman@ctcoed.ca](mailto:DrDSookman@ctcoed.ca)  
[www.ctcoed.ca](http://www.ctcoed.ca)

The Canadian Treatment Centre for Obsessive Compulsive Disorders (CTCOCD) is the national specialized treatment center for OCD and related disorders throughout the lifespan (children, adolescents, adults). Treatment is offered to Canadians from all provinces and regions, and to international residents. CTCOCD offices are located in several provinces including Quebec and Ontario. Specialized programs are tailored for patients whose symptoms and related difficulties range from mild and newly-developed to severe and long-standing.

Specialized CTCOCD services to optimize recovery include several options in addition to office-based sessions: intensive treatment programs for local and out of town patients with a team of experts (i.e., prolonged sessions several times weekly or daily); therapist-assisted home protocols; and optimized follow-up. Strategies to enhance generalization of change, resilience, and relapse prevention are integral. Family involvement (with patient consent) involves specific skills to foster change. Internet-based sessions with an expert are available for individuals in remote regions.

Psychiatric and pharmacological consultation and treatment are available with experienced staff psychiatrists affiliated with the CTCOCD. Treatment is not time-limited and services are bilingual. An appointment is offered within three weeks and patients may call directly. Specialty training is offered to students and health care professionals.

### 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: [Rachel.Middleton@nyspi.columbia.edu](mailto:Rachel.Middleton@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 this disorder. For the patients of today,

## THERAPY COMMUNITY

## Institutional Member Updates

we study how best to deliver current and novel treatments. For the patients of tomorrow, we partner with brain imagers and scientists to examine what causes OCD. Recently, we have expanded these efforts to a global stage. We met with our collaborators from India, South Africa, the Netherlands, and Brazil in New York for our multi-site study seeking to identify a reproducible brain signature of OCD.

We are recruiting individuals with OCD to participate in this brain imaging study and other studies. In particular, we are collaborating in a multi-site study funded by Biohaven Pharmaceuticals to investigate the potential efficacy of a novel glutamate modulator for those taking an SSRI or clomipramine. In addition, we continue to examine the brain's endocannabinoid system, which has been hypothesized to play a role in OCD.

**CHILD MIND INSTITUTE**

**101 East 56th Street  
New York, NY 10022**

**Phone: (212) 308-3118**

**Email: [appointments@childmind.org](mailto:appointments@childmind.org)  
[www.childmind.org/center/ocd-service](http://www.childmind.org/center/ocd-service)**

The Child Mind Institute's Intensive OCD Program welcomes behavioral technician Alnardo Martinez, who will be working individually with each patient providing exposure therapy. Prior to joining the Child Mind Institute, Mr. Martinez worked at Rogers Behavioral Health, interviewing and assessing adults and children for OCD, anxiety, mood disorders, and eating disorders. He received training in exposure with response prevention (ERP) and assisted in facilitating ERP treatments alongside leading psychologists in the field of adolescent OCD.

We are also delighted to announce the expansion of our OCD Service to include the Tic and Tourette Syndrome Service, providing diagnostic and treatment services to children and adolescents. Before starting treatment, all patients receive a thorough diagnostic evaluation, including information from therapists and other treating professionals. Depending on the presentation of symptoms, treatments for Tourette's may include behavioral therapy, including comprehensive behavioral intervention for tics (CBIT) with habit reversal therapy (HRT), medication management, parent and family training, and school consultation. To learn more, please visit [childmind.org/tictourette](http://childmind.org/tictourette).

**COGNITIVE-BEHAVIORAL THERAPY CENTER OF WESTERN NORTH CAROLINA, P.A.**

**1085 Tunnel Road, Suite 7A  
Asheville, NC 28805**

**Phones: (828) 350-1177**

**Email: [helder@behaviortherapist.com](mailto:helder@behaviortherapist.com)  
[www.behaviortherapist.com/ocd.htm](http://www.behaviortherapist.com/ocd.htm)**

The Cognitive-Behavioral Therapy Center of WNC, P.A. in Asheville, NC is now offering an intensive outpatient program (IOP) for adults with OCD. The active treatment phase of our IOP (after phone screening, an initial assessment to determine eligibility, and a first individual session with the Program Director Dr. Haley Elder) consists of 3 hours/day, 3 days/week for approximately 3 weeks, with the option of additional weeks of treatment depending on each client's progress. Each day in the program includes brief group work to review goal-setting, progress with homework from the previous treatment day, psycho-education surrounding symptoms, and didactics, with the majority of the day spent engaged in individual or group ERP with behavioral coaches or licensed staff therapists. There is also a biweekly group for loved ones of those currently participating, which provides opportunities for education and support. Lastly, a medication and nutritional consultation with our Medical Director Dr. Signi Goldman is included in the program.

**COMMUNITY WEST OCD PROGRAM**

**1990 S. Bundy Dr. Suite 320  
Los Angeles, CA 90025**

**Phone: (310) 990-0988**

**Email: [Fmarenco@cwtreatment.com](mailto:Fmarenco@cwtreatment.com)  
[www.Communitywesttreatment.com](http://www.Communitywesttreatment.com)**

A new intensive treatment program for OCD and anxiety disorders for adolescents and young adults has recently launched at Community West Treatment in Los Angeles.

The program offers PHP and IOP levels of care and uses exposure and response prevention (ERP) and other evidence-based approaches to the treatment of OCD, related disorders and anxiety disorders.

At Community West, we choose to focus on the treatment of adolescents and young adults because we understand that the transition to adulthood, an already complex and challenging stage of development, is frequently derailed when a serious mental health condition like OCD goes untreated. Providing effective treatment during this developmental phase can transform the trajectory of a young person's life.

We offer two distinct treatment services at different times during the day. Our Youth Services for adolescents (ages 13-17)

## Institutional Member Updates

are provided during after-school hours (4pm-7:30pm). Our Young Adult services are provided during morning and early afternoon hours (9am-3pm).

In addition to daily individual therapy sessions and *in vivo* exposures in real-life settings, clients in both programs participate in group therapy, family therapy, and experiential activities that in combination provide the most comprehensive treatment available. Please visit our website for more information!

### HOUSTON OCD PROGRAM

708 E. 19th Street  
Houston, TX 77008

Phone: (713) 526-5055

Email: [info@HoustonOCD.org](mailto:info@HoustonOCD.org)

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

The Houston OCD Program continues to work on increasing access to evidence-based treatments to individuals of all ages. This spring, we ran our first ever Brief Adolescent Intensive Outpatient Program (AIOP), which offers CBT skills groups, staff-assisted exposure/response prevention, and individual & family therapy sessions for adolescents with moderate to severe OCD and other anxiety-related disorders. Due to community interest, we are offering the Brief AIOP this summer in an effort to allow teens to participate in intensive treatment without missing out on school. The summer AIOP will run in two 2-week sessions in June and August, in which teens can attend one, two, three, or all four weeks of intensive treatment.

**Session 1:** Week 1 - June 4-8 | Week 2 - June 11-15

**Session 2:** Week 1 - August 6-10 | Week 2 - August 13-17

Call or email for more information.

On June 2nd, HOCDP sponsored and participated for the third year running, in the Houston area 1 Million 4 OCD Walk hosted by IOCDF and OCD Texas. We are honored to be able to support such a worthy cause that helps raise awareness and hope for the OCD and anxiety community, while raising funds to support the important programs of the IOCDF and OCD Texas.

