



“SHOULD I BE SCARED?” EXAMINING PARENTS’ INTERPRETATIONS OF CHILDREN’S UNWANTED INTRUSIVE THOUGHTS

by Noah Chase Berman, PhD

Research made possible by the IOCDF Research Grant Fund



A child, age eight, is playing in his backyard on a summer afternoon. A few garden tools are leaning up against a painted shed nearby. As the boy plays, his eye catches the sun’s reflection off his mother’s pruning shears. Suddenly a thought crosses his mind: “Those look sharp. I might stab my sister with them.” Although the boy has had strange thoughts before, this thought really scares him and he can’t get it out of his head. He loves his baby sister and doesn’t want to hurt her. In tears, he runs to find his mother. Our research focuses on what happens next.

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

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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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Below are illustrations by Calum Heath. See more artwork from him and other artists from the OCD and related disorders community at the **NEW Community Art Gallery at the 26th Annual OCD Conference.**



Harm OCD

Calum Heath is a London based illustrator. He graduated from art school in 2017 and has since been freelance, working on a variety of illustration projects. His illustrations have been published in *The New Yorker*, *The New York Times*, *Wired*, and *The Guardian* amongst others. This series was created for *Vice* in January 2019, to accompany a study on OCD.

View his art at: clmtht.co.uk



Pedophilia OCD



Scrupulosity OCD



Sexual Orientation OCD



Perfectionist OCD

Background image:
Emotional Contamination OCD

Read the accompanying VICE article at iocdf.org/vice2019

President's Letter

by Susan Boaz



Dear IOCDF Friends,

I recently read an article in the Wall Street Journal that gave me great hope. Titled "Millennials are the Therapy Generation," it discusses how people in their 20s and 30s are accessing therapy at unprecedented rates. Studies show that five times more

college students requested therapy in 2016 than in 2011. This generation accesses therapy "sooner and with fewer reservations than young people did in previous eras." Why? Because of stigma reduction. And stigma reduction is happening because of people like you, sharing your stories with your families and friends — or even online. Heroes walk among us, often unrecognized.

Some of these heroes stay behind the scenes, where there is a beautiful community of people that we rarely hear about. It takes a village to run a foundation — and volunteers often fill out that village. Today, I'd like to take the time to recognize two of those heroes.

Eight years ago, when I joined the IOCDF Board, I met Michael Stack. He was the Board Treasurer and Chair of the Finance Committee. It was also instantly clear how vital he was in keeping our organization financially healthy. Michael prepared the financial reports for the board's review each quarter and coordinated our annual budgets in conjunction with the staff. While the rest of us pushed for every dollar we raised to be spent immediately on research or programming, Michael asked the tough questions about how we would survive during economic downturns, or how our finances would look on grant applications. His questions were often thought provoking. His passion to ensure that the IOCDF uses every dollar we raise efficiently was always evident — and is reflected in our 2019 Platinum Seal of Transparency from GuideStar. Now, after 12 years, Michael is cycling off the board. He will be deeply missed — and personally, I will miss jousting with him over how to allocate resources!

As he leaves, we would be remiss if we did not acknowledge his contributions. When he joined the board in 2007, the organization was in tremendous flux. Michael, along with then-Board President Joy Kant, and board members Denise Egan Stack, and Diane Davey, were critical to the success of the move of the organization from New Haven, CT to Boston. No job was too small for Michael to help with during the transition. He helped find new office space, set up new staff, and organized our finance accounts. He even got the mail and filled out the deposit slips until we were able to hire staff. Quite honestly, we could not have done it without him.

As Michael leaves us, we are grateful for the financial foundation he leaves us with. His passion is reflected in our efforts to reduce the stigma associated with OCD, and to find a cure. To do that, we need to provide additional research funding, and continue to focus on programming to train therapists in effective treatment and to help those suffering find excellent support. When Michael started, the IOCDF had only \$150-\$200K each year in funding for research — today, we have \$500K a year. At that time, 500 people a year attended the Annual OCD Conference — today, we welcome over 2,000 people every July. Ten years ago, we had only one to two Behavior Therapy Training Institute sessions per year — we now have eight. Michael has helped us to truly work towards our expanded mission: To help everyone affected by OCD and related disorders. Michael has helped us create a solid foundation, and we know that our staff and new Treasurer, Ron Provost, will continue his great work.

We have a second retirement this year. Kathy Bornhorst became legal counsel for the Foundation at our start in 1987. Every single legal question that we've had for 30 years has run through Kathy, often at pro-bono or reduced rates. It's amazing how many legal questions come up daily — things like setting up contracts for our local affiliates all around the country, or what documents are required for volunteers. Kathy has helped educate the foundation on the right way to conduct themselves in an ever-changing environment. She has been generous with her time and her knowledge. I cannot tell you how many times over the years someone has said "Okay, well, let's ask Kathy" — and we all knew with confidence that we would have answers, often in a matter of hours.

So, now we move to a new chapter in the life of this amazing organization. There is so much left to do, so many questions to answer. What I do know is that we will continue to be supported by volunteers that are unsung heroes. Together we will keep reducing stigma about OCD and other mental health disorders. In the next 10 years, I hope we will work together to create a network of highly trained therapists, so that new generations of sufferers will find effective treatment as soon as they are impacted by OCD. I hope the research dollars from today will result in a cure in the near future. And I know that together, as a community, we will continue to support future generations by being the courageous heroes of today.

With love,
Susan Boaz
IOCDF Board President and Mom

FROM THE FOUNDATION

Highlights of the 26th Annual OCD Conference

By Alex Bahrawy, MBA, Membership & Community Specialist



First-time attendees or long time veterans, we welcome you all to the 26th Annual OCD Conference in Austin, Texas! Our Conference Planning Committee is dedicated to providing fresh and informative content which builds upon programming established at previous Conferences. We have so much to offer this year that it can be a bit overwhelming to know where to start! Here are some of the highlights you can look forward to at the 2019 Annual OCD Conference.

2019 KEYNOTE ADDRESS WITH MARA WILSON

It's our pleasure to announce that actress and mental health advocate Mara Wilson will be giving the Keynote Address at the 26th Annual OCD Conference!



Mara Wilson, best known for her childhood roles in *Mrs. Doubtfire* and *Matilda*, is a writer and actor living in Los Angeles. Mara was diagnosed with obsessive compulsive disorder at an early age and has written extensively about her experience, most notably in her memoir *Where Am I Now?: True Stories of Girlhood and Accidental Fame*, available from Penguin Random House. Mara is actively involved in mental health awareness initiatives and has lent her voice to organizations such as Project UROK and Okay to Say. She continues to speak openly about her own mental health and challenge stigma as a public figure.

Mara also publishes a newsletter of her writing with Substack, 'Shan't We Call the Vicar?' which can be found at mara.substack.com.

Follow her on Twitter at @MaraWilson.

2019 IOCDF AWARD WINNERS

CAREER ACHIEVEMENT AWARD WINNER:



Isaac Marks, MD

Isaac Marks, MD, is considered a pioneer in the field of exposure therapy. Originally trained as a psychiatrist at London University (Institute of Psychiatry & Bethlem-Maudsley Hospital) in the early 1960s, Marks was a founding member of the Royal College of Psychiatrists, becoming a fellow in 1976. He also did clinical research at the Institute of Psychiatry & the Bethlem-Maudsley Hospital from 1964 to 2000, focusing on the treatment of anxiety, phobic, obsessive compulsive and sexual disorders; drug-behavioral psychotherapy interactions; and community care of serious mental illness and its cost-effectiveness. More recently, he's been involved in computer-aided psychotherapy (FearFighter and OCFighter). Marks is the author of 13 professional books and 450 scientific papers.

In his over 50 years in the field, Dr. Marks has taken on an impressive array of leadership roles around the globe. He was a fellow at the Center for Advanced Study in the Behavioral Sciences in Stanford, California; Salmon lecturer and medalist at the New York Academy of Sciences; and Sackler Scholar at the Advanced Studies Institute, Tel Aviv University. He has consulted to the World Health Organization (WHO), National Institutes of Mental Health (NIMH), and the United Kingdom Department of Health. Additionally, he has served as Chairman of the British Association for Behavioural Psychotherapy, President of the European Association of Behaviour Therapy, and member of many editorial boards and professional journals and committees. He won the Starkey Medal and Prize of the Royal Society of Health, and has been

Highlights of the 26th Annual OCD Conference *(continued)*

a visiting professor at many institutions including the Imperial College London and the Vrije Universiteit of Amsterdam. Finally, he leads an international Task Force preparing an A-Z on a common language of psychotherapy procedures.

SERVICE AWARD WINNER:



Reid Wilson, PhD

Reid Wilson, PhD has devoted his entire career to advocating and innovating within the field of self-help. At 19, while a sophomore in college, Dr. Wilson created a free peer counseling service for those in need, the first

ever on a college campus. By age 20, he had published his first book on how to help those who are suffering and with limited resources. The first peer-review journal article on his work was published when he was 21. In the 1980s he helped construct what is now the Anxiety and Depression Association of America and then chaired three national conferences on anxiety disorders and OCD. By 1990 he had built American Airlines' national program for the fearful flier, and by 2003 he had launched the internet's largest free self-help site for anxiety disorders and OCD, a site that now serves 110,000 people per month. The six self-help books he's authored in the last 30 years have been published in nine languages, and his free self-help videos have been viewed by tens of thousands.

Dr. Wilson has been a fixture at the Annual OCD Conference for years, running some of the highest-attended workshops. Of note, this will be the 10th year that he has conducted intensive treatment and training groups at the Conference. Prior to and following each Conference, Dr. Wilson provides a two-day intensive treatment opportunity for individuals who may not otherwise have a chance to access expert and intensive treatment. In addition, he provides the opportunity for mental health professionals to observe these treatment groups, thereby improving their own skills as clinicians. These groups have sold out year after year, and Dr. Wilson has always donated 100% of the registration proceeds — now over \$70,000 — back to the IOCDF. The IOCDF community is grateful for the many ways that Reid has chosen to give back and go above and beyond.

ILLUMINATION AWARD WINNER:

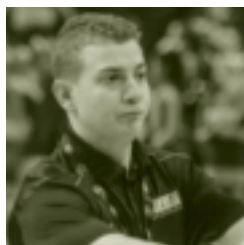


Lily Bailey

"We need to end the misconceptions; we need to end the shame. People are literally losing years of their lives to this thing."

Lily Bailey is a journalist and model from the United Kingdom. Bailey struggled with severe OCD as a child before finally being diagnosed at 16. She kept her condition private until 2014, when she became a passionate spokesperson for the OCD community. *Because We Are Bad: OCD and a Girl Lost in Thought*, a funny and original memoir of Bailey's experiences with OCD, was published in the U.S. in April 2018. She also hosts #OCDTalkHour on Twitter every Tuesday at 7pm GMT. Bailey lives in London with her dog, Rocky.

HERO AWARD WINNER:



Tommy Smalley

Tommy Smalley is a psychology major and men's basketball manager at Siena College. Smalley was diagnosed with OCD at 15 and has since become an advocate for raising awareness and reducing stigma, becoming heavily involved with OCD Connecticut, serving as a leader for the young adults at several Annual OCD Conferences, and speaking at schools in Connecticut and New York. He also created two documentaries of his experiences with OCD on his YouTube channel *Struggle Into Strength*. In February 2018, Smalley gained media attention when he filed a complaint that the head basketball coach at Siena was verbally abusing him for having OCD; the coach later resigned. Smalley took the opportunity to raise awareness about OCD and related disorders. As one nominator wrote, "He has turned this past adversity into triumph, turning 'Struggle Into Strength' from a film into a movement."

NEW! YOUTH HERO AWARD, PRESENTED BY UNSTUCK WINNER:



Alyssa Weninger

For the first time, this year the IOCDF honored a youth advocate in the OCD and related disorders community with the Youth Hero Award, presented by UNSTUCK: an OCD kids movie.

FROM THE FOUNDATION

Highlights of the 26th Annual OCD Conference *(continued)*

We're very happy to announce that Alyssa Weninger is the winner of the inaugural award. Alyssa is a high school junior who developed OCD after a strep infection at age eight. After undergoing treatment, Alyssa decided to become an advocate for those affected by OCD, engaging others in conversation about OCD and OCD treatment. In the fall of 2018, Alyssa was appointed as the Director of Community Outreach for the Boston-based Mending Minds Foundation and generates social media coverage around PANDAS research. She is also working to rally support for an insurance bill in the Massachusetts legislature, and will also spend a summer in a neurobiology lab at MIT to help research infectious triggers of OCD after convincing a prominent professor at the McGovern Institute for Brain Research at MIT to expand his research into that area.

