International OCD Foundation

OCD Newsletter

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My Perinatal OCD Story

by Allison Livingston

"You're doing a great job, Mom!" These were the words I needed to hear.

If you're suffering from perinatal OCD and reading this, I want you to know that you are a good mom and you are doing a great job. I know from experience that you are on a difficult journey, but there is hope.

I was 30 when I found out I was pregnant with my first child. What joy and excitement for me and my husband! We wanted to wait to find out the gender, and when we were asked why, our answer was, "We can't return it if it's a boy/girl!"

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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.

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Comic Corner

by Clara Klugmann
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President's Letter

by Susan Boaz

Dear IOCDF Friends and Family,

There is always more to learn about OCD. Lately everyone at the IOCDF has been learning more about maternal mental health as we prepared for Maternal Mental Health Awareness Week in May.

We all know there is a shortage of understanding about OCD, but this is an even bigger problem with perinatal OCD (which you may have heard referred to as "postpartum OCD" or "maternal/paternal OCD"). Evidence shows us that existing cases of OCD sometimes shift during pregnancy or in the early months after birth, and there are often newly reported cases. However, there is very little research associated with perinatal OCD and even less awareness among pediatric or OB health providers. In fact, before #MMHWeek2021, I didn't know that postpartum or maternal OCD is now better referred to as perinatal OCD (the most inclusive term!) — and I certainly didn't realize that this sort of OCD is common in new dads as well as new moms.

This lack of awareness can have heartbreaking consequences. Raising questions to your health care provider about obsessive thoughts related to a newborn can be very intimidating. And when left untreated, perinatal OCD can cause parents (yes, dads too) to not bond as well with their newborn. Clearly, the stakes are high to find solutions for moms, dads, and babies.

Perinatal OCD has been a personal interest of mine for a long time, and I'm so excited to work with the IOCDF to put this topic center stage for all of us and help find solutions to these problems. We have been working hard to create new focus groups and are excited about the model we are using to move the dial on perinatal OCD. We started by creating a steering committee to decide what areas we would collaborate on first. We then created sub-committees to examine three areas: public awareness, research, and clinical providers. Each of these committees has welcomed team members from the IOCDF staff, our strategic partner, 2020 Mom, as well as interested community members.

It's been inspiring to sit in on a few of these meetings and hear the discussions about priorities and next steps. Already, researchers on two continents are collaborating on a research literature review. Discussions about the success of interventions before delivery have been debated and triggered considerations about how best to deliver that information to new moms and their caregivers. We have started sharing stories about perinatal OCD with brave mom advocates like Rachel Huber and Allison Livingston, who both wrote posts for the IOCDF blog. Collaborations launched with TheBlueDotProject to create social media content to share with others and raise awareness (check them out at @thebluedotprj — they are doing fantastic work to raise awareness). IOCDF National Advocate Ethan Smith hosted a town hall on this topic, and we hosted a Reddit AMA with the experts. This is just the tip of the iceberg, and we plan to bring you regular updates about perinatal OCD and the work coming out of these talented committee members.

If you have a particular interest in perinatal OCD, please reach out to us at ***info@iocdf.org***. Let us know if you are a researcher, treatment provider, or individual with a lived experience with a story to tell. While we are in our infancy of developing this program, we would love to hear from you so that we can build our list of team members and advocates for this program.

I'm so proud of the IOCDF staff and all the volunteers for all these planning committees and everyone involved in speaking, attending, or running any of these fabulous programs. You inspire me daily with your commitment to helping others. We all thank you.

And by the way, in case perinatal OCD isn't a hot topic for you, we have also recently launched similar collaborative models to look at the impact of OCD on athletes (***anxietyinathletes.org***) and to focus on OCD and faith (***iocdf.org/ocdandfaith***). If you are interested in these topics, please reach out to us. I hope to talk to you a little more about these in future newsletters.

In the meantime, stay safe and remember that your mental health is a priority — let us know how we can help.

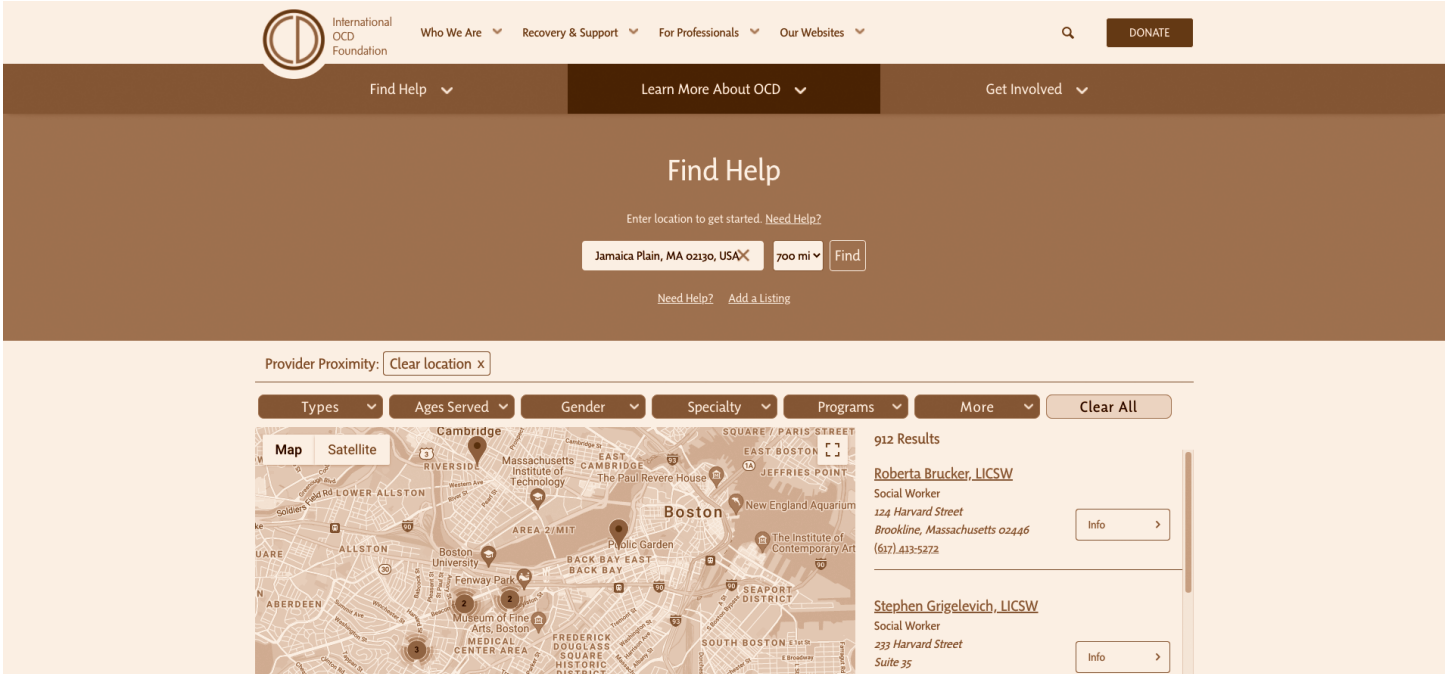
With love,

Susan Boaz

IOCDF Board President
and mom to a fabulous teen

FROM THE FOUNDATION

The New and Improved IOCDF Resource Directory



We're so excited to announce the launch of our new and improved Resource Directory!

The IOCDF Resource Directory (RD) is an international listing of mental health professionals, support groups, and clinics and programs focused on treating and assisting those with obsessive compulsive disorder (OCD) and related disorders.

The RD serves as a resource for those seeking treatment and support for OCD and related disorders, including body dysmorphic disorder (BDD), hoarding disorder (HD), and body-focused repetitive behaviors (BFRBs). When a parent sees a child exhibiting OCD symptoms, when a loved one has isolated themselves due to hoarding disorder, or when you yourself are ready to start your treatment journey, the RD is the first place to begin seeking help. It can help you find a support group if you want to meet others like you, a therapist to get a proper diagnosis and access to effective treatment, or a specialty program that is best suited for your needs.

The RD has been a valuable resource for our community for the past decade. Plus, it's easy to use: visitors to our site just need to type in their location to see all of the resources in their local area.

Over the past year, we have been working hard to make this resource even more robust and user friendly, and we're excited to debut the finished product. Here are some of the updates we made to the RD:

- You can now search for providers as close as 10 miles and as far as 700 miles.
- You can now narrow down the listings without searching by location — for example, if you want to see every clinic within 700 miles, you now can!
- Our map and satellite views have been updated.
- You can now search based on specific disorders (OCD, BDD, Tourette's, etc.), program type, ages served, and other factors using our updated filter/toolbar.
- The RD is now a much more user friendly interface.
- ***Coming soon***: The ability to search for teletherapy providers in your state!

*Visit **iocdf.org/find-help** to learn more about our Resource Directory and to see the new updates. Also, if you are ever in need of any assistance with the directory, don't hesitate to email us at **info@iocdf.org** or give us a call at (617) 973-5801.*

The listing of treatment providers is not an endorsement but merely a source listing of individuals who have indicated they treat OCD. The IOCDF has not investigated the providers listed in the RD, nor does it have the facilities to evaluate their competence in treating OCD. This list is a compilation of independently licensed treatment providers who have requested their names appear on the referral list through their Professional Membership with the IOCDF. The IOCDF does not recommend nor endorse the competence or expertise of any provider, support group, or clinical program listed.

Disentangling Sexual Orientation OCD and Sexual Orientation Rumination

by Alexandria M. Luxon, MA; Gregory S. Chasson, PhD; Monnica T. Williams, PhD, ABPP; & M. Paz Galupo, PhD

June is Pride Month! At the IOCDF, we support all those in the LGBTQ+ community, including those who are on the journey of exploring their identity. Identifying with a marginalized sexual identity can lead to "sexual orientation rumination," and we get a lot of questions about how this relates to the subtype of OCD called "Sexual Orientation OCD," or "SO-OCD." This quarter's diversity corner seeks to explore these topics and how they connect.

Obsessions in OCD can take on many different forms. For example, in some people, obsessions may focus on contamination fears. In others, obsessions may be connected to violent intrusive thoughts. Depending on the type of obsession, individuals with OCD will experience different types of anxieties and stress. In this article, we focus on one type of obsession: **sexual orientation OCD (SO-OCD)**.

Anxiety in SO-OCD comes from a fear that one's sexual orientation will change from heterosexual to lesbian, gay, bisexual, queer, or another sexual orientation identity (LGBQ+), or vice versa *(Williams et al., 2018)*. For this article, we will look at the more common type of SO-OCD — people with a heterosexual identity fearing that they might be, or that they might become, LGBQ+. People with SO-OCD often doubt their sexual orientation and often believe these doubts mean they are LGBQ+. They also often worry that they will no longer be able to have heterosexual relationships. These SO-OCD obsessions lead to a variety of behaviors, like seeking reassurance from other people about one's sexual orientation, carrying out compulsions to check and scan one's body for sexual arousal from same-sex stimuli (e.g., pictures or videos of same-sex models in advertisements or other media), and avoiding places or experiences that might trigger SO-OCD anxieties.

The anxiety and doubt from SO-OCD are easily confused with the experiences of sexual orientation rumination, which, due to anti-LGBQ+ stigma, is somewhat expected among people who identify or are coming out as LGBQ+ *(Galupo & Bauerband, 2016)*. Sexual orientation rumination includes four patterns of thoughts: reflection, rumination, preoccupation with others' perspectives, and perseveration. Reflection refers to positive thinking about one's sexual orientation. Rumination includes negative thinking about one's sexual orientation. Preoccupation with others' perceptions means worrying about how other people judge an individual due to their LGBQ+ sexual orientation. Lastly, perseveration refers to repetitive thoughts about one's sexual orientation.

Sound familiar? Yes, SO-OCD and sexual orientation rumination sound very similar. Both SO-OCD and sexual orientation rumination include repetitive, intrusive, and interfering thoughts with similar content. Both individuals experiencing SO-OCD and those with sexual orientation rumination often fear how they will be viewed or treated by others due to their actual or assumed sexual orientation. The stigma can come from different sources, including public beliefs about sexual orientation, mental health in general, or specific diagnoses (e.g., OCD). Somebody with SO-OCD, therefore, might experience multiple types of stigma (e.g., sexual orientation, mental health more generally, and OCD).

SO-OCD and sexual orientation rumination also have important differences. Thoughts in SO-OCD and sexual orientation rumination appear to differ in how they develop and continue. On the one hand, sexual orientation rumination appears to be a coping mechanism in response to LGBQ+ stigma *(Galupo & Bauerband, 2016)*. On the other hand, SO-OCD appears to develop as a result of fearing negative outcomes *(Rachman, 1997)* and misinterpreting one's thoughts *(Salkovskis, 1985)*. In addition, the focus of anxiety between SO-OCD and sexual orientation rumination seems different. Individuals who experience sexual orientation rumination are primarily anxious about the LGBQ+ stigma, harassment, discrimination, and/or violence they may experience. This contrasts with the primary distress of individuals with SO-OCD, who are usually anxious about the experience itself of having same-sex thoughts and attractions.

DIVERSITY CORNER

Disentangling Sexual Orientation OCD and Sexual Orientation Rumination *(continued)*

Luxon et al. *(2020)* created a framework to help clarify if someone is experiencing SO-OCD or sexual orientation rumination. One step is to determine if the individual mostly identifies as LGBQ+ or not, as this will help differentiate SO-OCD from sexual orientation rumination. Individuals with SO-OCD typically identify as heterosexual, but for sexual orientation rumination, individuals typically identify as LGBQ+. Another important factor is the presence of safety behaviors. Individuals with SO-OCD tend to carry out compulsions and avoidance behaviors with a purpose of reducing anxiety from fears of becoming or being LGBQ+. Safety behaviors with this specific purpose are not common for those who identify as LGBQ+ with sexual orientation rumination. It is also important to determine if the individual is experiencing distress. The answer to this question will determine if the individual should receive a clinical diagnosis and/or receive treatment. Much of the time, sexual orientation rumination is a natural part of coming out as LGBQ+. In addition, sexual orientation rumination can be associated with positive thoughts and feelings. For these reasons, a diagnosis would not be appropriate unless the sexual orientation thoughts are associated with distress and/or impairment in functioning.

