



## Join Us for the First-Ever Online OCD Conference!



*As you may already know, this year we are unfortunately not able to hold the 27th Annual OCD Conference in Seattle, WA as planned. While we are disappointed that we will not see you in Seattle this year, we are excited to offer an opportunity to “meet” for an Online OCD Conference filled with virtual support, community, and learning.*

*This groundbreaking event will be the first time the OCD community has come together virtually, in one place on one weekend. It is also a new opportunity to make an event that is more accessible to attendees all around the world through virtual programming — not only will you not have to travel to attend the Conference, but it will be offered at a reduced rate.*

**CONTINUED ON PAGE 4**

### IN THIS ISSUE

#### FROM THE FOUNDATION

- President’s Letter .....3
- Online OCD Conference .....4
- 10 Things the OCD Community  
Wants Everyone to Know  
About OCD .....5
- Advocacy Corner .....6

#### FROM THE FRONT LINES

- The Demon of OCD & OCD Comic...  
by *Rissa Marino* .....7
- #FacesOfOCD: Share your OCD  
Story! by *Shira Folberg* .....8

#### THERAPY COMMUNITY

- Watch Your Step: People Who  
Compulsively Observe Themselves  
by *Fred Penzel, PhD*.....10
- NOCD: The World’s Largest Online  
OCD Community by *Stephen Smith  
and Patrick McGrath, PhD* ..... 13
- Institutional Member Updates .... 15

#### RESEARCH NEWS

- Sifting Through the Smoke:  
Exploring the Complex Relationship  
Between Cannabis, Cannabinoids,  
and OCD by *Reilly R. Kayser, MD*....21
- Research Participants Sought .....24

#### FROM THE AFFILIATES

- Affiliate Updates .....26

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

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

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

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

**Newsletter Managing Editor:**  
Jessica Price, MA

**Copy Editor:**  
Tiia Groden, MA

**Layout Design:** Fran Harrington

The mission of the International OCD Foundation is to help those affected by obsessive compulsive disorder (OCD) and related disorders to live full and productive lives.

Our aim is to increase access to effective treatment through research and training, foster a hopeful and supportive community for those affected by OCD and the professionals who treat them, and fight stigma surrounding mental health issues.

**CONTACT THE IOCDF:**

Phone: (617) 973-5801

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

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

Facebook.com/IOCDF

Twitter: @IOCDF

Instagram: @IOCDF

**Mailing Address:**

International OCD Foundation

P.O. Box 961029

Boston, MA 02196

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

Copyright 2020 by the International OCD Foundation, Inc.

# Did you know?

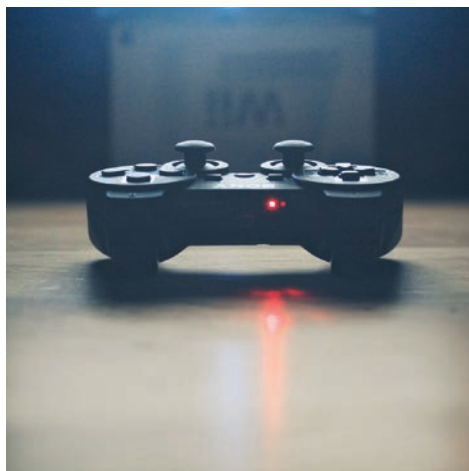
In addition to financial donations, there are many other ways you can directly support programs and resources that aim to ensure everyone affected live full and meaningful lives and that no one travels the path to recovery alone.



**Become a monthly donor**



**Raise funds by pledging your birthday**



**Livestream a gaming fundraiser**



**Donate your car, boat, or RV**

*Some more tips:*

- We have the ability to accept donation of appreciated securities, which can be a tax advantage for many donors.
- If you are over the age of 70.5 this year, you can make a direct, non-taxable contribution to the IOCDF direct from your IRA.
- Under the new CARES Act, for the rest of 2020 there are no limitations on how much of your charitable donations you can deduct against your income for federal income tax purposes.

**Check out all the ways to show your support at [iocdf.org/waystogive](http://iocdf.org/waystogive).**

## President's Letter

by Susan Boaz



Dear IOCDF Friends  
and Family,

What a strange time this has been. I originally planned to start this letter to all of you by writing about a crisis call I recently had with a mom and her daughter, doctors, and psychiatry team. This call left me with

so much hope that we are on a good path for earlier diagnosis and intervention. At that time, most of the experts in our community were saying that COVID-19 was not impacting our community much. That was only a month ago. But now, there really is no way to start this newsletter without talking about the impact that COVID-19 has had on our OCD community and on the mental health community in general.

Each of you will have been impacted in a myriad of ways, so I just want to start by saying that we at the IOCDF acknowledge that. There is no one way to view the impacts of COVID-19 — it completely depends on your individual situation. This is true whether we are talking about the closing of businesses or the impact on mental health. So that is the starting place: the impact will be different to everyone.

With that in mind, we've implemented a wide variety of resources to help, whether you have OCD or a related disorder, or are a loved one. There is a COVID-19 resource page at [iocdf.org/covid19](https://iocdf.org/covid19), and we are holding multiple live streams online on a variety of topics each week with community advocates and professionals; these can be accessed on Facebook and YouTube. We have a free, anonymous online community forum for you to ask questions at [HealthUnlocked.com/my-ocd](https://HealthUnlocked.com/my-ocd). We have a treatment provider directory at [iocdf.org/find-help](https://iocdf.org/find-help), which is updated regularly. Telehealth is much more widely available at these providers, and we are finding it to be an effective option for many — a silver lining of the COVID-19 environment.

As this crisis shifts and changes, we are shifting our content and education along with it, so right now, our focus is on supporting those with OCD as we all learn together, and deciding how to transition back into a different society, where the worries and anxiety of others often seem to overlap with the symptoms of OCD.

This means a shift in some of our programming. You may already know that our 1 Million Steps 4 OCD Walk has been delayed from June to the early fall. And like so many others, we cannot hold an in-person Conference this year. We are working hard behind the scenes to offer a robust virtual conference filled with many of our best speakers and with lots of opportunity for community building. Registration should be open by mid-June, and we hope you will join us — and that having a virtual

option will open up opportunities for many people who are unable to attend the Conference each year. It's been a lot of planning behind the scenes, and a lot of volunteer hours from more people than I can thank here, as we unwind plans and put new ones in place so that we can still gather together online in a productive environment.

But that takes me back to the mom who called in mid-April. While COVID-19 dominated the news cycle, the only news that mattered in her house was that her eight-year-old's OCD had spiraled out of control and was debilitating. And while I promise to tell that story about a child with PANS/PANDAS in a future letter, what matters right this moment, is that we all keep in mind that so many people are struggling, undiagnosed, and this is the moment to make them aware that help and support is available.

So what can we each do to help? With so much going on, it might seem paralyzing to address a mental health crisis. But as people are glued to social media and news, we can each take this time to make someone aware of the symptoms of OCD. Every single time I share our family's story to a group of four or more, someone calls me afterwards to talk about someone they know who is suffering, and to ask for more information about what can be done to help. We talk about diagnosis, how to find treatment providers, how to talk to family members, ERP (exposure and response prevention therapy), PANDAS (pediatric autoimmune neuropsychiatric disorder associated with strep), and have frank conversations about the potential benefits of medications.

These are some of the most honest, raw, and real conversations that I have in my life. Talking about mental health is not always easy. But if we want to reduce the average time that those who suffer from the very treatable condition of OCD, then as a community, we have to keep raising awareness of what OCD really is like, and how treatable it often is. That awareness is easy to do — if you don't want to talk about your own story, you can just share a post from the IOCDF, and let someone else learn from it. As we raise awareness, we are also motivating the next new research ideas, as all research ideas come from observation of real world challenges. Tomorrow's cure may be linked to today's awareness!

Finally, please let us know how we can help. If you are suffering, reach out. We are here to listen and to help find support for everyone in the OCD community. 📞

With love,

Susan Boaz

IOCDF Board President and mom to a fabulous teen



## FROM THE FOUNDATION

### Online OCD Conference *(continued from front page)*

This virtual #OCDCon will be held on the same dates as the originally scheduled Conference: Friday, July 31st through Sunday, August 2nd, 2020. Sessions will be offered in 12 time blocks — four blocks for each of the three days of the Conference. Check out highlights from our schedule below, and be sure to register at [onlineocdconference.org](https://onlineocdconference.org)!

#### FOR PROFESSIONALS

The online Conference is an excellent opportunity to earn CE/CME credits! Highlights of our professional programming include:

- Two entire tracks about working with OCD and specific comorbidities
- A full day of professional development-related topics (e.g., starting a specialty practice, early career issues)
- Different approaches to OCD treatment (e.g., inhibitory learning, ACT)

#### FOR NON-PROFESSIONALS

Whether you have OCD or a related disorder, or are a loved one, this is a great opportunity to learn more during a weekend of virtual community-building, education, and fun! Register now for:

- Two entire tracks about specific OCD subtypes, including relationship OCD and sexual orientation OCD
- Special tracks just for body-focused repetitive behaviors (BFRBs) and body dysmorphic disorder (BDD)
- A full day of information for family members and supporters of those with OCD


#### COMMUNITY DISCUSSION GROUPS

In place of our Conference support groups, we will be holding 36 community discussion groups throughout the weekend. These will provide spaces for attendees to connect with others and share support and information around a given topic. Topics include various subtypes and comorbidities and various populations (such as gender, sexuality, race/ethnicity). 🗣️

*We hope you'll join us for this unique opportunity to gather together virtually for support and learning! For more information and to register, head to [onlineocdconference.org](https://onlineocdconference.org).*

*In the meantime, stay safe and well, and if you have any questions or concerns, please contact us at [conference@iocdf.org](mailto:conference@iocdf.org).*

**New for Professionals!**



We're excited to offer you access to the **brand new IOCDF Webinars**, the latest addition to the Training Institute. This is an excellent way to get some OCD and related disorders training and earn CEs right from home. IOCDF Webinars will train professionals and student/trainees who work with OCD and related disorders — or would like to learn to do so — in an easy-to-use, virtual format.

Head to [iocdf.org/webinars](https://iocdf.org/webinars) for information about how to enroll, how to earn continuing education credits, and more!

## 10 Things the OCD Community Wants Everyone to Know About OCD



[bit.ly/realOCDvideo](https://bit.ly/realOCDvideo)

*Over the past couple of months, we've noticed an uptick in people using the term OCD as an adjective. While we are all experiencing an increase in anxiety during this time, we want the general public to know that this does NOT necessarily mean they have OCD, nor is OCD a helpful thing to have at this time.*

In response, we enlisted our IOCDF Ambassadors to make a PSA with 10 things they want the general public to know about OCD, and asked members of our community to share the video far and wide. So far, the video has been a great success, having been viewed over 5,000 times on YouTube alone.

Here are the 10 points featured in the video:

- **OCD is NOT an adjective.**

You are not being "SO OCD" right now if you are washing your hands thoroughly. An individual with OCD has a psychiatric disorder — you are following CDC and WHO guidelines.

- **OCD is a diagnosable disorder that's the 10th most disabling condition in the world.**

It affects people of all ages and walks of life, and occurs when a person gets caught in a cycle of obsessions and compulsions.

- **When people say things like "I wish I had OCD right now" that can actually discourage people who really have this devastating disorder from seeking treatment.**

- **Contamination worry is just one of many subtypes of OCD.**

People with OCD also might worry they are going to cause terrible events or offend God, or they experience intrusive violent or sexual thoughts, just to name a few of the many lesser-known but common subtypes of OCD.

- **OCD behaviors are not functional.**

Following the CDC and WHO guidelines is functional. You do not want to have OCD during these times to "be more cautious" because compulsions don't help. They are excessive actions performed simply because they reduce anxiety. Those with OCD struggle with an extra threshold of fear and that anxiety will continue once the pandemic subsides.

- **OCD is not an advantage nor is it a solution in this pandemic.**

People with OCD are not better at hand washing or sanitizing or wearing gloves. In fact, they hate doing these things and these behaviors cause them a great deal of distress.