NEW & RETURNING OFFERINGS AT THE 26TH ANNUAL OCD CONFERENCE

The **Breathing Room** is back for its second year and will provide a space for attendees to relax in a quiet, soothing atmosphere to gather their thoughts and reflect on the weekend. Enjoy special sessions like A Taste of Mindfulness and the Morning Stretch Group (offered on each morning of the Conference).

We will be bringing back our new and improved **Youth Programming**, with activities tailored specifically for kids and teens. Activities are categorized based on age groups which include elementary-aged kids, middle schoolers, and high school-aged teens. This year, new offerings include *Warrior Launch Parts 1 & 2*, *#realOCD: Let's Talk About Social Media*, and *Defending Yourself with OCD*.

Next, we are pumping up the volume in the Live Music Capital of the World with a whole host of new and returning **Evening Activities**. *Improv for Anxiety* makes its triumphant return on Friday night featuring a cast of trained actors. Also making a return from previous years are the *LGBTQIA+ All-Inclusive Meetup* and the *Road to Recovery Tour*.

New offerings in 2019 include the *Austin Bat Bridge Brigade* and a *Karaoke Icebreaker* event on Thursday night.

2019 sees the return of several **Special Topics and Programs** including the Body Dysmorphic Disorder (BDD) special topic series. New to the fray this year is our Life After Treatment series. This features sessions like *OK, I Treated My OCD, Now What?* and *Life After Treatment: Navigating Hidden Traps that Can Sabotage Your Recovery*.

Additional new special topics and series include multiple presentations on overlapping OCD and PTSD with *Where to Begin? Treating PTSD and OCD & Where OCD Meets PTSD*:

Patient & Professional Perspectives, as well as many social media-focused presentations with *OCD and the Changing Face of Media: An Inside Look at OCD in the News and on Social Media* and *Social Media, OCD, and Depression: When It's Time To Close the App*.

The **Annual Hoarding Meeting** will celebrate its seventh year with a fresh array of content, including the first-ever Hoarding Keynote Address, given by Randy Frost, PhD and entitled *Reflections on the Short History of Hoarding Disorder*. It was only 25 years ago that the first systematic study of hoarding behavior was published. Since then, interest and intense work on hoarding has exploded. That work has been done by scientists, clinicians, housing specialists, elder service professionals, professional organizers, and people with lived experience, among others. There have been considerable successes including the inclusion of hoarding disorder in the Diagnostic and Statistical Manual of Mental Disorders (5th ed), the development of effective therapies for hoarding, the extension of cognitive behavior therapy principles to peer-facilitated intervention groups, and an ever-increasing scientific understanding of the intricacies of hoarding behavior. At the same time, it is clear that we have a long way to go to fully understand hoarding problems and to resolve the suffering of people with hoarding disorder. Each of these topics will be discussed in this inaugural hoarding keynote.

The **Bilingual Program/Programa Bilingüe** will be making a return as well which includes a full day of bilingual workshops about OCD and related disorders — conducted in both Spanish and English — and open to all Conference attendees. This fully integrated bilingual track will bring the best of both worlds together, featuring leaders in the field of OCD treatment and the Spanish community. This Bilingual Program will take place on Saturday, July 20, and will consist of several educational workshops and a support group.

For those who may not otherwise have access to intensive treatment, **Reid Wilson's Pre- and Post-Conference Treatment/Training 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. 🕒

With so many new and exciting presentations and activities ready to go for this summer, we can't wait to welcome you to Austin! For more information about the Conference program, including a look at the complete program, visit ocd2019.org. 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.

Recap: The 2019 1 Million Steps 4 OCD Walk



This June, thousands of OCD community members participated in the 1 Million Steps 4 OCD Walk in over 20 locations around the country, raising awareness, supporting each other, and fundraising for the important work of the International OCD Foundation and its local Affiliates.

It was the world's largest public grassroots OCD event. But the Walk began with just one, back in 2012. That year, Denis Asselin walked over 500 miles—or roughly one million steps—from his home in Pennsylvania to Boston, in memory of his son, Nathaniel.

Nathaniel took his own life at just 24, after a long struggle with severe body dysmorphic disorder (BDD) and OCD. After Nathaniel's death, Denis decided to embark on a pilgrimage to honor Nathaniel and to raise awareness about the disorder. On June 5, 2012, Denis completed his walk in Boston, and was greeted by staff of the IOCDF as well as friends, family, and members of the OCD community at a rally honoring Denis and supporting OCD and BDD awareness.

To carry on this tradition, the 1 Million Steps 4 OCD Walk was created the following year in the same spirit of raising awareness, funds, and hope. In the first year, nearly 250 people registered to walk or to support the Walk virtually. In 2014, the OCD Walk had expanded with a second event co-hosted by IOCDF Affiliate, OCD Sacramento. The IOCDF continued to partner with a new Local Affiliate each year — OCD Georgia, OCD SF Bay Area, and OCD Texas — until 2016 when the Walk was significantly expanded to include all Affiliates who wished to participate.

This year, over 2,000 people walked, raising thousands toward resources and awareness for those affected by OCD and related disorders. They participated in the flagship walk at Carson Beach in Boston — led by 11-year-old Bella King and her mother Alyssa, this year's grand marshals — as well as 22 Affiliate-hosted walks all over the country. In addition, 125 Walkers participated on 14 Community Walk teams, including one in Japan, making the Walk a worldwide event.

The Walk's rapid growth is thanks in part to sponsors like Rogers Behavioral Health, this year's National Sponsor. Rogers' mission of providing effective, evidence-based mental health treatment, as well as their vision of providing people with the tools to handle mental health issues and reducing stigma, made them excellent partners for the OCD Walk. Their support helps to offset the cost of not only running the entire walk program, but more importantly helps us to market and spread the word about the OCD Walk and its great community to those who may not necessarily know about the IOCDF resources and the community we have built.

Like the Walk, Rogers Behavioral Health has also grown, making mental health treatment more accessible throughout the country. Since 1907, the Wisconsin-based non-profit behavioral health provider has expanded to 16 locations in seven states. In the past year alone, they've opened a new Chicagoland clinic, one in San Diego, one in St. Paul, and a bilingual clinic in Miami, with a new location coming soon to Los Angeles.

Since OCD affects individuals regardless of age, gender, and location, the proximity to proper treatment and a support system are vital. When outreach events like the Walk create awareness and evidence-based treatment becomes more widely available, we get one step closer to achieving our vision of helping all those affected by OCD and related disorders lead full and productive lives. 🌟

Check out photos from the Walk at iocdf.org/walk, and share yours with us at walk@iocdf.org!

FROM THE FOUNDATION

OCD Training Goes Global: Working with Therapists in Pakistan

by Emma Turner and Monnica T. Williams, PhD, ABPP



In June of 2018, the idea was born to bring an OCD training program to the Recovery House in Karachi, Pakistan. The inspiration was not only to address the scarcity of mental health services there but also to handle a lack of funding and an overall scarcity of knowledge about mental illness. The objective was to manage some of these contributing factors to the lack of treatment options by creating a program to train clinicians in Karachi. Shaheen Ahmed, co-founder and president of the Recovery House, built the connection between the rehabilitation institute in Karachi and the International OCD Foundation. Being from Pakistan herself, Ms. Ahmed is well aware of the obstacles faced by patients suffering from mental health disorders like OCD. When the staff in Karachi asked for help treating patients with OCD, Ms. Ahmed used her connections in the US to get in contact with Dr. Monnica Williams. As a member of the IOCDF Scientific and Clinical Advisory Board and member of the Diversity Advisory Council, Dr. Williams worked with Ms. Ahmed to come up with a plan to train several Karachi therapists in order to treat the Recovery House patients.

At the 2018 Annual OCD Conference, Dr. Williams described the need to help untreated patients in Pakistan to the Diversity Advisory Council. Also at the meeting was Dr. Elizabeth McIngvale, an IOCDF board member and founder

of the Peace of Mind Foundation. The Peace of Mind Foundation's main goal is to increase access of care to effective, evidence-based interventions. This aligned with what Shaheen Ahmed hoped to accomplish as well as with Dr. McIngvale's knowledge of the many places isolated from OCD treatment around the globe. Following these discussions, the foundation provided the grant to make a training program possible. Dr. Williams was enthusiastic about the partnership and the grant: "It was incredibly exciting and very generous of them. I want to make sure people know what great work the Peace of Mind Foundation is doing in addressing these very real barriers to treatment."

Three clinicians from the Recovery House were chosen to participate in this training conducted by Dr. Williams and Dr. James DiLoreto, both therapists who treat OCD at the New England OCD Institute. Dr. Williams, who led the effort, is board-certified in behavioral and cognitive therapies and is part of faculty at the University of Connecticut where she conducts cross-cultural OCD research. The online program to train the Karachi clinicians was comprised of two parts. The first part consisted of 12 one-hour training sessions and included a wide range of information on OCD. One session every week was spent going over information about OCD and treatment options like exposure and response prevention; and in the following session that week, Dr. DiLoreto and Dr. Williams consulted on cases the clinicians had in their program. The second part of the training includes weekly group supervision of the participants over the course of six months.

In order to take part in this opportunity, the trainees had to meet certain requirements as well as bring their own OCD patient cases to work through during training. Although the didactic portion is completed, weekly supervision is ongoing for the next few months. At the end of the program, clinicians will receive a certificate of completion from the IOCDF. Completion

OCD Training Goes Global: Working with Therapists in Pakistan *(continued)*

is contingent upon participating in all the sessions and successfully treating two patients with OCD.

This OCD training program is a huge step toward determining how well-researched treatments apply to different populations, cultures, and ethnoracial groups, as well as figuring out the best way to treat a wider range of people suffering from OCD. Despite the great amount of research on OCD symptoms and treatment, there is a lack of specific information for many ethnic groups. Dr. DiLoreto spoke to this after working with the clinicians, noting that "There's not a lot of OCD therapists, knowledge of how to treat OCD, or access to that type of treatment...so [the online training] was something that was really needed." OCD, along with many other mental disorders, has different presentations and effective treatments specific to the patient's cultural background. Shaheen Ahmed acknowledged this lack of information for diverse groups and was excited about the training: "When you apply practices in a different environment, culture, support system, etc., the outcomes are different."

With the conclusion of part one of the training, positive results are already coming to fruition. Dr. DiLoreto said that the clinicians being trained "gained an understanding about what OCD is and were able to begin to pick up certain behaviors that were OCD related in their clients." Two specific examples he cited that really stood out included one case of a person who would not leave their room but who is now attending regular groups in the treatment program. The other case was someone fearful of contamination concerns who refused to use the utensils provided to eat but has now started to use them. Dr. DiLoreto did point out that progress may be slow at first due to the fact that many people the clinicians are seeing are being treated for another psychotic or mood disorder to which OCD is secondary. However, both Dr. DiLoreto and Dr. Williams are optimistic for more successful results to come as the clinicians continue to become more skilled in managing symptoms in their own patients.

By training clinicians in Karachi, Dr. Williams is hopeful that those clinicians can go on to train others as well, making treatment more accessible to the Pakistani people. The IOCDF offers training in the United States thorough the Behavioral Therapy Training Institute (BTI), but this is not usually a feasible option for people in some countries. Dr. McIngvale is especially hopeful that with the success of this online training in Pakistan, the opportunity to help others in underserved countries treat mental illness will become a real possibility: "If we can show that this is an effective training intervention, imagine the global impact that can have. We're not just talking about professionals in a mental health clinic that get training, we're talking about ways that we could train education systems, students, future professionals, future mental health professionals in an easily accessible format which is low cost, and I think that's where the key is."

Regardless of the global implications, this training is definitely providing a much-needed intervention to Pakistani patients now and in the future. ①

Emma Turner graduated from the University of Connecticut in May 2019, majoring in Psychological Sciences and minoring in Biological Sciences. As an undergraduate, she worked in Dr. Monnica Williams' Culture and Mental Health Disparities Lab. Emma will be starting work this summer as a clinical research assistant in Dallas, Texas doing research for treatment of PTSD.