If someone with SO-OCD thoughts is experiencing distress or impairment, they should be diagnosed with OCD, whereas someone who is experiencing distress or impairment from sexual orientation rumination could be diagnosed with something like generalized anxiety disorder or adjustment disorder. If a diagnosis is determined and intervention is needed, a clinician can approach the case using an appropriate evidenced-based treatment.

SEXUAL ORIENTATION OCD (SO-OCD):

- Repetitive, intrusive, and interfering thoughts
- Fear of how they will be viewed or treated by others
- Fearing negative outcomes
- Anxious about the experience itself of having same-sex thoughts and attractions
- Typically identify as heterosexual
- Compulsions and avoidance behaviors
- Thoughts are associated with distress and/or impairment

SEXUAL ORIENTATION RUMINATION

- Repetitive, intrusive, and interfering thoughts
- Fear of how they will be viewed or treated by others
- A coping mechanism in response to LGBQ+ stigma
- Anxious about anti-LGBQ+ stigma, harassment, discrimination, and/or violence
- Typically identify as LGBQ+
- Can be associated with positive thoughts and feelings

REFERENCES

Galupo, M. P., & Bauerband, L. A. (2016). Sexual orientation reflection and rumination scale: Development and psychometric evaluation. *Stigma and Health, 1(1),* 44–58. https://doi-org.ezproxy.gl.iit.edu/10.1037/sah0000017

Luxon, A. M., Chasson, G. S., Williams, M. T., Skinta, M. D., & Galupo, M. P. (in press). Brooding over the closet: Differentiating sexual orientation rumination and sexual orientation obsessions. *Journal of Cognitive Psychotherapy.*

Rachman, S. (1997). A cognitive theory of obsessions. *Behaviour Research and Therapy, 35(9),* 793–802. https://doi-org.ezproxy.gl.iit.edu/10.1016/S0005-7967(97)00040-5

Salkovskis, P. M. (1985). Obsessional-compulsive problems: A cognitive-behavioural analysis. *Behaviour Research and Therapy, 23(5),* 571–583. https://doi-org.ezproxy.gl.iit.edu/10.1016/0005-7967(85)90105-6

Williams, M. T., Ching, T. H. W., Tellawi, G., Siev, J., Dowell, J., Schlaudt, V., Slimowicz, J. C., & Wetterneck, C. T. (2018). Assessing sexual orientation symptoms in obsessive-compulsive disorder: Development and validation of the Sexual Orientation Obsessions and Reactions Test (SORT). *Behavior Therapy, 49(5),* 715–729. https://doi-org.ezproxy.gl.iit.edu/10.1016/j.beth.2017.12.005

Public Policy Corner: Summer Update

Greetings!

During the first half of 2021, as Congress entered a new session, legislators and staff were busy preparing new legislation for consideration and reintroducing bills that failed to pass in the previous session. Here at the IOCDF, we have been watching this process unfold and signing on to support new bills or renewing our support for those that were reintroduced. We have now settled on a core agenda of bi-partisan bills that we will be advocating for over the next 18 months, and we are excited to share our agenda with you!

REMOVING BARRIERS TO TREATMENT

S.168 — TREAT Act (Temporary Reciprocity to Ensure Access to Treatment Act)

Sponsor: Sen. Chris Murphy (D-CT) / Original Co-sponsor: Sen. Roy Blunt (R-MO)

The TREAT Act would enable therapists to temporarily practice across state lines for the duration of the pandemic-related public health emergency, and for a time afterward, without having to obtain additional licenses in every state where their patients live. We believe that if it is passed, the TREAT Act will become a model for long-term reform of professional licensing in the United States, and will enable more people in underserved communities, including remote rural areas, to access mental health providers, including those offering specialist OCD treatment.

SUPPORTING AND GROWING THE MENTAL HEALTH WORKFORCE

H.R.432/S.828 — Mental Health Access Improvement Act of 2021

Sponsors: Rep. Mike Thompson (D-CA) / Sen. John Barrasso (R-WY)

Original Co-sponsors: Rep. John Katko (R-NY) / Sen. Debbie Stabenow (D-MI)

The Mental Health Access Improvement Act would expand Medicare's mental health coverage to include services provided by licensed mental health counselors (LMHCs), licensed professional counselors (LPCs), and licensed marriage and family therapists (LMFTs). The IOCDF trains clinicians with these licenses to provide OCD treatment through our Behavior Therapy Training Institute, and these clinicians make up an important and growing part of the workforce who can provide specialized treatment for OCD.

Mental Health Professionals Workforce Shortage Loan Repayment Act of 2021 (will be refiled, bill number pending as of May 2021)

Sponsors: Rep. John Katko (R-NY) and Rep. Grace Napolitano (D-CA)

This bill would support new mental health professionals by providing them with student loan repayment support if they choose to practice in underserved areas or to work at health care facilities with acute shortages of mental health clinicians. Offering this incentive to new clinicians is an essential step toward ending the shortage of mental health professionals in many areas of the United States.

PUBLIC POLICY UPDATE

Summer Update *(continued)*

EXPANDING AND ENFORCING PARITY LAWS

H.R.1364 — The Parity Enforcement Act of 2021

Sponsor: Rep. Donald Norcross (D-NJ)

Original Co-sponsors: Rep. Joe Courtney (D-CT), Rep. Brian Fitzpatrick (R-PA), and Rep Ann Kuster (D-NH)

U.S. law requires insurers to treat mental health benefits the same as benefits for physical health, but too many people are still forced to jump through added hoops or are denied coverage entirely for mental health care when they would not face the same barriers to getting help for a physical health condition. If passed, the Parity Enforcement Act of 2021 would expand the U.S. Department of Labor's power to enforce parity laws when insurers violate them. Currently, only employers can be held accountable for many violations, but this bill would give the Department of Labor the power to investigate insurance companies and hold them accountable for parity violations.

S.660 — Tele-Mental Health Improvement Act

Sponsor: Sen. Tina Smith (D-MN)

Original Co-sponsor: Sen. Lisa Murkowski (R-AK)

This bill would expand U.S. parity laws to include teletherapy. Essentially, insurers would be barred from treating teletherapy benefits differently or applying different policies to teletherapy that make it harder to access than traditional in-person therapy. Given the increased utilization of teletherapy during the pandemic, and growing expectations that teletherapy will continue to be a mainstream treatment option in the long term, this update of parity rules is essential to protect treatment access.

Stay tuned for upcoming advocacy opportunities where we will be organizing members of the OCD and related disorders community to contact their senators and representatives about these important bills! Be sure to sign up for public policy updates at ***iocdf.org/public-policy*** if you are interested.

OTHER RECENT PUBLIC POLICY PROGRAM ACTIVITIES:

The IOCDF joined with other national patient advocacy organizations to call for the Centers for Medicare and Medicaid Services (CMS) to roll back changes to Medicare Part D. The proposed changes would have threatened access to "protected class" medications, including most of the medications prescribed to treat OCD and related disorders.

We endorsed the Black Maternal Health Momnibus bill, which supports improved healthcare quality and outcomes for women who are pregnant or new mothers. This package of bills includes the Moms Matter Act, which would direct federal funding resources to programming across the country serving the perinatal mental health needs of women in racial and ethnic minority groups.

The IOCDF provided official support for an article written by top scientists and clinicians arguing for fair and equitable insurance coverage of deep brain stimulation (DBS) for OCD. DBS is frequently covered by insurers as a treatment for dystonia, which is a movement disorder and considered a physical health condition. However, insurers regularly deny coverage for DBS as a therapy for treatment-resistant OCD, despite evidence supporting its use and an FDA approval under the humanitarian device exemption (the same approval given for dystonia treatment with DBS). In addition to first author Rachel Davis, MD of the University of Colorado, other authors of the article include IOCDF Scientific and Clinical Advisory Board Members Eric Storch, PhD, Darin Dougherty, MD, Wayne Goodman, MD, and Steve Rasmussen, MD.

For those of you who are interested in using your own story for policy advocacy, we added a helpful video from Vinay Krishnan on how best to do so — visit ***iocdf.org/public-policy*** to learn more!

My Perinatal OCD Story *(continued from front page)*

Trigger Warning: Suicidal thoughts

However, the excitement didn't last too long because I quickly began to experience nausea, sleepless nights, and constant trips to the restroom. We also had an early, horrifying miscarriage scare. All of this made me think, "Is this really worth it?" Plus, during my third trimester, I had extreme panic attacks before falling asleep. I'd be exhausted from the day and the pregnancy and have a rush of panic in my body. I'd think, "Am I really growing a human inside of me and will I be able to care for this new life?" I'd struggle to breathe, hold my breath, remind myself I'm okay, and eventually fall asleep. My partner and I didn't know it at the time, but this was the first sign of perinatal OCD.

"Instead of seeing this for what it was — perinatal OCD, a condition I had never heard of — I labeled my constant worrying, anger, and fear as 'new mom anxiety.'"

I wanted a natural, drug-free birth, but I quickly learned that labor includes a lot of pain. With each contraction, I tried to breathe through the pain and asked for constant words of support. I managed to fulfill my intended natural, drug-free birth plan even though I wanted to give up several times. I brought a new life into the world and abruptly felt I was its sole support and provider, overwhelmed and unprepared for this responsibility.

These fears gradually turned into anxiety; the car ride from the hospital to our townhouse was the scariest ride of my life. Being responsible for a newborn, hurting everywhere, and being sleep deprived for three days finally caused me to crash on the couch. I woke up crying and afraid I had hurt my baby. I was overcome and I yelled, with tears, anger and fear at my husband, "Get away! Get the baby away, I can't touch her, I can't be near her, I'm going to hurt her!" He and my mother talked me down. My baby needed me. My sore nipples and wounded body pushed through the pain, but nights like this haunted me. I did not feel like her mother. I desperately needed reassurance, and to hear, "You're doing a great job!" I sought out advice from any resource I could find and was constantly Googling her every whimper. I wanted to scream.

Instead of seeing this for what it was — perinatal OCD, a condition I had never heard of — I labeled my constant worrying, anger, and fear as "new mom anxiety." I promised myself to never leave my baby out of my sight. I blamed everything on this anxiety and used it as an excuse to isolate myself, even though I tried to remind myself, "it's just a phase; it will get better."

After six weeks, I was disappointed that I was not feeling any better. I was still unable to sleep, and unable to think any other thoughts besides the well-being of my baby and how to fight my fears and worry.

My journal entry from May:

> *I almost killed her (the baby) and if it actually were to happen — I think I'd take my own life. I fell asleep and woke to a baby next to me in my left arm. She always sleeps on me, and on my chest, but I was in a deep sleep. I don't trust myself and I can't imagine life as a murderer. I want to give her away. I can't do this. I'm not a good mom. He's (my husband) too tired and I can't do it all. It's bad. I cry and cry. I'm so alone.*

The next day I wrote, "It's okay now … I read up on SIDS and some other stories of parents calling their pediatricians and saying, 'my child rolled off our bed and onto the floor and I think he's dead!' I will now mentally think, 'I love her cry, she's alive, she's safe.'"

I continuously told myself "it will get better" as we moved to a new state with a four-month-old baby. My husband started a new job; we didn't have friends and we both felt lonely.

When my daughter was 10 months old, I read a psychological thriller about a serial killer, which made me actually think I was capable of murder. That feeling, alone, was intense and scary for me. I needed to get help and I needed it now.

I quickly opened up to a therapist and explained how I would be nursing my baby like usual, and would suddenly get very hot and sweaty. A thought would arise about throwing her off of me, yelling, "Get off of me!" and squeezing her neck until her head popped off.

FROM THE FRONT LINES

My Perinatal OCD Story *(continued)*

My therapist told me to contact my doctor for an antidepressant for postpartum depression and to mention that I was having thoughts about death. I thought, "I don't feel depressed, but I do cry a lot and have these scary thoughts."

I immediately made an appointment. My primary doctor was not available at the time and instead I was seen by a nurse practitioner. This nurse was not familiar with postpartum depression. I cried and cried and shared with her that I was having thoughts of death around my 10 month old. She interrogated me and asked if I was aware that these thoughts are abnormal. I trusted this nurse would know what to do and how to help me. She prescribed Zoloft and sent me on my way.

That evening, two psychiatric emergency response team (PERT) responders came to our door and requested to individually interview my husband and me about our baby. The nurse practitioner believed I had postpartum psychosis and had notified child protective services. For weeks my husband and I were interviewed and visited by social services, child protective services, social workers, doctors, and therapists. This made me feel on edge and overwhelmed.

That week, my therapist requested for me to come and see her and explained that she had misdiagnosed me. She apologized for the many unfortunate events that had occurred. She told me she believed I had something called perinatal OCD. "OCD?" I thought, "no way, I don't excessively clean and count how many times I wash my hands." She explained to me what perinatal OCD is: a condition where new moms and/or moms-to-be create compulsions around the health and wellness of their newborn. Often, new moms will have intrusive thoughts, extreme anxiety, and engage in behaviors to reduce their anxiety.

In an attempt to get better, I tried exercise, diet, and drinking enough water. However, taking medication, practicing exposure therapy, and finding a support system had been the perfect combination for me to be able to feel better.

Today, I am happy to be putting a name on my "condition" and getting information about perinatal OCD. Doing these things made it less scary and helped me find strategies to cope. I appreciate my husband who is patient and understanding and my mother who reassured me that I'm okay. I have less anxiety, I sleep through the night, and I am able to enjoy being a mom. I am aware of my OCD and my compulsions. Sometimes I still feel overwhelmed, but I know it's my OCD. I understand my source of intrusive thoughts and I'm able to ask for help when I need it.

My advice to moms is to know that you are not alone and there is support.

Do You Want Your Article Featured in the OCD Newsletter?

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

Submissions can be sent to ***editor@iocdf.org***.

Therapists with OCD and Related Disorders Special Interest Group (SIG) Update

by Nathaniel Van Kirk, PhD

Many mental health providers may receive the message (whether explicitly or implicitly) that it is "not OK" to struggle with mental health challenges or to go into the mental health field following your own experiences. This may be especially true if they choose to work/specialize in an area that overlaps with their own experiences.