- **The level of fear you're feeling right now as you're bombarded with messages that the world is contaminated and dangerous gives you a glimpse into what someone with untreated OCD feels like.**

While feeling this level of anxiety doesn't mean you have OCD, it helps you empathize with people who are suffering with the disorder.


- **The OCD community holds the key to managing well in the COVID-19 pandemic.**

The skills you learn when overcoming OCD, NOT the disorder itself, make us experts in managing anxiety during this time. People with OCD who've been treated with exposure and response prevention therapy (ERP) have a black belt in managing anxiety and uncertainty because they understand that they have little control over the world, that uncertainty is a given they can handle, and that anxiety is nothing to be afraid of.

- **We all need to support one another in times of global crisis, so please help us spread the word that OCD is not what you think.**

- **Take this as an opportunity to learn more about mental illness and reach out to people who you know have a history of psychiatric difficulties.**

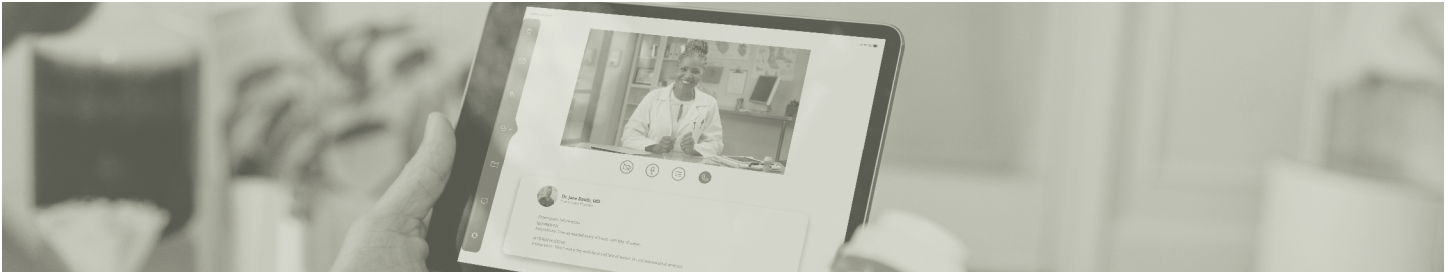
This is the time to start talking about mental illness and learn what others may be going through. Learn more about OCD at [iocdf.org](https://iocdf.org).

You can watch the video on our site at [iocdf.org/realocd](https://iocdf.org/realocd). We hope you'll also take the time to help us spread the PSA on social media using the hashtags **#realocd** and **#NotAnAdjective**. 

*Together, we can help the public understand what OCD really looks like, help eliminate stigma, and use this as an opportunity to start important conversations about mental illness.*

## ADVOCACY CORNER

## Advocacy Corner



*We like to think of the OCD and related disorders community as being ahead of the curve when it comes to dealing with the countless ways that COVID-19 has unsettled daily life. Forget the tired stereotypes about handwashing and germs. It is our practice and skill in tolerating — and even embracing — the uncertainty of the future that leaves many of us feeling well-equipped to face the weeks and months that are ahead.*

When it comes to the IOCDF's Policy Advocacy Program, we too are feeling slightly ahead of the curve right now. We've watched telehealth, a key pre-pandemic priority of ours, be embraced across the country as a means of delivering healthcare while maintaining social distance. We wish that it hadn't taken this to move the needle on a critical health care access issue. But now that telehealth is being widely adopted, we're focused on doing everything we can to improve access to telehealth where it is still lacking, and maintain gains in this policy area even after social distancing rules are relaxed.

#### **WHAT THE IOCDF IS ADVOCATING FOR:**

- We urged CMS (the US federal government agency overseeing Medicare and Medicaid) to allow for behavioral health services to be delivered in audio-only phone calls. This change went into effect in late April.
- We joined with other mental health advocacy organizations to call on US governors to lift state restrictions on telehealth and require that payers reimburse telehealth providers at rates equal to those paid for in-person care, and we've asked Congress to make it easier for states to ease license restrictions that make it difficult or impossible for clinicians to provide telehealth services across state lines.
- We joined other organizations in asking Congress to include the following new requirements in coronavirus relief legislation:

- That telehealth benefits be included in all individual and group plans
- That insurers cover all types of outpatient telemental health care, including intensive outpatient and partial hospitalization
- That insurers cover out-of-network telehealth services if they typically cover other types of out-of-network care or if no in-network telehealth provider is available
- That insurers cannot force patients to switch providers simply to receive care via telehealth
- We are calling on Congress to include telehealth in the benefits provided by Tricare, the US government's health insurance plan for military personnel, retirees, and their families.

We also understand that taking a healthcare system online doesn't erase every barrier, inequity, and problem. As the nation responds to the increased behavioral health care needs that we believe will be brought on by the pandemic and its consequences, we are supporting efforts to improve affordability and access in federal coronavirus relief bills:

- Make health insurance for unemployed workers (COBRA) more affordable by subsidizing premiums for people who have been furloughed or laid off due to the pandemic
- Boost funding support for suicide prevention services and hotlines
- Increase the workforce available to meet demand for behavioral health services by allowing LMFTs and LMHCs to care for medicare beneficiaries

While there are still uncertain days ahead, we are grateful to see so many people and organizations speaking up for the changes that are necessary to meet the mental health needs of our community. We are especially grateful to those who have responded to our action alerts and have contacted their elected officials! Thank you! 🙏

*If you would like to learn more about the Policy Advocacy Program, or sign up to receive more information, please visit [iocdf.org/advocacy](https://iocdf.org/advocacy).*



# THE DEMON OF OCD & Comic

by Rissa Marino

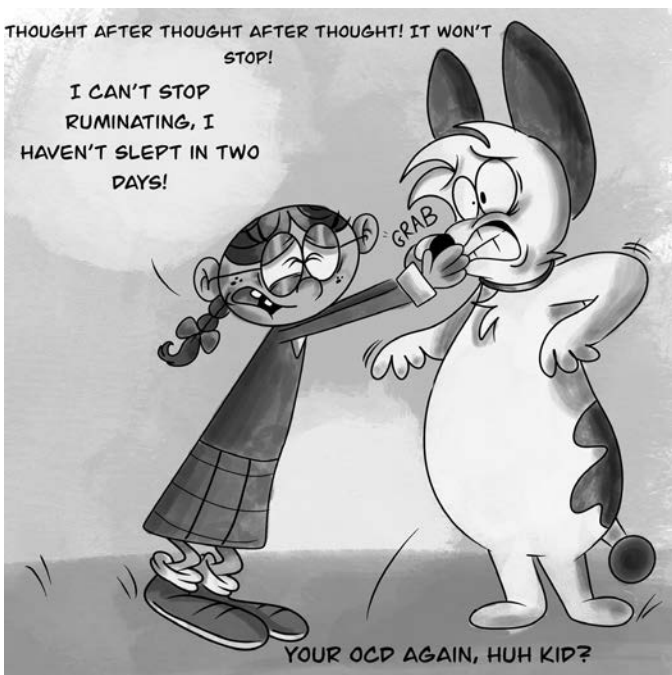
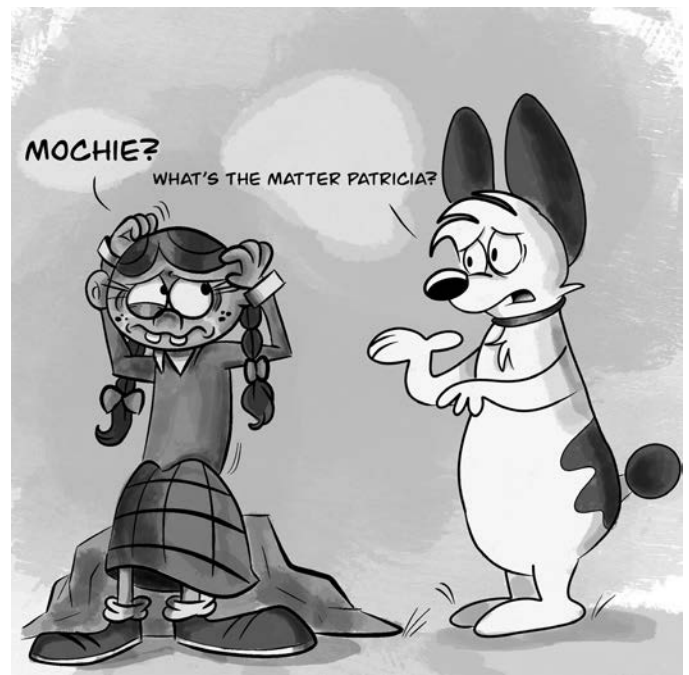
## The Demon of OCD

Deep cuts, hands so tender and raw  
 It was the most terrible, horrendous thing I've ever saw  
 Oh all the scrubbing, checking and cleaning  
 Will they ever know the real sick, dark twisted meaning

I sit there on the edge of my bed; the slave to rumination  
 Will I ever have hope, so in life there will be a great  
 anticipation?

Trying to understand the cruel stigma, all I can say is ow  
 Is your stereotyped, classified jokes still funny now?

Voices, hallucinations and delusions  
 Is this it? Is this life? Is this the conclusion? ☹️



## FROM THE FRONT LINES

### #FacesOfOCD: Share your OCD Story!

by Shira Folberg



Shira's #FacesOfOCD photo

*We know that a crisis like this can be an especially difficult time for someone with OCD or a related disorder. For that reason, we've decided to continue the #FacesOfOCD campaign begun by Shira on Twitter earlier this month. Learn more about Shira below, then post your own #FacesOfOCD post (and send one to us to be featured here — learn how below!) to show everyone that we're all in this together!*

Hey guys! It's Shira. I'm 18 and I'm a writer, or at least an aspiring one.

At my second Annual OCD conference, in San Francisco, I attended a session led by Dr. Lisa Coyne, founder of the OCDI Jr. This was a panel of teens who had been through treatment at the OCDI Jr., and it was moderated by Lisa. The three kids told stories from their time in "the unit," laughed about ERPs gone wrong, and testified that residential treatment had been the right choice for them. This was the panel that inspired me to seek out residential treatment, a step I had been told I needed, but had been hesitant to take, for years.

That fall, I completed one round of intensive treatment at the OCDI Jr. I had been inspired by the words of those kids, and by Lisa, who had offered me her one-on-one insight that day after the panel had ended. But that first time, I couldn't commit to residential. I was too scared, held back by deep rooted separation anxiety. I resolved the majority of my emetophobia (fear of throwing up) during this first

round (something I'd never thought possible), but withheld information regarding recently developed obsessional themes for fear they weren't actually OCD. It was when I left the OCDI Jr. for the first time that I "hit rock bottom." Some people say that OCD is like a game of whack-a-mole. It was when my emetophobia settled down that OCD ran at me full force with relationship OCD and subsequent moral scrupulosity.

I had dropped out of school, isolated myself from all of my friends, and stopped practicing basic hygiene. I spent afternoons lying on the floor screaming, because the thoughts that I was a bad person were unbearable and I didn't know how to get them to go away.

My parents knew I still needed residential treatment, but I didn't believe them. I didn't see that OCD was the issue, because it was telling me it wasn't OCD. For all I knew, I was just an irreparably bad person. And those lies almost cost me everything.

Then I received a call from Lisa. She told me if I wanted my life back I needed to commit to residential. I plugged my ears and ran to the bathroom screaming. But I thought about it. And I took the biggest risk I've ever taken, to this day: I went. And it paid off.

And I am telling you all of this to explain to you why it hurts me when people make OCD jokes, and why I am committed to #FacesOfOCD. Stigma hurts me in the way it hurts anyone when their suffering is invalidated. OCD has caused me a lot of suffering. And I know that I am not alone in this. On the other hand, I know firsthand that things can get better. Since leaving the OCDI, I have gotten my GED, rebuilt my social life, and become the manager of a store. I have applied to — and gotten into — college. Next year I am going to study creative writing at Emerson College in Boston.