Monnica Williams, PhD is a clinical psychologist specializing in cognitive behavioral therapies. She is an Associate Professor in the Department of Psychological Sciences at the University of Connecticut, and Director of the Laboratory for Culture and Mental Health Disparities. She is also the Clinical Director of the Behavioral Wellness Clinic, LLC in Tolland, Connecticut, and she has founded clinics in Kentucky, Virginia, and Pennsylvania.

Learn more about the Peace of Mind Foundation at peaceofmind.com

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



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ADVOCACY CORNER

Welcome to the New Advocacy Corner!



Greetings! Welcome to the first edition of the IOCDF Advocacy Corner. Since the launch of our Advocacy Program last year, we have been working hard to shape and support public policy that positively impacts all those who are affected by OCD and related disorders. We have big plans for this summer and fall — plans that we want to share with you! We think it's incredibly important to keep our community informed about the IOCDF's advocacy work, and we'll be including the Advocacy Corner column in each future issue of the OCD Newsletter.

Here are some of the ways the IOCDF has made an impact so far in 2019:

- We supported families in Oregon, Texas, South Carolina, and Maine in their work to spread awareness and improve access to care for their children with PANDAS/PANS. We provided testimony to legislative committees considering PANDAS/PANS bills, and armed local grassroots organizers with statements of support to use in their efforts on social media and in visits to state capitals.
- We joined with other mental health organizations to support equal insurance coverage for mental health care, and encouraged reforms that will prioritize evidence-based treatment.
- We partnered with the nation's leading mental health organizations to advocate for the renewal and expansion of the Certified Community Behavioral Health Clinic program. This program provides mental health and substance use treatment services to underserved communities in eight states. We hope to see it continue and expand into additional states. ①

UPCOMING ADVOCACY PROGRAM ACTIVITIES:

- **National Council's Hill Day 2019:** Join us in Washington, DC on September 17th and 18th for the National Council on Behavioral Health's annual Hill Day, the largest mental health and addiction advocacy event of the year. Participants will meet with their state's members of Congress to urge them to pass crucial legislation. For more information about how you can be part of this event, email us at advocacy@iocdf.org.
- **2019 Mental Health Advocacy Walk** – this Fall, we will gather again on the National Mall in Washington, DC for the fourth annual advocacy walk. Visit [IOCDF.org](http://iocdf.org) for the date, time, and more details!
- We'll be updating the IOCDF.org web page with additional details about our advocacy program, including news and information about important public policy issues affecting the OCD and related disorders community.

The success of the IOCDF's advocacy efforts depends upon the participation and support of the OCD and related disorders community! We invite you to contact us with your comments, criticisms, or to let us know that you want to be involved. Please get in touch with us by email at advocacy@iocdf.org!

An Open Letter to My OCD

by Catherine N.

Dear OCD,

Where do I begin? We have known each other for quite a few years now, but in these past few months I have really gotten to know you on a personal level and now I see you for what you really are – a liar. I am sure this is not going to be easy for you to hear, as you have taken quite the liking to me, but I am breaking up with you.

You lied to me. You told me I wasn't good enough. You told me that I was a bad person who did not deserve to live a good life. You told me lies about my past, present, and future. You showed me things that I did not want to see. You made me feel less than. At your best, you served as a minor inconvenience in my life. A small, annoying fly buzzing from room to room on a hot summer day. But at your very worst, it felt as though you would be the end to my life. You took my breath away - and not in the romantic way that many women dream about.

Each day that passed you slowly chipped away at me, piece by piece, waiting in anticipation for me to crumble. With you by my side there were many sleepless nights, tears shed, and guilt that weighed so heavily I felt as if I were going to collapse. I could go on for paragraphs about all of the terrible times we have been through together, but I no longer care to dwell on our toxic relationship.

I will admit, you really did almost have me there for a minute. I was convinced that you would never lie to me. That everything you said had to be the truth. But then I met ERP, and I came to realize that despite everything you told me, I finally had a choice as to how I was going to respond

to your words. I realized that I was going to be OK and that I do indeed deserve to live a good life. I deserve freedom, happiness, recovery, and so much more.

I know this is going to be hard for the both of us. I know you are going to try to stay as relevant in my life as you can. I know that you will knock at my door every chance that you get. And you can come in to my home, but you will not be invited to sit down. You truly are a stage five clinger, and try as you might to win me back you will fail miserably because I have some pretty neat tools in my back pocket now. Warning: You will not like them.

You are just no good for me OCD, and I know that I can do better than you. So this is me letting you go, but first I want to thank you. Without you I would never know just how strong I really am. I would not value my life as highly as I do today. And I never would have met the amazing community of people who are reading this right now. So thank you, but it is time we go our separate ways.

Once yours,

C ☺

Catherine N. was born and raised in the suburbs of Chicago where she currently lives with her family and her two wonderful dogs, George and Rocky. In her spare time she enjoys reading, hanging out with her friends, and spending time with her very large and very loving extended family.

This essay was originally published on My OCD Community, an online forum for those affected by OCD. Join the forum anonymously at healthunlocked.com/my-ocd.

Old Friends

by Dennis Rhodes

*My OCD is melting away
like the Wicked Witch of the West:
who'd have thought all I ever needed
was a little courage and a pail
of water? I stand astonished as
it shrieks "O what a world, what a world!"
and becomes a puddle at my feet.
I never really meant to kill it.
You would have taken us for best friends*

*during my childhood. Not once did I
think it would ever try to kill me
but I have the knife scars to prove it.
Being a grown-up is tough, that's true.
Hell, you just do what you gotta do.*

Dennis Rhodes has lived with OCD for 57 years. It is under control but he is ever-vigilant. Rhodes is a long-time poet and writer. He lives in Naples, FL.

THERAPY COMMUNITY

Comprehensive Behavioral (ComB) Treatment for Skin Picking and Hair Pulling Disorders

by Charles S. Mansueto, PhD & Ruth G. Golomb, LCPC



Picking at one's own skin and pulling out one's own hair are two relatively common human behaviors. Who hasn't removed hairs, popped a pimple, scratched at scabs or bit a jagged fingernail? But it's when these behaviors get out of control — when they cause unwanted physical damage or personal distress and can't be stopped — that they become disorders. Skin picking (excoriation) disorder (SPD) and trichotillomania (hair pulling disorder) (HPD) are their official names. These, along with similar behavior patterns that are not formally identified as psychological disorders, such as nail, lip and interior cheek biting, are called "body-focused repetitive behaviors," or "BFRBs" for short. They are grouped within the diagnostic category of "obsessive compulsive and related disorders." At one time they were believed to be relatively rare, but current estimates suggest that HPD and SPD occur in 1% to 4% of the population, meaning that roughly seven to 26 million people experience a diagnosable BFRB condition in the U.S. alone.

Luckily, BFRBs can be effectively treated. This article will focus on the therapy approach called Comprehensive Behavioral (ComB) treatment — an approach that is favored by many clinicians. As far back as 1990, the ComB approach was introduced as a method of understanding and highlighting the previously unappreciated complexity

of BFRBs, the wide range of variables that contribute to the growth and persistence of these disorders, and the differing mix of factors that underlie each person's BFRB. This article will describe how the ComB approach enables a finely tuned treatment plan to be matched to the individual needs of each BFRB sufferer.

A BRIEF HISTORY OF BFRB TREATMENT

Many treatment approaches for BFRBs have been used over the years, including psychoanalysis, hypnosis, biofeedback, acupuncture, meditation, diets, food supplements, learning-based therapies, and medications. While the search for a reliable and effective medication that directly targets BFRBs continues, none has been found as of yet. However, some may be helpful in targeting coexisting disorders like depression and anxiety and may indirectly help some people with BFRBs. Instead, behavior therapy approaches have dominated the professional literature and are currently considered treatments of choice for BFRBs (Golomb et al., 2016). Before describing ComB treatment, it is worth highlighting a well-established, learning-based treatment for BFRB—Habit Reversal Training.

Habit Reversal Training (HRT), developed by Azrin and Nunn (1973), has received the most attention to date in the BFRB research literature. It is familiar to most behaviorally oriented therapists and many BFRB sufferers, as it has been around for almost half a century and has the most empirical support of any single treatment for BFRBs. Briefly, from the HRT perspective, BFRBs were included, as tics and nail biting were, within a cluster of "nervous habits" that could occur without conscious awareness. While various treatment components were added to and deleted from HRT in response to research, all included the hallmark feature of HRT, competing response training. Competing response

Comprehensive Behavioral (ComB) Treatment *(continued)*

training involves learning and practicing movements that directly oppose the performance of problem behaviors — such as squeezing the hands into fists for a period of time — whenever the problem behavior has occurred, is likely to occur, or an urge to perform the behavior is experienced. Other treatment components associated with Azrin's HRT included: awareness training, motivation enhancement, imaginal rehearsal, self-monitoring, and social support.

Early reports of treatments using variations of HRT for BFRBs looked very promising. However, later reports were less favorable when problems of lower effectiveness and high relapse and dropout rates were reported.

Some researchers studying HPD and SPD treatment thought that Azrin's model upon which HRT is based failed to address key reasons why BFRB symptoms are so persistent. The researchers continued to use core parts of HRT but added on additional treatment elements intended to improve effectiveness for BFRBs. Here we will refer to these as "augmented HRT." Some of these added elements included:

- Stimulus control procedures, where the patient avoids or removes parts of their environment that trigger their BFRB (e.g., brightly lit mirrors, tweezers);
- Cognitive therapy techniques to identify and replace thoughts that encourage the problem behaviors;
- Emotional regulation training, in which individuals practice techniques (e.g., dialectical behavior therapy skills) to manage feelings that they may otherwise be managing by performing BFRBs;
- Mindfulness training and acceptance and commitment therapy (ACT) are newer additions to HRT treatment for BFRBs.

Clinicians treating patients with augmented HRT are likely to employ multiple treatment components like those above, as well as others like psychoeducation, reward systems, and relapse prevention strategies in a "package" format or sometimes in modular forms. Research reports indicate that, as with early forms of HRT, those treated with various combinations of cognitive behavioral techniques will benefit to some degree, at least in the short term, but long-term effectiveness remains questionable.

Obviously, there is room for improvement in treating BFRBs. Toward that goal, it is worthwhile to consider avenues for improving treatment by identifying possible shortcomings. First, is the absence of a comprehensive theoretical framework that encompasses the array of behavioral, cognitive, affective, and sensory variables that underlie BFRBs and that would guide practitioners in application

of treatment techniques to each individual. Without such a conceptual framework to guide therapists, important contributors to each individual's BFRB may be missed, and there is a risk of an unsystematic "hodgepodge" approach to therapy employed in the absence of a guiding framework. Second, the use of "package treatments" like those often employed in augmented HRT approaches may not provide the therapist with the flexibility to match therapy components to each patient's unique combination of factors that drive and maintain the BFRB (Mansueto, 2013).

ComB TREATMENT

At the core of ComB treatment (Mansueto et al., 1997) is the clinician's task of working collaboratively with the patient, first to identify and then to change relationships with factors that trigger BFRB behaviors, and variables that serve to maintain the BFRB (i.e., what is happening that is reinforcing the behaviors). Treatment begins with an in-depth structured assessment to identify an individual's unique pattern of variables that foster the performance of their BFRB. Change is accomplished when established behavior patterns are interrupted, and non-harmful or healthy alternatives are substituted to meet the functions served by hair pulling or skin picking for a given individual. For example, a college student who "unconsciously" begins picking at dry, scabby patches of skin on her arms, legs and feet, usually while studying alone in her room, might address some triggers to picking by wearing clothing that limits access to the picking sites, and move her studying to her dormitory lounge or in the library where the presence of others would inhibit picking. She might wear finger bandages on the thumb and forefinger to trigger awareness if her fingers have drifted to potential picking sites. If the desirable consequences of picking were to produce smoothness in bumpy, dry skin areas, daily use of skin care products that soften damaged skin and help aid healing would be encouraged. If picking served to give her something to do with unoccupied hands, she might manipulate "fidget toys", and she might employ deep breathing and take frequent breaks if picking helped soothe her when she felt restless.

Alternative behaviors are carefully chosen within five categories of factors that have been identified as relevant to each person's unique BFRB profile. Treatment is modified, as necessary, in response to feedback regarding the usefulness of specific treatment recommendations. With practice, it is expected that triggers and reinforcers for pulling hairs or picking skin will weaken as healthy alternative habits are established.