However, the passion and purpose that can be derived from lived experience — when combined with appropriate clinical training — can also be an asset, driving motivation, compassion, and a shared understanding.

Unfortunately, fear and stigma can still cause mental health providers to hesitate to seek consultation, guidance, or even personal treatment, for fear that colleagues or supervisors will find out and potential career implications. With these experiences in mind, the Therapists with OCD and Related Disorders Special Interest Group (SIG) was started in 2015, with the goal of developing a community of mental health providers who have a shared understanding of the unique challenges that may be present when working within the mental health/medical field while carrying your own personal experiences (current or past) with OCD and related disorders.

The Therapists with OCD and Related Disorders SIG aims to provide a safe and confidential place for consultation and mentorship, along with connection with a community of mental health providers with shared lived experiences. While the SIG started as an informal yearly meeting at the Annual OCD Conference, we have continued to grow, with almost 100 members across our meetings, online forum, and our recently started monthly consultation meetings. Through the forum and monthly meetings, we address topics such as stigma in the mental health field; identifying and navigating professional challenges; balancing advocacy, clinical work, and research; and how to use self-disclosure/lived experience effectively (without interfering with best practices). Additionally, the SIG serves as a place to share resources, insights, and lessons learned while seeking to challenge stigma around mental health experiences within the field in a purposeful and planned way.

We look forward to what the upcoming years hold as the community continues to grow and promote ongoing advocacy/stigma reduction efforts. If you have questions or are interested in learning more about this group, please reach out to Nathaniel Van Kirk (***nvankirk@partners.org***) or Hannah Breckenridge (***hannah@ocd-dc.com***).

Institutional Member Updates

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

AMITA HEALTH ALEXIAN BROTHERS BEHAVIORAL HEALTH HOSPITAL: CENTER FOR ANXIETY AND OBSESSIVE COMPULSIVE DISORDERS

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Now providing day and evening virtual and in-person treatment, in addition to aftercare service.

The Center for Anxiety and Obsessive Compulsive Disorders continues to provide premier clinical partial hospitalization programs and intensive outpatient programs to those suffering from anxiety-based disorders. The service line coordinates care with inpatient stabilization as well as comorbid anxiety/OCD and substance abuse residential services at the Foglia Family Foundation Residential Treatment Center.

Clinical programming is focusing on individual needs. Using the AMITA Treatment Framework, our program is grounded on evidence-based practices as we use exposure and response prevention (ERP), mindfulness, CBT, ACT, and other clinical approaches to treat anxiety, OCD, and related disorders. Specialty services for LGBTQ, self-injury, substance abuse, eating disorders and mood dysregulation are a part of the treatment experience. The program is also continuing to utilize and further enhance our state-of-the-art virtual reality system as we stay focused on the future of anxiety treatment.

Program Director: Katie Torres, LCSW

(224) 299-7480, ***Kathleen.Torres@amitahealth.org***

Senior Director of Clinical Operations: Gregory Ammon, LCPC
(847) 303-4979, ***Gregory.Ammon@amitahealth.org***

Continued on next page >>

THERAPY COMMUNITY

Institutional Member Updates *(continued)*

THE ANXIETY TREATMENT CENTER OF SACRAMENTO

10419 Old Placerville Rd, Ste 258
Sacramento, CA 95827
(916) 366-0647
drrobin@atcsac.net
anxietytreatmentexperts.com

The ATC is expanding to address the growing number of individuals struggling with anxiety and depression. We are currently looking for clinicians who are interested in working in our partial hospitalization program and intensive outpatient program, Monday through Friday. Full-time positions are available with the opportunity to build/grow a private practice with office space available. Training is provided in evidence-based CBT and ERP therapy and supervision, if needed. Benefit package offered. Contact Robin Zasio, PsyD, LCSW at (916) 366-0647x4 or email ***drrobin@atcsac.net***.

ARCHWAYS CENTRE FOR CBT

205-460 Springbank Dr, Ste 205
London, ON N6J 0A8
(519) 472-6612
info@archways.ca
archways.ca

Based in Canada, Archways Centre for CBT is a private clinic committed to delivering evidence-based treatment to help individuals get well and stay well. Our OCD Clinic is one of only three sites in Canada recognized by the IOCDF as delivering specialized assessment and treatment for OCD and related disorders

Currently, we continue to offer OCD programming online using secure video-based therapy. We are permitted to see clients "in person" if there are reasonable barriers to attending virtual sessions. Using virtual therapy, we have been able to extend our services to all residents of Ontario. We offer therapy to individuals six to 65 years of age.

Our OCD-trained staff consist of three psychologists, one psychological associate, and two trainees in supervised practice.

Wishing everyone in the OCD community well!

BAYLOR COLLEGE OF MEDICINE OCD PROGRAM

1977 Butler Blvd, Ste 400
Houston, TX 77030
(713) 798-3080
ocdprogram@bcm.edu
bcm.edu/healthcare/specialties/psychiatry-and-behavioral-sciences/obsessive-compulsive-disorder-program

We are thrilled to welcome two postdoctoral fellows to our program, Dr. Andy Wiese and Abby Candeleri. In addition, we have been fortunate to start several externally funded studies examining misophonia among youth, behavioral therapy, as well as using computer vision technology to understand how youth psychological symptoms present. Please see our website for more details.

BEHAVIOR THERAPY CENTER OF GREATER WASHINGTON

11227 Lockwood Dr
Silver Spring, MD 20759
(301) 593-4040
info@behaviortherapycenter.com
behaviortherapycenter.com

Behavior Therapy Center of Greater Washington (BTC) is proud to have our former extern, Dr. Richard Raymond, return to join our practice as a fully fledged psychologist to help us meet the high demand for services that has occurred during the pandemic. While this has helped, the demand for services continues, and we would welcome any experienced and highly skilled therapist to get in touch with us if they are interested in joining our practice.

As a clinic, we have been in discussion about the challenges of transitioning back to the office during the COVID era. In the meantime, we have been finding that telehealth has been meeting our clients' needs and even surpassing our expectations.

BTC's professionally assisted GOAL OCD support group continues to run strong via telehealth. If interested in our GOAL group or therapy groups offered at BTC, please contact us at ***info@behaviortherapycenter.com***.

CENTER FOR ANXIETY

200 W 57th St, Ste 1005
New York, NY 10019
(646) 837-5557
info@centerforanxiety.org
centerforanxiety.org

Center for Anxiety is hiring! Supervising psychologist positions are open in all four offices at this time (Manhattan, Brooklyn, Rockland County, and Great Neck). Duties include carrying a caseload of approximately 20–24 patient hours/week (including intakes, individual/group treatment, and consultation), supervising 2–4 trainees (externs, interns, postdoctoral fellows), and playing a broader role in our APPIC approved doctoral psychology internship program by teaching didactics sessions and providing regular feedback to trainees.

We are also hiring a clinical outreach coordinator position open in our Manhattan location, who will manage and interface with clinical referral sources in conjunction with key members of our clinical and administrative teams, as well as carry a limited caseload of approximately 10 patient hours/week. For more information or to submit an application, please contact

Institutional Member Updates *(continued)*

Aliza Shapiro, clinical operations manager, via email at *info@centerforanxiety.org*, and provide a letter of interest, current curriculum vitae, and names of 2–3 references.

For more information about these and other positions, please visit *centerforanxiety.org/careers*.

THE CENTER FOR OCD AND ANXIETY

6501 North Charles St
Towson, MD 21204
(410) 927-5462
info@sheppardpratt.org
sheppardpratt.org/care-finder/ocd-anxiety-center

The Center for OCD and Anxiety at Sheppard Pratt is growing!

NEW program: We are offering a residential treatment program for OCD through The Retreat, Sheppard Pratt's premier, private-pay residential program for adults 18+. Clients receive comprehensive care for their OCD, including nine hours/week with their therapist in addition to daily ERP and access to The Retreat's full breadth of offerings. We provide a truly individualized approach to treatment, and help our residents achieve a sustainably healthier and more joyful life.

Hiring a psychiatrist: We are seeking a psychiatrist specializing in OCD and anxiety to join our team at Sheppard Pratt. This doctor will support the new OCD program at The Retreat and have the opportunity to do medication management and hands-on therapeutic work.

Hiring therapists: As our programs grow, our team is growing too! We're seeking therapists passionate about OCD treatment to work in outpatient and residential settings.

Welcome Rebecca Billerio-Riff, LMSW to the team! Rebecca joined our team in November and has hit the ground running. Her favorite thing about treating OCD is helping clients understand that they are not alone, and that there IS hope.

Learn more at *ocdbaltimore.com*.

COLLECTIVE CARE CLINIC

1750 SW Skyline Blvd
Portland, OR 97221
(503) 894-9630
viktoriya@portlandanxietyclinic.com
collectivecareclinic.com

Collective Care Clinic is excited to announce our new programming for children, adolescents, adults, and parents. We will be opening our Adolescent Mood and Anxiety Intensive Outpatient Program in late June. This program is appropriate for adolescents ages 14–18 who need more intensive treatment than outpatient therapy. The Adolescent Mood and Anxiety Program is an evidence-based skills-focused group therapy program.

In addition, we will be opening our School Refusal Program in August. This program is appropriate for children and adolescents who are experiencing difficulties attending school and/or are not able to engage in school successfully despite being physically present at school.

We are also offering a rolling, weekly outpatient parent group. The parent group consists of 10 skill-based modules, related to specific parenting skills.

Finally, we are rolling out our Extended Outpatient Program (EOP). This is a 9-week skills-focused program for adolescents and adults who suffer from OCD, anxiety, and related conditions. The EOP includes a weekly skills group, individual psychotherapy, psychiatry, and optional add-on services like individual skills training and family therapy. This program functions to prepare patients for higher levels of care (like IOP or PHP) or can be taken as a stand-alone program.

THE COLUMBIA UNIVERSITY CLINIC FOR ANXIETY AND RELATED DISORDERS (CUCARD) — WESTCHESTER

155 White Plains Rd
Tarrytown, NY 10591
(914) 631-4618
ec3486@cumc.columbia.edu
columbiadoctors.org/childrens-health/anxietydayprogram

CUCARD Westchester is excited to provide a range of clinical services for children and teens this summer. Through our Anxiety Day Program, we will continue to offer comprehensive treatment services via telehealth, including intensive individual EX/RP and twice-weekly groups for middle schoolers and high schoolers, and medication management for youth struggling with OCD. We will also be offering "Back to School" week-long groups in August 2021 to support youth with OCD and other anxiety disorders as they begin the new school year. We also continue to partner with research-based activities at Columbia. We are recruiting children ages 7–14 with a diagnosis of OCD for a study assessing brain-based changes following a course of EX/RP; treatment is provided through the study at no cost. For more information about this study, please visit *tinyurl.com/cupediatricocd*.

CORNERSTONE OCD & ANXIETY GROUP

415 Railroad Ave S
Kent, WA 98032
(844) 623-9675
admin@cornerstoneOCD.com
cornerstoneOCD.com

In January we began our first intensive outpatient program with an online group. Our outcomes were pleasing, and in week 12 we surprised the clients with a visit by Chrissie Hodges to discuss advocacy.

Continued on next page >>

THERAPY COMMUNITY

Institutional Member Updates *(continued)*

We started our second group in March and will begin more groups in May. We felt our results were so decent that we'd like to transition all new and most existing clients to a lighter version of intensive group program. Our main benefit from the experience is seeing the high level of homework compliance, and the incredible effects of cohort cohesion and the accountability that brings.

In May we begin implementing our new hoarding program and will announce the hoarding expert joining the team in the next newsletter.

The biggest news for us is the amazing job our graduate school interns are doing and the excitement this brings for advocating for OCD. Interns are grasping ERP and becoming passionate about the disorder.

We continue to rapidly grow as we add two new staff therapists in May and June and more interns each month. We're especially happy to add an art therapy intern this summer!

EAST BAY BEHAVIOR THERAPY CENTER

45 Quail Ct, Ste 204
Walnut Creek, CA 94596
(925) 956-4636
intakes@eastbaybehaviortherapycenter.com
eastbaybehaviortherapycenter.com

We're excited to announce that Dr. Zurita Ona's new workbook Living beyond OCD Using Acceptance and Commitment Therapy is available in both paperback and Kindle versions. This workbook shows hands on how acceptance and commitment therapy (ACT) and exposure skills go hand-in-hand for taming disturbing obsessions and filling the gap between where a person is and where they want to go.

This workbook can be useful for people who are newly diagnosed with OCD, receiving treatment for OCD and want to augment their exposure exercises, or are in recovery and want a refresher of their skills.

Living Beyond OCD includes a comprehensive review of different types of OCD, different types of mental compulsions, acceptance exercises, values exercises, and self-compassion exercises. It also describes how to develop new relationships with ruling thoughts about obsessions, and anxieties when practicing exposure exercises.

GENESEE VALLEY PSYCHOLOGY

200 White Spruce Blvd, Ste 220
Rochester, NY 14623
(585) 764-8748
drwadsworth@gviproc.org
gviproc.org

Genesee Valley Psychology (GVP) is excited to move into new office space! We will be expanding into 14 offices, a large waiting room, and eventually doubling in size to 30 offices. We are always in need of additional ERP-trained providers and trainees. We are excited to announce the successful launch of our comprehensive DBT program in January, and more recently our Racial Trauma Center. We will continue (post-COVID) to run our IOP program in person and via telehealth.

MCLEAN OCD INSTITUTE HOUSTON

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

We are proud to announce that we have successfully launched our Adolescent Intensive Outpatient Program (AIOP) on April 5th. This specialized treatment program admits clients on a rolling basis, and it is designed to treat adolescents ages 12 to 18 years old who are suffering from moderate to severe OCD, related disorders, and other anxiety disorders. The program meets virtually every Monday, Wednesday, and Thursday from 4pm to 6:30pm. Each adolescent will attend three sessions with a behavior therapist, one session with a family therapist, three psychoeducation groups, and engage in over three hours of exposure with response prevention therapy with staff assistance each week. If you would like to learn more about AIOP and other services we offer, please call us at (713) 526-5055 or visit our website at ***HoustonOCDProgram.org***.