To return to my original point: the IOCDF introduced me to the resources that saved my life. And throughout my recovery, I have developed a passion for OCD advocacy. The goal of this project is to give faces and voices to a disorder that is so often invisible and silent. I define stigma as harmful misinformation. How do we remedy stigma? By educating. And how do we educate? By telling our own true stories.

I want to once again express my gratitude for the tremendous support I've received thus far. I hope that this blog will inspire some of you to take a leap, to show your faces and share your stories — and to be empowered in doing so. I also hope that through reading these stories to come, our community will continue to inspire and encourage each other to take steps towards recovery. 🕒



## FROM THE FRONT LINES

## #FacesOfOCD

We encourage you to post a #FacesOfOCD post on social. But there's also an opportunity to have your story shared on the Faces Of OCD blog!

Here's how:

- Every two weeks, we will publish a blog post written by an individual with OCD (or a related, OC-spectrum disorder.) Anyone can submit, and we are hoping to illustrate the diversity of populations that the disorder affects. As with #FacesOfOCD on Twitter, we will encourage all submissions to include photographs of you, a person with OCD, living your life. Here are your official guidelines
- Write 200-500 words. We want to hear about your OCD struggles, but we also want to hear about who you are, outside of OCD.
- Do your best to answer the following questions: What are your values and your passions? What and whom do you love? What has OCD taken from you? In what ways have you pushed back against OCD in the name of living the life you want to live?
- We strongly encourage you to include two to 10 pictures of you, out in the world and living your life. Have a picture of yourself engaging in a values-oriented ERP? That gets bonus points. So do pictures with pets.

Send all submissions to [jprice@iocdf.org](mailto:jprice@iocdf.org).



## THERAPY COMMUNITY

**Watch Your Step: People Who Compulsively Observe Themselves**

by Fred Penzel, PhD



*The other day, a 27-year-old named Aaron came to see me in a very anxious state. Aaron, an IT software engineer, related that he was fearful of going out in public and being seen by other people.*

He described how when he was out in the street, he could not stop thinking about the way his legs moved when he walked, which ironically caused him to walk in an awkward way. His thoughts questioned whether he was walking normally, suggested that he wasn't, and that he looked weird. He further feared that people would notice this and think there was something wrong with him and end up judging him badly. The thoughts focused on such things as which foot to put forward first, how rapidly to move them, and even how he even knew how to walk at all. The thoughts were doubtful, repetitive, and intrusive, and were becoming worse, as they sometimes even occurred when he was home alone. His anxiety was also becoming increasingly unmanageable, which was no surprise. Things were now so bad that he avoided going out in public as much as possible and even had difficulty walking around the office at his job, only walking the halls after first checking that no one else was around.

Aaron's previous therapist diagnosed his problem as social anxiety, but had been unable to help him after eight months of treatment, even with recommended cognitive behavioral therapy approaches for that disorder. And upon looking it up, Aaron realized the diagnosis just didn't fit what he was experiencing. After talking to him further and obtaining more information about his life and his symptoms, I concluded that the diagnosis was actually obsessive compulsive disorder (OCD), and given this, it was no wonder that he hadn't been able to improve in therapy designed to treat social anxiety.

A number of years ago, I wrote an article about people with fears of staring inappropriately at, and excessively noticing, other people ("Here's Looking At You, Kid" – Summer Issue, 2010). After seeing Aaron, it occurred to me that I had never really discussed people who focus on and pay too much attention to themselves. I have come to refer to this behavior as "compulsive over-focusing." I have also heard it referred to as "hyperawareness." Symptoms of this problem tend to involve studying the way different parts of one's body work or may not work correctly. People may typically focus on such things as:

- the way they walk;
- how often, or how they do involuntary acts (breathing, blinking, swallowing, etc.);
- the pitch of their voice, how rapidly they speak, how they laugh, etc.;
- how their mouths move when they talk;
- the way their head turns or how their limbs move;
- whether or not their facial expressions are appropriate;
- the way they gesture;
- whether or not they are making eye contact at any given time; and
- whether they are correctly processing and understanding what others are saying to them.

This list is by no means complete, and only seems limited by a person's imagination. It is also by no means a minor problem. Aaron had developed severe difficulties at his job, getting around in public, and in social situations to the point where he was isolating himself and had become nearly homebound. He feared losing his job. What differentiated the problem from social anxiety disorder was the presence of relentless negative and doubtful intrusive thoughts about his body, and his attempts to eliminate or avoid the doubtful thoughts by compulsively studying and analyzing himself



## Watch Your Step: People Who Compulsively Observe Themselves *(continued)*

and the way his legs worked so that he could perfectly control them. His thinking was that if he could be in total control of his movements at all times, he would be able to rid himself of the doubt the thoughts caused, and therefore his anxiety.

Of course, attempts to eliminate the thoughts and doubts, as Aaron was doing, can never work. This is because:

- It is futile to simply tell yourself to not think about something because you first must think about whatever it is that you are NOT supposed to think about.
- OCD can be relentless in the way it can constantly bombard you with thoughts. This is not something that you can directly control. The thoughts cannot simply be shut off.
- The doubtful nature of OCD makes it impossible to really hold onto whatever reassurance you think you can get from checking yourself, because as soon as you think you have achieved certainty, it vanishes.
- You cannot totally focus on a single aspect of your own behavior at all times, meaning that no matter how careful you are, you will still not be completely certain of what your body is doing, nor will you be able to control it.

Needless to say, Aaron was not very happy to discover he had been misdiagnosed. I explained to him that he would never be able to succeed in his attempts to achieve perfect control due to the above reasons. I explained that in order to succeed, he would need to:

- surrender his need for certainty and control over what his legs were doing;
- increase his ability to accept and tolerate his negative and doubtful thoughts by letting them be there, and by not trying to deliberately eliminate or cancel them in any way;
- do away with any kind of reassurance; and
- allow himself to go places and do things that would cause him to feel the anxiety, but to not try to escape it, to further increase his tolerance for it.

I like to explain to my patients that there really is no escape from anxiety or any other Inner experience, and that the only way to overcome a fear is to face it. I further explained that this would not be easy and would take time to do successfully. In addition, I could not promise to eliminate the thoughts, but told him we could teach him to no longer do compulsions and to be able to handle whatever anxiety or doubt OCD threw at him.

We began a program of homework for Aaron designed to accomplish the above goals. Some of his assignments included:

- Agree with any thoughts about his legs moving awkwardly.
- Agree with any thoughts of others viewing him critically.
- Don't avoid walking when and where others could see him.
- Deliberately take walks in increasingly crowded public places.
- Listen to recordings about how badly he was walking, while on some of his public walks, and of all the bad consequences that would result from it.
- Watch videos of other people walking strangely and agree that he looked just like them.
- Watch videos of himself walking with a voice-over saying how strange he looked.
- Write repetitive daily sentences 25 times that said such things as, "Other people can see how weird I walk."
- Conduct experiments where he would walk oddly in public and then observe other people's reactions to it.

These were very challenging for Aaron to do at first. He stated, "I don't know if I am up to doing this." He felt very anxious at the beginning and really had to push himself to carry many of them out, but he began to observe that the more he did the assignments, the less anxious he felt, and the less he felt controlled by his intrusive thoughts. Doing the experiments had a very big effect on him. He was shocked that when he walked strangely on purpose, no one even seemed to notice or to make remarks to him. "I can't believe nobody cares," he said.

Part of the way through the treatment, he decided to give medication a try to "see if I can cut down on the noise in my head." He tried an SSRI-type antidepressant which did reduce the thoughts themselves and made it easier for him to face his feared situations. Improvement did not happen immediately, but as the weeks went by, he found himself thinking less about his walking and even forgetting to think about it at times. It seemed to take more work to bring on his anxiety, and what there was, he was able to push through.

This is not to say that everything went flawlessly — some weeks were harder than others, and he would occasionally forget himself and catch himself trying to control his steps. At this point, however, he was able to catch himself more quickly and get back to following his treatment guidelines.



## THERAPY COMMUNITY

### Watch Your Step: People Who Compulsively Observe Themselves *(continued)*

A few times, he thought he might even quit, but then he realized that if he did, it would guarantee that things wouldn't get any better. "I guess you never promised me that it would be easy," he told me. "Sometimes when I'm feeling down, I remind myself that even though treatment could be hard, having OCD every day was a lot harder."

Eventually, as happens when people persistently stick to their treatment, we got to the point where it appeared that we were running out of assignments. Most of the things we were doing no longer made him anxious. It was becoming increasingly difficult to bring up the old feelings of strong anxiety. He was able to say, "I may still not like the thoughts, but now I can stand them. They're more annoying now than anything else." We moved on to talk about maintenance, since getting well was only half of the job. The other half, of course was staying that way. He learned that to keep what he had gained, he would need to be vigilant, and to still agree with thoughts when they did occur, and to be sure to resist doing any compulsions. If he did slip, he would have to act immediately to challenge himself until the thoughts and the anxiety subsided. At the end, he told me half-jokingly, "Now I can tell my symptoms to take a walk."

He felt as if he had gotten his life back and could resume working on his career and reestablishing a social life. This, too, was challenging, but in a different way. I told him, "Now you're free to have the same problems as everyone else." He agreed. ☺

---

*Fred Penzel, Ph.D., is a licensed psychologist who has specialized in the treatment of OCD and related disorders since 1982. He is the executive director of Western Suffolk Psychological Services in Huntington, Long Island, New York, a private treatment group specializing in OCD and related disorders. He has written numerous articles that have been featured in many issues of the OCD Newsletter.*

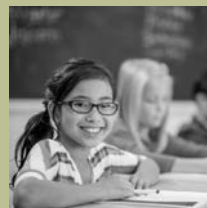
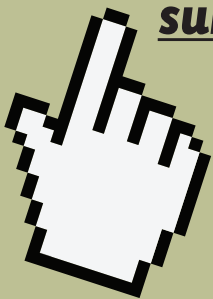
*If you would like to read more about what Dr. Penzel has to say about OCD, take a look at his self-help book, Obsessive-Compulsive Disorders: A Complete Guide to Getting Well and Staying Well (2nd edition), (Oxford University Press, 2016).*

# A *nxiety in the Classroom* .org

**We need your help creating content to help kids with anxiety!**

If you know a child who has anxiety (or knows someone with anxiety), please have them take this short survey. Together, we'll create tools to help kids who need it!

**[surveymonkey.com/r/AnxietyInTheClassroomStudents](https://surveymonkey.com/r/AnxietyInTheClassroomStudents)**



## NOCD: The world's largest online OCD community

by Stephen Smith and Patrick McGrath, PhD



*Stephen Smith, Founder and CEO of NOCD, and Patrick B. McGrath, PhD, Head of Clinical Services for NOCD, sat down to give us an inside look at NOCD, an app offering video-based therapy for people with OCD.*

**IOCDF:** *Thanks for taking the time to talk with us today. First, how did the two of you meet?*

**Stephen:** We met at the Annual OCD Conference in Chicago in 2015. I knew that Dr. McGrath was in the Chicago area at Alexian Brothers Behavioral Health Hospital, and I had just moved to Chicago to get NOCD off the ground. I wanted to seek him out to discuss ideas that I had about NOCD being able to help people with OCD get better access to more affordable ERP, no matter where they lived. His reputation as a clinician and a leader in the field led me to believe that he would be a good ally for NOCD. He's been that and more.

**Patrick:** I remember Stephen was very enthusiastic and we had a great connection right away. He was so passionate about what he wanted to do with NOCD and I was quickly on board. I was happy to get him in touch with people that I knew in Chicago who could work with him on getting NOCD started. I was also able to meet with Stephen and his growing team over the years to offer advice on how to grow NOCD and assure clinical excellence. Eventually, I joined the NOCD Scientific Advisory Board and later came on full time to NOCD as the Head of Clinical Services.