THERAPY COMMUNITY

Comprehensive Behavioral (ComB) Treatment *(continued)*

ComB treatment encompasses a wide range of techniques drawn from standard behavioral, cognitive, and CBT practice. These are familiar to CBT practitioners as they are widely used to treat a broad range of disorders. Individual therapists are encouraged to draw upon and integrate their training, knowledge and skills into their approach to ComB as client needs become clearer over time.

As ComB treatment is uniquely tailored to the individual needs of each patient, the treatment process is expected to be both creative and fluid rather than rigidly applied. The flexible and patient-oriented nature of the treatment process results in therapy that may appear quite different from one patient to another, due to factors such as the therapist's skill set, judgment, and decision-making as well as each patient's preferences. The ComB approach addresses this complexity by providing a systematic framework that guides therapists as they design and implement a treatment plan that uniquely fits each patient.

THE FOUR PHASES OF COMB TREATMENT

Phase 1 – Assessment (Functional Analysis). ComB treatment pays attention to the factors that foster and maintain BFRBs: behavioral, emotional, cognitive, and sensory variables identified in prior research on HPD (Mansueto, 1991). This approach emphasizes relationships among these categories to provide a detailed picture of the internal and external factors that make it more or less likely that a BFRB will occur, and this guides the assessment phase of treatment. Here ComB uses what is considered a traditional behavioral framework that identifies which antecedents (A) instigate and make the behaviors more likely to occur, what behaviors (B) constitute the actual pulling of hair and picking of skin, and the consequences (C) that maintain the behaviors (in other words, make the behaviors more likely to occur again in the future). We focus on those variables that appear to promote more BFRB episodes (A's and C's), and these are grouped into five categories:

Sensory (i.e., sensations) - Antecedents can include trigger sensations (hairs or skin that appear "wrong," out of place or unpleasant to sight or touch, tingling, burning or itching at the site, or impulses to pick or pull in anticipation of pleasure or otherwise desirable sensations that are attained by those

“ The flexible and patient-oriented nature of the treatment process results in therapy that may appear quite different from one patient to another. ”

activities, etc.). Consequences can include pleasurable sensations experienced during or after pulling or picking. These pleasurable sensations may occur while handling hair or skin products; visually examining the hair or skin; chewing on or swallowing the hair, hair root, dry skin pieces

or scabs; rubbing hair or skin across face, arm or lip, etc.

Cognitive (i.e., thoughts) - Antecedents can include ideas, thoughts, or beliefs that trigger pulling or picking, such as: "Kinky hairs are ugly and have to go," "My pimples have to be popped to heal," "My eyebrows or lashes must be symmetrical," "I won't be able to study if I don't pull out these stubby eyelashes." Consequences can include satisfaction gained from completing the goal (e.g., popping the pimple, eliminating unwanted hairs, finding a hair with a big root, etc.).

Affective (i.e., emotions) - Antecedents can include feelings that trigger pulling or picking behavior, such as: boredom, anxiety, frustration, depression, tension, indecisiveness, excitement, etc. Consequences can include the effect of reducing unwanted feelings, getting an energized effect when feeling bored or lethargic, or experiencing satisfaction following the action, etc.

Motor (i.e., behaviors) - Antecedents can include motor habits and body postures that encourage an individual to stroke, examine, or remove hair or pick at skin, often without full awareness (i.e., automatically). In the case of habitual behavior, Consequences can include repetition of the behaviors, establishing well-practiced movements that establish and strengthen habitual behavior.

Place (i.e., environment) - Antecedents can include cues in a particular space that trigger the behavior such as: being alone, being sedentary or not moving around much, sitting in a familiar spot where picking or pulling often occurs, the presence of mirrors, tweezers, or pins, etc. Consequences: The place domain does not typically have a reinforcing function, except for the rare attention-seeking adult, or more frequently, in children desiring attention.

In order to provide a quick and easy way to remember these domains, they are often referred to by the acronym SCAMP.

Phase 2 - Identification and Selection of Target Domains. ComB treatment emphasizes the learning and practice of strategies to target problematic behaviors as well as the

Comprehensive Behavioral (ComB) Treatment *(continued)*

thoughts, feelings, and sensations that contribute to their persistence. Each individualized plan is designed to interrupt problematic habits by providing healthier alternatives. These are organized within the five SCAMP domains and reflect the specific functions served by hair pulling or skin picking for each person. Once the BFRB has been thoroughly assessed using the SCAMP model, it becomes clearer how and why the problem behaviors show up and how they are maintained (i.e., by looking at how the antecedents and consequences are connected to the problematic behaviors). Now the therapist and the patient can work together to identify specific targets that are contributing to that individual's pulling or picking.

Phase 3 – Implementation of Specific Interventions. At this point in treatment, individuals will explore the use of a variety of specific interventions designed to decrease their BFRB symptoms. Interventions are chosen based upon their ability to affect the targets identified in Phase 2 by modifying the antecedents and consequences that trigger and maintain the BFRB. As stated above, many of the interventions include standard behavioral and cognitive strategies previously described in the cognitive behavioral literature, but there are others that address targets not typically emphasized in behavioral interventions (e.g., the sensory components). Examples of standard CBT techniques used and less familiar ones that address the targets include:

- Cognitive restructuring, coping self-statements, and mindfulness and acceptance strategies to address cognitive targets
- Relaxation, controlled breathing, positive visualization, and dialectical behavior therapy skills to address affective/emotional targets
- Awareness training, competing response training, and response prevention to address motoric/behavioral targets
- Stimulus control and contingency management to address place/environmental targets
- Sensory substitution techniques (i.e., activities that do not require the removal of hair or skin) are used to address sensory needs previously addressed in the individual's BFRB, and sensory distraction techniques are taught in order to provide alternatives to soothe, invigorate, and provide pleasing sensations impacting the nervous system in ways that divert the individual from pulling hair or picking skin

When potentially useful interventions have been identified, the individual, in consultation with the therapist, chooses several to try out over the next week focusing on high-risk situations. For example, while driving to work the client

might wear driving gloves (stimulus control, response prevention), listen to relaxing music (sensory distraction), breathe deeply and slowly (controlled breathing), and keep both hands gripped to the steering wheel (competing response). Other situations in which pulling is probable will likely require a different set of interventions, for example, while working on the computer at the office. Choices of interventions should be carefully fitted to the lifestyle and preferences of the client. The usefulness of the interventions will be determined once they have been tried and their impact on hair pulling has been reviewed. During each session, the client and therapist decide together how to modify the intervention to maximize control of hair pulling.

Phase 4 – Evaluation, Termination, and Relapse Prevention. In the final phase of formal treatment, the client is encouraged to continue with ongoing assessments of progress and to modify the use of interventions as needed. A shift is made from reliance on therapist guidance toward self-management and utilization of skills and techniques learned during formal treatment. The focus is on maintenance, extension of the gains achieved during formal therapy, and preparation for setbacks that are common during the recovery process. Relapse prevention training provides a systematic approach to minimizing setbacks and keeping them from leading to a full-blown resumption of hair pulling or skin picking.

EVIDENCE IN SUPPORT OF COMB TREATMENT

The ComB conceptual model comes from established behavioral principles and decades of laboratory and clinical research, and employs proven behavioral, cognitive, and CBT techniques. As the first stage of a three-part research program, a ComB treatment manual was developed and tested (Falkenstein, Mouton-Odum, Mansueto, Golomb & Haaga, 2016). In the second stage (currently underway), subjects treated with ComB treatment are being compared with those receiving minimal-attention placebo treatment. The final stage will compare subjects treated with ComB to others who are treated with HRT. Through this research program we hope to acquire the scientific foundation that demonstrates the utility and benefits of ComB treatment.

For more than a decade, The TLC Foundation for Body-Focused Repetitive Behaviors (BFRBs), a national, nonprofit service organization devoted to serving sufferers of trichotillomania (hair pulling) and excoriation (skin picking) disorders worldwide, has provided formal certification training in ComB therapy through their Professional Training Institute or by viewing a ComB DVD training series — TLC's

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Comprehensive Behavioral (ComB) Treatment *(continued)*

Virtual Professional Training Institute. Many other clinicians have adopted the ComB approach after having acquired informal training in various professional settings or by reading accounts in the professional literature. As a result, hundreds of therapists around the world are employing ComB in their clinical practice to treat BFRBs.

CONCLUSION

The last several decades have seen much progress toward understanding and treating BFRBs. The ComB treatment model guides assessment across a broad range of features for a comprehensive view of each individual's BFRBs. When used as a guide, it points to a broad range of potential treatment avenues that might be unavailable with a more limited view of the disorder. While outcome research on ComB and other CBT therapies for BFRBs continues to clarify the effectiveness, efficiency, and acceptability of these approaches, decades of informal clinical observation and testimonials by numerous expert clinicians employing ComB treatment for BFRBs support the following conclusions regarding ComB:

- a. It provides a unique and likely more effective alternative to existing CBT treatment approaches;
- b. It addresses the diverse nature of elements that foster hair pulling in each individual;
- c. It guides assessment of relevant information and organizes that information into important domains of human experience;
- d. It generates a broad variety of possible therapeutic interventions;
- e. It guides the therapist through the process of clinical decision-making to ensure that therapeutic interventions fit well with the unique characteristics of each patient;
- f. It has been adapted for use with children and adolescents (Golomb and Vavrichek, 2000) and for self-help applications (Mansueto, Vavrichek & Golomb, In Press).

At this time no other single treatment formulation provides these features within an integrated conceptual framework and treatment model. ①

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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 iocdf.org/clinics.

AMITA HEALTH, FOGLIA FAMILY FOUNDATION RESIDENTIAL TREATMENT CENTER

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AMITA Health, Foglia Family Foundation Residential Treatment Center is celebrating its second anniversary. We wanted to thank the IOCDF community for trusting us with your referrals to us for your OCD patients and your Substance Use Disorder patients as well. We look forward to meeting with all of you at the IOCDF's Annual Conference in July in Austin, TX. We will be a sponsor of the conference again. Please do come to visit us at our booth, as we would be happy to speak to you about how the AMITA Health Foglia Family Foundation Residential Treatment Center and the Center for Anxiety and OCD might be able to meet your treatment needs.

AUSTIN ANXIETY & OCD SPECIALISTS

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Camp Courage

In May, we hosted our first overnight adventure camp for children and teens with anxiety and OCD. Children and teens from across Texas joined together for a fun weekend of adventure with a common goal of gaining freedom from anxiety and OCD. Highlights included zip lining, rock climbing, trapeze, and s'mores over a campfire. To learn more about Camp Courage and to see dates of future camps visit austinanxiety.com/camp-courage.

Intensive Outpatient Treatment

Austin Anxiety and OCD Specialists is excited to announce intensive outpatient treatment for children, adolescents, and adults experiencing OCD.

Team Updates

We are thrilled to introduce Dr. Melissa McHugh Dillon as the newest member of our team. Dr. McHugh Dillon specializes in working with children and adolescents with specific phobias, OCD, social anxiety, selective mutism, tic disorders and externalizing behavioral concerns. She earned her doctorate in School Psychology from The University of Southern Mississippi and completed a postdoctoral fellowship at the Kennedy Krieger Institute and Johns Hopkins School of Medicine.

BEHAVIOR THERAPY CENTER OF GREATER WASHINGTON (BTC)

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- 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 for details.
- We are thrilled to announce that Dr. Kevin Young now offers comprehensive psychoeducational and psychodiagnostic assessment services for children, adolescents, and adults. In addition, we also offer psychological evaluations for medical intervention clearance (i.e., psychological clearance for bariatric surgery, spinal cord stimulator implantation, or solid organ transplant).
- Drs. Gloria Mathis and Michael Lent have opened up their OCD and Anxiety Disorders Exposure Group to anyone receiving exposure therapy outside of BTC.
- 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 PANS/PANDAS is suspected. This program involves a structured parenting group.
- BTC's professionally-assisted GOAL OCD support group continues to run strong.
- We look forward to seeing you all at the Annual OCD Conference in Austin next month!

THERAPY COMMUNITY

Institutional Member Updates *(continued)*

BEND ANXIETY CLINIC

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BendAnxietyClinic.com

Bend Anxiety Clinic's clinicians specialize in the treatment of anxiety and related disorders using CBT/ERP for patients of all ages. A unique component of our program is the ability to see patients in the community. We provide effective, evidence based treatment so people can live fuller and more meaningful lives. Our approach is active and focused on our patients' individual needs, values and specific life situations. 100% of our practice is dedicated to improving the quality of life for those who suffer from OCD and related conditions. We provide individual and group treatment while working closely with medication providers in the community.