MGH PEDIATRIC PSYCHIATRY OCD & TIC DISORDERS PROGRAM

185 Cambridge St, Ste 2000
Boston, MA 02114
(617) 643-2780
MGHPediOCDTics@partners.org
mghocd.org/pediocdtic

Our specialty clinic at Massachusetts General Hospital has been continuing to grow in size and scope over this year and a half of remote and virtual operations. We are now regularly providing bridging or short-term ERP for those of our patients who are waiting to establish care with a long-term behavioral therapist thanks to our incredible part-time social worker, Elle Daoust, LCSW. In late May, Elle finished up her first SPACE (Supportive Parenting for Anxious Childhood Emotions) class with a small group of our patients' parents.

Institutional Member Updates *(continued)*

In March, we were thrilled to welcome back Brittney Jurgen, PMHNP-BC! Brittney formerly worked with us during her last semester at the MGH Institute of Health Professions and we are now so fortunate to have her back providing interim medication management for our established patients

We are continually working on nonclinical supports and resources for our patients and their families. Please reach out if you have any questions or referrals!

MOUNTAIN VALLEY TREATMENT CENTER

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

Mountain Valley is excited to introduce our clinical team. Tim DiGiacomo, PsyD leads our expert team as clinical director. Rachel Morin, LCMHC and Laurie Rosen, LICSW are newly promoted to the position of associate clinical directors. Jennifer Churchill, MS, Brittany Little, LICSW, and Susan Pullen, LICSW serve as primary clinicians. Finally, Lisa Rosen, PsyD focuses on our parents as our parent support program director.

The Mountain Valley clinical team are all highly trained in CBT and other related modalities. The staff are experts in ACT, ERP, and DBT in addition to mindfulness and trauma focused therapy. In addition, all Mountain Valley clinicians are highly trained in group therapy and family. All therapists at Mountain Valley are trained in the SPACE program for parents.

NEUROBEHAVIORAL INSTITUTE

2233 North Commerce Parkway, Stes 1 & 3
Weston, FL 33326
(954) 280-3226
info@nbiweston.com
nbiweston.com

NBI is conducting therapy and intensive treatment programs for OCD and related conditions on a hybrid basis combining live and virtual therapy. We are gradually transitioning back to increasing in-person services given the improved COVID-19 outlook. NBI Ranch, our supportive residential program, has remained in person and fully operational throughout the pandemic.

We continue to be active regarding presentations and advocacy. Jonathan Hoffman, PhD, ABPP and Katia Moritz, PhD, ABPP recently presented at the University of Miami Miller School of Medicine, Neuropsychology Program on OCD and its comorbidities. Dr. Moritz contributed to a new global report by the WHO and UNICEF concerning the needs of children with developmental disorders in Brazil.

Due to the increased need for mental health services, we have continued to expand our treatment team and our range of services. We have been especially focusing on social anxiety and OCD and autism spectrum disorder (ASD) comorbidity.

We are continuing our Instagram Live series, where we answer questions from the public regarding OCD and its treatment. We are very appreciative of all of the wonderful colleagues who have guest starred on these live events.

We are pleased to report that our newsletter, NBI Exposure, which features information about our team members, upcoming events and new developments in the field, continues to gain a wider readership.

NEW ENGLAND OCD INSTITUTE

392 Merrow Rd, Ste E
Tolland, CT 06084
(860) 830-7838
admin@behavioralwellnessclinic.com
ocdtypes.com

The New England OCD Institute is pleased to be a new Institutional Member of the IOCDF. We are a team of mental health professionals that use empirically supported treatments and the most cutting-edge therapies. We provide compassionate care for your unique type of OCD. Our treatment program is typically 10 weeks. We offer twice-weekly sessions, groups, and a two-week intensive outpatient program (IOP). Both programs can be in person or online, with our online options available worldwide.

We have a psychologist we'd like to welcome to our team — Dr. Danielle Spearman-Camblard. Dr. Camblard specializes in treating OCD and PTSD, and works with clients of all ages. Dr. Camblard utilizes exposure and response prevention (ERP) treatment and cognitive behavioral therapy (CBT). She practices from a culturally informed and racial trauma lens by understanding the impact of social justice issues on Black, Indigenous, and People of Color (BIPOC) communities. She also provides supervision for other clinicians at the clinic, and teletherapy for individuals seeking virtual care.

Our team looks forward to helping you overcome your anxiety and start living again!

NOCD

Nationwide
(312) 766-6780
care@NOCDHELP.COM
nocd.com

NOCD is excited to announce that we have gone international and are now in the UK, Australia, and Canada, in addition to being available across the USA. NOCD is committed to

Continued on next page >>

THERAPY COMMUNITY

Institutional Member Updates *(continued)*

offering ERP in an efficient and cost-effective manner to help end the suffering that OCD causes to individuals and families. NOCD continues to seek out passionate therapists that want to make a difference in the lives of those with OCD. If you are interested in a career in OCD treatment with potential for career advancement, then please reach out to us at ***nocd.com***. If you are a person with OCD, please download the NOCD app to start your treatment experience with us via our teletherapy platform and become a member of the largest online OCD community in the world.

NORTHWELL HEALTH OCD CENTER

75-59 263rd St
Zucker Hillside Hospital
Glen Oaks, NY 11004
(718) 470-8052
ocdcenter@northwell.edu
northwell.edu/ocdcenter

The Northwell Health OCD Center offers evidence-based, comprehensive outpatient treatment for OCD and obsessive-compulsive personality disorder (OCPD). It is one of the only specialized OCD facilities in the New York metropolitan area to accept most health insurance plans, including Medicare and Medicaid. Treatment options include individual and group cognitive behavioral therapy as well as medication management.

During the COVID-19 pandemic, we have continued to conduct all services through video platforms and we have expanded our group therapy options. This spring we added the Graduate Maintenance Group. This is a monthly group for our patients who have met their treatment goals and graduated from individual therapy and who hope to independently maintain their mastery of OCD with support from the OCD Center.

As we reflect on the end of the current training year, we are also preparing to welcome our incoming doctoral externs, interns, and psychiatry residents. We are so grateful that amidst this ongoing pandemic our resilient and collaborative team has continued to meet the needs of our patients through teletherapy. Please email us for more information or to schedule a confidential screening. We look forward to seeing the OCD community at the Online OCD Conference this fall!

THE OCD & ANXIETY TREATMENT CENTER

1459 North Main St, Ste 100
Bountiful, UT 84010
(801) 298-2000

11260 River Heights Dr
South Jordan, UT 84095
(801) 298-2000

admissions@liveuncertain.com
Theocdandanxietytreatmentcenter.com

TOATC continues to provide evidence-based exposure therapy to children and adults suffering from obsessive-compulsive spectrum disorders, anxiety-related disorders, and trauma disorders. The launch of our adult trauma program in early 2021 encouraged our center to begin offering our DBT-Prolonged Exposure trauma program to youth this spring.

TOATC is thrilled to announce our nomination for the Best of Salt Lake City 2021 Award for Specialty Medicine. The awards recognize excellent businesses in the Salt Lake City, UT area. We are honored to have our passion for providing quality, specialized mental health care acknowledged by our community.

Construction is underway at our South Jordan location as we expand our outpatient therapist offices to accommodate 2020's surge in need for mental health services. The Jordan School District has invited TOATC to be a part of their exclusive provider list, which will connect our center with hundreds of school-aged youth in need of mental health treatment.

As the COVID-19 pandemic continues, we remain available for telehealth and socially distanced onsite appointments. We are proud to share that our clinical data has reflected encouraging results demonstrating very similar levels of symptom reduction in our telehealth and in-person clients.

OCD INSTITUTE MCLEAN HOSPITAL

115 Mill St
Belmont, MA 02478
(617) 855-2776
ocdiadmissions@partners.org
mcleanhospital.org/ocd

Over a year into COVID, the OCDI, OCDI Jr, and OCDI Houston all continue to offer a variety of treatment options. At the adult OCDI in Belmont, we have been increasing the numbers of patients we are treating in person as our staff have been vaccinated and we are able to offer vaccines to patients who want them. We continue to offer virtual partial hospital care to more patients as well. We have not yet set a date for when we will welcome back partial hospital patients back in person. OCDI Jr has also been increasing the number of kids they are seeing in person in their new space in Belmont. OCDI Houston remains busy with residential patients, and recently started a virtual IOP program for adolescents.

This spring we also had to say a sad goodbye to one of our original staff members. Tim Thomas, a long-time McLean employee who had been with the OCDI since its opening, announced his retirement in April. Many of our former patients and staff will remember Tim for his wit and wisdom, his incredible dedication, and his amazing cooking! We will certainly miss him.

Institutional Member Updates *(continued)*

PALO ALTO THERAPY

407 Sherman Ave, Ste C
Palo Alto, CA 94306
(650) 461-9026
info@paloaltotherapy.com
paloaltotherapy.com/ocd

940 Saratoga Ave, Ste 240
San Jose, CA 95129

At Palo Alto Therapy, we specialize in cognitive behavioral therapy. With many years of experience in the field of behavioral health, we've helped children and adults overcome anxiety, depression, OCD, panic, social anxiety, and other stress-related problems.

We are happy to introduce our newest members in both office locations: therapists Victoria Tognozzi, LMFT, Marco Hernandez, LMFT and Joshua Opatowsky, LPCC and our newest care coordinator, Audrey Hilton. We are excited to have them join our ever-growing practice with their unique experience and backgrounds!

Parent OCD Support Group: This NEW group connects parents of children of all ages with OCD who are struggling with similar situations. Living with someone with OCD can be challenging, so this group helps provide strength and community for you! This group will run the last Saturday of each month via video.

We are hiring! We are hiring new therapists to 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!

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

PORTLAND ANXIETY CLINIC AND COLLECTIVE CARE CLINIC

1130 SW Morrison, Ste 619
Portland, OR 97229
(503) 313-0028
drjilldavidson@portlandanxietyclinic.com
portlandanxietyclinic.com

1750 SW Skyline Blvd, Ste 201
Portland, OR 97221

Portland Anxiety Clinic is excited to introduce our new sister clinic, Collective Care Clinic, offering intermediate care programming for children, adolescents, adults, and parents. We will be opening our Adolescent Mood and Anxiety Intensive Outpatient Program in June. This program is appropriate for adolescents ages 14–18 who need more intensive treatment than outpatient therapy. The Adolescent Mood and Anxiety Program is an evidence-based skills-focused group therapy program.

In addition, we are opening our School Refusal Program in August. This program is appropriate for children and adolescents who are experiencing difficulties attending school and/or are not able to engage in school successfully.

We are also offering a rolling, weekly outpatient parent group. The parent group consists of 10 skill-based modules, related to specific parenting skills.

Finally, we are opening the Extended Outpatient Program (EOP). This is a nine-week skills-focused program for adolescents and adults who suffer from OCD, anxiety, and related conditions. The EOP includes a weekly skills group, individual psychotherapy, psychiatry, and optional add-on services like individual skills training and family therapy. This program functions to prepare patients for higher levels of care (like IOP or PHP) or can be taken as a stand-alone program.

ROGERS BEHAVIORAL HEALTH

34700 Valley Rd
Oconomowoc, WI 53066
(800) 767-4411
rick.ramsay@rogersbh.org
rogersbh.org

Rogers Behavioral Health will break ground this summer on a new residential care center in Brown Deer. Scheduled to open in summer 2022, the 24,000-square-foot two-story addition to the existing inpatient hospital will offer treatment for up to 32 adults and adolescents. Additional outpatient clinics in Phoenix and Denver are scheduled to open later in 2022.

Rogers' Sheboygan clinic is opening in summer 2021. In addition to other offerings, it will have OCD and anxiety adult partial hospitalization care. Rogers is also launching its first ever supportive living environment at the Sheboygan location.

The Ladish Co. Foundation Center on the Oconomowoc campus is expected to open this summer as well. The Center will serve as a resource for patients and their families, and it will house the Rogers Behavioral Health Foundation and Rogers Research Center.

This spring, Rogers opened its Seattle clinic that offers an OCD and anxiety PHP for adults, and children and adolescents.

Existing Rogers clinics in Los Angeles and Atlanta now offer IOP care for OCD and anxiety at all ages, and in the coming months, an additional OCD program will be added to San Diego.

STANFORD TRANSLATIONAL OCD PROGRAM — RODRIGUEZ LAB

401 Quarry Rd
Stanford, CA 94305
(650) 723-4095
ocdresearch@stanford.edu
rodriguezlab.stanford.edu

In May, Dr. Carolyn Rodriguez presented for a couple of sessions at the 2021 annual meeting of the American Psychiatric Association (APA), including a symposium chaired by Dr. Katharine Phillips entitled "Treatment of Severe Obsessive-Compulsive and Related Disorders: What Do You Do If First-Line Treatments Don't Work?" Other presenters on this team included Dr. Chris Pittenger, Dr. Jon Grant, and Dr. Michele Pato.

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THERAPY COMMUNITY

Institutional Member Updates *(continued)*

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. You can also follow us on Twitter and Facebook @RodriguezLabSU.

STRESS AND ANXIETY SERVICES OF NJ, LLC

A-2 Brier Hill Ct, 2nd Floor
New Brunswick, NJ 08816
(732) 390-6694

195 Columbia Tpke, Ste 120
Florham Park, NJ 07932

SAS@stressandanxiety.com
StressAndAnxiety.com

Stress and Anxiety Services of NJ (SASNJ) would like to welcome our newest clinical staff member, Rebecca Yeh, PsyD. Rebecca comes to us from her position at the Anxiety and OCD Center in Malvern, PA, where she held a post doc position after completing her clinical psychology degree at La Salle University. She also held a year-long internship position at Coatesville VA Medical Center where her focus was on work with PTSD patients utilizing CPT. Rebecca also had practica placement for a year at the Child and Adolescent OCD, Tic, Trich, and Anxiety Group (COTTAGe) where she worked exclusively with OCD and OCD spectrum disorders such as BFRBs, tic disorders and ARFID.