**IOCDF:** *Stephen, what motivated you to start NOCD, and Patrick, what motivated you to join NOCD and scale the network of OCD Therapists?*

**Stephen:** I spent a very long time suffering from OCD, getting misdiagnosed five times, and getting horrible advice from therapists like snapping a rubber band on my wrist every time I had an intrusive thought, or moving out of state to be away

from my family because they were probably the cause of all of my problems. It was my own research into my symptoms that finally led me to discover I had OCD, and then it was another seven months before I could see someone who used exposure and response prevention (ERP) to treat me. I was not able to afford the therapy though, so a family friend reached out and helped me. I learned from this experience how difficult it can be to get the right care for OCD that is both accessible and affordable, and I knew then that I did not want anyone else to suffer like I did. Once I got back on my feet, I realized that getting better wasn't as much as a clinical issue for people with OCD, but more of an operational challenge. ERP is extremely effective, but it was nearly impossible to find a nearby therapist who was affordable, specialty-trained in OCD, and conveniently available.

**Patrick:** I appreciate all that I was able to do at AMITA Health, and I still maintain a great relationship with the staff there. But, when the opportunity came up at NOCD, I realized that this was my chance to move from OCD treatment on a regional level to a national level. I have always enjoyed creating new programs for individuals with OCD, and with the IOP, PHP, and Residential Treatment Center at AMITA fully established, this was an opportunity for me to once again create something influential. The groundwork established by the team at NOCD before I arrived was an excellent springboard for getting our therapist network to be as large and evolving as it is today.

**IOCDF:** *How have you seen the NOCD platform evolve?*

**Stephen:** We initially launched the NOCD platform as an adjunctive tool to help people with OCD get 24/7 support between therapy sessions, since we did not want them to challenge their condition alone. As we grew and were able to reach people globally, we realized how difficult it was to access a therapist with specialty training in OCD and ERP. Therefore, we decided to build out and emphasize

## THERAPY COMMUNITY

**NOCD: The world's largest online OCD community** *(continued)*

the telehealth component of our platform. Now, inside of NOCD, our members can not only do live, face-to-face, video therapy sessions with OCD therapists trained by our clinical team, but also get each therapy session paid for by their health insurance company as a covered benefit. We have put a herculean effort into getting NOCD therapists paneled with insurance companies, and into getting contracts signed with major payors across the country. We know that one of the main reasons that people with OCD do not get treatment is due to the cost of care, especially in major cities where providers have shunned accepting insurance and are purely doing fee for service sessions — sometimes at over \$250 per hour. We're removing all of the affordability and location barriers that prevent people with OCD from accessing effective ERP treatment. Hundreds of thousands of people are in NOCD's online community, and each month we do thousands of telehealth sessions.

**IOCDF:** *You have recently moved to being a teletherapy provider in over 20 states. How have you been able to grow your network the way you have?*

**Patrick:** It has taken a lot of effort to grow this network from the ground up. From interviewing therapists to having them go through training on our model of treatment for OCD (using ERP in a teletherapy environment), to learning the technology that we use for our medical record, our team has been all-hands-on-deck. I am proud of the work that we have done to make the teletherapy portion of the app a reality, and it has been amazing to see so many people being treated for OCD and seeing the results that they are experiencing. I am constantly amazed in my weekly supervision sessions with the team how much enthusiasm our therapists have for the work they are doing.

**IOCDF:** *Has COVID-19 had an impact on your growth?*

**Stephen:** Our teletherapy sessions were already increasing prior to COVID, but once COVID was really having an impact on the mental health community, the use of our teletherapy services increased dramatically. While many other providers were trying to figure out how to navigate the telehealth landscape, we were fully engaged in a teletherapy service. Our online members on the OCD app saw that we were there for them and utilized our services for their treatment. We were also featured in numerous media outlets like Time Magazine, Chicago Tribune, and CBS Radio National News.

**IOCDF:** *Can you walk us through the various aspects of the NOCD platform please?*

**Stephen:** Inside the NOCD telehealth platform, you can do live, face-to-face video therapy sessions with a licensed therapist from our network that specializes in ERP and OCD, as well as get always-on support between sessions from self-help tools and peer communities. All of our therapists are licensed and have gone through NOCD's OCD specialty training, and they're managed by our clinical leadership team. The self-help tools in the platform encourage you to stick to your ERP treatment plan, accept uncertainty during OCD episodes, and understand your treatment progress objectively. Our peer community of fellow people with OCD help you get the support you need to learn about OCD. With all of this support, we hope our members will eventually become their own "therapist." To start therapy with a NOCD therapist, you can schedule a free 15-minute call with our team at [treatmyocd.com](http://treatmyocd.com).

**IOCDF:** *Finally, to put this debate to rest, do you call it N.OCD or pronounce it NO-CD?*

**Stephen:** It is NO-CD, and it stands for "NO Compulsion Disorder." Everyone has unwanted thoughts, but the mental and physical actions people with OCD do to make their thoughts go away, called compulsions, differentiate them from others without the condition. Compulsions end up causing the thoughts to recur in a crippling way throughout the day, becoming the core of the problem. Therefore, since the compulsion — NOT just the obsession — is the issue, the word "NOCD" pushes our team to help our members accept the uncertainty behind their thoughts and resist doing compulsions.

**IOCDF:** *Final thoughts?*

**Patrick:** Our goal at NOCD is to help people get better and then stay better. With our therapy model, we will work to actively help people get better with ERP. Once we see that our patients have improved and have learned how to apply ERP to their lives, we help them to stay better and support them in their continued effort to challenge their OCD. To "Get Better and Stay Better," people with OCD must resist doing compulsions. We are here to help make that happen. ☺



## 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](http://iocdf.org/clinics).*

### AMITA HEALTH

#### Alexian Brothers Behavioral Health Hospital

1650 Moon Lake Blvd

Hoffman Estates, IL 60169

(847) 755-8566

[kathleen.torres@amitahealth.org](mailto:kathleen.torres@amitahealth.org)

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

Our IOP and PHP are available virtually to individuals with Anxiety, OCD, and PTSD. Please reach out to Katie Torres at (847) 755-8566 to schedule an assessment and work with our staff virtually. The Foglia Family Foundation Residential Treatment Center remains open at this time to treat individuals with anxiety, OCD, PTSD, and addictions.

While these have been trying times, AMITA Health is committed to being a source of excellent, evidence based treatment. Our staff continues to stay updated on the best ways to provide CBT and ERP for the treatment of OCD and co-occurring conditions. Our assessments can be done over the phone for our Residential Treatment Center and our veteran grant is still in place for veterans and their family members.

### ANXIETY INSTITUTE

75 Holly Hill Lane, Ste 300

Greenwich, CT 06830

(203) 489-0888

[lgeiger@anxietyinstitute.com](mailto:lgeiger@anxietyinstitute.com)

[anxietyinstitute.com](http://anxietyinstitute.com)

Anxiety Institute offers an intensive outpatient program designed for youth and young adults struggling with moderate to severe anxiety and OCD. Anxiety Institute provides comprehensive, continuous care for expedited and enduring recovery.

Daily treatment includes:

- Individual therapy: Individual, one-to-one therapy including exposure-focused cognitive behavioral therapy (CBT).
- Applied behavioral therapy: Using principles of evidenced-based CBT, our exposure coaches work with your child to practice skills and strategies learned in therapy until they become habit.
- Group therapy: Group therapy is facilitated by our trained clinicians using a curated curriculum to educate the group on bio-psycho-social experience of anxiety/OCD.
- Wellness: A wellness hour is critical to enabling your child to participate in activities outside their comfort

zone, bond with other clients, process intensive clinical work, and learn new skills.

- Family therapy: Coaching, consultation, and psychoeducation to ensure parent success in their critical role in recovery.
- Support group: A weekly support group for parents who want to learn how to support their child, avoid accommodating behaviors, and manage their own emotions around parenting a child suffering with anxiety disorder or OCD.

We also offer weekly/bi-weekly sessions and custom intensive programs, with treatment intensity matching the severity of symptoms.

### THE ANXIETY TREATMENT CENTER OF GREATER CHICAGO

707 Lake Cook Rd, Ste 310

Deerfield, IL 60015

656 West Randolph St, Ste 4W

Chicago, IL 60661

1550 Spring Rd, Ste 220

Oak Brook, IL 60523

(877) 559-0001

[info@anxietytreatmentcenter.com](mailto:info@anxietytreatmentcenter.com)

[anxietytreatmentcenter.com](http://anxietytreatmentcenter.com)

In these very strange times we are doing our best to model adaptability and resilience to our patients. We were fortunate in already having appropriate telehealth platforms in place; we were able to quickly transition patients to those platforms for continued treatment if they were unable to continue face-to-face sessions for any reason. Our administrative staff has worked hard behind the scenes to make sure our day-to-day functions continue seamlessly while making this transition to an online existence. We are grateful to continue helping our patients gain resiliency and face the future with hope.

### BAYLOR COLLEGE OF MEDICINE — OBSESSIVE COMPULSIVE DISORDER PROGRAM

1977 Butler Blvd, Ste E4.400, 4th Floor

Houston, TX 77030

(713) 798-3080

[OCDProgram@bcm.edu](mailto:OCDProgram@bcm.edu)

[bcm.edu/healthcare/care-centers/psychiatry/services/obsessive-compulsive-disorder](http://bcm.edu/healthcare/care-centers/psychiatry/services/obsessive-compulsive-disorder)

In light of reform in telemedicine regulations secondary to the COVID-19 pandemic, the OCD Program at BCM is pleased to offer expanded telepsych services throughout the state of Texas. This includes both initial evaluations as well as ongoing CBT with ERP therapy and medication management. Our services are conducted by experienced faculty and covered by most insurances.

## THERAPY COMMUNITY

### Institutional Member Updates *(continued)*

We are excited to announce that Eric Storch, PhD, Gabriel Lázaro-Muñoz, PhD, JD, MBE, and Jennifer Blumenthal-Barby, PhD were awarded a National Institutes of Health grant entitled Pediatric Deep Brain Stimulation: Neuroethics and Decision Making (R01MH121371). This four-year grant will examine neuroethics issues and decisional needs of pediatric deep brain stimulation in movement and psychiatric disorders.

#### **BEHAVIOR THERAPY CENTER OF GREATER WASHINGTON**

**11227 Lockwood Dr  
Silver Spring, MD 20759  
(301) 593-4040**

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

In keeping with public safety needs during this time, Behavior Therapy Center of Greater Washington (BTC) is continuing to provide initial consultations and therapy services by telehealth. Our virtual "doors" remain open for new clients from Maryland and Virginia via Zoom, a secure and HIPAA-compliant video conferencing platform. Continuing care is also available for established clients in the District of Columbia. The "GOAL" OCD Support Group continues to meet uninterrupted via video conference every other Wednesday. The GOAL group is free and is open to all OCD sufferers, whether clients of the clinic or not, and the well-attended group continues to be an important source of social support and connection for many. Our Parent Management Training and Exposure Groups continue to run in a videoconference format.

Finally, we are excited to announce the successful launch of the virtual Youth BFRB Therapy Group for school-aged children and teens struggling with body-focused repetitive behaviors. The group guides members through applying the comprehensive behavioral (ComB) model of treatment for hair pulling and skin picking in a supportive and systematic manner. Group participants also receive parent support from trained clinicians through a parallel parent support group.

#### **BEND ANXIETY CLINIC**

**777 NW Wall Street, Ste 302  
Bend, OR 97703  
(541) 668-6015**

[drjasonrichards@bendanxietyclinic.com](mailto:drjasonrichards@bendanxietyclinic.com)  
[bendanxietyclinic.com](http://bendanxietyclinic.com)

Recognizing how difficult it can be to find a clinician who is skilled in providing effective treatment for obsessive compulsive disorder, anxiety, and related conditions, Bend Anxiety Clinic has added online video-based (telemental health) therapy for OCD, anxiety, and related conditions. Adding telemental health treatment increases accessibility to all which is especially important in the rural setting of central Oregon.