BIO BEHAVIORAL INSTITUTE

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Bio Behavioral Institute recently welcomed a new addition to our full-time staff. Michael Upston, LCSW has extensive experience treating individuals, families, and couples. He will be leading a parent skills group to help families with children struggling with anxiety and OCD related disorders. The group is open to parents with children of all ages. We are offering an abbreviated summer Dialectical Behavior Therapy (DBT) Skills group geared for young adults aged 18-30. The group gives college students an opportunity to learn DBT skills during their summer break. Please contact us to learn more at info@biobehavioralinstitute.com or (516) 487-7116.

CENTER FOR OCD & RELATED DISORDERS AT COLUMBIA UNIVERSITY MEDICAL CENTER/NEW YORK STATE PSYCHIATRIC INSTITUTE

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Our research program is dedicated to improving the lives of individuals with OCD by conducting cutting edge research to transform how we understand and treat this disorder. For

the patients of today, we study how best to deliver current and novel treatments. For the patients of tomorrow, we partner with brain imagers and scientists to examine the causes of OCD.

Our current studies offer treatment for individuals who are on medication, and those who are not. For those currently taking an antidepressant and still experiencing OCD symptoms, we are exploring the efficacy of a novel medication. For those who are not currently taking medication, we are able to offer treatment through our global imaging study. With collaborators from India, South Africa, the Netherlands, and Brazil, we seek to identify potential brain signatures of OCD that are consistent across cultures. We also continue to investigate avoidance behaviors in OCD with funding from the Foundation and our collaborators Drs. Liz Phelps and Cate Hartley.

In addition, we are excited to welcome several new members to our team: 1) post-doctoral fellow Amy Rapp, PhD 2) research coordinator Sarah Altman-Ezzard, BA and 3) psychology extern Moses Appel, MA.

CENTER FOR OCD & ANXIETY-RELATED DISORDERS (COORD)

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Staff News: We are delighted to announce the addition of Linda Housman, PhD to the COARD staff. Dr. Housman was a leader at the VA in the development of programs for female veterans and has special expertise in the treatment of PTSD. We are also pleased to announce Dr. Kaylie Allen, a current second-year postdoctoral fellow, has accepted a staff position and will continue to be a member of our clinical team after the completion of her fellowship. In addition to working with OCD and anxiety disorders, Dr. Allen has a special interest in addressing the needs of the LGBTQ community and will be working in the Institute's Gender Affirming Program.

New Treatment Groups: Three new groups have been initiated at COARD. We now offer a group for adolescents with OCD or other problems involving anxiety. The group will be led by Amanda Peterson, LPC, who also leads the Social

Institutional Member Updates *(continued)*

Anxiety Adolescent Group. Another group for adolescents has been initiated by Amy Kurz, LCSW. Ms. Kurz' group promotes mindfulness skills. The third new group, based on Radically Open DBT, is for adult patients. The group is led by Gregory Peebles, LPC, and focuses on modifying over-controlled behavior patterns.

CEO Retires: The CEO of SLBMI, Ron Margolis, PhD, retired in May. Dr. Margolis was a COARD friend and advocate for over 35 years. As Director of the Division of Behavioral Medicine, he hired Dr. Alec Pollard in 1982 to develop an anxiety treatment program at Saint Louis University Medical Center, the program that later became COARD. Dr. Margolis was the founding CEO of SLBMI when COARD moved to its current home in 1995. We wish Dr. Margolis all the best as he embarks on the next chapter in his professional career.

CHILD AND ADOLESCENT OCDI (OCDI JR)

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The OCDI Jr unit remains a vibrant and active site for treating refractory OCD in kids ages 10 to 19. After a period of some restructuring, the unit is eagerly accepting new referrals.

We are particularly excited to welcome to our treatment team new treaters. Alyssa Faro, PhD and Caitlin White, LICSW. Dr. Faro has had extensive experience treating children with ACT and ERP, training at UMass with Dr. Phoebe Moore. Caitlin is a skilled DBT therapist who has five years of experience with severely challenged kids and families.

We are also excited to announce that the unit is preparing to relocate to Belmont, where it will be able to work much more closely with the adult OCDI, and with the MAMP (McLean Anxiety Mastery Program). As part of the move, the capacity of the program will also increase significantly! The timing of the move is still not fully established but will be complete by the end of the year.

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childmind.org

The Child Mind Institute is excited to announce the addition of Spanish-speaking clinicians to our Intensive OCD team, enabling our intensive treatment to be done in Spanish. We

have had families come from around the country and the world to complete our intensive OCD program in the past, and this summer we are excited to have a family from Bogota, Colombia complete our program as the first official Spanish-speaking intensive case.

COGNITIVE BEHAVIOR THERAPY CENTER

16579 Los Gatos Almaden Rd.

Los Gatos, CA 95032

(408) 384-8404

info@cbtsv.com

cognitivebehaviortherapycenter.com

The Cognitive Behavior Therapy Center of Silicon Valley is expanding in Los Gatos. We are seeking dynamic and enthusiastic licensed and pre-licensed therapists to join our CBT Center. You should have a demonstrated passion for CBT and a strong interest in learning how to practice evidence-based CBT for anxiety and obsessive compulsive disorders. The ideal candidate will have some training and experience with evidence-based therapies such as CBT, ACT and/or DBT and a strong desire to learn and grow.

For more information, please visit our website:

cognitivebehaviortherapycenter.com/jobs

EAST BAY BEHAVIOR THERAPY CENTER

45 Quail Court, Suite 204

Walnut Creek, CA 94596

(925) 956-4636

intake@eastbaybehaviortherapycenter.com

eastbaybehaviortherapycenter.com

This last quarter we have been busy at our Center blending clinical research and clinical work, as we always do! Dr. Z has represented the work at the center at the Anxiety and Depression Annual conference (ADAA). Dr. Z presented on the differences between utilizing exposure treatments in an Acceptance and Commitment Therapy (ACT) and the inhibitory learning model, offering case presentations of OCD to illustrate the differences. She also led a workshop explaining the nuts and bolts of treating pediatric OCD based on ACT, teaching clinicians how to clarify client values, identify hooks and helpers, discern between values-fueled behavior and obsessions-fueled behavior. In addition, Dr. Z contributed to a workshop panel discussing the differences of traditional ERP, and ACT-based ERP, presenting the differences in fit, the mechanisms for change, and the possibility of integrating both approaches.

As you can see, we are excited to continue spreading the word of treatments that work!

THERAPY COMMUNITY

Institutional Member Updates *(continued)*

HOUSTON OCD PROGRAM

708 E 19th St.
Houston, TX 77008
(713) 526-5055
info@houstonocd.org
houstonocdprogram.org

OCD & ANXIETY PROGRAM OF SOUTHERN CALIFORNIA

(Houston OCD Sister Program)

2656 29th St., #208
Santa Monica, CA 90405
(310) 488-5850
info@socalocd.org
socalocdprogram.org

The Houston OCD Program is celebrating 10 years of service to the OCD and anxiety communities. This year, we are excited to bring to the United States what many are calling a “life changing” experience. In April, our team was joined by therapists from Bergen, Norway to implement our first ever treatment trial of the Bergen 4-Day Intensive Treatment for OCD.

Expectations were high as the week began since research on the Bergen 4-Day treatment has already demonstrated strong outcomes regardless of severity. By the end of the week four participants were able to reclaim their lives after four days of hard work, challenging tasks, and a lot of fun! When asked to describe their experience in a word, they chose the following words: “Unbelievable, Mind-Blowing, Amazing, and Life-Changing.”

We are also in awe to have witnessed such transformational change over the course of hours and days, and our therapists have described the experience as life-changing as well, both professionally and personally. This week may be the beginning of a change in what we expect from mental healthcare in America, and we are so proud to be starting this work here in Houston.

MOUNTAIN VALLEY TREATMENT CENTER

703 River Rd.
Plainfield, NH, 03781
(603) 989-3500
jfullerton@mountainvalleytreatment.org
mountainvalleytreatment.org

We are pleased to announce that Dr. Lisa Rosen has been named MVTC’s Parent Support Advisor. As both a parent of a former MVTC resident and a clinical professional who has worked with adolescents for more than 20 years,

Dr. Rosen is uniquely qualified to serve in this role. Her responsibility is to offer support and guidance to parents at three critical stages of their Mountain Valley journey – prior to enrollment, while their child is at MVTC, and after graduation. By working closely with the clinical team, Dr. Rosen offers an additional layer of support to parents throughout their child’s MVTC experience.

Dr. Rosen graduated Magna Cum Laude from the University of Pennsylvania with a BA in Psychology and a Minor in Child Development. She received her MA in Clinical Psychology and her PsyD in Clinical/Rehabilitation Psychology from the Ferkauf Graduate School of Psychology.

Prior to assuming her duties at MVTC, Dr. Rosen was a neuropsychological rehabilitation coach and a traumatic brain injury on site coach. She is the president and founder of Oh My Girls, LLC. In Syosset, NY — the first-ever health and wellness facility designed exclusively for girls.

NORTHWELL HEALTH OCD CENTER

Zucker Hillside Hospital
75–59 263rd St.
Glen Oaks, NY 11004
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ocdcenter@northwell.edu
northwell.edu/ocdcenter

The Northwell Health OCD Center offers evidence-based, comprehensive outpatient treatment for OCD and related disorders, including body dysmorphic disorder and obsessive compulsive personality disorder. It is one of the only specialized OCD facilities in the New York metropolitan area to accept most health insurance plans, including Medicare and Medicaid. Treatment options include individual and group cognitive behavioral therapy, as well as medication management. For more information about our Center and to schedule a confidential screening, email us at ocdcenter@northwell.edu.

We are excited to announce the start of a new treatment group for family members and patients with OCD. Led by Dr. Christine D’Urso, licensed clinical psychologist, the weekly group is focused on providing psychoeducation about OCD and ERP, teaching strategies including behavioral contracting to improve communication, and supporting families in minimizing accommodation of OCD and maximizing their loved one’s engagement in ERP. Past and current members have given much positive feedback, noting that they find it to be a highly beneficial adjunct to their loved one’s individual treatment.

Institutional Member Updates *(continued)*

Dr. Anthony Pinto and the Northwell OCD Center team look forward to connecting with the larger OCD community at the Annual OCD Conference in Austin!

NW ANXIETY INSTITUTE

**32 NE 11th Ave
Portland, OR 97232**

NW ANXIETY PEDIATRICS

**923 NE Couch St
Portland, OR 97232**

(503) 542-7635

info@nwanxiety.com
nwanxiety.com

NW Anxiety Institute (NWI) continues to be bustling with both outpatient services and two intensive outpatient programs (adult and teen/child tracks). It has been nearly a year since opening NW Anxiety Pediatrics, located within two city blocks of NWI, which has continued to serve many youth and parents, including through weekly evening support groups.

In order to best serve the community with quality care and expertise in OCD treatment, all NWI clinicians make the commitment to become BTTI certified. This spring, two more NWI clinicians attended the OCD-focused BTTI training close to home in Seattle, WA.

This summer is filled with multiple exciting educational and OCD-awareness activities. The NWI team is excitedly gearing up to participate in the 1 Million Steps 4 OCD Walk with OCD Oregon. Then, several clinicians are headed to Austin, TX to learn, connect, and support the OCD community at the IOCDF conference. To close out the summer, NWI is honored to be sponsoring a local training for clinicians led by Reid Wilson: Mastering the Anxiety Game in Clinical Practice: Rapid Change for the Anxious Mind.

OCD AND RELATED DISORDERS PROGRAM AT MASSACHUSETTS GENERAL HOSPITAL

**185 Cambridge Street, 2nd Floor
Boston, MA 02114
(617) 726-6766**

cfazio@partners.org
mghocd.org

The Obsessive-Compulsive Disorder (OCD) and Related Disorders Program at the Massachusetts General Hospital/Harvard Medical School is located in Boston, Massachusetts.

We specialize in the research and treatment of obsessive compulsive disorder (OCD), body dysmorphic disorder (BDD), body dysmorphic disorder by proxy (BDD by Proxy), tourette syndrome (TS) and chronic tic disorder (CTD), hoarding disorder, hair pulling and skin picking, and olfactory reference syndrome (ORS).