### KANSAS CITY CENTER FOR ANXIETY TREATMENT

10555 Marty Street, Suite 100

Overland Park, KS 66212

Phone: (913) 649-8820

Email: [info@kcanxiety.com](mailto:info@kcanxiety.com)

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

KCCAT proudly participated in the 2nd annual 1 Million Steps 4 OCD Walk hosted by OCD Kansas, and we look forward to

continuing our team's involvement in IOCDF initiatives! Our research program has been busy as we launch the next step of our NIMH-funded project, a randomized controlled trial testing our family-focused CBT skills app for children with emerging anxiety and mood difficulties. We're excited to share this new technology! After another successful round of our Social Exposure Group for teens (led by team member Heather Smith, PhD and assisted by Chris Sexton, PhD, MS-LMSW), KCCAT has started hosting a twice-monthly Adolescent Support Group. It has been amazing to see these young people talk about their struggles and achievements in managing anxiety while they act as supports for one another. Finally, this month we welcomed a new cohort of practicum students from the doctoral programs at the University of Missouri – Kansas City and University of Kansas. As always, we're thrilled to be working with this new group of developing clinicians in the application of evidence-based care. We appreciate Dr. Smith stepping into her new role at the center as KCCAT's Director of Practicum Training!

### 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)

We have had some significant developments occur in the past several months. On the staffing front, Jason Krompinger, PhD, moved into the role of Co-Director of Psychological Services and Clinical Research. Nathaniel Van Kirk, PhD, becomes the Coordinator of Clinical Assessment starting this summer, where he will oversee the assessment arm of our research office and spearhead assessment training initiatives. Finally, Lauren Wadsworth, PhD, joins us as our new Clinical Fellow, where she will serve as a behavioral therapist and develop her research interests around relationships between control, OCD symptomatology, and treatment outcome. A piece of exciting news: our research fellow, Martha Falkenstein, PhD, was awarded the Kaplen Fellowship and Livingston Award through the Department of Psychiatry at Harvard Medical School, in which she will study interpretation bias and its association with suicidality in OCD. This is a major milestone for the research office and the OCDI, as it marks the first time we have secured external grant funding to support our research endeavors. Martha's work significantly contributes to the mission of the program in that the study will help us to better understand OCD in its most debilitating forms, and shed light on important avenues for treatment development.

## THERAPY COMMUNITY

### Institutional Member Updates

#### **MOUNT SINAI TICS, OCD, AND RELATED DISORDERS PROGRAM**

**1425 Madison Avenue**  
**Department of Psychiatry, 4th floor**  
**New York, NY 10029**  
**Phone: (212) 659-8823**  
**Email: [ticsOCD@mssm.edu](mailto:ticsOCD@mssm.edu)**  
**[www.mountsinaiocd.org](http://www.mountsinaiocd.org)**

The Mount Sinai program offers comprehensive diagnostic evaluations and empirically-supported treatment to children, teens, and adults affected by tics, Tourette, OCD, and related disorders. This July we will welcome two new psychology externs, as well as psychiatry residents and fellows who will offer reduced-fee care.

Dr. Dorothy Grice's trans-diagnostic genetic research project continues to recruit participants with diagnoses of tic disorders, OCD, and related disorders. We hope this innovative project will increase our understanding of genetic risk for these disorders. Dr. Grice also continues to develop our international collaborative OCD network with the goal of enhancing DNA sample collections for all researchers who engage in genetic studies.

We also welcome Martijn Figee, MD, PhD who joined Mount Sinai from the Academic Medical Center in Amsterdam. Dr. Figee's research program focuses on understanding the brain circuitry of reward and its role in neuropsychiatric disorders including OCD, depression, and Parkinson's disease. Dr. Figee is the director of the Interventional Psychiatry Program and aims to develop and expand deep brain stimulation (DBS) and other types of neuromodulation as neuropsychiatric interventions. Dr. Figee is open for referrals for neuromodulation of patients with OCD who have not responded to conventional treatments.

#### **MOUNTAIN VALLEY TREATMENT CENTER**

**2274 Mt. Moosilauke Highway**      **703 River Road**  
**Pike, NH 03780**                              **Plainfield, NH 03781**  
**Phone: (603) 989-3500**  
**Email: [jfullerton@mountainvalleytreatment.org](mailto:jfullerton@mountainvalleytreatment.org)**  
**[www.mountainvalleytreatment.org](http://www.mountainvalleytreatment.org)**

Mountain Valley is pleased to welcome Lee Chasen, PhD, RDT, LCAT, to Mountain Valley's clinical team. Dr. Chasen is an expressive arts therapist and serves as an adjunct to the clinical team for MVTC's Plainfield campus while providing consultation to the expressive arts program on the Pike Campus. Dr. Chasen facilitates the development and implementation of our robust and clinically-integrated expressive arts program. This unique, contemporary modality

in the treatment of anxiety and related disorders differentiates MVTC from other treatment programs. As an adjunct to the clinical team and residential staff, Lee will lead the Expressive Arts groups and has developed a training curriculum for a residential activity therapy module.

Dr. Chasen has a strong background in individual and group clinical work, clinical supervision, and drama therapy. He obtained a PhD in 2003 from New York University's Program in Drama Therapy after receiving a bachelor's and master's degree from the same institution. He also has a master's degree in elementary education from Adelphi University and is a Registered Drama Therapist (RDT) with the North American Drama Therapy Association and is a New York State Licensed Creative Arts Therapist (LCAT).

#### **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 BDD and OCPD. 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. Our current group therapy options include three EX/RP groups, a group to prepare those who are not ready to begin exposures, a cognitive-behavioral therapy group that targets clinical perfectionism/OCPD, and a maintenance group for those who have successfully completed treatment. Please call for more information about our Center and to schedule a confidential screening.

Congratulations to Dr. Anthony Pinto on being named to the IOCDF's Scientific and Clinical Advisory Board in recognition of his substantial contributions to the study and treatment of OCD and related conditions. The staff of the Northwell Health OCD Center look forward to seeing you at this summer's OCD Conference in Washington, D.C.!

#### **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 has enjoyed a busy year with an exciting expansion occurring just this month! At the beginning of

## Institutional Member Updates

June 2018, we opened the doors to NW Anxiety Pediatrics, a specialty outpatient clinic designed specifically for treating children with OCD and anxiety disorders, located only a block away from our main location in the heart of Portland, OR. This has allowed us to hire and train additional skilled therapists as the needs of our community grow. We continue to run two robust IOP programs (adult & child tracks offered), though the child program has transitioned to our pediatric location.

We have also been active in our greater community, offering educational trainings and informational presentations. In addition to the 10+ school-based trainings delivered this year to date by Kevin Ashworth in the Portland Metro area, Kevin Ashworth and Allison Bonifay provided a district-wide training for 115 school counselors and psychologists on the topic of anxiety in schools in May 2018. Participation by the attendees was quite active and reflected the need for additional education and support for students struggling with anxiety in schools today.

Finally, we are excited to host Lee and Bec Shuer to provide our clinic team as well as mental health professionals in our area with a full day training on treating hoarding disorder from the Buried In Treasures framework. Lastly, Kevin Ashworth was interviewed this spring by the popular podcast, *The Art of Manliness*. His episode is titled "How to be Less Anxious".