With the increased demand for effective and evidence-based treatments in central Oregon, Bend Anxiety Clinic has expanded our team and welcomes Dr. Sara Vice. She is an expert in the treatment of anxiety, trauma, and other related disorders using evidence-based interventions. Dr. Vice specializes in treating children and adolescents, a greatly needed service in central Oregon. She has received extensive training in cognitive, behavioral, and exposure-based therapies, including trauma-focused cognitive behavioral therapy, dialectical behavior therapy, and parent-child interaction. In addition to therapy, Dr. Vice conducts comprehensive psychological assessments for children, adolescents, and adults with suspected developmental and learning disabilities, ADHD, and emotional and behavioral disorders.

#### **BETTER LIVING CENTER FOR BEHAVIORAL HEALTH**

**1333 West McDermott Dr  
Allen, TX 75013  
(214) 561-7445**

[info@betterlivingbh.org](mailto:info@betterlivingbh.org)  
[betterlivingbh.org](http://betterlivingbh.org)

We offer multiple levels of care for OCD and related disorders, including partial hospitalization, intensive outpatient, and outpatient-level treatment. We currently have two doctoral-level clinicians and two masters-level clinicians with a specialty in anxiety and related disorders treatment.

Due to current public health-related concerns, most of our services are now offered online for the current time periods. In-person programs will resume as the public health situation evolves. We take a team approach to treatment and all cases are staffed by the team. Please contact us for more information about receiving care with us. We are also now working with a non-profit that subsidizes the treatment of some deserving individuals on a case-by-case basis.

#### **COGNITIVE BEHAVIOR THERAPY CENTER OF SILICON VALLEY**

**16579 Los Gatos Almaden Rd  
Los Gatos, CA 95032  
(408) 384-8404**

[info@cbtstv.com](mailto:info@cbtstv.com)  
[CognitiveBehaviorTherapyCenter.com](http://CognitiveBehaviorTherapyCenter.com)

The Cognitive Behavior Therapy Center of Silicon Valley is open for new clients anywhere in California. We are now offering cognitive behavior therapy and exposure therapy for anxiety and OCD using Zoom for Healthcare, a HIPAA-compliant video platform. We work with adults, children and teenagers with anxiety, OCD and other anxiety-related disorders. We currently have six licensed therapists and three pre-licensed therapists available to work with you. Call or email us to make an appointment.

## Institutional Member Updates *(continued)*

### COMMUNITY WEST OCD PROGRAM

1990 South Bundy Drive, Ste 320  
Los Angeles, CA 90069  
(310) 990-0988

[fmarenco@cwttreatment.com](mailto:fmarenco@cwttreatment.com)  
[communitywesttreatment.com](http://communitywesttreatment.com)

Community West is thrilled to announce the launch of our adolescent PHP program. The PHP program for OCD and anxiety will offer six hours of clinical programming, Monday through Friday. The program is ideal for clients with moderate to severe OCD that causes significant impairments in their lives, including school avoidance due to performance and social anxiety fueled by perfectionism and fear of failing or making mistakes. Our PHP program will include additional daily exposure and response prevention, daily group therapies, and enhanced experiential activities in addition to daily individual therapy sessions with a licensed CBT therapist, case management, and psychiatry. Clients who are enrolled in our PHP program will join our IOP clients mid-day and blend into our after-school adolescent IOP program.

### GENESEE VALLEY PSYCHOLOGY

21 Goodway Drive  
Rochester, NY 14623  
(585) 270-1679

[drwadsworth@gviproc.org](mailto:drwadsworth@gviproc.org)  
[gviproc.org](http://gviproc.org)

GVP has responded quickly to COVID-19, offering all individual, group, and IOP services online. It has been wild, but we are enjoying the benefits of people doing ERP in their homes, as the work seems to be generalizing more quickly.

We are excited to announce that we will have a large training program starting in fall 2020 — including two postdoctoral fellows, four practicum students, and an undergraduate intern! We have also started new research partnerships and hope to continue building this aspect of our clinic.

### INTENSIVE PROGRAM FOR OCD AT BRADLEY HOSPITAL

1011 Veterans Memorial Pkwy  
East Providence, RI 02195  
(401) 432-1516

[Lcarillo@lifefspan.org](mailto:Lcarillo@lifefspan.org)  
[lifefspan.org/centers-services/intensive-program-obsessive-compulsive-disorder/our-team-intensive-program-ocd](http://lifefspan.org/centers-services/intensive-program-obsessive-compulsive-disorder/our-team-intensive-program-ocd)

We are pleased to announce that our partial hospitalization programs for youth ages 5–18 have made a successful transition to a fully virtual, Zoom-based format. Our services emphasize exposure response prevention with strong emphasis on training parents to be exposure coaches. We are also developing a new track combining ERP with DBT with full launch planned for January 2021. We will return to in-person programming as soon as it is safe to do so. We continue to accept most major insurances.

### MCLEAN OCD INSTITUTE // HOUSTON

708 E. 19th St  
Houston, TX 77008  
(713) 526-5055

[info@houstonocd.org](mailto:info@houstonocd.org)  
[houstonocdprogram.org](http://houstonocdprogram.org)

We are honored to announce that the former Houston OCD Program is now officially the McLean OCD Institute // Houston. We are thrilled to be a part of the McLean OCD Institute and to further increase OCD care available in the south! Dr. Elizabeth McIngvale has been named and has taken the role as the clinic director. We are excited to continue to grow and further serve individuals across the globe with OCD. The McLean OCD Institute // Houston has the same location, staff and high-quality care as the previous Houston OCD Program. We are located in the Houston Heights and offer residential support, partial hospitalization (PHP) and outpatient services. In addition to our in-person services, we also have virtual/online specialized OCD treatment services available. We serve individuals and families of all ages with OCD, anxiety and related disorders. Call us today to learn more at (713) 526-5055 or email us directly at [info@houstonocd.org](mailto:info@houstonocd.org).

### MGH PEDIATRIC PSYCHIATRY OCD & TIC DISORDERS PROGRAM

185 Cambridge Street, Ste 2000  
Boston, MA 02114  
(617) 643-2780

[MGHPediOCDTics@partners.org](mailto:MGHPediOCDTics@partners.org)  
[mghocd.org/pediocdtics](http://mghocd.org/pediocdtics)

Despite the chaos of this unprecedented time, our program has continued to grow in the last few months!

In response to the public health climate, we moved all of our clinical operations to remote and virtual platforms with relative ease. In addition, we have begun monitoring patients' symptom changes in an effort to better understand the association of the novel coronavirus with different types of OCD symptoms.

In March, we were delighted to start working with Brittney Jurgen, a psychiatric NP who is just finishing up her RN program at the MGH Institute of Health Professionals. Brittney has been a tremendous asset, providing psychopharmacological and behavioral therapy support for our more acute patients. Additionally, while details are still being confirmed, we are excited to share that we will also be adding a part-time social worker to our team beginning in June!

Finally, since the addition of our new staff child and adolescent psychiatrist, Dr. Marie Gipson, in late 2019, we have been able to see over 100 new patients, and continue to do so! Patients who are interested in evaluation or medication management can email [MGHPediOCDTics@partners.org](mailto:MGHPediOCDTics@partners.org) to start the intake process.



## THERAPY COMMUNITY

### Institutional Member Updates *(continued)*

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

703 River Road  
Plainfield, NH 03781  
(603) 989-3500

[dvardell@mountainvalleytreatment.org](mailto:dvardell@mountainvalleytreatment.org)  
[mountainvalleytreatment.org](http://mountainvalleytreatment.org)

Mountain Valley launched a virtual “therademics” program combining online academic support and weekly teletherapy in May. The ALIGN Program is tailored to meet the individual needs of adolescents prior to and after treatment. Additionally, a three- and six-week intensive residential experience launched in June. Originally designed for teens whose treatment was interrupted due to COVID-19, requests from other families have been received. It is a great way to get some intensive exposure work — and have some fun prior to the restart of school

As a non-profit organization, Mountain Valley offers need-based financial aid. Due to very generous support from our donors, we are able to expand this program and increase award amounts.

For more information contact Jen Fullerton at [jfullerton@mountainvalleytreatment.org](mailto:jfullerton@mountainvalleytreatment.org).

#### **NORTHWELL HEALTH OCD CENTER**

75-59 263rd St  
Zucker Hillside Hospital  
Glen Oaks, NY 11004  
(718) 470-8052

[ocdcenter@northwell.edu](mailto:ocdcenter@northwell.edu)  
[northwell.edu/ocdcenter](http://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. Email us to schedule a confidential screening.

We hope that you have all been able to stay safe during the COVID-19 pandemic. During this time we have been carrying out all of our services through video platforms, and we are realizing that, as a result, we are able to reach patients and their families who would otherwise not be able to travel to participate in individual or group therapy. Specifically, our Family OCD Group has been expanding and we have adjusted our psychoeducation component to account for COVID-19 variables. The pandemic has encouraged us to think more creatively about how we can continue to offer effective ERP in a world in which we are all affected by hardship and uncertainty. We encourage you to take advantage of the many resources offered by the IOCDF during this time

#### **NW ANXIETY INSTITUTE**

32 NE 11th Ave  
Portland, OR 97232  
(503) 542-7635

[info@nwanxiety.com](mailto:info@nwanxiety.com)  
[nwanxiety.com](http://nwanxiety.com)

NW Anxiety Institute, like many, has been tasked to really dig deep and practice navigating uncertainty this year. Fortunately, our amazing clients have skillfully ridden the waves of uncertainty with us, allowing us to continue providing evidence-based therapy virtually. This challenge has offered opportunities for tremendous growth for Nwai, both as individual team members and as an organization. Through the use of technology, we have worked with our clients in unique ways to face their fears while at home, completing specific exposures that otherwise would not have been possible.

During this time of uncertainty, we have begun devoting part of our daily video conference team meetings to reflect on things that bring us hope, laughter, and gratitude. While one of our team members began offering a weekly virtual mind-body class to our community, the rest of us braved social media to post personal messages of hope and new learnings. We have appreciated the support from the IOCDF and its affiliates by way of weekly educational webinars and connections during the COVID-19 pandemic.

#### **THE OCD AND ANXIETY CENTER**

1100 Jorie Blvd 132      64 Orland Square Dr, Ste 112  
Oak Brook, IL 60523      Orland Park, IL 60462  
(630) 522-3124      (815) 766-1090

[mzayed@theocdandanxietycenter.com](mailto:mzayed@theocdandanxietycenter.com)  
[theocdandanxietycenter.com](http://theocdandanxietycenter.com)

We are growing! We are excited to share that we have expanded our services to reach people in Orland Park, IL, a southern suburb of Chicago. We continue to provide outpatient and intensive outpatient services to both children and adults. Our Oak Brook location is also thriving. We have added two therapists, Madison Hewitt, LCSW and Jelena Maistrenko, LCSW to our practice. Both have experience using CBT and ERP to treat anxiety and OCD. Lastly, we are excited to announce the start of a free parent support group for parents struggling with COVID-related issues. The group is highly supportive and structured with topics focusing on self-care, mindfulness, managing anxiety in children, talking about COVID-19 with children, and parent management skills. The group meets virtually on Thursdays from 6–7pm. Feel free to reach out for more information!

## Institutional Member Updates *(continued)*

### THE OCD & ANXIETY TREATMENT CENTER

1459 North Main St  
Bountiful, UT 84010  
(801) 298-2000

[admissions@liveuncertain.com](mailto:admissions@liveuncertain.com)

[theocdandanxietytreatmentcenter.com](http://theocdandanxietytreatmentcenter.com)

Like many, due to COVID-19 we have needed to adapt our programming. Since March the OCD and Anxiety Treatment Center has successfully been fully operational online via telehealth for both our intensive outpatient and outpatient program. Our FREE community group has gone virtual as well (G.O.A.L.S. group second and fourth Tuesdays/month 6–7 PM). In response to significant requests, we have recently launched an eight-week BFRB group and have received tremendous interest and participation! These past few months we've had some amazing additions to our team — Tricia Page is our program manager for our Bountiful, UT location and Colleen Croft is our program manager for our new location in South Jordan, UT. The OCD and Anxiety Treatment Center has therapists licensed in California, Idaho, Arizona, Wyoming, and Montana.