SASNJ would also like to formally welcome Christina Zambrano to our administrative team. Christina has worked in the healthcare field as a nurse for seven years and is passionate about providing the best care and compassion as the primary intake coordinator for SASNJ. She has experience providing medical care for children and adults who have significant medical needs, and many with conditions such as anxiety, autism, and OCD.

We are excited to add these two talented professionals to our growing practice!

UNIVERSITY OF SOUTH FLORIDA ROTHMAN CENTER

601 7th St S, Ste 425
St. Petersburg, FL 33701
(727) 767-8230
rothmanctr@usf.edu
health.usf.edu/medicine/pediatrics/rothman

The USF Rothman Center continues to offer telehealth services statewide in Florida for psychotherapy for OCD, anxiety, Tourette, misophonia, hair pulling, and related disorders. Medication management is also offered via telemedicine.

OCD and Dementia

by Eda Gorbis, PhD, LMFT

Editor's note: This article is based on a presentation given by Eda Gorbis, PhD, LMFT at the IOCDF's Online OCD Conference in 2020.

Patients with dementia and patients with OCD can often display similar symptoms. However, the underlying causes of their symptoms are different and require different approaches to treatment. Correctly determining whether a patient's symptoms are caused by dementia or OCD is critically important to providing effective treatment in therapy.

THE CONNECTION BETWEEN OCD AND DEMENTIA

Obsessive compulsive disorder is defined by the DSM-V (APA, 2013) as a neuropsychiatric disorder in which an individual will perform a series of ritualistic behaviors or compulsions in response to persistent and unwanted intrusive thoughts or obsessions. Many experts and researchers consider OCD to be a syndrome because it can occur with other conditions such as depression, generalized anxiety, panic disorder, eating disorders, just to name a few.

Dementia, according to the DSM-V, is a brain disorder where the prefrontal and temporal lobes of the brain are damaged by disease. This damage results in symptoms that impact executive functioning (a person's ability to control their own behavior and direct themselves toward attaining simple or complicated goals). For example, memory loss, language loss, decreased attention span, and difficulty with problem solving are all seen in dementia. While there is no single cause of dementia, it usually appears during the later decades of a person's life, but is not considered to be a normal part of aging *(Nifli, 2017; CDC, 2019)*. Dementia is seen in several memory disorders including Alzheimer's Disease, mild cognitive impairment, vascular diseases, and brain traumas.

Within the last twenty 20 years, studies of individual patients as well as reviews of the scientific literature have argued that OCD and dementia could be connected in some way. A review of previous research on OCD and its effect on the brain found that across many different studies, people with OCD frequently displayed symptoms that are also common in dementia, including problems with executive functioning, memory, motor skills, and language *(Greisberg and McKay, 2003)*. In a similar way, researchers studying patients with dementia have found that they can have co-occurring OCD symptoms. In one study, which included 11 people with Frontotemporal Dementia (FTD) who were being cared for in a hospital setting, nine of the 11 participants showed OCD symptoms *(Perry et al., 2012)*. Their OCD symptoms included checking, ordering/arranging, repeating rituals, and cleaning. Studies of two individual patients diagnosed with dementia with Lewy Bodies (DLB) found that they also showed symptoms of late-onset OCD *(Frileux, Millet and Fossati, 2020)*. Initially these patients did not benefit from treatment for their OCD, but eventually their symptoms began to improve with medication and full-time hospitalization.

DIAGNOSIS

Successful treatment depends on using accurate information and the tools and techniques that are supported by scientific research on OCD and dementia. Obtaining a history of a patient's mental and physical health, either from the patient or a caregiver, is an important part of this process. A key difference between OCD and dementia is the age at which the

Continued on next page>>

THERAPY COMMUNITY

OCD and Dementia *(continued)*

disorders typically set in. Dementia usually develops around the age of 65, whereas OCD typically develops during middle childhood or adolescence. Late-onset OCD development beyond the age of 35 years old is rare and may be attributable to other undiagnosed physical health problems or disorders. Generally, if a patient has a history of obsessive-compulsive behaviors that set in before they experienced any memory or executive functioning issues, it is likely that their OCD and dementia symptoms are not connected.

IMPULSIVE VS. COMPULSIVE BEHAVIOR

When evaluating a patient who you suspect may have OCD, it is key to identify whether their symptoms are impulsive or compulsive *(Moheb et al., 2019)*. Compulsive behaviors are "ego-dystonic," meaning that they are separated from an individual's beliefs and core values. For example, a patient can understand that flipping a light switch on and off in multiples of three will not prevent bad things from happening to them, but they feel they have no choice but to perform this task.

On the other hand, impulsive behaviors are "ego-syntonic," meaning that they reflect a person's beliefs and core values. Impulsive behaviors are about instant gratification with time to consider the consequences put off until a later date. People with impulsive behaviors have a hard time recognizing when they are engaging in impulsive behavior, which makes treatment more difficult for the patient because changing the behavior requires them to change the beliefs and values that drive it. People with compulsive behaviors are more likely to recognize their behaviors as excessive, unhelpful, or caused by a mental health disorder, but they may still find it very difficult to stop.

Determining whether problematic behaviors are ego-syntonic or ego-dystonic can help differentiate between impulsive and compulsive behavior and guide you toward a correct diagnosis. Patients with OCD experience their intrusive thoughts and compulsive behaviors as ego-dystonic, while behaviors in dementia — even dangerous or problematic ones — are typically ego-syntonic and impulsive in nature.

OTHER BEHAVIORAL DIFFERENCES

There are a few key behavioral differences between OCD and dementia. In dementia, checking behaviors are related to memory loss and forgetfulness, whereas checking behaviors in OCD are due to the intense need to obtain relief from anxiety and the inability to deal with uncertainty. Dementia patients also do not experience intrusive thoughts to the same degree as OCD patients. For those with OCD, the intrusive thoughts are not only ego-dystonic and unwanted, but also occur frequently and cause a great deal of distress, resulting in the need to perform compulsions. Patients may be afraid that they will act on intrusive thoughts when, in reality, they are not likely to do so. In comparison, dementia patients may perform actions in response to their frustration and confusion. For example, a patient who does not recognize they are in a hospital may perceive treatments as a threat to their physical safety, causing them to resist treatment, physically struggle with staff, or flee.

ASSESSMENT TOOLS

The Yale-Brown Obsessive-Compulsive Scale, or YBOCS-II, is a commonly used questionnaire that measures behaviors across a variety of symptoms (including checking, counting, contamination, scrupulosity, and intrusive thoughts) to detect OCD and measure its severity. Other scales, such as the Obsessive-Compulsive Inventory-Revised (OCI-R) and the Hamilton Anxiety scale, also measure obsessions and compulsions, but do not take memory or executive functioning into account. Two assessment tools that can be used to differentiate between dementia and OCD are the Structured Clinical Interview for DSM Disorders (SCID) and the Clinical Global Impressions Scale (CGI). The SCID is used to identify the presence of any mental health disorders defined in the DSM-V, and to differentiate between disorders even if patients have symptoms that overlap multiple diagnostic criteria. The CGI compares the initial severity levels of the symptoms assessed during the SCID, and compares the initial severity to the improvement of the patient and how well they have responded to treatment. This scale should be used throughout treatment to track the progress of the patient and decide whether it would be more effective to move to a different type of treatment.

Additionally, clinicians should take care to recognize the early symptoms of memory disorders like dementia and Alzheimer's disease. Dementia or Alzheimer's disease are both marked by states of confusion and anger, loss of short-term or long-term memory, and the onset of aphasia (the loss of ability to use words in order to communicate). In comparison, patients with OCD may simply be unable to remember how many times they have completed a compulsion. If the clinician misses the early signs of these disorders, the patient could miss an early opportunity for treatment. A thorough and accurate diagnosis is the ounce of prevention that avoids a pound of cure.

OCD and Dementia *(continued)*

TREATMENT

Once the correct diagnosis is made, treatment and preventing symptoms from returning following treatment are the final steps. The gold standard treatment for OCD is exposure and response prevention (ERP), a form of cognitive behavioral therapy (CBT). This kind of therapy requires engagement and cooperation on the part of the patient, but patients often have good awareness of the compulsive nature of their behaviors and a desire to get better. In patients with dementia, by contrast, the ego-syntonic and impulsive nature of their behaviors makes it difficult to involve the patient in their own treatment process. Instead, clinicians and researchers may have to rely on the word of a patient's caregiver, who may be a family member or legally appointed guardian, in order to evaluate the patient's symptoms and complete diagnostic questionnaires.

Currently, research has not been able to identify a specific treatment that treats OCD and dementia at the same time. However, clinicians are encouraged to continue using multiple avenues of treatment when approaching multiple disorders whose behaviors overlap with one another. In the case that a patient is only experiencing dementia without the presence of OCD, then the treatment must be modified accordingly. Instead of ERP, the dementia patient would most likely need treatment that includes medication and intense, structured activities that help stimulate the mind. Treatment should be overseen by a team of clinicians in order to change behaviors. Memory loss and decreased executive functioning can make it hard to obtain the cooperation of patients in consistently taking their prescribed medications, but some measures can be taken in order to help with this. A study by Arlt, Lindner, Rösler, and von Renteln-Kruse *(2008)* suggested using "simplified dosing, appointment and prescription refill reminders, direct observation of treatments by healthcare workers or family members, and crisis intervention when necessary." Another model that could be helpful is one used at the University of California: Los Angeles Longevity Center, where patients are offered memory training sessions, which can improve linguistic and spatial memory.

Dementia and OCD present the patient and the clinician with treatment and life-improvement challenges. By using the proper tools and knowledge to differentiate between these two conditions and then identify co-occurring illnesses, the clinician can create a treatment plan that meets the patient's physical health needs while incorporating therapy and medication to address mental and behavioral health needs. By doing so, you will create an opportunity for the patient to experience improved quality of life despite the hardships that dementia and OCD can pose.

For more information on research concerning OCD and dementia, please contact the Westwood Institute for Anxiety Disorders in Los Angeles, CA at our website: ***hope4ocd.com*** or email us at ***thewestwoodinstitute@gmail.com***. Additional resources such as the UCLA Longevity Center can be reached at ***sgoldfarb@mednet.ucla.edu*** or by calling (310) 794-0680. Special thanks to Rebecca Braverman and Alexander Gorbis for their assistance in writing this article.

REFERENCES

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (5th ed.)*. https://doi.org/10.1176/appi.books.9780890425596

Arlt, S., Lindner, R., Rösler, A., & von Renteln-Kruse, W. (2008). Adherence to medication in patients with dementia. *Drugs & aging, 25(12)*, 1033-1047.

C. (2019, April 05). *What Is Dementia?* Retrieved January 09, 2021, from https://www.cdc.gov/aging/dementia/index.html

Frydman, I., Ferreira-Garcia, R., Borges, M. C., Velakoulis, D., Walterfang, M., & Fontenelle, L. F. (2010). Dementia developing in late-onset and treatment-refractory obsessive-compulsive disorder. *Cognitive and behavioral neurology, 23(3)*, 205-208.

Frileux, S., Millet, B., & Fossati, P. (2020). Late-Onset OCD as a Potential Harbinger of Dementia With Lewy Bodies: A Report of Two Cases. *Frontiers in psychiatry, 11*, 554.

Greisberg, S., & McKay, D. (2003). Neuropsychology of obsessive-compulsive disorder: a review and treatment implications. *Clinical Psychology Review, 23(1)*, 95-117.

Moheb, N., Charuworn, K., Ashla, M. M., Desarzant, R., Chavez, D., & Mendez, M. F. (2019). Repetitive behaviors in frontotemporal dementia: compulsions or impulsions?. *The Journal of neuropsychiatry and clinical neurosciences, 31(2)*, 132-136.

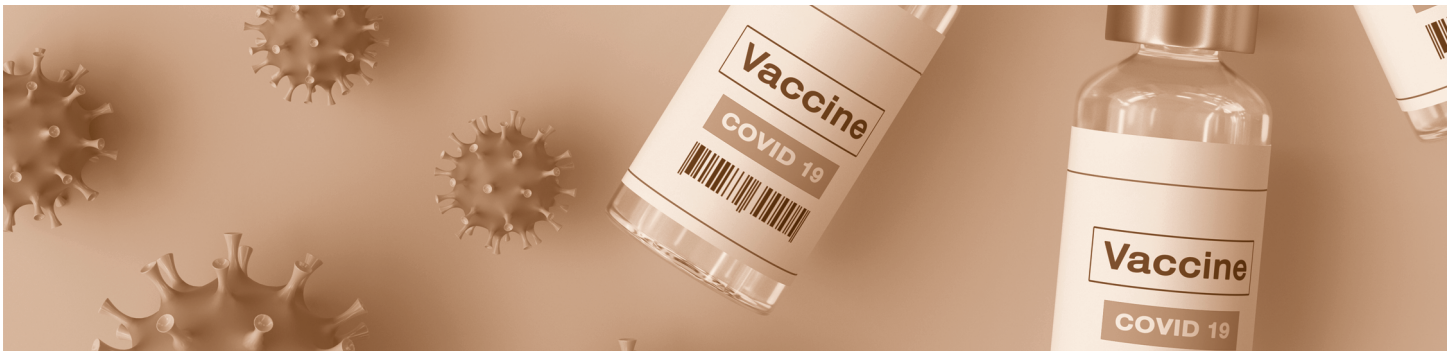
Nifli, A. P. (2017). The neurobiology of dementia: spatial and temporal dynamics of Alzheimer's disease major biomarkers. *Hellenic Journal Of Nuclear Medicine, 20(2)*, 91-103.

Perry, D. C., Whitwell, J. L., Boeve, B. F., Pankratz, V. S., Knopman, D. S., Petersen, R. C., ... & Josephs, K. A. (2012). Voxel-based morphometry in patients with obsessive-compulsive behaviors in behavioral variant frontotemporal dementia. *European journal of neurology, 19(6)*, 911-917.