Patients will undergo a detailed intake assessment. Based on this assessment, an individualized treatment plan will be developed.

This year we welcome our new Clinical Research Coordinators: Abigail Szkutak, Sarah Miller, and Zoe Laky.

For more information on our clinical or research program, please call/email us or visit our website.

OCD PROGRAM AT BAYLOR COLLEGE OF MEDICINE

**One Baylor Plaza
Houston, TX 77045
(713) 798-4945**

ocdprogram@bcm.edu
bcm.edu/ocdprogram

We are proud to announce the hiring of new faculty member, Dr. Yasmine Omar, and welcome Dr. Bella Schanzer as Vice Chair for Clinical Affairs in BCM Department of Psychiatry.

PALO ALTO THERAPY

**407 Sherman Ave, Suite C 940 Saratoga Ave, Suite 240
Palo Alto, CA 94306 San Jose, CA 95129**

(650) 461-9026
info@palaltotherapy.com
palaltotherapy.com

At Palo Alto Therapy, we 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.

Our Newest Additions: We are glad to introduce our newest members, Terri Oliva, LMFT (Palo Alto), Julie Hogue, LPCC (both locations) and our pre-licensed therapists Alexa Hammer, AMFT (both locations) and Meg Glenn, ASW (San Jose). We are excited to have all of them join our ever-growing practice with their unique experiences and backgrounds.

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

THE THERAPY COMMUNITY

Institutional Member Updates *(continued)*

We Are Hiring! We are actively hiring for new therapists so that we can create a quality team that will match the success of the incredible therapists that we already employ. If you happen to be, or know of any good candidates for us, please send them our way!

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

PORTLAND ANXIETY CLINIC

1130 SW Morrison St., Suite 619

Portland, OR 97205

(503) 894-9630

portlandanxietyclinic.com/contact-us

Portland Anxiety Clinic has been running intensive outpatient programming to help individuals suffering from OCD and other anxiety related disorders. The programs officially kicked off shortly after the hire of the new Director of Intermediate Care Programs, Brandon Markel, PsyD, MBA, ACT in October, 2018. The intensive programs have since become a training site for doctoral and masters level students from local universities.

Due to demand, the intensive programs at Portland Anxiety Clinic have expanded to its own separate clinic thereby increasing capacity to serve up to 21 patients per day. Patients from around the country have come to receive help for their OCD and related anxiety disorders since the programs' inception. The programs' preliminary data show a reduction from pre to post scores dropping from severe to mild OCD symptoms over a typical course of treatment (outcomes based on Y-BOCS scores).

ROGERS BEHAVIORAL HEALTH

34700 Valley Rd.

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Rogers Behavioral Health opened new clinics in Miami, San Diego, and St. Paul this spring, offering partial hospitalization care for children, adolescents, and adults with OCD and anxiety.

In June, Rogers in Oconomowoc will launch a residential expansion, increasing Rogers' capacity to be able to treat 284 patients in the residential setting. This includes 12 new adolescent beds for OCD and Anxiety.

Rogers was the national sponsor for this year's 1 Million Steps 4 OCD Walk that took place across the U.S. in early June.

Organized by the IOCDF, these walks help to raise awareness and funds for resources and research as well as bring people together in support of the fight against OCD.

Rogers also hosted the IOCDF Pediatric Behavior Therapy Training Institute in April and general BTTI in late May, addressing the shortage of therapists who are trained in using CBT to treat OCD.

Continuing education seminars were held by Rogers in Madison and Appleton, Wisconsin during April. The seminar, titled "Breaking Down Barriers: Treating Pediatric OCD with Cognitive Behavioral Therapy" was hosted by Stephanie Eken, MD, regional medical director.

This spring, Rogers in Madison and Appleton began treating child and adolescent patients with OCD and anxiety.

STANFORD TRANSLATIONAL OCD PROGRAM

401 Quarry Rd.

Stanford, CA 94305

(650) 723-4095

ocdresearch@stanford.edu

rodriguezlab.stanford.edu

The Stanford Translational OCD program utilizes an interdisciplinary approach to find new treatments for patients suffering from OCD and hoarding disorder. We invite you to find out more about our current research studies by calling (650-723-4095) or emailing (ocdresearch@stanford.edu or clutterhelp@stanford.edu). We also invite you to follow us on Twitter and Facebook @RodriguezLabSU.

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 chapter of the IOCDF. Stay tuned for more details by following us on twitter @RodriguezLabSU and @CRodriguezMDPhD or visiting our website: rodriguezlab.stanford.edu.

In other news, Dr. Carolyn Rodriguez, Dr. Jamie Feusner, Dr. Lorrin Koran, Dr. Nolan Williams, and Dr. Stefano Pallanti presented a symposium entitled, "OCD Medication, Therapy and Brain Stimulation Advances" at the American Psychiatric Association Annual Meeting (May 18-22) in San Francisco. This symposium summarized recent work in novel medication, therapy, and brain stimulation for those considering future treatment options. The format was a series of five interactive presentations followed by a panel question and answer session.

Institutional Member Updates *(continued)*

STRESS AND ANXIETY SERVICES OF NEW JERSEY

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East Brunswick, NJ 08816

195 Columbia Tpke., Suite 120
Florham Park, NJ 07932

(732) 390-6694

sas@stressandanxiety.com
stressandanxiety.com

There are staffing changes at Stress and Anxiety Services of New Jersey. Charity Truong, PsyD is returning to Texas, where she has been given a prestigious position involving training and supervision for the VA. We will miss her terribly, and wish her luck, and as a result we are now actively seeking licensed clinicians for both our office locations. Charity, however, will not actually be leaving our employment. She will continue to provide telehealth services from Texas to her New Jersey clients (being licensed in both states), and may begin to see clients in the Austin area, serving as a sort of satellite of our clinic in another state.

Stress and Anxiety Services of NJ has been approved by APA to become a sponsor of CE credits for psychologists, not only for in-person presentations, but also for remote services. This opens the door for us to provide webinar trainings across the country. We look forward to making the most of these new opportunities to educate and train people in working with OCD and other disorders.

Several clinicians from our staff are looking forward to presenting at the 26th Annual OCD Conference in Austin, Texas this summer – hope to see you all there! Finally, in addition to Texas mentioned above, we continue to expand our telehealth services, and now, with clinicians licensed in Massachusetts and New York, we can service those states as well as New Jersey (restrictions apply — see our website).

THE ANXIETY TREATMENT CENTER OF SACRAMENTO

10419 Old Placerville Rd, Suite 258
Sacramento, CA 95827

THE ANXIETY TREATMENT CENTER OF ROSEVILLE

1899 East Roseville Pkwy., Suite 140
Roseville, CA 95661

THE ANXIETY TREATMENT CENTER OF EL DORADO HILLS

500 Windplay Dr., Suite 2
El Dorado Hills, CA 95762
(916) 366-0647

drrobin@atcsac.net

The Anxiety Treatment Center is pleased to announce Dr. Rajan Gosain, MD who has joined our team of experts. Dr. Gosain brings extensive experience as a psychiatrist managing medications for those struggling with anxiety and related conditions. His passion for working with this population will be a great augment to our Partial Hospitalization Program, Intensive Outpatient Program, and to those who are being treated at lower levels of care who are looking for medication management.

The Anxiety Treatment Center was pleased to support another year of OCD Sacramento's 1 Million Steps 4 OCD Walk on June 1, 2019 at Southside Park. Staff, patients and their families, mental health providers and others joined us as we continue to work to advocate on behalf of proper treatment for OCD and anxiety disorders. This annual event remains the only one of its kind working to bring the Sacramento and surrounding areas community together raising awareness and working to reduce stigma.


UCSD COGNITIVE REHABILITATION AND EXPOSURE/SORTING TREATMENT (CREST) COMMUNITY PROGRAM

140 Arbor Dr., Suite 334
San Diego, CA 92103

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San Marcos, CA 92069

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cayers@ucsd.edu
health.ucsd.edu/CREST

The UCSD CREST Community Program is proud to announce the expansion of mobile based treatment for older adults with hoarding disorder to all of San Diego County. To meet the needs of the community the program has a total of seven clinicians and three office locations (Central San Diego County, North San Diego County, and South San Diego County). 

RESEARCH NEWS

“Should I Be Scared?” Examining Parents’ Interpretations of Children’s Unwanted Intrusive Thoughts *(continued from front cover)*



The research in this article was made possible by a \$30,000 grant awarded to Dr. Berman by the IOCDF and funded entirely by donors to our Research Grant Fund. To learn more about how you can contribute to the next discovery, please visit iocdf.org/research.

Past studies have closely examined how obsessive-compulsive symptoms in children can be influenced by family behaviors (e.g., Berman, Jacoby, Sullivan, Hoepfner, Micco, & Wilhelm, 2018). Accommodating a child’s obsessive-compulsive symptoms (e.g., buying extra soap for a child who compulsively washes her hands), or attempting to control a child’s intrusive thoughts, have been shown to be ineffective and potentially harmful. However, very little research has focused on the internal experiences and thought processes of parents when they are confronted with a child’s intrusive thoughts.

Let’s consider the case example described on the cover. The young boy has run inside and found his mother. Crying, he explains his fears about harming his sister. The boy’s mother will interpret his intrusive thoughts in some way (e.g., this thought is harmless; this thought is dangerous) and may recommend some course of action to help him feel better. We know that interpreting one’s own thoughts as dangerous or overly significant amplifies distress, often leads to compulsive behaviors (i.e., cognitive model of OCD; Rachman 1997; 1998), and can even make obsessive-compulsive symptoms (OCS) worse (e.g., Abramowitz, Khandker, Nelson, Deacon, & Rygwall, 2006). But does this pattern hold true for the parent’s interpretation of their child’s thought? Can parents’ interpretations of their children’s intrusive thoughts help explain why certain children experience persistent and worsening OCS, or

develop OCS in the first place? What makes these questions so important is that they all pertain to changeable elements of the family environment, an area where further research is both critically needed (National Research Council and Institute of Medicine, 2009; Society for Prevention Research, 2004), and has the potential to make a dramatic impact on the lives of children who struggle with interfering OCS or full-blown OCD.

AN OVERVIEW OF THE STUDY

We anticipated that parents who appraise a child’s normally occurring intrusive thoughts (e.g., son’s unwanted image of stabbing his sister) as threatening (e.g., because my son had this thought, he must want to do it) will experience an increase in uncomfortable emotions (e.g., anxiety, shame). As a result, we predicted that parents will offer directives to the child to neutralize the obsessional content (e.g., demand her son go hug his sister and/or pray). This sequence of events would unintentionally model an unhelpful, or maladaptive, interpretation of, and reaction to, a harmless passing thought. We believe this process may set the foundation for the child’s development of “OC features,” which include: (a) obsessional beliefs that are present in a range of contexts extending far beyond the original intrusive thought; (b) obsessive-compulsive-related interpretation biases (e.g., interpreting one’s intrusion as dangerous); and (c) OCS. If our predictions are supported, and parents’ threatening interpretations of intrusive thoughts are associated with children’s OC features, then clinicians can directly target this process in parents and potentially prevent children from developing a harmful relationship with naturally occurring intrusive thoughts.

“Should I Be Scared?” Examining Parents’ Interpretations of Children’s Unwanted Intrusive Thoughts *(continued)*

STUDY HYPOTHESES:

- Hypothesis 1: Based upon past research and clinical observations, we hypothesized that parents who interpreted their child’s intrusive thoughts as more threatening would offer more maladaptive strategies for managing the unwanted thought (e.g., require the child to ritualize or suppress the passing intrusion).
- Hypothesis 2: We also predicted that children’s OC features would be more severe if their parents interpreted their intrusive thoughts as threatening.

To test our hypotheses, we recruited nearly 30 families in which the OCS of both the child (between ages 8-18) and their primary caregiver fell across a spectrum of severity from mild to severe. We did so because research demonstrates that OCS occurs across a continuum in the population (e.g., Abramowitz, Fabricant, Taylor, Deacon, McKay, & Storch, 2014; Voltas, Hernández-Martínez, Arija, Aparicio, & Canals, 2014), and because including participants with a range of symptoms — even those that are not severe enough to receive a diagnosis — is recommended when studying how to prevent the onset or worsening of psychological illnesses (e.g., Ginsburg, Drake, Tein, Teetsel, & Riddle, 2015; Rishel, 2007). Participants were first administered diagnostic interviews and several self-report questionnaires. Next, eligible families were invited to attend a testing session and complete behavioral tasks. More specifically, after orienting the child and parent to the study procedure and receiving their written consent, two research assistants guided the child and parent into separate rooms. The child was then asked to think about a personalized intrusive thought — “I will physically hurt [insert the child’s beloved relative] even though I don’t want to” — using a laboratory paradigm for studying obsessions that has been shown to be safe (Berman, Abramowitz, Wheaton, Pardue, & Fabricant, 2011; Berman, Calkins, & Abramowitz, 2013). To enhance the intensity of the child’s intrusive thought, the research assistant asked the child to (a) record the intrusion on a notecard in black ink, (b) “think about the event happening” for 30 seconds, and (c) read the personalized thought aloud.