### OCD INSTITUTE AT MCLEAN HOSPITAL

115 Mill St  
Belmont, MA 02478  
(617) 855-2776

[ocdiadmissions@partners.org](mailto:ocdiadmissions@partners.org)

[mcleanhospital.org/treatment/ocd-institute](http://mcleanhospital.org/treatment/ocd-institute)

The OCD Institute has been continuing to operate its residential services on site during the COVID crisis. While we have limited somewhat the number of patients we are accepting to allow for social distancing, we continue to provide our usual high-quality care to patients who require it. Our partial hospital program has gone completely virtual, and we are able to see local patients via a fully virtual platform.

OCDI Jr. has moved to a fully virtual program until they are able to move into their new space on the Belmont campus. Children and adolescents are receiving virtual care by our team of highly qualified clinicians.

Our research team continues to work remotely and is working on studies related to the effects the COVID crisis has had on patients with OCD and treatment modalities/interventions.

Our intake/admission process has remained the same, but please feel free to reach out to our admission staff at [ocdiadmissions@partners.org](mailto:ocdiadmissions@partners.org) or 617-855-2776 if you have questions about the process or wait times. As always, the OCDI is committed to providing safe and effective care to any patient who needs our assistance. We wish you and your loved ones well during these challenging times.

### PALO ALTO THERAPY

407 Sherman Ave, Ste C  
Palo Alto, CA 94306  
(650) 461-9026

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

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

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.

All therapists on staff are able to hold sessions through phone or video. Video therapy has proven to be as effective as in-person therapy. All that is needed is a private area.

Additionally, our eight-week Anxiety to Wellness class is open for enrollment for both teens and adults! This class will teach participants anxiety-reducing techniques and offers group support. Classes are offered in January, April, and September.

We are hiring! We are actively hiring new therapists so 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, please send them our way!

Palo Alto Therapy is happy to announce that many of our therapists are now partnered with Kaiser Permanente. Please contact us if you have any questions.

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

### ROGERS BEHAVIORAL HEALTH

34700 Valley Rd  
Oconomowoc, WI 53066  
(800) 767-4411

[rick.ramsay@rogersbh.org](mailto:rick.ramsay@rogersbh.org)

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

For the health of our patients and team, Rogers Behavioral Health transformed its partial hospitalization and intensive outpatient care to a new virtual platform called Rogers Connect Care.

Through a secure connection, patients participate in individual and group therapy sessions, meet with psychiatrists, and complete the same therapeutic activities typically held in person.

Videos are available online at [Rogersbh.org/connectcare](http://Rogersbh.org/connectcare) that demonstrate what online therapy looks like and answer common questions. Patients who require a higher level of care can still admit to the OCD and Anxiety residential programs in Oconomowoc, Wisconsin.

In April, Rogers hosted a three-part webinar series on treating OCD during COVID-19.

Presentations for the webinars were given by Martin Franklin, PhD, clinical director; Stephanie Eken, MD, FAAP, regional medical director; and Joshua Nadeau, PhD, clinical director.

## THERAPY COMMUNITY

### Institutional Member Updates *(continued)*

The series covered the unique challenges and opportunities presented by treating OCD during COVID-19, pharmacotherapy and combined treatments, and addressing contamination-related fears. Recordings of the webinars are available at [rogersbh.org/resources](http://rogersbh.org/resources).

On May 11th, Rogers opened a new clinic in Atlanta, Georgia, which offers partial hospitalization care to children, teens, and adults for OCD and anxiety. The clinic also offers care for depression and trauma.

---

#### **STANFORD TRANSLATIONAL OCD PROGRAM — RODRIGUEZ LAB**

**401 Quarry Rd  
Stanford, CA 94305  
(650) 723-4095**

[ocdresearch@stanford.edu](mailto:ocdresearch@stanford.edu)  
[rodriguezlab.stanford.edu](http://rodriguezlab.stanford.edu)

The Stanford Translational OCD Program would like to extend a heartfelt thank you to Jeff Szymanski and the entire IOCDF staff for their hard work keeping the OCD community informed with online resources during these unprecedented times. We are grateful to our team members who have transitioned several of our studies to an online format so we can continue advancing treatments for OCD and related disorders. We look forward to connecting virtually with you all at the IOCDF town halls, the Annual OCD Conference, and OCD awareness events.

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](mailto:ocdresearch@stanford.edu). You can also follow us on Twitter and Facebook: @RodriguezLabSU.

---

#### **STRESS AND ANXIETY SERVICES OF NJ, LLC**

**A-2 Brier Hill Ct                      195 Columbia Tpke, Ste 120  
East Brunswick, NJ 08816            Florham Park, NJ 07932  
(732) 390-6694**

[sas@StressAndAnxiety.com](mailto:sas@StressAndAnxiety.com)  
[StressAndAnxiety.com](http://StressAndAnxiety.com)

We at Stress and Anxiety Services of NJ hope you have navigated the pandemic crisis successfully, that you have been spared any losses and major stressors, but that if you have, that you have sought out solace and support from others. Remember, while you may be separated from others, you are not alone!

SAS of NJ is now a full telehealth service as of mid March, 2020, utilizing RingCentral, a HIPAA-compliant platform. All our staff, including most recently our post-docs, have had intensive formal training in telehealth services and all have received certificates reflecting that training. We are now presently offering Facebook

Live Q&A panels, where members of our clinical staff take questions from viewers on a variety of topics. We are also offering didactic webinars online. In addition, we are sending out monthly newsletters — one specific to active clients on our caseload, and another to the public. For more information on all of these online happenings, please go to our website. Stay safe. Stay well. Stay calm.


---

#### **USF ROTMAN CENTER OF NEUROPSYCHIATRY**

**Bayfront Medical Plaza  
601 7th St South, Ste 425  
St. Petersburg, FL 33701  
(727) 767-8230**

[rothmanCtr@usf.edu](mailto:rothmanCtr@usf.edu)  
[health.usf.edu/medicine/pediatrics/rothman](http://health.usf.edu/medicine/pediatrics/rothman)

The University of South Florida Rothman Center of Neuropsychiatry is a specialty clinic focusing on OCD, Tourette, PANS/PANDAS, anxiety, selective mutism, misophonia, trichotillomania, anxiety and autism, and other specialty conditions. Our clinic offers psychotherapy, medication management, evaluation, and consultation. The USF Rothman Center accepts most third-party insurance. Additionally, both clinical research studies (industry sponsored as well as investigator-initiated) and grant-funded care may be available.

Both psychiatry and psychology services at the USF Rothman Center are offered via telehealth (therapy and medication services). If you or someone you know would be interested in these services offered or would like more information about potential participation in current research at the USF Rothman Center, please contact us. 



## Sifting Through the Smoke: Exploring the Complex Relationship Between Cannabis, Cannabinoids, and OCD

by Reilly R. Kayser, MD

*Cannabis use is on the rise around the world. Some people use cannabis for its intoxicating effects. In contrast, others use it to treat various symptoms, including those who have a physician's recommendation for medicinal cannabis. Research shows that people from a variety of backgrounds use cannabis, including people with OCD.<sup>[1],[2]</sup> Thus, as cannabis use increasingly becomes accepted in our society, it is critical that we understand its risks and benefits for people with OCD.*

### CANNABIS AND OCD: WHAT WE KNOW

We know surprisingly little about how cannabis and related substances (cannabinoids) affect those with OCD and other mental illnesses. The existing research on OCD and cannabis is mostly limited to careful examinations of the experiences of individual patients (case studies). Informally, anecdotal accounts from patients and their clinicians describe a range of experiences, including that cannabis improves, worsens, or has no effect on OCD symptoms.

Fortunately, we understand a bit more about the brain functions that play a role in OCD. Certain brain regions and activities are known to be involved in OCD and are also affected by cannabinoids, offering clues about the connection between cannabinoids and OCD symptoms. An important component of this relationship is the brain's endocannabinoid system (ECS), a system of neurotransmitters, receptors, and enzymes that together regulate a variety of processes like sleep, appetite, and immune function. Although the ECS occurs naturally and functions independently within our bodies, it can also be affected by ingesting certain substances, including cannabis and cannabinoids.

### THE ENDOCANNABINOID SYSTEM AND OCD

Animal studies and human brain imaging research<sup>[3]</sup> have discovered that the ECS influences three key processes in the brain that are also linked to OCD symptoms. These processes are:

- Our response to perceived threats in our environment, which is thought to be excessive in those who suffer from anxiety and/or obsessions.
- Our ability to develop a sense of safety in feared situations, and ultimately to stop fearing them (a process called "fear extinction learning"). This process is thought to play a role in anxiety and obsessions, as well as exposure and response prevention (ERP), an effective<sup>[4]</sup> OCD treatment.
- Our brain's ability to balance the behaviors that we consciously choose in order to achieve goals, with more automatic behaviors that are done out of habit — a balance that may be altered in those who suffer from compulsions.

The links between the ECS and OCD, combined with anecdotal reports of patients who report changes in their OCD symptoms after using cannabis, suggest that cannabis and cannabinoids could affect OCD symptoms by changing ECS activity in the brain. Our research team at the Columbia University Center for OCD and Related Disorders set out to investigate two important and related questions: Does smoking cannabis affect OCD symptoms, and could individual compounds found in cannabis be used to treat OCD or improve existing treatments?

### STUDY 1: THE EFFECT OF SMOKED CANNABIS ON OCD SYMPTOMS

In our first study, we assessed the short-term effects of cannabis on OCD symptoms. We recruited adults from ages 21 to 55 who met criteria for OCD and reported that they used cannabis in the past. To ensure the safety of study participants, we only included people who had positive or neutral experiences with cannabis, and excluded those who had never used cannabis, or who had previously used it but had a negative experience (for example, a panic attack).

Cannabis contains over 140 chemical compounds, many of which are thought to affect a person's mental state. In this study, we focused on the two of these compounds that are best-studied and have shown possible links to OCD in past studies. These are  $\Delta$ -9-tetrahydrocannabinol (THC), the primary active component in cannabis, and cannabidiol (CBD). We used three types of cannabis: one that was high in THC, another that was high in CBD, and a third type that had neither of these active ingredients and served as an inactive placebo.

In total, 12 participants completed the study. Each participant received all three types of cannabis over the course of three separate sessions in our laboratory. Neither the participants nor the study team knew which of the cannabis types the

## RESEARCH NEWS

**Cannabis, Cannabinoids, and OCD** *(continued)*

participants were smoking in order to reduce the influence of bias on our study results. During the sessions, each participant smoked a cannabis cigarette using a standardized smoking procedure<sup>[5]</sup> that was developed to ensure participants received adequate exposure to cannabis smoke.

We initially thought that THC or CBD would provide a short-term reduction in OCD symptoms when compared to the inactive placebo. However, our findings challenged this hypothesis:

- After receiving high-THC cannabis, participants experienced increased heart rate and self-reported intoxication compared to the other types, confirming that participants were sufficiently exposed to cannabis.
- Obsessions, compulsions, and anxiety (measured through self-rated scales) decreased after participants smoked any of the three types of cannabis (including the inactive placebo).
- There was no difference in the self-reported decrease in obsessions and compulsions between the active types of cannabis (high-THC and high-CBD) and the inactive placebo.
- Participants reported greater reductions in their anxiety when they smoked the inactive placebo cannabis than when they smoked either of the active types.

Prior research has shown that when people believe they are smoking an active type of cannabis, but are instead given a placebo, they still report cannabis-like effects.<sup>[6]</sup> It's possible that this is why placebo cannabis performed as well (for obsessions and compulsions) or better (for anxiety) than either of the active types. These preliminary findings suggest that smoking cannabis may not be an effective short-term treatment for OCD symptoms. That said, we need further research to determine whether factors like the method of use (for example, smoking vs. ingesting edibles), repeated use over time, gender, and genetics affect the way people with OCD respond to cannabis. It is still too early to say for certain whether smoked cannabis is (or is not) effective for OCD or anxiety symptoms.