### THE OCD & ANXIETY CENTER

**1100 Jorie Boulevard, Suite 132**

**Oak Brook, IL 60523**

**Phone: (630) 522-3124**

**Email: [info@theocdandanxietycenter.com](mailto:info@theocdandanxietycenter.com)**

**[www.theocdandanxietycenter.com](http://www.theocdandanxietycenter.com)**

The OCD & Anxiety Center is now offering support groups! We offer groups for teens, adults, and parents. OAC staff recently participated in 1 Million Steps 4 OCD Walk in Chicago! We had a blast mingling with everyone at the event, and we are delighted that we could help raise some money for such a great cause! We will look forward to seeing you in D.C. for the IOCDF's 25th Annual OCD Conference!

### OCD AND RELATED DISORDERS PROGRAM AT MASSACHUSETTS GENERAL HOSPITAL

**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 and

specializes in the research and treatment of OCD, BDD, 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 and an individualized treatment plan will be developed based on this assessment. This year, we welcome our new clinical psychology intern, Nicholas C. Jacobson. We have also hired two new clinical research coordinators, Hannah Smilansky and Clare Beatty. For more information on our clinical or research program, please call/ email us or visit our website.

### PALO ALTO THERAPY

**407 Sherman Ave**

**Suite C**

**Palo Alto, CA 94306**

**940 Saratoga Avenue**

**Suite 240**

**San Jose 95129**

**Phone: (650) 461-9026**

**Email: [info@paloaltotherapy.com](mailto:info@paloaltotherapy.com)**

**[www.paloaltotherapy.com/ocd](http://www.paloaltotherapy.com/ocd)**

Summer has arrived and we are excited to share the latest at Palo Alto Therapy. Our therapists specialize in cognitive behavioral therapy and have many years of experience in the field of behavioral health helping children and adults overcome anxiety, depression, OCD, panic, social anxiety, and other stress-related problems. We have new additions to the team, as well as groups starting!

**Our Newest Additions:** Palo Alto Therapy continues to expand and is pleased to welcome both David MacBryde, LMFT and Jacqui Lewis, LMFT, ATR-BC to our Palo Alto location. We are excited to have both therapists here at Palo Alto Therapy with their unique specialties and training.

**Anxiety to Wellness Class:** Our 8-week class will be offered for teens and adults in September and we are currently open for enrollment. This cognitive behavioral therapy class consists of teaching and practicing anxiety-reducing techniques and group support.

**Teens to Teens Support Group:** Our ongoing group is also accepting new members. The group will focus on skill building and reviewing CBT techniques to help with depression, anxiety, and other emotional struggles. The group will meet every Tuesday from 4:00-6:00pm throughout the school year at our San Jose location.

For more information on our individual, couples, family, and group therapy, please feel free to email or call us.

## THErapy COMMUNITY

### Institutional Member Updates

#### **PSYCHOLOGICAL CARE & HEALING (PCH) OCD INTENSIVE TREATMENT PROGRAM**

**11965 Venice Boulevard, Suite 202  
Los Angeles, CA 9066  
Phone Number: (888) 525-2140  
Email: [svirdee@pchtreatment.com](mailto:svirdee@pchtreatment.com)  
[www.pchtreatment.com](http://www.pchtreatment.com)**

PCH is excited to announce Gerald Tarlow, PhD as the new director of the Obsessive Compulsive Program. Dr. Tarlow received his PhD in clinical psychology from the University of Montana, has been on the faculty in the UCLA Department of Psychiatry since 1978, and served as director of Psychological Services at UCLA's OCD program from 1994 to 2006. In 1986, Dr. Tarlow established an outpatient private practice specializing in the treatment of anxiety disorders and related issues. In 2001, he was awarded a diploma in Cognitive Behavioral Psychology from the ABPP. He has authored several books and articles and presented numerous talks on the treatment of anxiety disorders.

We are also pleased to welcome the addition of an OCD-specific peer mentor and advocate. Ethan Smith is a national OCD advocate and author. Ethan suffered with OCD for over 30 years before receiving life-changing treatment in 2010. For the past eight years, Ethan has been an outspoken and transparent voice in the OCD community, using his lived experience in an effort to inform, educate, and reduce stigma. Ethan now brings that lived personal experience to PCH's clients and their families.

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

**Division of Strategic Cognitive Behavioral Institute, Inc.  
1849 Sawtelle Blvd, Suite 710  
Los Angeles, CA 90025  
Phone: (310) 268-1888  
Email: [ashleybramhall@renewedfreedomcenter.com](mailto:ashleybramhall@renewedfreedomcenter.com)  
[www.RenewedFreedomCenter.com](http://www.RenewedFreedomCenter.com)**

Renewed Freedom Center is proud to introduce Caroline Kalai, PsyD, who recently joined our team as a licensed clinician. Dr. Kalai earned her doctorate and MA in clinical psychology from Pepperdine University. She completed her APA-accredited internship at the University of Miami, Jackson Memorial Hospital in the adult outpatient center, where she served as chief intern. Prior to her graduate work, she obtained her BA in psychology from UCLA and was on the board of the Psychology Society.

Dr. Kalai has worked with a full developmental range of patients in various treatment settings, including hospitals,

community mental health centers, and schools. She has treated culturally diverse populations presenting with a broad spectrum of stress and anxiety, such as panic disorder, phobias, OCD, trichotillomania, eating disorders, GAD, trauma-related disorders, relational difficulties, and medical/transitional stressors that cause acute anxiety. She prioritizes establishing rapport with genuine and authentic self-compassion, and providing psychoeducation to equip patients with the necessary knowledge to successfully progress through treatment and achieve symptom resolution.

#### **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—San Francisco East Bay is now open, providing specialized outpatient treatment for children, teens, and adults living with OCD and anxiety, as well as a unique program treating anxiety, OCD, and depression for children and teens with autism spectrum disorder (ASD).

Rogers' Skokie location also now offers that ASD program for kids and teens on the autism spectrum who have a co-occurring mental health condition. A second Rogers location serving the Chicago area will open fall 2018 in Hinsdale, IL with treatment for OCD and anxiety in children, teens, and adults. Additional Rogers locations are set to open in Saint Paul and Miami in 2018.

In April, Rogers—Minneapolis added an adult OCD partial hospitalization program and expanded its adult OCD intensive outpatient from four patients to eight.

Rogers is a platinum sponsor for the IOCDF's upcoming Annual OCD Conference. In addition to participating in the exhibition, some of Rogers' top OCD clinicians will be featured speakers at several presentations.

Data published in a study in the Journal of Clinical Psychiatry in March shows that Rogers PHP to IOP continuum for OCD treatment was the most clinically- and cost-effective option when compared to seven empirically-based treatment strategies.