RESEARCH NEWS

Obsessive Compulsive Disorder During and After COVID-19

by Dean McKay, PhD, ABPP



After more than a year of living with the COVID-19 pandemic, it has become clear that the virus has significantly and adversely affected almost every aspect of our lives. The extent of this impact has varied considerably based on numerous factors, including pre-pandemic socioeconomic status, pre-existing health conditions, and race and ethnicity (Osofsky, Osofsky, & Mamon, 2020), to name just a few. Surveys have shown that the public health measures taken to contain the spread of the virus have led to a global increase in stress, anxiety, and depression (Park, et al., 2020). Plus, research conducted early in the pandemic showed that individuals with pre-pandemic anxiety experienced worse symptoms as a result of increased stress from COVID-19 (Asmundson, et al., 2020).

There are numerous easily identifiable stressors from the pandemic, such as: loss of mobility due to lockdowns; loss of social connections; limited access to ordinary social activities, such as dining out or attending events; and loss of employment and/or diminished income.

However, the risk of infection also activates a specific, biological reaction that contributes significantly to stress in humans. This reaction, referred to as activation of the Behavioral Immune System *(BIS; Schaller & Park, 2011)*, evolved from the need to keep ourselves safe from infection in order to survive, and has a specific importance for individuals with OCD.

Here is how the BIS works: Given the public information about disease risk, we become attuned to our own physical sensations, especially those that might signal the onset of illness. Additionally, since we are evolved to act in ways that will reduce the risk of infection, the BIS triggers a range of actions that are designed to prevent illness — including behaviors that are rationally unrelated to disease risk but which we still feel may be necessary. For example, at the beginning of the pandemic, many people were wiping down their groceries and any other purchases with sanitary wipes to reduce the risk of contamination, despite the reports from the Centers for Disease Control and Prevention (CDC) stating that COVID-19 was not transmissible on surfaces *(Carraturo, et al., 2020)*. These and other irrational behaviors (e.g., staying far more than six feet away from others, using multiple face coverings while outdoors) all contribute to a heightened sense of fear and stress due to disease risk in individuals, and fuels the ongoing activation of the BIS.

The BIS can lead to a wide range of other actions aimed at reducing disease risk. The most prominent that is related to OCD is increased checking behaviors. Checking in this case can take many forms, ranging from increased scrutiny of surfaces that might be feared sources of transmission, to monitoring physical sensations that might signal infection. To illustrate the latter, research conducted early in the pandemic showed that people with high levels of BIS response who normally monitored their physical sensations for changes that might signal they were sick, and had anxiety related to this, were more likely to be fearful of contracting COVID-19 *(McKay et al., 2020)*.

The implications of the BIS for individuals suffering from OCD is significant. Contamination fears are among the most common symptoms of the disorder *(Coughtrey et al., 2012)*. Considering the role the BIS plays in protecting from contamination, and the widespread activation of contamination concerns in the general public, the specific impact on individuals with OCD becomes clear.

It had been widely predicted that those with OCD prior to the pandemic could be expected to see a worsening of symptoms, and individuals who might not have met criteria for OCD could have developed symptoms that would now lead to a diagnosis *(Fontenelle & Miguel, 2020)*. In fact, in an

Obsessive Compulsive Disorder During and After COVID-19 *(continued)*

effort to blunt the negative effects of the pandemic on individuals with OCD, experts emphasized the low disease risk from surfaces and the extent of risks for person-to-person transmission *(Shafran, Coughtrey, & Whittal, 2020)*.

Fortunately, the evidence thus far has not borne this out. Research conducted during the pandemic has suggested, contrary to early predictions, no significant worsening of OCD symptoms among those with the disorder prior to the onset of the COVID-19 crisis *(Pan et al., 2021)*. However, research is early and ongoing, and more work is called for to fully understand the extent COVID-19 may have led to changes in symptom severity. Indeed, there is emerging evidence that even if symptoms of OCD have not worsened from the pandemic, OCD sufferers have experienced other mood-related problems (such as suicidal ideation and risk; *Ardestani et al., in press*).

Treatment for OCD involving ERP can, and should, continue during the pandemic. The rationale is that even in non-pandemic times, attention to legitimate disease risk is typically considered by skilled and responsible clinicians *(see Sheu, McKay, & Storch, 2020; Storch, et al., 2020)*. Since OCD tends to persist when untreated, and considering that high-speed internet technology has ushered in an age of more widely available telehealth options, relief from OCD symptoms should be possible despite the continued risk of infection with COVID-19. Clinicians who are skilled in delivering ERP should continue to do so in this time, while also being attentive to their own, possibly inflated, COVID-19 disease risk concerns. As vaccine distribution continues, and the end of the pandemic appears to be drawing near, we will have a long post-pandemic trajectory to recover from the habits that developed to protect from infection. These will warrant continued intervention for obsessive-compulsive symptoms, both in individuals who might meet criteria for the condition, and those whose symptoms developed or worsened because of activation of the BIS.

REFERENCES

Ardestani, S.M., Bastan, F.S., Khosravani, V., McKay, D., & Asmundson, G.J.G. (in press). The associations of obsessive-compulsive symptom dimensions and general severity with suicidal ideation in patients with obsessive-compulsive disorder: The role of specific stress responses to COVID-19. *Clinical Psychology and Psychotherapy.*

Asmundson, G.J.G., Paluszek, M.M., Landry, C.A., Rachor, G.S., McKay, D., & Taylor, S. (2020). Do pre-existing anxiety-related and mood disorders differentially impact COVID-19 stress responses and coping? *Journal of Anxiety Disorders, 74,* 102271.

Coughtrey, A. E., Shafran, R., Knibbs, D., & Rachman, S. J. (2012). Mental contamination in obsessive-compulsive disorder. *Journal of Obsessive-compulsive and Related Disorders, 1,* 244–250.

Carraturo, F., Del Giudice, C., Morelli, M., Cerullo, V., Libralato, G., Galdiero, E., & Guida, M. (2020). Persistence of SARS-CoV-2 in the environment and COVID-19 transmission risk from environmental matrices and surfaces. *Environmental Pollution, 265 (Part B),* 115010.

Fontenelle, L.F., & Miguel, E.C. (2020). The impact of coronavirus (COVID-19) in the diagnosis and treatment of obsessive-compulsive disorder. *Depression & Anxiety, 37,* 510-511.

Garner, L., McKay, D., Cepeda, S.L., & Storch, E.A. (in press). The impact of conservatism and elected party representation on mental health outcomes during major elections. *Journal of Social and Clinical Psychology.*

McKay, D., Minaya, C., & Storch, E.A. (2020). Conducting exposure and response prevention treatment for contamination fears during COVID-19: The behavioral immune system impact on clinician approaches to treatment. *Journal of Anxiety Disorders, 74,* 102270.

McKay, D., Yang, H., Elhai, J., & Asmundson, G.J.G. (2020). Anxiety regarding contracting COVID-19 related to interoceptive anxiety sensations: The moderating role of disgust propensity and sensitivity. *Journal of Anxiety Disorders, 73,* 102233.

Osofsky, J. D., Osofsky, H. J., & Mamon, L. Y. (2020). Psychological and social impact of COVID-19. Psychological Trauma: *Theory, Research, Practice, and Policy, 12,* 468–469.

Pan, K.Y., Kok, A.A.L., Eikelenboom, M., Horsfall, M., Jorg, F., Luteijn, R.A., Rhebergen, D., ... , & Penninx, B.W.J.H. (2021). The mental health impact of the COVID-19 pandemic on people with and without depressive, anxiety, or obsessive-compulsive disorders: A longitudinal study of three Dutch case-control cohorts. *Lancet Psychiatry, 8,* 121-129.

Park, C.L., Russell, B.S., Fendrich, M., Finkelstein-Fox, L., Hutchinson, M., & Becker, J. (2020). Americans' COVID-19 Stress, Coping, and Adherence to CDC Guidelines. *Journal of General Internal Medicine, 35,* 2296–2303

Schaller, M., & Park, J. H. (2011). The behavioral immune system (and why it matters). *Current Directions in Psychological Science, 20,* 99–103.

Shafran, R., Coughtrey, A., & Whittal, M. (2020). Recognising and addressing the impact of COVID-19 on obsessive-compulsive disorder. *Lancet: Psychiatry, 7,* 570-572.

Sheu, J.C., McKay, D., & Storch, E.A. (2020). COVID-19 and OCD: Potential impact of exposure and response prevention therapy. *Journal of Anxiety Disorders, 76,* 102314.

Storch, E.A., Schneider, S.C., Guzick, A., McKay, D., & Goodman, W.K. (2020). Impact of COVID-19 on exposure and response prevention for obsessive-compulsive disorder: Present and post-pandemic consideration. *Psychiatry Research, 292,* 113310.

Tybur, J.M., Lieberman, D., Fan, L., Kupfer, T.R., & de Vries, R.E. (2020). Behavioral immune trade-offs: Interpersonal value relaxes social pathogen avoidance. *Psychological Science, 31,* 1211-1221.

RESEARCH NEWS

Transcranial Magnetic Stimulation Therapy for OCD: An Introduction

by By Joan Camprodon, MD, MPH, PhD; Rachel Davis, MD; Darin Dougherty, MD; Carolyn Rodriguez, MD, PhD; Ryan Vidrine, MD; Kelly Bedner; and Will Sutton

About 70% of people with OCD will experience at least some benefit from exposure and response prevention (a form of cognitive behavioral therapy), medication, or a combination of the two. These treatments are backed by research studies demonstrating their effectiveness, and have been widely used to treat OCD for over 30 years.

However, for those who don't benefit from these treatments, or who only experience a minor reduction in symptoms, alternatives have been limited. Over the past decade, transcranial magnetic stimulation (TMS) has emerged as a new option for OCD treatment, and has progressed from a purely experimental treatment to a more widely available therapy backed by research studies demonstrating its effectiveness. Since TMS does not require surgery and is increasingly available at local clinics in many areas of the US, many people with OCD are curious about this treatment and may be wondering if it is appropriate for them.

Read on to learn about TMS, how it works, whether it may be right for you, and more.

FAST FACTS ABOUT TMS:

- TMS is for people who have already tried first-line treatment (ERP and/or medication) and are still struggling
- TMS should be provided alongside medication or ERP as an add-on or "adjunct" to therapy
- TMS can be used to treat several mental health disorders, but effective OCD treatment involves TMS "recipes" that combine specific techniques and devices that researchers have found to be helpful

WHAT IS TMS?

TMS is a non-invasive way of "stimulating" (or changing) activity in the brain using magnetic fields. During treatment, patients will sit in a chair while a TMS device is pressed against the outside of their head. Inside the device is a wire coil. When an electric current is passed through this coil, it generates a magnetic field. The magnetic field passes through the hair, scalp, muscle, and skull and into the brain, where the magnetic field changes brain activity. This magnetic field can be targeted to reach and stimulate specific areas of the brain, including those involved in OCD. The patient may feel a tapping sensation on their head during treatment, but people receiving TMS are not being "shocked" by electricity. Sedation is not used during the procedure, discomfort is typically mild, and patients can return to their normal activities immediately.

TMS FOR OCD

TMS technology is used to treat a wide range of mental health disorders and health problems, including major depressive disorder, migraine headaches, and tinnitus. TMS treatment differs depending on the illness being treated, because different parts of the brain need to be targeted depending on the illness, and different TMS equipment may be needed to reach those areas of the brain.

Over the past 10–15 years, researchers have developed TMS treatment techniques that target the parts of the brain affected in OCD, and have found that by stimulating these areas of the brain, some people experience a reduction in their OCD symptoms.

A "RECIPE" FOR TREATMENT

The term "TMS" describes a variety of technologies and techniques, all of which involve the use of magnetic waves to change activity in the brain. You can think of TMS treatment like a "recipe" that consists of three ingredients: a specific TMS device (or coil), a setting or protocol that determines how fast the coil repeats its magnetic pulses, and an area of the brain where the pulses are directed (the target). Each "ingredient" in this recipe can be changed. Some combinations of ingredients have been found to be helpful for OCD, while others might be less effective.

The ingredients:

1. A device or coil

The two types of devices that you will hear the most about when learning about TMS for OCD are rTMS and dTMS.

- rTMS (repetitive TMS) devices deliver magnetic waves to the brain in a repeating series of pulses. rTMS can be used to target the areas of the brain closest to the surface, and is sometimes referred to as "surface TMS".
- dTMS (deep TMS) also delivers a repetitive series of pulses, but the design of the dTMS coil allows for these pulses to reach deeper into the brain and target areas that are out of reach for standard rTMS devices.

2. A protocol or parameters

The TMS "protocol" or "stimulation parameters" determines how fast the magnetic pulses generated by the TMS coil repeat. The speed that the pulses repeat is also known as their frequency. These pulses can be:

- High frequency
- Low frequency

Transcranial Magnetic Stimulation Therapy for OCD: An Introduction *(continued)*

- Intermittent Theta Burst (iTBS)
- Continuous Theta Burst (cTBS)

iTBS and cTBS protocols can cut the time of treatment sessions down to just five minutes, compared to up to 40 minutes for other protocols, but these protocols are still being studied and are not as widely used at the moment.

3. A target in the brain

The magnetic pulses generated by the coil can be directed at different parts of the brain, including some of those that may be affected by OCD. Research on TMS as a treatment for OCD has found that certain targets work better than others:

- Using rTMS (or surface TMS) to target the dorsomedial prefrontal cortex (dmPFC), pre-supplementary motor area (pre-SMA), and bilateral and right dorsolateral prefrontal cortex (dlPFC) has been shown in some studies to have positive effects for OCD patients (Lusicic et al., 2018). However, these studies were small and negative effects have been reported as well.
- Using dTMS to target the anterior cingulate cortex (ACC) and dmPFC were found to be helpful for OCD *(Carmi et al., 2019)*.

THE FDA-CLEARED TMS "RECIPES"

The US Food and Drug Administration (FDA) has cleared certain combinations of devices, protocols, and target areas of the brain to be used in treating OCD. The FDA cleared "recipe" for OCD treatment using TMS is:

- A dTMS device, specifically either the BrainsWay dTMS H7 coil or the MagVenture cool DB80 coil devices
- Using high frequency stimulation (20 Hz)
- Targeting the dmPFC or ACC

Additionally, this treatment should be paired with exposures (or "provocations") that trigger OCD fears right before the TMS session begins.