“If our predictions are supported, and parents’ threatening interpretations of intrusive thoughts are associated with children’s OC features, then clinicians can directly target this process in parents and potentially prevent children from developing a harmful relationship with naturally occurring intrusive thoughts.”

Although all children were given permission to skip this task and it was made clear that there would be no consequences for doing so, no participants opted out of this component of the study. Next, we assessed how children interpreted the thought by asking them to rate the likelihood of the feared event (e.g., hurting the relative) happening simply because they had thought about it.

Once children completed their ratings, the notecard with the intrusive thought was delivered to the parent and they were asked to complete two self-report questionnaires in response to the child’s intrusion. The first questionnaire assessed the degree to which they interpreted their child’s thought as threatening. The second questionnaire listed common strategies for managing intrusive thoughts (e.g., pray; suppress; accept it) and parents were asked to endorse the strategies they would recommend their child use to manage this intrusion.

WHAT DID THE STUDY FIND?

To test Hypothesis 1 (that parents who interpret a child’s intrusion as more threatening would recommend more

maladaptive strategies to manage the intrusive thought) we first labeled the strategies as either adaptive (i.e., helps the child recognize that intrusive thoughts are normal and acceptable) or maladaptive (i.e., leads the child to perceive their intrusive thoughts as dangerous or overly significant) using the feedback of approximately a dozen OCD experts. Notably,

the experts agreed that (a) identifying the thought as an intrusion, (b) accepting that these thoughts sometimes occur, and (c) reminding children that intrusive thoughts are normal, were all adaptive responses. On the flip side, recommending (a) increasing attention towards the thought, (b) inflicting physical pain (e.g., snap a rubber band on wrist when an intrusive thought occurs), (c) punishment, (d) thought stopping, (e) suppressing the thought, or engaging in (f) mental or (g) behavioral compulsions were reliably considered maladaptive responses. Supporting our prediction, we found that

RESEARCH NEWS

“Should I Be Scared?” Examining Parents’ Interpretations of Children’s Unwanted Intrusive Thoughts *(continued)*

parents who interpreted their child’s thought as more threatening recommended more maladaptive, but not adaptive, strategies for managing intrusions.

To test Hypothesis 2 (that a more threatening interpretation of their child’s thought would be associated with more severe OC features in the child) we conducted another set of statistical tests. We looked at the children’s obsessive beliefs (using the Obsessional Beliefs Questionnaire-Child Version; Coles, Wolters, Sochting, de Haan, Pietrefesa, & Whiteside, 2010), interpretation biases (using the ratings of likelihood immediately after the intrusion induction), and OCS severity (using the Obsessive Compulsive Inventory – Child Version; Foa, Coles, Huppert, Pasupuleti, Franklin, & March, 2010). In line with our prediction, we observed that the more parents interpreted their child’s thought as threatening, the greater the child’s beliefs regarding exaggerated responsibility, perceived likelihood of the feared event occurring, and OCS severity.

TAKE-HOME MESSAGES FROM THIS RESEARCH


Results suggest that parents who misinterpret their children’s unwanted intrusive thoughts as significantly threatening recommended more maladaptive strategies, like suppression or neutralizing behaviors. This is in line with our predictions, and supports the idea that a parent’s threatening appraisal of their child’s intrusive thought may lead them to suggest ritualistic behaviors that unintentionally teach the child that these thoughts are dangerous and need to be controlled or managed. In addition, the degree to which the parent appraised their child’s thoughts as threatening was associated with greater obsessive beliefs, interpretation biases, and OCS severity in the children (Berman, Wilver, & Wilhelm, 2018). Given that we did not follow the children over time, we cannot conclude that the parents’ misinterpretation led to the increase in children’s OC features; however, our results can still inform future research that examines this unique (and changeable) risk factor for the onset, persistence, and worsening of childhood OCS.

IMPLICATIONS FOR PREVENTION AND TREATMENT

Prevention efforts for childhood anxiety disorders indicate that modifying parents’ maladaptive cognitive or behavioral processes can lead to adaptive functioning in their children (e.g., Kennedy, Rapee, & Edwards, 2009; Rapee, Kennedy, Ingram, Edwards, & Sweeney, 2005). Given our findings, researchers could examine whether teaching parents (in their own therapy sessions) to alter their threatening interpretations of their children’s intrusive thoughts would improve children’s outcomes. Moreover, given our recent

research demonstrating the difficulty associated with regulating emotions in children with OCS (Berman, Shaw, Curley, & Wilhelm, 2018), it may benefit future researchers to complement parents’ cognitive training with instructions for how to better regulate their emotional responses when their children have intrusive thoughts. By doing so, parents could model effective emotion regulation strategies for their children. In the example of the young boy who fears he will harm his sister with a garden tool, a therapist may work with his mother to help her develop more adaptive cognitive responses to the child’s intrusive thoughts (e.g., “even though the thought about harming his sister terrifies me, a thought is just a thought”), as well as model more helpful emotional responses (e.g., accept the uncomfortable emotions rather than try to manage them by directing the child to ritualize). Of course, more research is needed to confirm whether this type of intervention would be effective; our findings strongly suggest that this area should be explored further.

It is also important to interpret our findings in the context of our study’s limitations. Most importantly, our group of participants was small and they had symptoms across a range of severity, meaning that we cannot say that our findings apply to every family and child. Future researchers should recruit a larger sample of parents who report more severe OCS and continually assess children’s OC features over time to determine the connection between the way parents think about and respond to their child’s OCS, and the risk that it poses for their children.

In closing, we are excited to share our results with the IOCDF community and hope that our findings will be of interest to clinicians, researchers, and families alike. 

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* Indicates publications from this study to date



July 19–21 with Preconference Activities July 18

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 or visit iocdf.org/research.

ONLINE

OCD Study — Client and Clinician Participants Needed!

My name is Alex Lyon and I am conducting a study of individuals receiving outpatient treatment for OCD. I am looking for clinicians to distribute study recruitment letters to clients in your area who are currently beginning ERP treatment. The study also consists of a small clinician-report section to be completed approximately 15 weeks after the client-report portion is completed (all clients will complete release of information forms granting clinicians permission to complete study measures).

All client and clinician participants will receive a \$10 Amazon gift card for study completion (clinicians will receive a \$10 gift card for each completion). Clinicians may also choose to have their study compensation anonymously donated to the IOCDF.

Participant Criteria:

1. Client participants must be age 18 or older.
2. Client participants must be receiving outpatient ERP treatment for OCD.
3. Client participants must be new clients or clients who are just beginning ERP treatment (online surveys must be completed prior to completion of their third ERP session).
4. Client participants cannot be actively psychotic or mentally deficient.

If you believe that your clients may be interesting in participating in this study, please email Alex Lyon at lyona1@xavier.edu for more information. Study recruitments letters to distribute to clients will be sent via email.

Clients can complete the study at the following web address: (tinyurl.com/yygucsc) or by contacting the primary researcher, Alexandra Lyon, at lyona1@xavier.edu who will provide clients with a link to a secure online web address to an online program that contains study questions. It is important that the questionnaires be completed before the third treatment session.

Thank you again for your help with this study. The goal of this research is for it to be used to improve the treatment of individuals with OCD.

The Emotional Experience of Individuals with Obsessive Compulsive Disorder

How do you feel on any given day? What's it like experiencing your emotions while trying to manage your OCD symptoms? Richmond Graduate University is conducting a study exploring the emotional experiences of individuals with OCD. The goal of

the project is to better understand how to help individuals with OCD to identify, express, and regulate their feelings.

Click on the link (or enter it into your web browser) to complete the survey, which consists of questionnaires regarding your emotional experience. If you are over 18 years of age and have OCD, you may participate.

surveygizmo.com/s3/4991993/Emotional-Experience-in-OCD

Participation is completely anonymous. If you have any questions, you can email mplisco@richmont.edu.

NEW YORK

CBT Treatment and MRI Research Study for Children (Ages 7-12) with OCD

This research study aims to identify brain differences that underlie OCD in children by assessing changes in the brain after treatment with cognitive behavioral therapy (CBT) and exposure and response prevention (ERP). The study takes place at Columbia University Medical Center, New York State Psychiatric Institute.

For those who are eligible, the study includes:

1. A thorough diagnostic evaluation
2. A full course of CBT (12 sessions)
3. 2 MRI scans (before and after treatment)

All study procedures, including the evaluation, treatment, and fMRI scans are at no cost. In addition, your child will receive compensation up to \$300 in the form of a gift card for participating in this study.

Participants must:

1. Be between 7 and 12 years old
2. Show symptoms of obsessive compulsive disorder (OCD) or have an OCD diagnosis
3. Not currently be taking any psychiatric medications or participating in psychotherapy

For more information, contact us:

Email: ocstudy@nyspi.columbia.edu

Phone: (646)774-5793

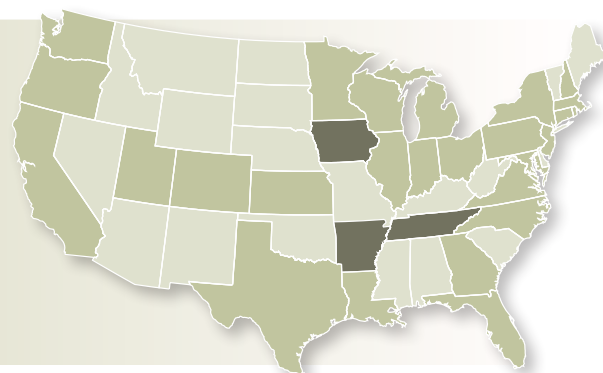
Website: childadolescentpsych.cumc.columbia.edu/professionals/research-programs/y-team/ocd-treatment ⓘ

Affiliate Updates

Affiliate Updates

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

iocdf.org/affiliates



OCD CENTRAL & SOUTH FLORIDA

ocdcsfl.org

We are excited to report on the growth of OCD Central & South Florida (OCDCSFL)! For OCD Awareness Week 2018, we held a community awareness event and fundraiser in Palm Beach Gardens, FL. The event sought to bring together anyone affected by OCD, their loved ones, and professionals. We showed the documentary UNSTUCK: An OCD Kids Movie, which depicts the challenges and successes of several youth as they work to overcome OCD. The event also included group discussion, lunch, a fundraiser/silent auction, breakout groups, and Q&A sessions with several OCD experts.



In 2019, we also transitioned to a new OCDCSFL President, Marni L. Jacob, PhD, ABPP, and new Vice President, Katie Merricks, PhD. We also further expanded our board, and welcomed new OCDCSFL board members: Rashesh Dholakia, MD, Karan Lamb, PsyD, and Nicole McCutchan, MSW.

We have a lot of exciting upcoming events in the works! In July 2019, we will host a workshop in Boca Raton, FL for healthcare professionals, conducted by Marni L. Jacob, PhD, ABPP and Stephanie Sacks, PhD, on how OCD, anxiety, and O-C Spectrum Disorders present across healthcare settings. In August 2019, we will host a workshop in Orlando, FL for professionals, conducted by Rashesh Dholakia, MD and Joshua Nadeau, PhD, on psychosocial and pharmacological treatments for OCD. We are also planning a day conference for OCD Awareness Week 2019, to be held on Friday, October 18th, 2019 in Miami, FL. We already have a solid program of speakers, including Jill Ehrenreich-May, PhD (University of Miami), Marcia Rabinowits, PsyD (Rogers Behavioral Health - Miami), Jedidiah Siev, PhD (Swarthmore College), and faculty from the UM Department of Psychiatry and Behavioral Sciences/Division of Child and Adolescent Psychiatry.

Please check out ocdcsfl.org for more information about OCDCSFL, and contact us at info@ocdcsfl.org if you are interested in getting involved!