## Institutional Member Updates

### STANFORD TRANSLATIONAL OCD PROGRAM

#### Rodriguez Lab

401 Quarry Road

Stanford, CA 94305

Phone: (650) 723-4095

Email: [ocdresearch@stanford.edu](mailto:ocdresearch@stanford.edu)

Website: <http://rodriguezlab.stanford.edu>

The Stanford Translational OCD program is committed to raising awareness about OCD. Our team enjoyed participating in this year's 1 Million Steps 4 OCD Walk around the beautiful Lake Merritt in Oakland, CA. In October, we will host an OCD Awareness Day at Stanford University with our wonderful partner, the OCD SF Bay Area affiliate of the IOCDF. Stay tuned by following us on twitter @RodriguezLabSU and @CRodriguezMDPhD or visiting our website.

In other news, Dr. Rodriguez presented on her research efforts towards developing neuroimaging biomarkers for treatment response in OCD at the American Psychiatric Association Annual Meeting (May 5-9, 2018) in New York City.

### STRESS & ANXIETY SERVICES OF NEW JERSEY, LLC

A-2 Brier Hill Court

East Brunswick, NJ 08816

195 Columbia Tpke, Ste 120

Florham Park, NJ 07932

Phone: (732) 390-6694

Email: [sas@stressandanxiety.com](mailto:sas@stressandanxiety.com)

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

Stress and Anxiety Services of New Jersey (SASNJ) is excited to announce that our resident post-doc, Dr. Rachel Gross, has received her NJ license to practice psychology, and — lucky for us! — she has chosen to remain on our clinical staff in this capacity. We would also like to announce 3 new hires. Stacey Dobrinsky, PhD will be joining us this summer, from Mclean Hospital/Harvard Medical School in Boston, where she served as director of psychological services at the Child and Adolescent OCD Institute (OCIDI Jr). We are also expecting Rebecca ("Rivka") Halpert to join us as a post-doc fellow after she finishes her APA-accredited PsyD program at LIU. She previously worked for a year at the Northwell Health OCD Center in NY and is presently completing her internship at Lyons VA in NJ, where she is getting great experience working with PTSD. Both therapists will split their time between our Florham Park and East Brunswick offices. We have also hired a new office administrator, Martha Traina, who will run our Florham Park office and serve as one of our intake coordinators.

With regards to our present clinical staff, Drs. Zachary Infantolino, Robert Zambrano, and Cindy Haines have completed training in Cognitive Processing Therapy (CPT)

for PTSD and are now completing the process to be certified providers of CPT. Dr. Cindy Haines completed Dr. Sabine Wilhelm's online training for the treatment of BDD. Maressa Nordstrom, LCSW, and Dr. Charity Truong presented "Accessing Empirically Supported Treatments for OCD and PTSD" while Dr. Allen Weg spoke on OCD Treatment Through Storytelling, both at the NASW New Jersey Chapter Annual Conference. Finally, Dr. Rachel Strohl presented at the Rutgers Graduate School of Applied and Professional Psychology (GSAPP) on anxiety in schools. Drs. Allen Weg, Zachary Infantolino, and Rachel Gross will be presenting at Annual OCD Conference in Washington, D.C. this summer.

### WESTWOOD INSTITUTE FOR ANXIETY DISORDERS

921 Westwood Boulevard, Suite 223

Los Angeles, CA 90024

Phone: (310) 443-0031

Email: [thewestwoodinstitute@gmail.com](mailto:thewestwoodinstitute@gmail.com)

[www.hope4ocd.com](http://www.hope4ocd.com)

The Westwood Institute for Anxiety Disorders has a new program for the treatment of excessive technology use, such as social media addiction. A multidisciplinary team of experts, which may include a psychiatrist and psychologist, collaborate to address these distressing symptoms with specifically tailored treatment. ○

### Charity in Bloom – Last Chance to Participate! Order by June 30th!

Through the Charity in Bloom program, Winston Flowers is proud to contribute 20% of the proceeds from this custom-designed arrangement to the IOCDF for the month of June.

There's still time to support the IOCDF by ordering this beautiful, hand-picked flower arrangement for yourself or someone special!

You have until June 30th to place your order! Simply go to [winstonflowers.com](http://winstonflowers.com) and click on "Charity in Bloom".



\*Floral arrangement will be similar to one shown in photo

## RESEARCH NEWS

# OCD Has a Profoundly Detrimental Effect On Educational Performance, New IOCDF-Sponsored Study Reports

by Ana Pérez-Vigil, MD; David Mataix-Cols, PhD & Lorena Fernández de la Cruz, PhD



*Those who know children with obsessive-compulsive disorder (OCD) are aware that many of them struggle with school work.*

Obsessive-compulsive disorder (OCD) often starts in childhood or adolescence and can be chronic. Obsessions and compulsions, the landmark symptoms of the disorder, are highly distressing and time-consuming. This can have a major impact on the child's ability to concentrate and benefit from school. For example, individuals with contamination fears may not be able to sit in the classroom or may have to constantly visit the restroom to perform hand washing rituals. Other common rituals include the need to re-read or re-write sentences many times, which makes learning slow and frustrating. School attendance may be poor, and children with severe symptoms may be removed from the education system altogether. It is not uncommon for families to arrange homeschooling for their children in these circumstances.

Clinically, we also observe that it is difficult for young people to return to school even if they have had a successful treatment for their OCD symptoms. These difficulties do not only apply to school-aged children, but can also affect young adults who are at college or university. As a consequence, some people with OCD may have fewer chances to enter the labor market and have a high-paying job.

Despite these clinical observations, it has been difficult to quantify to what extent education is impaired in people with OCD as a group. Surprisingly, the topic of education has been poorly studied in the OCD field. Methods used by researchers in previous studies had a number of potential problems that made interpretation of their findings difficult, such as:

- small sample sizes; study designs that only looked at a "snapshot" of data, rather than following subjects over time;
- retrospectively collected self-reported or parent-reported

data; and insufficient control for variables other than OCD that may have influenced a subject's educational attainment.

**In this IOCDF-funded study, recently published in *JAMA Psychiatry*, we set out to investigate the impact of OCD on educational performance at the population level.**

Using information from the unique Swedish national registers allowed us to examine educational performance at the population level, giving us more precise information than we could obtain from just looking at a subset of people and drawing conclusions based on our observations. These registers contain information on all Swedish inhabitants regarding all medical diagnoses given in specialist care, including OCD, as well as every person's official school marks from compulsory school and the highest level of education achieved during their lives. By merging these various official registers, we were able to compare the academic performance of more than 15,000 Swedish people diagnosed with OCD with more than 2 million people without the disorder, matched by sex and year of birth. **The results clearly confirmed the clinical observation that OCD is associated with pervasive academic underachievement, not only in school-age individuals, but also across a person's lifespan.**

The education system in Sweden differs from that of the United States in a few ways. Swedish students attend "compulsory school" from ages 7 to 16. After compulsory school, most students move on to three years of upper secondary education, ending for many at the age of 19, although some students continue for longer. Students may then continue on to university and post-graduate education, as they do in the American system. We observed that students with OCD are significantly less likely to pass all courses at the end of compulsory school, less likely to finish upper secondary education, start a university degree, finish a university degree, and finish postgraduate education.



## OCD Has a Profoundly Detrimental Effect On Educational Performance, New IOCDF-Sponsored Study Reports *(continued)*

**On average, persons with OCD were approximately 40-60% less likely to complete each of these measured educational milestones.** The association between OCD and educational attainment was global and not confined to any particular school subject. We found that people with OCD were more likely to fail every single course/subject at the end of compulsory education, including each of the core subjects (mathematics, Swedish, and English), compared to those without OCD. Additionally, we found that academic underachievement was worst in students who were diagnosed with OCD before the age of 18 — in other words, the earlier the onset of the disorder, the more pronounced the academic impairment.