If you are considering TMS for your OCD, or are currently undergoing treatment, there's a few things you can look for and ask about that will help you understand which one of these treatment recipes you are receiving.

- Find out which type of TMS is being used in your treatment (e.g., surface TMS or deep TMS)
- Ask about the areas of the brain or the brain structures that are being targeted
- Pay attention to where the helmet or coil is placed on your head during treatment. Draw an imaginary line on the outside of your head from your nose, up between your eyes, over the top of your head and to the back of your neck. FDA cleared treatments require the helmet or coil to be placed on head so that is aligned with this imaginary center line. If the TMS device is placed on the side of your head, or off-center from this imaginary line, you might not be receiving treatment intended for OCD, and you should check with your doctor or TMS clinic about this.

WHAT IF I DON'T GET ONE OF THESE FDA-CLEARED RECIPES? DOES THAT MEAN I AM GETTING THE WRONG TREATMENT?

Not necessarily. A number of different devices, protocols and frequencies, and targets in the brain are actively being researched. Just because you aren't receiving one of the FDA-cleared TMS recipes above doesn't mean that the treatment you're receiving is wrong or won't work. Additionally, other TMS "recipes" with ingredients like surface TMS, cTBS, and iTBS are used to treat OCD "off-label." This means that there is scientific evidence that these techniques might work in treating OCD, but government agencies like the FDA have not yet officially acknowledged them as effective treatments.

WHAT'S IT LIKE TO RECEIVE TMS THERAPY?

TMS is intended to be an add-on therapy that patients receive alongside other OCD treatments like medication or ERP.

TMS treatment is typically provided in an office setting on an outpatient basis. Treatment sessions are completed five days a week over the course of four to six weeks. The first part of each treatment session involves a short, personalized "provocation" where the patient's OCD symptoms are intentionally triggered. Provoking OCD symptoms engages the circuit that will be targeted during the treatment. Following provocation, the actual dTMS treatment time is approximately 18 minutes. During each treatment, the patient will sit in a chair, wear ear plugs, and have the TMS device (sometimes placed inside a cushioned helmet) placed against the top of their head *("Transcranial magnetic stimulation," 2018)*. The patient is awake during the treatment. The machine will turn on, and during the treatment the patient can hear loud clicking sounds and feel a "tapping" sensation on their scalp.

Some patients have reported feeling some mild discomfort during and shortly after the treatment, including scalp pain. Once the treatment is completed, the patient is free to continue with their daily activities *(Galletta et al., 2011)*.

WILL TMS WORK FOR ME?

Research evaluating how well deep TMS works for treating OCD has found that about 45% of patients have reduced OCD symptoms at one month following treatment *(Carmi et. al., 2019)*. Research conducted by BrainsWay, the manufacturer of one of the devices used in the FDA-cleared OCD treatment, found that this number could be over 55% *(Roth et. al, 2020)*.

Some patients will need to return for "maintenance" treatment after a period of time. This may mean returning for single sessions every one to two weeks.

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RESEARCH NEWS

Transcranial Magnetic Stimulation Therapy for OCD: An Introduction *(continued)*

WHAT ARE THE SIDE EFFECTS?

Reported side effects of TMS include:

- Headache
- Scalp discomfort
- Tingling, spasms, or twitching of facial muscles
- Light-headedness

Rare side effects:

- Seizures
- Hypomania or mania (mostly seen in patients who have bipolar disorder)

(Mishra et al., 2011)

WHO SHOULD NOT RECEIVE TMS?

It is not safe for some people to receive TMS because the magnetic field generated during the procedure may interact with metal devices or implants in their body, or metal left over from injuries. Examples include:

- Aneurysm clips or coils
- Stents in neck or brain
- Metal implants in ears or eyes
- Bullet fragments near the head
- Facial tattoos that have magnetic ink
- Implanted stimulators, like those used in deep brain stimulation (DBS)

Always check with your doctor and disclose if you have any of these, or any other metal objects, in your head or other parts of your body.

People with co-occurring mental health disorders like depression should be sure to disclose their symptoms and discuss them with their doctor before beginning TMS treatment.

HOW MUCH DOES TMS COST?

TMS therapy costs will be different for each patient depending on how severe their OCD symptoms are and their health insurance coverage. Treatment costs can vary based on location, and it is best that you contact your insurance carrier for more specific details. Insurance companies may require you to obtain prior authorization before beginning TMS treatment for OCD, try at least one other type of OCD treatment before TMS, or that you pay at least some portion of the treatment costs. Some may not cover TMS at all. For those paying entirely out of pocket, treatment costs may total at least $15,000.

WHERE CAN I FIND A TMS PROVIDER?

The manufacturers of the two FDA-cleared deep TMS devices operate provider directories. You can access them here:

brainsway.com/find-a-provider

magventure.com/us/find-provider

WHAT OTHER TREATMENTS ARE AVAILABLE?

Medication and ERP are the first-line treatments for OCD, and we recommend that anyone interested in OCD treatment for the first time should seek out these options before trying alternatives like TMS. If you're on medication already, options include altering your dosage, or adding an antipsychotic medication on top of your current medication. You may wish to discuss these options with your psychiatrist before exploring TMS.

For those who have tried medication and ERP and haven't experienced a benefit, there are a few other treatment options besides TMS. These include:

- Deep brain stimulation (DBS) — DBS is approved by the FDA for treating OCD under a Humanitarian Device Exemption
- Transcranial Direct Current Stimulation (tDCS) — experimental
- Gamma knife — experimental
- Ablative neurosurgery — experimental

These options have been used with varying degrees of success in people with treatment-resistant OCD. TMS is more readily available in the United States than many of the options listed above.

REFERENCES

Carmi, L., Tendler, A., Bystritsky, A., Hollander, E., Blumberger, D. M., Daskalakis, J., ... & Zohar, J. (2019). **Efficacy and safety of deep transcranial magnetic stimulation for obsessive-compulsive disorder: a prospective multicenter randomized double-blind placebo-controlled trial.** *American Journal of Psychiatry, 176(11),* 931-938.

FDA permits marketing of transcranial magnetic stimulation for treatment of obsessive compulsive disorder. U.S. Food and Drug Administration. https://www.fda.gov/news-events/press-announcements/fda-permits-marketing-transcranial-magnetic-stimulation-treatment-obsessive-compulsive-disorder.

Galletta, E. E., Rao, P. R., & Barrett, A. M. (2011). **Transcranial magnetic stimulation (TMS): potential progress for language improvement in aphasia.** *Topics in stroke rehabilitation, 18(2),* 87-91.

Lusicic, A., Schruers, K. R., Pallanti, S., & Castle, D. J. (2018). **Transcranial magnetic stimulation in the treatment of obsessive–compulsive disorder: current perspectives.** *Neuropsychiatric disease and treatment, 14,* 1721.

MagVenture receives FDA clearance for OCD. (2020). Retrieved October 16, 2020, from https://www.magventure.com/images/PDF/NEWS/510-1101_Press_release_OCD_rev_10.pdf

Mishra, B. R., Sarkar, S., Praharaj, S. K., Mehta, V. S., Diwedi, S., & Nizamie, S. H. (2011). **Repetitive transcranial magnetic stimulation in psychiatry.** *Annals of Indian Academy of Neurology, 14(4),* 245.

Roth, Y., Tendler, A., Arikan, M. K., Vidrine, R., Kent, D., Muir, O., ... & Zangen, A. (2020). **Real-world efficacy of deep TMS for obsessive-compulsive disorder: Post-marketing data collected from twenty-two clinical sites.** *Journal of Psychiatric Research.*

Transcranial magnetic stimulation. (2018, November 27). Retrieved October 16, 2020, from https://www.mayoclinic.org/tests-procedures/transcranial-magnetic-stimulation/about/pac-20384625

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*** or visit ***iocdf.org/research***.

Identifying Reproducible Brain Signatures of Obsessive-Compulsive Profiles

The Center for OCD and Related Disorders at New York State Psychiatric Institute/Columbia Medical Center (New York, NY) is seeking individuals who have OCD (and/or their siblings) and are not taking psychiatric medication to participate in an MRI research study that offers payment and possible treatment following participation. Please contact us if you are interested in learning more! Call (646) 774-8062 or visit us online for more information: ***columbiapsychiatry.org/join-study/research-clinics/anxiety-disorders-clinic/center-ocd-and-related-disorders/participate-research***

Do you have OCD?

Do you worry about cleanliness? Symmetry? Doing things "just right"? Do you have feelings of guilt?

The Stanford Translational OCD Research Program is looking for adults with OCD, 18–65 years old, currently off medications, to take part in a novel clinical research study. Benefits include a diagnostic evaluation and the option of receiving standard approved treatment at no cost to you after clinical study completion.

Please contact us about participating: (650) 723-4095, ***ocdresearch@stanford.edu***

For participant's rights questions, contact (866) 680-2906.

The OCEAN Study: Try our online programs to get help with your obsessions and compulsions

We are seeking participants with subthreshold to mild obsessive-compulsive symptoms to participate in a clinical trial investigating the effectiveness of two evidence-based online programs in their impact on well-being. This is an open trial where all participants get immediate and free access to one of the programs, which you can participate in at your own time and space.

What's involved?

- Completing 4x online modules (30–50 minutes each) over six weeks.
- Practicing learned skills between modules
- Completing questionnaires online
- Receiving emails with recaps of each module and/or reminders.

To find out if this study is the right fit for you, we need to ask you some questions about your obsessions and/or compulsions as well as other aspects of your wellbeing. You won't be asked to provide your name or any identifying information until the end, where you'll be given more information about what's involved in the study.

The survey will take approximately 15–20 minutes; get started at this link: ***monash.az1.qualtrics.com/jfe/form/SV_8GmaSt7vRjv3TQV***

Should you wish to discuss any matter relating to The OCEAN Study, please do not hesitate to contact us via email: ***ocean.study@monash.edu***

A study on characteristics of Misophonia (selective sound sensitivity), and anxiety problems

Is your child aged eight to 17? Has your child either received a diagnosis of misophonia or is experiencing impairing anxiety?

Baylor College of Medicine is conducting research on the symptomatic presentation and characteristics of children and adolescents with misophonia or anxiety problems.

Eligible participants will participate in online assessment sessions, a single in-person session, and two optional follow-up surveys at months three and six. You will receive $90 compensation ($30 parent and $60 child) for the online assessment sessions, $40 for the in-person session with an additional $10 for parking/travel expenses, and $15 compensation for completion of each of the two follow-up surveys.

For more details, please contact Gifty Amos Nwankwo at ***misophonia@bcm.edu*** or (713) 798-1916.

Is Your Current OCD Medication Inadequately Treating Your OCD Symptoms?

Are you between the ages of 18 and 65 years old and tired of your current medication not doing the trick to help your OCD symptoms?

At Massachusetts General Hospital, we are recruiting participants for a clinical trial studying an investigational drug that targets a chemical in the brain that is thought to contribute to OCD.

Participation is available at no cost to you. For each onsite visit you attend, we will reimburse you for your time and travel. Additionally, we will validate parking.

Please call or email us with any questions, concerns, or interest. We are excited to speak with you to discuss your possible participation in this clinical trial.

Gabrielle Johnson, Study Coordinator

Continued on next page>>

RESEARCH NEWS

Research Participants Sought *(continued)*

P: (617) 726-5527
E: *gjohnson@mgh.harvard.edu*
Daniel Geller, MD, Principal Investigator/ Study Doctor
P: (617) 724-5141
E: *dan.geller@mgh.harvard.edu*

Transcranial Direct Current Stimulation in Pediatric Obsessive Compulsive Disorder (OCD)

Does your child suffer from OCD?

We are actively recruiting for a study at Massachusetts General Hospital to investigate the effect of transcranial Direct Current Stimulation (tDCS) on neurocognitive functioning in pediatric OCD. We aim to discover new non-medication treatment approaches for children with OCD using targeted and safe delivery of a low voltage current to the scalp.

tDCS is a new, non-invasive, painless, and safe form of brain stimulation.

The study consists of four total visits:

One remote screening visit

Three in-person visits, approximately two hours each.

Each visit will include computer tasks, questionnaires, electroencephalogram (EEG) and tDCS.

Compensation of up to $120

Please reach out to our team if you are interested to hear more!

Gabrielle Johnson, Study Coordinator
P: (617) 726-5527
E: *gjohnson@mgh.harvard.edu*
Daniel Geller, MD, Investigator
E: *dan.geller@mgh.harvard.edu*

The Perceived Impact of COVID-19 on OCD Symptomology

You are invited to participate in a research study completed through an online survey. In order to participate individuals must be 18 years of age or older, live in North America, have a diagnosis of obsessive compulsive disorder (OCD) and be able to read and write in English. The study is conducted under the direction of Danielle Dennis, Clinical Psychology Doctoral Student, and faculty advisor, Dr. Eleanor McGlinchey. The purpose of this research is to examine the psychological impact of COVID-19. The time commitment of each participant is expected to be approximately 20 minutes and you can be entered into a raffle to win a $50 Amazon Gift Card. You can only complete the study one time.

https://fdu.co1.qualtrics.com/jfe/form/SV_cP9Ig2kZeZCnhYO

U-HEAR (Unified Protocol to Help Emotions and promote Auditory Relief)

Misophonia is a sensitivity that some people have when they hear certain noises. When they hear these noises, they often experience significant feelings of frustration, anger, and or other intense emotions. Some examples of these noises include breathing, swallowing, tapping, and smacking lips.

U-HEAR is a USF research study about a treatment for children and adolescents with misophonia. We are currently recruiting children and adolescents (between eight and 17 years old) in Florida who have misophonia symptoms and are interested in therapy. Participants will get 10 free therapy sessions. Each session will last one hour and happen once a week. All sessions will be offered via telehealth. The treatment process will take about three months to complete. Participants that complete all study tasks will receive a $50 payment. If you are interested, please contact our study coordinator, Kelly Kudryk, at *kellykudryk@usf.edu* or (813) 586-1630.