### STUDY 2: SYNTHETIC THC AS A POSSIBLE ERP ENHANCER

Our second study sought to determine whether nabilone can be taken safely by adults with OCD, and also to provide early information about whether nabilone could be an effective OCD treatment. Nabilone is a synthetic form of THC that is FDA-approved and prescribed to treat nausea and vomiting caused by HIV and cancer/chemotherapy. Cannabis contains many different substances that may affect

a person's behavior or mental state, and can be consumed in a variety of ways (e.g., eating or smoking). In contrast, nabilone is a capsule that contains only THC and is always taken by mouth.

We were particularly interested in nabilone's effect on fear extinction learning, one of the three processes in the brain that are linked to both OCD and the ECS. Previous research found that THC might be capable of enhancing fear extinction learning.<sup>[7],[8]</sup> This is an exciting discovery because of how important we believe fear extinction learning is to ERP's effectiveness.

In ERP treatment, patients are asked to expose themselves to feared situations. This typically increases anxiety or distress, along with urges to perform compulsions to relieve it. However, another key component of ERP is ritual/response prevention, which involves resisting compulsive urges. This leads to a short-term spike in anxiety that then subsides over time. This process helps the patient to learn that safety doesn't depend upon completing the compulsion. With repeated exposure through ERP, many patients find that obsessions become less powerful and easier to manage. Fear extinction learning is thought to occur during this process, and may help to explain how ERP can improve symptoms for many people with OCD.

Since THC is thought to enhance the process of fear extinction learning, in addition to assessing nabilone's safety, we wanted to explore whether it could improve the effectiveness of ERP. We carried out a study with two groups of adult participants who met the criteria for OCD. A total of 11 participants completed the study: six participants who received nabilone (synthetic THC) only, and five participants who received nabilone in combination with ERP treatment. To measure how effective the two treatments were, we used the Yale-Brown Obsessive Compulsive Scale (Y-BOCS),<sup>[9]</sup> a standardized assessment of OCD symptoms that assigns a numerical score based on patients' self-report of their symptom severity.

Nabilone by itself appeared to have little effect on OCD symptoms, with an average Y-BOCS score change of 2.5 in the group that received nabilone without ERP (for context, the Y-BOCS scale ranges from a minimum of 0 to a maximum of 40). In contrast, the group who received nabilone and ERP together had an average Y-BOCS score decrease of 11.2 over the course of treatment.

Knowing that ERP is an effective treatment for OCD, we expected Y-BOCS scores to decrease in the group that received this therapy. To understand nabilone's role in the

## Cannabis, Cannabinoids, and OCD *(continued)*

symptom improvements we observed, we compared the nabilone+ERP group to a group of participants in another study who received ERP from the same therapists, but did not take nabilone. In this ERP-only group, the average decrease in Y-BOCS scores was 6.1, or about half of the symptom reduction that we saw in the group who received nabilone and ERP combined.

These results support the idea that THC and other cannabinoids could be used to enhance ERP. However, they're still preliminary. The study was small, and participants who received ERP only (without nabilone) were drawn from a separate study and couldn't be randomly assigned to one of the treatments like other participants in this trial. As a result, we can't draw definitive conclusions about nabilone and its relationship to OCD symptoms or ERP yet. The next step would be to test these findings in a larger controlled trial.

### CONCLUSIONS

These two studies are the first to directly evaluate the effects of cannabis and cannabinoids in people with OCD. They have three important implications:

1. Smoked cannabis may have little benefit as a short-term treatment for obsessions, compulsions, or anxiety;
2. Nabilone (synthetic THC) appears to have little benefit on its own for OCD, but could enhance the effects of ERP when the treatments are combined; and
3. The effects of cannabinoids on people with OCD may depend not only on the specific substance chosen (e.g., cannabis vs. THC), but also on the method (smoking vs. oral), timing (in a single dose vs. sustained use), and context (e.g., taken alone vs. combined with ERP) in which they are consumed.

Among other topics, future research must clarify how these complex substances influence activity in the brain, which would help us to understand how they might be used most effectively in treating OCD. As more and more people around the world use cannabis and cannabinoids, we expect to see increased use among people with OCD as well, making research in this area all the more critical. By learning more about the relationship between cannabis, cannabinoids and OCD, we can help to equip clinicians and cannabis users in the OCD community with evidence-based recommendations to make informed decisions about using these complex substances. 🌿

We studied the effects of three types of cannabis on OCD symptoms. Each had a different concentration of THC and CBD, chemical components of the cannabis plant that may affect a person's mental state.

- **THC** (7.0% THC/0.18% CBD)
- **CBD** (0.4% THC/10.4% CBD)
- **Placebo** (0% THC/0% CBD)

Reilly R. Kayser, MD is affiliated with the Department of Psychiatry, Columbia University Vagelos College of Physicians and Surgeons, New York, NY and the Research Foundation for Mental Hygiene, New York State Psychiatric Institute, New York, NY.

### REFERENCES

1. Storch EA, Kay BC. Commentary on Spradlin et al.: *Is marijuana use common in OCD? Addict Behav.* 2019. doi:10.1016/j.addbeh.2017.07.028
2. Spradlin A, Mauzay D, Cuttler C. Symptoms of obsessive-compulsive disorder predict cannabis misuse. *Addict Behav.* 2017;72(January):159-164. doi:10.1016/j.addbeh.2017.03.023
3. Kayser RR, Snorrason I, Haney M, Lee FS, Simpson HB. The Endocannabinoid System: A New Treatment Target for Obsessive Compulsive Disorder? *Cannabis Cannabinoid Res.* 2019;4(2). doi:10.1089/can.2018.0049
4. Hezel D, Simpson Hb. Exposure and response prevention for obsessive-compulsive disorder: A review and new directions. *Indian J Psychiatry.* 2019;61(7):85. doi:10.4103/psychiatry.IndianJPsychiatry\_516\_18
5. Ramesh D, Haney M, Cooper ZD. Marijuana's dose-dependent effects in daily marijuana smokers. *Exp Clin Psychopharmacol.* 2013;21(4):287-293. doi:10.1037/a0033661
6. Metrik J, Rohsenow DJ, Monti PM, et al. Effectiveness of a marijuana expectancy manipulation: Piloting the balanced-placebo design for marijuana. *Exp Clin Psychopharmacol.* 2009;17(4):217-225. doi:10.1037/a0016502
7. Rabinak CA, Angstadt M, Sripada CS, et al. Cannabinoid facilitation of fear extinction memory recall in humans. *Neuropharmacology.* 2013;64:396-402. doi:10.1016/j.neuropharm.2012.06.063
8. Rabinak CA, Peters C, Marusak HA, Ghosh S, Phan KL. Effects of acute  $\Delta^9$ -tetrahydrocannabinol on next-day extinction recall is mediated by post-extinction resting-state brain dynamics. *Neuropharmacology.* 2018. doi:10.1016/j.neuropharm.2018.10.002
9. Goodman WK, Price LH, Rasmussen SA, et al. The Yale-Brown Obsessive Compulsive Scale. I. Development, use, and reliability. *Arch Gen Psychiatry.* 1989;46(11):1006-1011. doi:10.1001/archpsyc.1989.01810110048007



## 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 Will Sutton at [wsutton@iocdf.org](mailto:wsutton@iocdf.org) or visit [iocdf.org/research](http://iocdf.org/research).

#### REMOTE

##### Reassurance Seeking in Individuals With and Without Appearance Concerns

- Do you hate the way you look?
- Are you 18 years old or older?
- Have you asked someone for reassurance about something in the past month?

If so, you may be eligible to participate in a research study (titled Reassurance Seeking in Individuals With and Without Appearance Concerns) looking at differences in reassurance seeking between people who have significant appearance concerns and people who do not. Participation entails:

- Completion of a 30-minute video conference interview to determine your eligibility
- Completion of a brief interview and questionnaires over videoconference
- Completion of short daily diaries for one week
- Completion of a short teleconference interview about your reassurance seeking

If you are eligible, you can receive \$30 CAD (via e-transfer or e-gift card) for your participation. If you are interested, please contact Olivia at [reassurance@ryerson.ca](mailto:reassurance@ryerson.ca).

This study has been approved by the Ryerson University Research Ethics Board (REB 2019-365).

##### How Are You Doing During the COVID-19 Pandemic?

Participate in this research study to share your experience. This pandemic has impacted everyone in some way and the full effects are not yet known. Please participate in this anonymous research study that will help us better understand how people are dealing with the COVID-19 pandemic. Your insights matter.

- We are asking you to complete a survey about your experience with health and wellness, employment, and news consumption during the COVID-19 pandemic.
- By completing the survey, you will have a chance to self-reflect and may learn something about how you are navigating this experience.

- Your participation may also help us develop mental health recommendations to alleviate the psychological suffering that is resulting from this pandemic.
- The survey will take about 40 minutes.

Complete the Survey Now: [albany.az1.qualtrics.com/jfe/form/SV\\_bPcbDg3C47hEIHT](http://albany.az1.qualtrics.com/jfe/form/SV_bPcbDg3C47hEIHT)

IRB Study #20X104. The Principal Investigator of this study is Max Roberts, MA, a doctoral student in the Anxiety Disorders Research Program in the Department of Psychology at the University at Albany, State University of New York. This research is conducted under the supervision of a faculty advisor, John Forsyth, PhD. Visit our lab website at [adrapalbany.com](http://adrapalbany.com), or email us for more information at [contactADRP@albany.edu](mailto:contactADRP@albany.edu).

##### Are You a Parent of a Child with OCD?

We are recruiting participants for a study to learn about the experiences of people who have conditions for which pediatric deep brain stimulation (pDBS) is available or conditions for which pDBS may be available in the future. You and/or your child are being asked to participate so that we can learn what caregivers and children with OCD think about this technology.

Participation would involve a short questionnaire and 60-minute interview for each the caregiver and the child/adolescent, separately. We will compensate participants with a \$50 Amazon gift card for completing the questionnaire and interview.

We are seeking:

- Parents of children with sustained OCD symptoms even after treatment.
- Children and adolescents with sustained OCD symptoms even after treatment who are between the ages of 11 and 17.

Interviews may be done by phone, via videoconference, or in person.

To schedule an interview or for more information: Please contact Katrina Munoz at [katrina.munoz@bcm.edu](mailto:katrina.munoz@bcm.edu) or at 603-591-3456.

This study is funded by the National Institutes of Health: RF1MH121371

Principal Investigators: Drs. Gabriel Lázaro-Muñoz, Eric A. Storch, Jennifer Blumenthal-Barby from Baylor College of Medicine

## Research Participants Sought *(continued)*

### Understanding the Effectiveness of Internet-Delivered Cognitive Behavioral Therapy for Obsessive Compulsive Disorder

Study description:

We are seeking participants with symptoms of obsessive compulsive disorder to participate in a clinical trial investigating the effectiveness of an internet-delivered cognitive behavioral therapy program. This is an open trial where all participants get immediate access to the treatment. The treatment is provided free of charge.

The treatment includes five lessons, delivered over eight weeks. Participants will be asked to complete some self-report questionnaires online to measure their symptoms at pre-treatment, post-treatment and three months after the treatment ends.

Eligibility criteria:

To be eligible for the study participants are required to be:

- English speaking
- Aged 18 years or older
- Have regular access to the internet
- Have symptoms of obsessive compulsive disorder

Interested participants can find out more about the study at the eCentreClinic website ([ecentreclinic.org/?q=OCDCourse](http://ecentreclinic.org/?q=OCDCourse)).

The study is approved by the Human Research Ethics Committee at Macquarie University (Reference Number: 5201701075) and the study is funded by the International OCD Foundation.