**Based on a sample of more than 15,000 people with OCD, we showed that the disorder is associated with global academic impairment, spanning from compulsory to post-graduate education.**

To rule out the possibility that factors other than OCD were impairing students (such as socio-economic status, parental education, parental mental illness, neighborhood, or genetic factors that are shared between siblings), we compared the educational performance of individuals with an OCD diagnosis with that of their unaffected full siblings. This design automatically controls for most of the above-mentioned variables, since we assume that both siblings (one with OCD, one without OCD) have been raised in the same environment, and share a common genetic background (full siblings share the same mother and father and approximately 50% of their genes). **The results were clear: siblings with a diagnosis of OCD were still more impaired than their unaffected siblings, suggesting that the educational impairments are not explained by familial factors but, are a likely consequence of the OCD itself.**

We further wanted to rule out that these results were not merely explained by the presence of other psychiatric conditions or early-onset neuropsychiatric disorders such as attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorders, or Tourette's disorder, all of which frequently coexist with OCD. Excluding individuals with these comorbidities from the cohort resulted in largely unchanged results. **While associated comorbidities may further contribute to worse educational outcomes in persons with OCD, it appears that the OCD itself is driving most of the impairment.**

**Treating patients with OCD at early stages may increase the likelihood of progressing to higher educational levels.**

**The main conclusion of our study is that OCD has a pervasive and profound impact on education across all educational levels, particularly when it has an early age of onset.** While the results are perhaps unsurprising, and somewhat disheartening, they provide the first objective quantification of these negative outcomes in OCD. We see this as an opportunity to raise awareness about the very real impact that OCD has on the person's function. However, the important question is, what can be done to improve these outcomes?

**First and foremost, receipt of evidence-based treatment (cognitive-behavioral therapy with exposure and response-prevention and/or serotonin reuptake inhibitors) is likely to reduce the risk of school underachievement in persons with OCD,** as has been recently suggested in other disorders like ADHD. Accordingly, improving the detection, diagnosis, and access to such evidence-based treatments is a clear priority.

**Second, educating teachers to detect and manage OCD in the classroom is important.** Early detection in the school setting may lead to an appropriate referral to the school psychologist or mental health services. Learning strategies on how to manage OCD in the classroom, such as allowing frequent breaks or being more flexible with timed tasks where persons with OCD may struggle (such as exams) can make a difference. For those who are out of the school system altogether, return-to-school programs need to be put in place; in our experience, treating the symptoms of OCD may not suffice. If families, schools, and mental health professionals work together, these children and young adults have a good chance of fulfilling their educational potential. ○

*This work was supported by a research grant from the International OCD Foundation awarded to Dr. Fernández de la Cruz. The original article can be accessed for free on the JAMA Psychiatry website and cited as follows:*

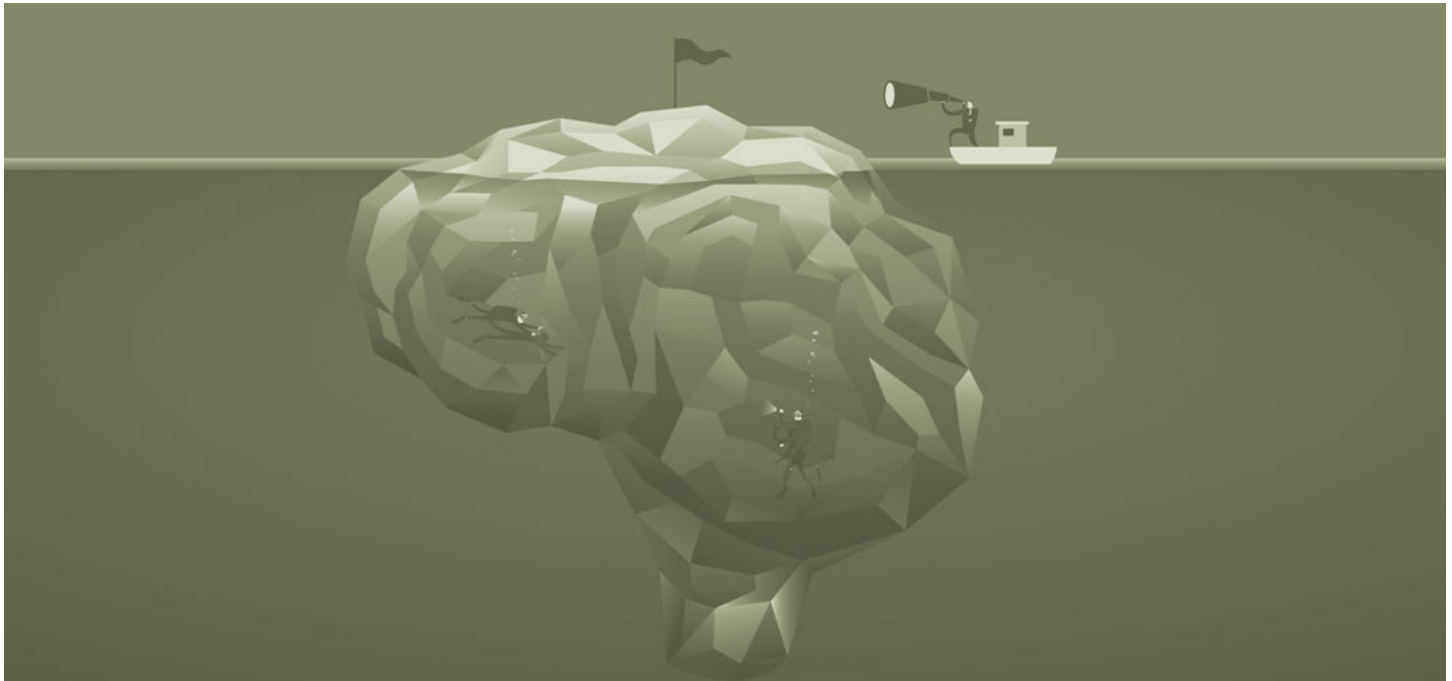
Pérez-Vigil, A., Fernández de la Cruz, L., Brander, G., Isomura, K., Jangmo, A., Feldman, I., Hesselmark, E., Serlachius, E., Lázaro, L., Rück, C., Kuja-Halkola, R., D'Onofrio, B. M., Larsson, H., & Mataix-Cols, D. (2018). Evaluating the association of obsessive-compulsive disorder with objective indicators of educational attainment: A nationwide register-based sibling control study. *JAMA Psychiatry*, 75, 47-55.

The authors are with the Department of Clinical Neuroscience, Karolinska Institutet, Stockholm, Sweden.