Principal Investigator: Adam B. Lewin, PhD, ABPP
USF Rothman Center for Pediatric Neuropsychiatry
IRB# Pro00042498

Seeking Participants in Research Study on Parkinson's Disease

A researcher at Harvard Extension School is seeking participants in a study on Parkinson's Disease. To participate you must be diagnosed with Parkinson's. This study requires participation from a caregiver, family member, or partner that is close to the individual with Parkinson's.

The purpose of this research is to investigate correlations between obsessive compulsive disorder and Parkinson's Disease and contribute to potential early diagnostic screening tools for Parkinson's Disease, as well as potential mental health intervention opportunities.

Participation in this study involves:

- Completion of an online 10-minute screening survey
- Completion of an online version of the Parkinson's Disease Questionnaire-39
- A 1.5-hour online semi-structured interview with the researcher, your primary caregiver or partner, and yourself
- Part of this interview is a completion of the Yale-Brown Obsessive Compulsive Survey which is an assessment for OCD symptoms and asks highly sensitive questions in regard to past and present thoughts related to topics of aggression, contamination, sex, hoarding, religion, and symmetry.

Research Participants Sought *(continued)*

Exclusion and Inclusion Criteria:

Participants are expected to be over the age of 50; individuals with Young Onset Parkinson's will be excluded due to the small sample size. Additional exclusion criteria: individuals with documented dementia or other neurological degeneration that prevents them from recalling events in the last 10 years will not be included; an inability to understand surveys and interview questions due to lack of literacy or education level would also prevent participation. Individuals with PD and no subsyndromal OCD symptoms will be excluded as well. Only high-functioning individuals with the ability to consent will be admitted into the study. Individuals who do not have a caregiver that is able to participate will be excluded, as pairs are needed due to the study design.

Take Screening Survey: ***https://harvard.az1.qualtrics.com/jfe/form/SV_0riFozBHfaz0Ugm***

For more information about this study, please contact the principal investigator, Olesya Luraschi, by phone at (360) 521-2531 or email at ***olesyaluraschi@g.harvard.edu***.

Study for adults with OCD and/or Tourette's syndrome

Have you been diagnosed with obsessive compulsive disorder (OCD) or Tourette's syndrome? If you are over 18 years old, this online study may be for you.

We are looking for adults who have been diagnosed with OCD and/or Tourette's syndrome to investigate whether individuals with these disorders perceive sensations differently than individuals without these disorders.

Many people with OCD or Tourette's syndrome experience increased awareness of different sensations involving touch, sound, smell, and sight. Doctors and scientists are uncertain how these differences in sensory perception influence quality of life and other aspects of OCD and Tourette's syndrome.

Participants will be asked to take a collection of surveys asking about a variety of symptoms that impact patients with OCD and Tourette's syndrome, including mental health and sensory symptoms. The surveys are completed online in a secure database. Completing the surveys should take about 30–40 minutes.

Who is eligible?

- Adults 18 years or older
- Diagnosed with OCD and/or Tourette's syndrome
- Citizens of the United States of America
- What is involved?
- Completing a series of online surveys that takes about 30–40 minutes to finish

Is there compensation?

Participants who complete the surveys will be mailed a $20 check.

If you are interested in participating or would like to learn more, please email ***david.a.isaacs@vumc.org***. This study was approved by Vanderbilt University Medical Center IRB (#200502)

Volunteers needed for a research study on thoughts new mothers have about infant safety

Are you a mother with an infant less than three months old?

Are you pregnant and expecting soon?

You might be eligible to participate in a research study on thoughts postpartum women have regarding infant safety. We are particularly interested in thoughts that may be repetitive or intrusive.

Are you eligible?

- English-speaking adult
- Over 18 years old
- Your infant is three months old or younger
- What is expected
- Take an online survey
- Approximately 20 minutes to complete

Participants entered in a raffle to win a $50 Target gift card

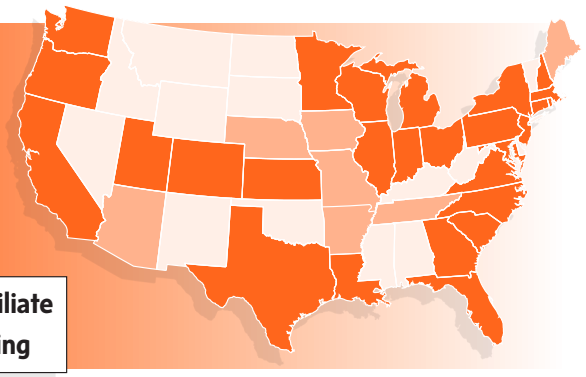
For more information visit: ***tinyurl.com/26aya8hb***, or email ***Mandanna_farhoodimoberger@g.harvard.edu***.

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***



OCD CENTRAL & SOUTH FLORIDA

ocdcsfl.org

OCD Central & South Florida has been busy with a lot of virtual events! On April 27th, we held a virtual discussion, Managing OCD & Anxiety in the Academic Environment, in collaboration with Rogers Behavioral Health, where Josh Nadeau, PhD (Rogers Behavioral Health) and Katie Merricks, PhD (OCD Central & South Florida) led a discussion for parents, teachers, and school staff about OCD and anxiety in the school environment, and they reviewed relevant resources and support strategies.

On June 12th, we held a Southeast Regional Affiliate Summer OCD Conference, which was a free, one-day, virtual conference in collaboration with OCD Georgia. A variety of individuals from the OCD community attended, including affected individuals, family members, and mental health professionals. The event was a big success, as it included advocate discussions, a community panel, breakout groups, a screening of the OCD documentary Uncovering OCD: The Truth about Obsessive-Compulsive Disorder followed by a Q&A with director Ethan Smith, and social events.

Check out ***ocdcsfl.org*** for information about our events, and to learn more about OCD Central & South Florida. You can also find us on Facebook @OCDCSFL. If you are interested in getting involved in OCD Central & South Florida, or if you have any questions, please email us at ***info@ocdcsfl.org*** regarding your interest.

OCD IOWA

OCD Iowa is still in the early stages of development in part due to the limits of the pandemic. Having said that, now is the perfect time for anyone who desires to be part of this exciting project to make their interest known! Please contact Micah at ***info@ocdiowa.org*** for more information.

OCD LOUISIANA

ocdlouisiana.org

OCD Louisiana is excited to announce our new blog series on OCD and related disorders! To get the ball rolling, our treasurer, Chance McNeely, introduces peer support and describes how it can be an essential part of OCD recovery. He shares his own experience as a recipient of peer support and how it inspired him to become a peer support specialist. You can read his post at ***ocdlouisiana.org***. Speaking of reading, we are launching a virtual book club with a focus on books about individuals with OCD and related disorders, and would love to know your favorite reads.

With more Louisianans getting vaccinated, we will be able to host our annual 1 Million Steps 4 OCD Walk in person this September. It will be great to see y'all's smiling faces in New Orleans' City Park! Sleeves up Louisiana! More information on all of these projects and events can be found on our website. If you are interested in becoming involved in any of our activities this year, please complete our brief survey (***https://forms.gle/7MAEGDS4RJhn5nJB9***).

OCD NEW HAMPSHIRE

ocdnewhampshire.org

OCD New Hampshire is pleased to announce that Jen Fullerton, Sarah Hazelton, Jeanette Nogales, Katherine van Hengel, and Rebecca Rouse have joined current executive board members Amelia Lueschner and Jodi Langellotti. With new members on board, we are excited to bring fresh ideas to the Affiliate and to the community at large.

We are committed to developing and providing community outreach and educational events for individuals, families, providers, and educational settings. On April 30th, we hosted our first lunch and learn for those who provide peri/postpartum and newborn care. This hour-long presentation and Q&A focused on recognizing signs and symptoms of postpartum OCD, differentiating PPOCD from postpartum psychosis, proper treatment, and referring for care.

Affiliate Updates *(continued)*

We have some exciting events in the works for the fall, like exposure hikes based on Jonathan Grayson's famous OCD walk/virtual camping, a day-long training for mental health providers on ERP, OCD awareness week events, and a 1 Million Steps 4 OCD Walk on September 12th at White Park in Concord, NH. We are working on some exciting updates to our website, including a local listserve of OCD specialists, information and resources on working with insurance companies, and more.

OCD NEW JERSEY

ocdnj.org

OCD New Jersey held its annual conference in a virtual environment on April 25th, featuring invited guest speaker Dr. Lisa Coyne, who presented Fear and Flexibility: Integrating ACT with ERP to Shape Bravery-Based Behavior. Individuals also discussed their lived experiences with OCD and related disorders in the Living with OCD panel session, which was moderated by discussant Dr. Marla Deibler. The conference was a great success, with attendance far exceeding expectations, and included participants from not only OCD NJ's tri-state area, but from around the world.

OCD New Jersey welcomed two new volunteers to the team who will assist with community outreach. Our Affiliate is energized to continue working toward its mission of providing resources and support to the greater community in the service of further carrying out the work of the IOCDF in our region.

OCD PENNSYLVANIA

ocdpennsylvania.org

On March 25th we hosted a live virtual podcast with Dr. Thea Gallagher and Kate Brett, the hosts of Mind in View. The virtual live podcast was called The Weirdest Year Ever and discussed mental health during the pandemic and coping strategies. After the podcast we had time for the listeners to engage and ask questions or offer insights. We received positive feedback from the event and are planning to offer more events like this.

OCD SACRAMENTO

ocdsacramento.org

OCD Sacramento is looking forward to hosting Clint Malarchuk on May 25th who will share his journey, triumphs, and tribulations while managing his OCD. Titled From Hopeless to Hope: What Has Kept Me Strong in My Battle with OCD, Clint travels the nation sharing how OCD took him from a successful career as a former professional NHL ice hockey goaltender, while at the same time advocating for proper treatment for OCD. Near death almost three times, Clint's story is one of courage, determination, and inspiration to those who are struggling with OCD. He is the author of A Matter of Inches — How I Survived In The Crease And Beyond.

On June 22nd we welcome Phyllis and Erik Duarte, a mother and son team who will be talking on BDD: The Road to Recovery, and on July 20th, Chanel Taghdis, AMFT will present Trichotillomania: My Personal Recovery and Experience Treating Others. All presentations will be from 5:30–6:30pm via Zoom and are free and open to the public. Codes will be posted on our OCD Sacramento Facebook page and our website.

OCD SOUTHERN CALIFORNIA

ocdsocal.org

OCD Southern California is proud to be holding our 5th Annual OCD Conference. This event will occur on Saturday, July 31st, at 9am–5pm PST. Our last conference had over 400 attendees. We look forward to expanding the conference reach to more individuals now that we are utilizing a virtual platform! The conference will start with a keynote presentation featuring a message of hope from individuals who have successfully managed their OCD. Once the keynote concludes, we will be showcasing an OCD-themed documentary during lunch. Then, following the viewing, there are multiple breakout rooms in the afternoon. These breakout sessions will include presentations from over 30 top doctors, psychiatrists, therapists, and advocates who focus on treating OCD and related disorders. There will also be information booths from treatment centers and community events at the conference to meet and gain support from other attendees.

Further information to come soon to our website; we look forward to you joining us! This conference is also open to people outside of the Southern California area. It is the perfect event for individuals with OCD and related disorders, their families and loved ones, and clinicians!

Visit our website, our social media sites: ***Instagram.com/OCDSoCal*** and ***Facebook.com/OCDSoCal***, or email us at: ***info@OCDSoCal.org*** if you are interested in getting involved with the Affiliate or have any questions!

OCD TEXAS

ocdtexas.org

OCD Texas welcomes all clinicians to join our year-long Learn-At-Lunch educational series on the first Friday of every month. Mental health providers, clinicians in training, and clinical graduate students are invited to join us on these first Fridays, and continuing education credits are provided for licensed clinicians in Texas. Check out our social media pages or ***ocdtexas.org*** to learn more!

Continued on back cover >>

FROM THE AFFILIATES

Affiliate Updates *(continued)*

Educating professionals about OCD and its treatment is a core component of the OCD Texas mission, and we are energized by continuing to expand our reach. Thanks to our supporters and solid foundation of OCD specialists, OCD Texas is proud to announce the Mary Kathleen Norris Scholarship Award program. In honor of one of the most experienced OCD experts in our area, Mary Kathleen Norris, LPC, the scholarship program will offer an ongoing, systematic opportunity for financially supporting local clinicians in providing strong evidence-based OCD treatment to local communities.

This summer marks a major transition on the OCD Texas board, as founding treasurer Robert Norris steps down from his tenured position. A mainstay among our team over 10 years, we are incredibly grateful for his dedication and look forward to future opportunities to collaborate. We are very excited to onboard our new treasurer, Andrea Alvarez, LPC, of San Antonio!

OCD WISCONSIN

ocdwisconsin.org

OCD Wisconsin wrapped up a very different kind of 2020 with a farewell to many longtime valued board of directors members, including founding members Maribeth Bush, Adel B. Korkor, Curt Neudecker, Barry Thomet, and Megan Welsh. We thank all of these hardworking individuals who helped bring the Wisconsin Affiliate to where it is today!

We look forward to our slated activities for 2021, including establishment of the Communications, Development, and Beyond Treatment Network Committees. First up, our website is under redevelopment and we have a strategic plan to leverage the information online via our social media networks on Facebook, Twitter, and Instagram.

In May 2021, we will announce the winner of our annual Barry Thomet Scholarship, awarded to a student who has worked to overcome obstacles presented by OCD and is moving onto secondary education. This is one of our most valued activities each year.

Mark Your Calendar: 2021 IOCDF Conference Series!

We are thrilled to bring these exciting events to you. Stay tuned for more information, and we look forward to seeing you soon!

Online Research Symposium ..... July 8
Online OCD Camp ..... July 10–11
Annual OCD Conference (in-person) ..... CANCELED
Annual Hoarding Meeting (in-person) ..... CANCELED
Online Hoarding Meeting ..... August 7–8
Conferencia de TOC Online (Spanish Online OCD Conference) ..... September 11–12
Online OCD Conference ..... October 8–10

2022 Events

Online OCD Camp ..... January 22–23
Annual OCD Conference (in-person) ..... July 8–10

Learn more at ***iocdf.org/conferences***.