### COVID-19 Outbreak and People with OCD

We are conducting a research survey to study how the COVID-19 outbreak is affecting the lives of individuals with obsessive compulsive disorder (OCD). If you are an adult (aged 18 years old or more) with OCD we would value your participation in this study to be able to determine how this outbreak is affecting the OCD community. If you elect to participate you will complete approximately a half-hour of survey questions online. Your responses will be kept strictly confidential. You will also have the option to be entered into a raffle for one of two \$100 gift cards. To learn more about the study please follow the link below:

[yeshiva.co1.qualtrics.com/jfe/form/SV\\_81efEhHGpGhJmER](https://yeshiva.co1.qualtrics.com/jfe/form/SV_81efEhHGpGhJmER)

### Investigating the impact of the COVID-19 pandemic on people with obsessive-compulsive traits or a history of OCD

A team of researchers at Cardiff University has launched a new study investigating the impact that the coronavirus pandemic has had on people with traits or symptoms of OCD. The study consists of three short self-report questionnaires that ask about people's experiences at this time. All responses are anonymised and strictly confidential. The team hopes that their findings will help in identifying effective treatments that can be delivered remotely and are tailored to the current needs of patients. To participate in the study, please follow the link provided: [cardiff.onlinesurveys.ac.uk/an-investigation-into-the-impact-of-the-coronavirus-covid](https://cardiff.onlinesurveys.ac.uk/an-investigation-into-the-impact-of-the-coronavirus-covid)

A short video about the study can also be found here:

[youtube.com/watch?v=KfQz9Y7QB8I](https://youtube.com/watch?v=KfQz9Y7QB8I)

For any further information, please contact Dr. A Hassoulas at [HassoulasA2@cardiff.ac.uk](mailto:HassoulasA2@cardiff.ac.uk).

# Online OCD Research Symposium

*For Researchers, By Researchers*

We're taking the 6th Annual IOCDF Research Symposium online! Researchers, students, and trainees are invited to join us for this virtual event on Thursday, July 30th, 2020. The IOCDF research symposium is an unparalleled opportunity to hear about the latest research, discuss data, and engage with colleagues who specialize in the study of OCD and related disorders. The program includes a keynote, presentations from senior and junior researchers, and discussion/Q&A time throughout, as well as virtual poster sessions.



Through the generosity of the Rodan Foundation, we're offering a scholarship program for ALL students and trainees who would like to attend the symposium, and reduced rates for researchers in countries with low-income economies.

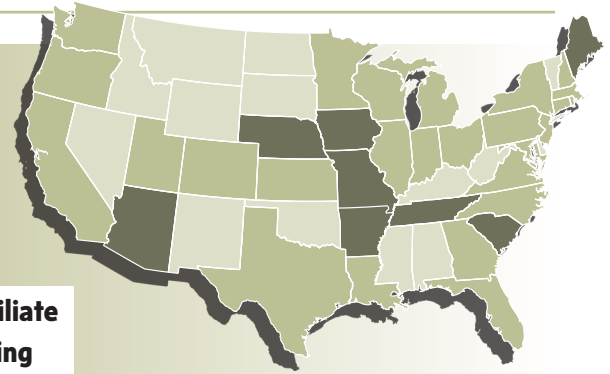
**For more information about the Online OCD Research Symposium, please visit [ocdresearch.org](http://ocdresearch.org).**

## FROM THE AFFILIATES

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



■ State with Affiliate  
■ Affiliate Forming

#### OCD ARKANSAS

An Affiliate is forming in Arkansas! To learn more about getting involved in the Affiliate’s formation, please contact Emily at [ocdarkansas@gmail.com](mailto:ocdarkansas@gmail.com).

#### OCD CENTRAL & SOUTH FLORIDA

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

OCDCSFL would like to extend our thoughts to everyone around the globe who has been impacted by the coronavirus pandemic. Unfortunately, several of our Spring/Summer 2020 events were cancelled to follow CDC guidelines. Nevertheless, we have been able to host several virtual events in an effort to continue our outreach and provide access to resources. We are looking forward to our OCD Awareness Week 2020 event with speaker Jonathan H. Hoffman, PhD, to be held on Sunday, October 11th, 2020, in Orlando, FL. More details will be posted on our website!

Current goals for OCDCSFL include building a base of volunteers to help with our cause, continuing to offer programming that targets more complex OCD-related problems, providing more opportunities to foster a sense of community for those affected by OCD, and continuing efforts to collaborate with universities, treatment centers, and organizations that share our mission. Opportunities for involvement include joining our board as assistant treasurer, serving as a volunteer for events, providing a workshop or being a speaker for an event, or collaborating on community-focused events or other efforts that support our cause. If you are interested in any of these opportunities, please email us at [info@ocdcsfl.org](mailto:info@ocdcsfl.org) regarding your interest.

Check out our website for information about our events, and to learn more about OCD Central & South Florida. You can also find us on Facebook @OCDCSFL. Contact us at [info@ocdcsfl.org](mailto:info@ocdcsfl.org) if you have any questions!

#### OCD JACKSONVILLE

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

OCD Jacksonville is proud to be an Affiliate of the IOCDF. The COVID-19 crisis has caused the cancellation or postponement of our scheduled programming. However, the response of the IOCDF and the OCD community at large has provided rich content for us to share with those we serve in North Florida.

We have moved both our adult sufferer and family support groups to a Zoom format. It has been very encouraging in that attendance has been excellent and we are also having former attendees join that have been unable to be with us for months. We have also seen that the ability to join Zoom without video has enabled some who were uncomfortable attending groups to join in as listeners .

Our OCD Stories event with Stuart Ralph has been moved to October and we anxiously await hosting a BTTI in December. As we are better able to discern what the new normal will be, we plan to adjust our programming appropriately. Resuming art nights, with social distance requirements, will hopefully be in place by early summer. We are currently looking at options for educational events as well.

We are hopeful that everyone has a safe, healthy and joyful summer ahead.

#### OCD MID-ATLANTIC

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

We at OCD Mid-Atlantic hope that all IOCDF members are staying safe and healthy during these challenging times. We join with the other Affiliates around the country and embrace the opportunities to support the OCD community. While we are sad about postponing the Richmond 1 Million Steps 4 OCD Walk due to COVID-19, we look forward to rescheduling it in the future. In addition, we are continuing to plan events for OCD Awareness Week in October. Many providers in our area are continuing to provide services through telehealth so please reach out if you need support



## Affiliate Updates *(continued)*

during this time. In addition, some support groups are available through telehealth as well. Help is out there — please avail yourself of the resources in your community.

### **OCD MIDWEST**

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

OCD Midwest will be moving their 1 Million Steps 4 OCD Walk to October 11. The location will remain the same. We look forward to seeing you in Evanston!

Also, we want to take a moment to say thanks to Dr. Charles Brady. Dr. Brady is leaving the midwest and therefore his position as vice president of OCD Midwest. His dedication to OCD Midwest is very much appreciated and he will be missed greatly. He has helped to grow the Ohio side of OCD Midwest, assisting with developing trainings, walks, and the overall workings of the Affiliate. We will miss you, Charlie!

We're happy to announce our new board: President Dr. Patrick B. McGrath, Vice President Gabrielle Faggella, LISW-S, Secretary Brock Maxwell, and Treasurer Dr. Nicole Bosse. We look forward to formalizing meetings over the next few years and finding people in Indiana who will assist us in becoming the three-state organized group that we hope to be.

### **OCD NEW JERSEY**

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

We at OCD New Jersey wish everyone safety, strength, and patience as we continue to navigate this pandemic.

Because of COVID-19, we had to postpone our Annual OCD New Jersey conference with keynote speaker Eric Storch. Originally scheduled for March 2020, it has been rescheduled for October 25, 2020. We are hoping that by then an in-person conference will be possible. The venue, schedule, speaker, and Living with OCD panel will remain the same as originally planned.

As was the case for many others in our OCD community, we have also cancelled our first 1 Million Steps 4 OCD walk for June 2020. We will try again next year, but have many things in place already, and are excited to get out there and walk for OCD!

All our best to you for a fun and safe summer!

### **OCD OREGON**

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

OCD Oregon has been excited to be working with the IOCDF to sponsor a BTTI training here in Portland, Oregon. Locally, we have developed an overall program to recruit, train, and

mentor therapists across the state. It is our plan to provide a continuing online mentoring by two of our experienced local therapists after the BTTI as part of the training. We recruited through professional mailing lists and got quite a bit of interest. We have chosen candidates that represent many parts of rural Oregon. However, the start of the program has been delayed since the BTTI has been postponed from May to October due to regulations related to the pandemic. We remain enthusiastic and hopeful to get this going in the fall.

Our partner organization, NWPPN ([nwppn.org](http://nwppn.org)) continues to be very active. In support of families affected with PANDAS/PANS, Northwest PANDAS/PANS Network is committed to raising awareness, providing education and resources, advocating for legislation, and supporting local research. Already this year, they have done outreach by tabling at three different conferences. They have presented formally with two local professional organizations. They have been involved in the introduction of two PANS/PANDAS bills in the Washington legislature. And they remain active online in support of families in the area.

### **OCD SOUTHERN CALIFORNIA**

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

The annual 1 Million Steps 4 OCD Walk, which usually occurs in June, has been rescheduled because of COVID-19. OCD Southern California is pushing back our Walk to September. No official date has been selected yet, but we will keep you updated on our website as well as through our mailing list (which you can join by visiting on our site). In September, we will be having three simultaneous Walks occurring in Los Angeles, Orange, and San Diego Counties. These Walks offer an opportunity for members of our local community to come out and raise awareness to the public about OCD, connect with other members of the local OCD community, and raise money for both the International OCD Foundation and OCD So Cal!

In June, the board members of OCD Southern California — which consists of therapists, individuals with OCD, and their loved ones, will be hosting a Zoom interactive panel aiming to provide information about OCD during the time of COVID-19. The panel will also be answering general questions about OCD and related disorders, as well as offering support to the Southern California community. It will be the first in a series of virtual information events that provide support to the local community.

Our 5th Annual OCD Conference is slated to occur on Saturday, October 24th, 2020. If there are no complications

## FROM THE AFFILIATES

### Affiliate Updates *(continued)*

due to COVID-19, the conference will be from 9am–5pm at Chapman University in Orange, California. Last year we had over 400 attendees, and we look forward to another successful conference! The university has a large auditorium to hold all of our attendees for the keynote presentation. Once the keynote concludes, there are multiple breakout rooms to include presentations from over 20 of the top local doctors, psychiatrists, therapists, and advocates — who all focus on treating OCD and related disorders. At the conference, there will also be information booths from local treatment centers, a provided lunch, and community events to meet and gain support from other attendees. Further information to come soon to our website; we look forward to you joining us!

OCD Southern California realizes that this time is stressful for individuals with OCD, as well as their loved ones. To stay updated on events and programs that are available to the local community during this time, please visit our website as well as at our social media: [Facebook.com/OCDSocal](https://www.facebook.com/OCDSocal) and [Instagram.com/OCDSocal](https://www.instagram.com/OCDSocal). You can also email us at [Info@OCDSocal.org](mailto:Info@OCDSocal.org). Thank you, and stay safe!

#### OCD TEXAS

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

Despite the many challenges over recent months, OCD Texas remains aimed for growth and development. Resources and OCD community updates related to COVID-19 and event changes are continually updated on our website and social media pages.

We look forward to the 1 Million Steps 4 OCD Walks rescheduled for this fall! Also in the fall, OCD Texas will host our annual OCD Awareness Conference on Saturday, October 10th to be held in San Antonio, TX. We are excited to offer stellar education and support programming for the community by leading professionals in the field. Stay tuned to our website for more details.

#### OCD WISCONSIN

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

OCD Wisconsin has slowed down in-person activities in light of the COVID-19 pandemic, including our 1 Million Steps 4 OCD Walk, which has been tentatively rescheduled for October around OCD Awareness Week. We are still planning an in-person OCD training with Rogers Behavioral Health in November. Despite needing to switch to virtual meetings, we have welcomed new and enthusiastic board members who are still working hard to advance our mission.

In our continuing efforts to reach out more broadly with our message, we are looking to host a streaming webinar of the film *Unstuck: An OCD Kids Movie* along with a live Q&A with OCD expert clinicians. This, too, is slated to take place in recognition of OCD Awareness Week.

## IOCDF Merch!

Now available in the IOCDF online shop:

- T-Shirts
- Stickers
- Magnets
- Hoodies
- and more to come!

Support the IOCDF and help fight stigma!

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



Hoodies

4" diameter sticker

T-Shirt