## RESEARCH NEWS

## New Research Investigates How PANDAS Affects the Brain, and How One Treatment May Work: Brain, Behavior, & Immunity

by Chris Pittinger, MD, PhD



*This work was funded in part by a 2015 IOCDF Research Grant to Luciana Frick with significant contributions from Kyle Williams.*

For most people with obsessive compulsive disorder (OCD), symptoms appear gradually over time. However, some children experience a sudden, almost overnight, onset of OCD symptoms. Researchers have observed that in some of these children, OCD symptoms appear alongside an infectious illness, such as the one caused by the Streptococcus bacterium (“Strep”). This combination of signs and symptoms is called “Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcus”, or PANDAS. Though PANDAS was first recognized in the late 1990s, there is still much that we don’t know about the disorder; there is no definitive diagnostic test, and we are still not entirely sure what it is about a Strep infection that might cause some children to quickly develop OCD. Our research sought to better understand how the body’s immune system may be playing a role.

### “CROSS-REACTIVITY” HYPOTHESIS

Researchers have long speculated that PANDAS may be caused by the body’s immune system responding to a Strep infection in a way that also affects the brain. In order to understand how this might be the case, it’s important

to consider how the body’s immune system works to fight infection. When the body senses the presence of an illness-causing bacteria or virus (a pathogen), it generates proteins called antibodies. Antibodies enter the bloodstream and travel throughout the body. They attack and neutralize the pathogens, helping our bodies heal from infection. Most of the time, our antibodies are smart enough to avoid attacking healthy cells and tissue. Sometimes antibodies attack our own cells in a phenomenon called “cross-reactivity”. Cross-reactivity is the cause of some autoimmune disorders, and we think that it plays a role in PANDAS as well.

**We hypothesize that in children with PANDAS, the antibodies raised by their immune systems to fight Strep bacteria are also targeting healthy cells in the brain, and that this cross reaction is what causes OCD symptoms.**

Some of the available medical treatments for PANDAS, which include antibiotic therapy and intravenous infusion of immunoglobulin (IVIG), are based on this hypothesis. While there is some research that has looked at which molecules the antibodies in PANDAS patients may be targeting, much remains unclear.

### STUDY DETAILS

If PANDAS works through cross-reactivity of antibodies with targets in the brain, it should be possible for us to identify the cells in the brain that the antibodies are binding to. Our

## New Research Investigates How PANDAS Works, The Ways It Impacts The Brain, And Why A Certain Treatment May Reduce Symptoms In Affected Children *(continued)*

research study sought to do just that. We took serum (the part of human blood that contains antibodies) from seven children who are diagnosed with PANDAS, and who recently took part in an IVIG treatment trial at the National Institute for Mental Health. We introduced this serum into the brains of laboratory mice. We also took serum from healthy children who do not have PANDAS, and introduced it into the brains of a different group of mice, for comparison. We then examined the brains of the mice to see what cells the antibodies were sticking to. We repeated this experiment using serum taken after the children with PANDAS had undergone IVIG treatment. In that way, we hoped to see if IVIG treatment was changing the way that antibodies interacted with the brain.

### RESULTS

We focused on a part of the brain called the basal ganglia, which we know to be affected in OCD. Within the basal ganglia, antibodies from children with PANDAS bound specifically to a particular type of neuron, termed the cholinergic interneurons, much more than antibodies from healthy control children. There were no differences in the binding of PANDAS antibodies to other neuron types – the effect seems to be specific to these cholinergic interneurons. When we performed the experiment with serum from the same children with PANDAS drawn after they had undergone IVIG treatment, antibody binding to the cholinergic interneurons was reduced.

### SIGNIFICANCE

These cholinergic interneurons have been linked by previous research to Tourette’s syndrome. The brains of people with severe Tourette’s, studied post-mortem, have a reduced number of cholinergic interneurons when compared to the brains of people without Tourette’s. Other research from our lab has found that disrupting the cholinergic interneurons in mice causes repetitive, tic-like behavior – that is, damage to these neurons can cause behaviors that may recapitulate aspects of Tourette’s, which often occurs together with OCD (and PANDAS). This previous research, combined with what we have discovered through this project, suggests that PANDAS may be caused by antibodies that target the cholinergic interneurons in the brains of affected children.

There are limitations to our study. The most important is that the approach we used is extremely laborious, and as a consequence we studied a very small number of children with PANDAS. It will be important to try our approach in a larger number of subjects, so that we can be sure that what

## RESEARCH TAKE-AWAYS

- **Researchers have long thought that PANDAS may be the result of the body’s immune system targeting cells in the brain**
- **New research shows antibodies from PANDAS patients attach more frequently to certain cells in the brains of mice—the same cells that are implicated in Tourette’s**
- **Antibodies attached themselves to these brain cells less frequently after patients had undergone IVIG, a therapy for PANDAS**

we observed is not specific to the seven children that were part of our study, and is applicable to the wider population of children with PANDAS. Looking at a larger number of children will also allow us to better understand whether there are correlations between the types of cross-reactions that we see, and the symptoms and other characteristics of individual children.

Despite these limitations, this investigation may provide an important new insight into the causes of PANDAS. By clarifying how antibodies affect the brains of children with PANDAS, this research helps to confirm the reality of the diagnosis, and may open new avenues for diagnostic tests and treatment. Establishing standard diagnostic testing for PANDAS, rather than relying on clinical diagnosis, would allow more children to receive proper diagnosis and effective treatment, sooner. ○

## RESEARCH NEWS

### 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 Alex Bahrawy at [abahrawy@iocdf.org](mailto:abahrawy@iocdf.org) or visit [www.iocdf.org/research](http://www.iocdf.org/research).

#### ONLINE

##### Exposure Based Treatment of Obsessive Compulsive Disorder: Clinician Survey

In this study, we are reaching out to individuals who have professional training in the provision of mental health services (expertise in OCD is not required to participate).

For this study, we are particularly interested in how mental health professionals approach the treatment of OCD. More specifically, we know that OCD is a heterogeneous disorder and that clients may present with a number of different symptoms (e.g., fears of contamination, fears of harming a loved one). Although exposure with response prevention has been shown to be effective in the treatment of OCD, less is known about how this exposure therapy is applied across different OCD presentations. In the current study, we are interested in examining how mental health professionals apply exposure therapy strategies across different OCD presentations.

It is our hope that we can use the information gathered from mental health professionals to help us develop a better understanding of OCD treatments and how they are currently being implemented.

If you would like to take part in this research, please click on the following link <https://rsjh.ca/redcap/surveys/?s=RDC3W88WLL>

We thank you for your time and consideration. Do not hesitate to contact us if you have any questions or concerns. You may contact the principal investigator at [dgavric@stjosham.on.ca](mailto:dgavric@stjosham.on.ca).

#### CALIFORNIA

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

NCT02624596, IRB-34622

PI: Carolyn Rodriguez, M.D., Ph.D.

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)

##### 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, M.D, Ph.D., 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

<https://rodriguezlab.stanford.edu>

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

## Research Participants Sought *continued*

### **A randomized, double-blind, placebo-controlled trial of adjunctive BHV-4157 in Obsessive Compulsive Disorder**

NCT03299166, Central IRB SSU00043779 – Stanford IRB-43360

PI: Carolyn Rodriguez, M.D., Ph.D.

Sponsor: Biohaven Pharmaceuticals, Inc.

The Rodriguez Lab at Stanford is looking for individuals with OCD who are not satisfied with their current standard medication treatment (SSRI).

You may be eligible to participate in a study with an investigational medication that would be added onto your current treatment.