OCD JACKSONVILLE

ocdjacksonville.com

OCD Jacksonville has had a busy spring focusing on creating regular programming for sufferers and planning for multiple events this fall. We have begun a monthly social night at a local brew house. Our group is offered generous discounts and the space to engage with sufferers in a relaxed environment where OCD does not necessarily have to be the topic of conversation. We are definitely seeing the positive results of community building. Another exciting initiative has been bi-monthly art therapy nights. We offer these events free of charge to sufferers and the "exposure" canvases created have been incredible testaments to the struggles and bravery of OCD sufferers in our area.

OCD Jacksonville continues our effort to get more clinicians trained in Northeast Florida. We have been diligently working to develop strong relationships with the universities in our city; our hope is to get graduate students interested in specializing in ERP/OCD work. We also hope to host a BTTI in the coming months.

We participated in two community outreach events. We spoke about OCD at Episcopal School Jacksonville's mental health assembly. The event was held to inform and to reduce stigma of mental disorders. We also did a mental health meetup sponsored by Give Back Jax, a local organization that seeks to help local non-profits disseminate information and aid them in fundraising. We were able to sell the Fearless Collection and feature new items created by our partnership with Natural life. We strive to further the messaging of Fearless wherever we go — our desire is for everyone to live Fearlessly!

We will be sending three representatives to the Annual OCD Conference in July. Our representatives look forward to meeting many of the other IOCDF Affiliates and sharing further details about our exciting fall lineup of events. OCD Jacksonville can be found on Facebook, Twitter, and Instagram.

FROM THE AFFILIATES

Affiliate Updates *(continued)*

OCD MASSACHUSETTS

ocdmassachusetts.org

OCD Massachusetts participated in the 1 Million Steps 4 OCD Walk held on June 1st in Boston. Thank you to those who joined our walk team and supported our mission to raise awareness about OCD and related disorders. During the walk, we distributed the new schedules for the OCD & Related Disorders Lecture Series, which starts up this September. We continue to host the lecture series at McLean Hospital in Belmont, UMass Medical School in Worcester and Smith College in Northampton. To view the new schedules, please go to ocdmassachusetts.org.

In February, Nathaniel Van Kirk, PhD, vice president of OCDMA, spoke at the Everett Public Library about the stigma surrounding mental health, and board member Sean Shinnock also talked about mental health stigma in two podcasts through the OCD Stories (theocdstories.com).

In March, board members Jayme Valdez, LMHC, and Sean Shinnock represented OCDMA at the annual OCD Gamechangers event in Denver, CO. This is an event where clinicians and advocates come together to speak and offer messages of hope and recovery. OCD Gamechangers is a movement that seeks to promote OCD awareness by increasing access to services and treatment. With a focus on peer support and messages of hope, OCD Gamechangers is working on expanding resources and creating affordable, accessible care for all who are living with OCD.

Please follow us on Facebook, Instagram and twitter.

OCD MID-ATLANTIC

ocdmidatlantic.org

OCD Mid-Atlantic is continuing to enjoy connecting with our members throughout the catchment area! Gail Quick spearheaded our second annual 1 Million Steps 4 OCD Walk in Richmond, VA. This year's Walk was a great success!

We will have several board members presenting during the Conference in Austin this summer and look forward to meeting new people at the Affiliate Table and throughout the Conference events. We are currently in planning mode for the Mental Health Advocacy Walk co-sponsored by IOCDF and the Mid-Atlantic Affiliate during OCD Awareness Week this fall. In addition, we are planning other events during OCD Awareness Week and anticipate several exciting regional events throughout the year. Please check our website (ocdmidatlantic.org) periodically for updated information on these events. We look forward to seeing members at all of these events!

We are still taking nominations for board members, so if you or someone you know is interested in joining the board, please let us know!

OCD MIDWEST

ocd-midwest.org

We want to thank everyone for attending our recent programs, including the very successful OCD Midwest 1 Million Steps 4 OCD Walk as well as the OCD and Hoarding Learning Expo. We welcome the Chicagoland Hoarding Task Force to the OCD Midwest family. The task force has already done several hoarding trainings in the Chicago area and in joining OCD Midwest, their reach and scope will continue to grow.

OCD NEW HAMPSHIRE

ocdnewhampshire.org

A new Seacoast OCD Support Group was put into place this month. This third support group, in addition to the groups in Concord and Hanover, meets monthly.

On May 21st OCDNH in partnership with The Strand Theater in Dover, NH will host a screening of UNSTUCK: an OCD kids movie from 7–8:30pm. This will be followed by a panel discussion. Panelists will include people affected by OCD, local clinicians treating OCD, and local school representatives.

Beginning in May, OCDNH will begin a comprehensive School Outreach Initiative. Plans include a Fall 2019 workshop/screening of UNSTUCK and panel discussions, touring across the state. The goal will be to offer an hour-long after school workshop going over basic OCD accommodations/strategies for the classroom as well as recognizing possible OCD/anxiety in the classroom and sample IEP and 504 plans. This information will come from the IOCDF website anxietyintheclassroom.org. Additional evening screenings of UNSTUCK will also start in the Fall.

OCDNH also welcomes its newest Board member in April. Jodi Langellotti has been appointed Vice President, specifically supporting social media development and the Schools Initiative above. Jodi also is the energy behind getting our newest support group in place.

OCD NEW YORK

ocdny.org

OCDNY participated in its second annual 1 Million Steps for 4 OCD Walk on June 9th at Morgan Memorial Park in Long Island, NY. We thank all of our volunteers and the tremendous support of our donors to make the second walk a huge success.

OCD OREGON

ocdoregon.org

OCD Oregon is excited to announce that it has officially partnered with a local PANDAS advocacy group – Northwest PANS/PANDAS Parent Network (NWPPN). Sarah Lemley is the Executive Director and official staff. We welcomed her to the board of OCD Oregon. This spring, NWPPN hosted their first Provider Roundtable which included local neurologists,

Affiliate Updates *(continued)*

psychiatrists, nurse practitioners, naturopaths, therapists, and pediatricians and was led by expert Amy Smith, NP. Additionally, a PANS/PANDAS Awareness Day bill passed unanimously through the Oregon House and is pending in the Senate.

Other changes to our board include the addition of Danielle Lieb-Foley, MA, MFT. Danielle is a local OCD therapist and expert in treating BFRBs. She is directing our social media campaign. Check out our revitalized Instagram @ocdoregon. Shel Seaver, DNP, PMHNP has stepped down from the Board. We will miss her and thank her for her important contributions.

OCD Oregon has increased our presence at local conferences. We had tables at The Northwest Law and Mental Health Conference, joint conference of the Oregon Pediatric Society and Oregon Council of Child & Adolescent Psychiatrists, and Oregon Health and Science University's Pediatric Mental Health continuing education event.

On June 1st, we hosted our third annual 1 Million Steps 4 OCD Walk. This year we held the walk at Wilson High School in Portland. We are hard at work on a plan to Recruit, Train and Mentor (R.T.M.) more OCD therapists in underserved areas of the state. Stay tuned for more details on our progress. Please check out our newly designed website ocdoregon.org as well as nwppn.org.

OCD RHODE ISLAND

ocdri.org

OCD Rhode Island is pleased to announce the appointment of Barbara-Ann Borden, MA to the Board of Directors! Barbara-Ann is the Peer Support Facilitator for the OCD support group at Butler Hospital in Providence, RI and earned her masters degree in Rehabilitation Counseling from Assumption College in Worcester, MA. Having lived experience with OCD has aided Barbara-Ann in advocating for better staff training in OCD throughout her career and led her to develop a training curriculum for several agencies she has worked for.

Special thanks to all who joined our Walk team at the annual Boston flagship 1 Million Steps 4 OCD Walk! We had a great turnout and a lot of fun walking with you to raise awareness for OCD!

Please consider joining us at the 26th Annual OCD Conference in Austin, TX from July 19th–21st. We look forward to seeing you there!

Lastly, make sure to stay up to date by following us on Facebook at [OCDRhodeIsland](https://www.facebook.com/OCDRhodeIsland) and Instagram at [@ocdrhodeisland](https://www.instagram.com/ocdrhodeisland) for information on local programming and a list of OCD Awareness Week activities!

OCD SACRAMENTO

ocdsacramento.org

OCD Sacramento hosted its sixth annual 1 Million Steps 4 OCD Walk at Southside Park on June 1, 2019. Approximately 175 individuals from the community joined us in this awareness-raising event working to reduce stigma and to let people know that help is available for OCD and anxiety disorders. We were honored to announce our sponsors, which included Sierra Office Supplies and Printing and Studio Fuel, the later of whom volunteered their time to produce a video to support promoting the event. Our Grand Marshal Corey Hirsch traveled from Vancouver, donating his time to share his journey with those who joined us. As always, Corey's powerful story of turning tragedy to triumph lent the crowd speechless. OCD Sacramento also hosted Corey the day prior to the Walk as he presented in greater detail his journey from a successful NHL hockey player to a national spokesperson advocating for proper treatment for OCD. We thank Corey and all who attended for another successful year of walking for OCD!

OCD SOUTHERN CALIFORNIA

ocdsocal.org

OCD Southern California just held its fourth annual conference with 380 people in attendance! Our keynote speaker, Jeffrey Sparr of PeaceLove, shared his personal struggles with OCD and gave an interactive presentation utilizing expressive arts — by painting on stage while sharing his story! The audience then had an opportunity to do their own expressive art project. Attendees then were able to participate in eight breakout sessions with topics ranging from exposure and response prevention, to stigma, to shared personal stories. Feedback from attendees was extremely positive, expressing that they learned a lot and enjoyed the sense of OCD community created at the conference. Attendees were not only from the southern California area, but many flew in from all over the country! We look forward to our fifth annual conference that will be held in March of 2020!

OCD So Cal also held three official walks for the 1 Million Steps 4 OCD Walk! The walks were located in Orange County, San Diego, and Los Angeles. Walkers were able to participate in a team picture, walk as a group in their official walk t-shirts, raise awareness about obsessive compulsive disorder, listen to both clinicians and individuals with OCD speak on a panel, and participate in games and community-building events! OCD So Cal was excited to raise money for both the International OCD Foundation and our local Affiliate!

OCD Southern California will be at the 26th Annual OCD Conference. If you are interested in meeting the board members or becoming involved in the Affiliate, please join us



FROM THE AFFILIATES

Affiliate Updates *(continued)*

for our official OCD So Cal meeting to be held on Friday, July 19th from 11:15am to 12:30pm. For the exact location at the Conference, please either check our website for details closer to the event or in the official program guide.

Also, OCD So Cal will be manning the Conference's affiliate booth on Saturday, July 20th at 5pm during the Researcher and Exhibitors Meet & Greet.

To get involved with OCD Southern California either as an advocate or a member of one of our subcommittees, make sure to visit our ocdsocal.org and follow us on Facebook and Instagram (@OCDSoCal).

OCD TENNESSEE

Initial steps are being taken to form an IOCDF Affiliate in the state of Tennessee! If you are interested in getting more involved and helping in the establishment of a Tennessee affiliate, please contact Ali at alialisbury@yahoo.com.

OCD TEXAS

ocdtexas.org

Saturday, June 1st marked the fourth annual 1 Million Steps 4 OCD Walk in Texas, with unprecedented participation at both the Houston and Austin Walks. Thanks to our many participants, volunteers, and sponsors for raising awareness and support across Texas. Sponsors included Austin Anxiety and OCD Specialists, Capital OCD & Anxiety Practice, and more, listed on our website at ocdtexas.org. If you are interested in participating in the 2020 Walk or being a part of the Walk team, contact volunteer@ocdtexas.org.

Join us at the Annual OCD Texas Conference, which will be held in Dallas at the Hurst Conference Center on October 12th during OCD Awareness Week. For more information, please contact us at outreach@ocdtexas.org.

OCD Texas looks forward to welcoming new and familiar community members to our home state at the Annual OCD Conference. See y'all soon! 📍

#OCDWeek October 13–19

OCD Awareness Week is an international effort taking place during the second week in October each year to raise awareness and understanding about obsessive compulsive disorder and related disorders, with the goal of helping more people to get timely access to appropriate and effective treatment. Launched in 2009 by the IOCDF, OCD Awareness Week is now celebrated by a number of organizations across the US and around the world, with events such as OCD screening days, lectures, conferences, fundraisers, online Q&As, and more.

iocdf.org/ocdweek