If you would like to learn more, contact us at:

[ocdresearch@stanford.edu](mailto:ocdresearch@stanford.edu)

650-723-4095

Participant's rights questions please contact 1-866-680-2906

### **MASSACHUSETTS**

#### **BRAVE Study: Exposure Therapy for OCD and Anxiety**

PARC is partnering with Riverside Community Care in Massachusetts to learn more about what makes exposure therapy work best in practice. Exposure therapy is a form of talk therapy that is already known to be safe and highly effective for treating anxiety and obsessive-compulsive disorder (OCD).

The BRAVE study is enrolling people who are seeking treatment at Riverside Community Care and are between the ages of 5 to 25.

Do you or does your child...

1. Feel the drive to do or repeat certain things, more than others?
2. Have more fears/worries than peers?
3. Have intensive physical feelings that come out of the blue?

If you answered yes to any of those questions, or are seeking anxiety treatment for you or your child, you may be able to participate in BRAVE!

The BRAVE study takes place in Riverside Community Care outpatient locations, where participating Riverside therapists receive specialized exposure training from the BRAVE research team. If you have specific questions about the research aspect of this study, please contact PARC at 401-432-1473.

Study participants will have exposure therapy incorporated into treatment with their Riverside therapist; all other parts of treatment will be the same regardless of study participation. Study participants will also complete four symptom assessments and a short questionnaire after therapy sessions, for which their time will be compensated.

For more information about clinical services at Riverside Community Care, including the BRAVE study, please call the location closest to you and tell them you are interested in BRAVE.

Participating Riverside Locations:

- **Dedham Location:**  
Address: 30 East Brook Rd #302, Dedham, MA 02026  
Phone: 781-329-4579
- **Lynnfield Location:**  
Address: 6 Kimball Lane Suite 310, Lynnfield, MA 01940  
Phone: 781-246-2010
- **Newton Location:**  
Address: 64 Eldredge Street Newton, MA 02458  
Phone: 617-969-4925
- **Norwood Location:**  
Address: 190 Lenox Street Norwood, MA 02062  
Phone: 781-769-8670
- **Upton Location:**  
Address: 206 Milford Street Upton, MA 01568  
Phone: 508-529-7000

#### **Is your child/adolescent suffering from tics and ADHD?**

Is your child/adolescent suffering from tics and ADHD? If you have a child aged 10-17 who is bothered by tics and ADHD symptoms, we may be able to help. Massachusetts General Hospital is conducting a no-cost clinical trial with children and adolescents (ages 10 to 17 years) who are bothered by their tics and who also are suffering from ADHD. Those who qualify will receive a diagnostic evaluation and either a standard or modified course of CBIT (comprehensive behavioral intervention for tics) at no cost. If you are interested in the possibility of an evaluation and participation in this research study, please contact Dr. Erica Greenberg or Eliza Davidson at The Obsessive Compulsive and Related Disorders Clinic at Massachusetts General Hospital.

Eliza Davidson: 617-643-4357, [ejdavidson@mgh.harvard.edu](mailto:ejdavidson@mgh.harvard.edu)

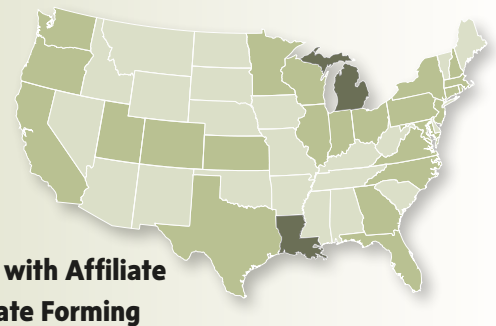
Erica Greenberg, MD: 617-643-9341,  
[egreenberg@partners.org](mailto:egreenberg@partners.org) ○

## Affiliate Updates

### Affiliate Updates

Our affiliates carry out the mission of the IOCDF at the local 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)



■ State with Affiliate  
■ Affiliate Forming

### OCD LOUISIANA

Initial steps are currently being taken to formally create a Louisiana affiliate of the IOCDF. As this process begins we are seeking involvement and input from the community. We welcome individuals with OCD or a related disorder, their family members and friends, mental health professionals, researchers, educators, religious leaders, and/or other interested community members. If you are interested in becoming involved at any level, want to stay updated on developments, or have a suggestion about a need in your community, please respond to the brief survey (<https://goo.gl/forms/YGbvIAtX6DiXzlr2>).

### OCD MASSACHUSETTS

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

OCD Massachusetts had another successful year participating in the 1 Million Steps 4 OCD Walk. We distributed the new schedules for the OCD & Related Disorders Lecture Series for Belmont, Worcester and Northampton, MA. We look forward to continuing this successful program and providing educational information to the OCD community.

We also want to welcome our new treasurer, Kim Smith, LMHC, to the board. Kim received her Master's in Counseling Psychology from Northeastern University and worked at McLean Hospital's OCD Institute. She has extensive experience working in Human Resources and has a second degree in Industrial and Organizational Psychology where she specialized in remuneration and compensation strategies. She continues to do business consultations as well as working as a behavioral therapist in private practice in Arlington, MA.

Lastly, OCD Massachusetts is working on a few new fundraisers that we are excited about – we plan to share more once the details are finalized! Please follow us on Facebook, Instagram and twitter to get the latest news and information about events, lectures, support groups, and more!

### OCD MIDWEST

[www.ocd-midwest.org](http://www.ocd-midwest.org)

OCD Midwest is thankful to everyone who joined for our first walk in Chicago! It was amazing to get to meet people with OCD and their friends and families and to experience all the love and support that was shown that day. A big thanks to the planning committee for helping to get the walk together. For all of the therapists who came out to the walk, please remember to join our monthly case consultation groups in the Chicago area as well. We look forward to another great walk in the future!

### OCD NEW HAMPSHIRE

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

OCD New Hampshire hosted a 1 Million Steps 4 OCD Walk on June 9th on the campus of Mountain Valley Treatment Center in Pike, NH — it was a great success! Dr. Beth Ohr, OCD NH president, will be presenting at this year's Annual OCD Conference in Washington, D.C. Dr. Ohr's presentation is entitled "Now What?! Perspectives on Life After EXRP Treatment" and is scheduled for Sunday, July 29th.

OCD NH recently launched a quarterly newsletter highlighting members, upcoming events, and support groups. Email [info@ocdnewhampshire.org](mailto:info@ocdnewhampshire.org) or [dvardell@mountainvalleytreatment.org](mailto:dvardell@mountainvalleytreatment.org) to get added to the email list. A new monthly support group in Hanover, NH has been established by Drs. Seoka Salstrom and Chris Spofford; visit our website for information on dates and times. Over the past year, OCD NH's membership has increased by 20%. Finally, make sure to save the date for the 3rd Annual Seacoast Anxiety Symposium to be held in Portsmouth, NH on October 9th. The event is a collaboration between OCD NH, OCD MA, NHPA, and Mountain Valley Treatment Center.

## Affiliate Update

### OCD NEW JERSEY

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

At our East Brunswick meeting room this June, OCD New Jersey held our quarterly presentation, "ERP Treatment? Yes, But First...", a clinical review of essential treatment interventions prior to the introduction of Exposure and Response Prevention in therapy, presented by our president on the board of directors, Allen H. Weg, EdD. The next quarterly presentation takes place September 10th in Cherry Hill, when Michael Gotlib, PsyD, will be presenting on Acceptance and Commitment Therapy (ACT) for OCD. As always, these presentations are geared towards lay persons as well as professionals and are free of charge.

### OCD NEW YORK

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

OCD New York participated in its first 1 Million Steps for 4 OCD Walk on June 3rd at beautiful Morgan Memorial Park in Long Island, NY. We thank all of our volunteers and the tremendous support of our donors who made our first walk a huge success. This fall, we are partnering with Tory Burch for a fundraiser and part of the proceeds will be donated to OCDNY. Please check our website for details.

### OCD OREGON

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

OCD Oregon kicked off the spring with multiple happenings. In an effort to build community and fundraise, we hosted a Charity of the Day event at the Oregon Public House on May 7, 2018. It was a fun and festive event with door prizes, face painting, raffles, and lots of laughter. Aside from being a successful fundraiser, it was a great way to bring the local OCD community together for an enjoyable time while also providing outreach and education to the public.



The IOCDF held a three-day Behavior Therapy Training Institute (BTTI) program in Portland on May 11-13, 2018. OCD Oregon welcomed BTTI organizers, trainers, and trainees by hosting a Friday evening reception at Jackrabbit in downtown Portland. It was an excellent opportunity for OCD Oregon board members to talk with those involved with BTTI and the many mental health professionals who had traveled from all over the country to attend the training.

Our 2nd Annual Portland 1 Million Steps 4 OCD Walk was held on June 9 at La Salle Catholic College Preparatory in Milwaukie, OR. Participants joined us in the morning for pastries, coffee, and F-U-N to help us meet our fundraising goal and walk together for OCD awareness.

### OCD SACRAMENTO

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

OCD Sacramento hosted its 5th Annual 1 Million Steps 4 OCD walk at Southside Park. Drawing nearly 200 people, this yearly event remains the only grassroots walk in Sacramento to raise awareness into the critical importance of promoting proper treatment for OCD and anxiety-related conditions. We were beyond honored to host our grand marshal Ethan Smith, National Ambassador to the IOCDF, OCD advocate, author, actor, and producer, who shared his journey of 32 years of suffering from OCD as a result of improper treatment. His story touched the hearts of those who attended and offered new hope and inspiration to those who have been affected by OCD and their loved ones. Therapists and mental health organizations alike were also impressed at his resilience, while recognizing the importance of using evidence-based treatments.

Ethan arrived the day prior for a pre-OCD Walk send off! His presentation, "Unlocking OCD: From Treatment to Recovery" was attended by those struggling with OCD, family members, therapists, and others who were interested in learning more about OCD and treatment. This powerful and enlightening look into Ethan's journey addressed how he turned his pain into someone else's hope, the importance of family involvement, how to surrender to ERP, and how acceptance and commitment therapy can augment treatment.

### OCD SOUTHERN CALIFORNIA

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

OCD Southern California successfully held its third annual conference on Saturday, March 24th! Over 250 people were in attendance, visiting booths manned by representatives from local treatment centers and mental health agencies. Speakers presented on topics pertaining to OCD and related disorders. Clint Malarchuk, our keynote speaker, shared his experience of having OCD while being a professional hockey player in the NHL. His wife, Joanie, discussed being married to someone suffering from severe OCD. Attendees had the chance to get involved in outreach by attending meetings of three subcommittees: OCD Advocacy, OCD in Schools, and OCD Education for Pediatricians and OB/GYNs. Each committee

## FROM THE AFFILIATES

### Affiliate Updates



meeting was heavily attended and people voiced their excitement about getting involved in helping educate the public on OCD!

OCD SoCal established the Lee Baer and the Dan Corfield scholarship funds to provide

attendance to the conference for those who qualified. Lee Baer co-founded the OCD treatment and research programs at both the Massachusetts General and McLean Hospitals. Dan Corfield was a member of OCD SoCal affiliate with OCD who passed away last October. Their memories will live on through these scholarships.

OCD Southern California held its third virtual book club. Callers from all over the country were able to listen to clinician and author Arie Winograd, LMFT discuss his book, *Face to Face with Body Dysmorphic Disorder: Psychotherapy and Clinical Insights*.

On Saturday, June 2nd, OCD Southern California participated in the IOCDF's 1 Million Steps 4 OCD Walk with walks being held in Los Angeles, Orange County, and San Diego. Participants walked in their official commemorative T-shirts, shared a meal, and mingled, connecting with others in the OCD community. OCD SoCal was able to raise money for programs of both the affiliate and the IOCDF.

OCD Southern California will be represented at the IOCDF's upcoming Annual OCD Conference in Washington, D.C. If you are interested in learning more about the affiliate, please attend our affiliate meeting on Friday, July 27th during the lunch break. Further details will be on our website once they are finalized. Also, come by and visit the affiliate booth, which OCD Southern California will be manning on Saturday, July 28th at 5:45pm during the Researcher and Exhibitor Meet & Greet. We would love to meet you at either event to give you more information on the affiliate, as well as ways in which you can become involved!

Please visit our website for more information and contact information and join us on social media: [Facebook.com/OCDSocal](https://www.facebook.com/OCDSocal) and [Instagram.com/OCDSocal](https://www.instagram.com/OCDSocal)!

#### OCD TEXAS

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

Our peer mentorship program has officially been launched, with a mission to provide meaningful opportunities for giving back, sharing hope, and informing beginners. With several mentors enlisted, we are poised to support individuals and

families who are new, or in a place of transition, to the OCD therapy journey. Those interested in participating or learning more should contact [mentor@ocdtexas.org](mailto:mentor@ocdtexas.org).

Saturday, June 2nd marked the 3rd annual 1 Million Steps 4 OCD Walk in Houston. This year's grand marshal was Hannah Lovitt, a 17-year-old Houston area high school student with a special interest in becoming a mental health advocate. We were joined by OCD Walks in Austin and Dallas for the 2nd year in a row, spreading OCD awareness across the state. Thanks to our many participants and sponsors:

**Gold:** Capital OCD & Anxiety Practice; Houston OCD Program; Peace of Mind Foundation

**Bronze:** Anxiety Treatment Center of Austin; Baylor College of Medicine OCD Program; Bray Counseling; Bruce Mansbridge, PhD, who donated in loving memory of Matthew Krause; Houston Center for Valued Living; Ivy Ruths, PhD; The Walk Houston

Plans are under way for the Annual OCD Texas conference, which will be held in Houston on October 13th, during OCD Awareness Week. For more information, please contact us at [info@houstonocd.org](mailto:info@houstonocd.org).

#### OCD WASHINGTON

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

OCD Washington had its 2nd Annual 1 Million Steps 4 OCD Walk, which connected more community members to each other. We also began accepting applications for new board members this past spring, so please visit our website for more information about our newly elected board. Here's to a great summer — make sure to find and follow us on Facebook!

#### OCD WISCONSIN

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

OCDWI has a Board Member making the news: Adel Korkor is running a 5K in all 50 states in 50 days to bring awareness to Mental Health! He started in Hawaii on May 5th and other board members will join him when he wraps up in Delafield, WI on June 23.

In other news, OCDWI will be attending a Pediatric Mental Health Conference on October 5 in Pewaukee and will be having an Ask the Experts Community Talk October 11 in Waukesha, WI. Visit our website for more information! ○