



EATING DISORDERS ARE NOT THE SAME AS BODY DYSMORPHIC DISORDER (AND WHY IT MATTERS)



Many people (including therapists and clinicians) have questions about the similarities and differences between eating disorders and body dysmorphic disorder (BDD). Eating disorders and BDD are both severe body image disorders that have high morbidity and mortality rates¹. Differentiating between them is crucial for effective diagnosis and treatment.

BDD includes obsessive thoughts and repetitive behaviors related to perceived appearance flaws². Eating disorders are characterized by a pathological disturbance of attitudes and behaviors related to food. Anorexia nervosa, bulimia nervosa, and binge eating disorder are three classifications of eating disorders².

CONTINUED ON PAGE 30

IN THIS ISSUE

FROM THE FOUNDATION

President's Letter	3
Public Policy Corner	4

ADVOCATE CORNER

Making a Difference	6
New Advocates	8

PARTNERS SPOTLIGHT

Hablemos de TOC	10
-----------------------	----

FROM THE FRONT LINES

But What If I Do It? by Alie Garza, MSW, LMSW	11
--------------------------------------------------------	----

THERAPY COMMUNITY

Assessment, Assessment, Assessment by Eda Gorbis, PhD, LMFT, and Alex Gorbis, MA	14
Institutional Member Updates ...	17

MEMBER FEATURE

Assessing Coverage for Effective OCD Treatment: A Comprehensive Guide by Patrick B. McGrath, PhD	26
-----------------------------------------------------------------------------------------------------------------	----

RESEARCH NEWS

Eating Disorders are Not the Same as Body Dysmorphic Disorder by Eva Fisher, PhD, Fugen Neziroglu, PhD, ABPP, ABPP, and Jamie Feusner, MD	30
IOCDF Research Updates	35
Research Participants Sought	36

FROM THE AFFILIATES

Affiliate Updates	38
-------------------------	----

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

President, IOCDF Board of Directors:
Susan Boaz

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

Newsletter Managing Editor:
Amanda Ota

Copy Editors:
Boris Litvin, MA
Stephanie Cogen, MPH, MSW
Tiia Groden, MA
Molly Nylan
Jessica Price

Layout Design: Abigail Lindley,
Fran Harrington

The mission of the IOCDF is to ensure that no one affected by OCD and related disorders suffers alone. Our community provides help, healing, and hope.

Our vision is that everyone impacted by OCD and related disorders has immediate access to effective treatment and support.

The IOCDF provides up-to-date education and resources, strengthens community engagement, delivers quality professional training, and advances groundbreaking research.

CONTACT THE IOCDF:

Phone: (617) 973-5801

Email: info@iocdf.org

Website: iocdf.org

Facebook.com/IOCDF

Twitter: @IOCDF

Instagram: @IOCDF

YouTube.com/IOCDF

Twitch.tv/IOCDF

LinkedIn.com/company/iocdf

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

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

Copyright 2023 by the International OCD Foundation, Inc.

Did you know about all our email topic options

- Digital OCD Newsletter
- Virtual Events & Resources
- IOCDF Conferences News & Updates
- One Million Steps for OCD Walk News & Updates
- Grassroots Advocacy: Advocates in Action
- Training (CE/CME) Opportunities
- Public Policy Advocacy
- Programs & Resources for Kids, Teens, and Families
- Support Opportunities
- Spanish Programming/Programación en Español
- Body Dysmorphic Disorder (BDD) Interest List
- Hoarding Disorder (HD) Interest List

Sign up or edit your preferences at iocdf.org/sign-up or at the QR code



Get your **HOT** IOCDF summer merch!

shop.iocdf.org



President's Letter

by Susan Boaz



Dear IOCDF Community,

Perhaps the most consistent experience of these last few years has been change. We are all experiencing it! And we know that change can be good but also challenging, often at the same time.

At the IOCDF, we have found ourselves amid great changes. On the one hand, we have bid farewell to our long-term Executive Director. After serving our community for 17 years, Dr. Jeff Szymanski, PhD has moved on to manage his consulting business. We thank him for his 15 years of service to the IOCDF and OCD community. We wish him well and look forward to hearing more about his journey.

On the other hand, we are beyond excited to closely examine our strategy for helping many more people recover from OCD. We estimate that 3–6 million adults have OCD in the United States alone — even if we consider the low end of the spectrum. Yet, most of these folks will not receive a diagnosis or treatment. How do we best expand awareness, diagnosis, and treatment to everyone?

While we wrestle with big questions about the future, we launch impactful programming daily. I wanted to tell you about three that particularly speak to our hearts.

Faith and OCD Conference

The 3rd Annual IOCDF Faith & OCD Conference took place on May 1st, 2023, offering programming to faith leaders, mental health providers, and the OCD community. We are so fortunate to have had people from various faiths and denominations attend lectures about how to deal with scrupulosity and practice their faiths without the struggles that scrupulosity poses. We had robust discussion groups focused on Protestantism, Judaism, Islam, Hinduism, Buddhism, Jainism, Baha'i, the interfaith community, LDS, and atheists/agnostics, as well as a session for Spanish-speaking Christians.

There were 588 attendees from 19 countries and 48 US states and territories. Of the conference attendees, about 60% came with lived experience or were family members/supporters. Other significant groups of attendees were mental health professionals (17%), faith leaders (7%), and students/trainees (4%).

Where else do you find passionate and committed people from such diverse groups learning from each other?

I would be remiss not to call out a few people who make this conference possible through their commitment to advocacy and education — especially our Lead Advocates. This conference wouldn't be possible without the passionate efforts of Lead Advocates Rev. Katie O'Dunne and Valerie Andrews.

BTTI (Training Institute) for Treating OCD in Communities of Color

The IOCDF is committed to supporting diverse communities. We are partnering with experts in communities of color to expand access to training and clinical education for OCD treatment. Last year, the BTTI for Treating OCD in Communities of Color launched in Washington, D.C. We are grateful for the opportunity to continue growing this program at this year's event in Atlanta, GA, organized and led by Dr. Monnica Williams and Dr. Jenny Yip, who serve as Clinical Co-Directors.

Clinicians of color are underrepresented in the mental health field, which is underscored by the need for more available OCD treatment providers. We know that clients achieve better outcomes when seeing a provider who understands the stigmas they encounter and the complexities of their experiences. And that clinicians of color

deserve intentional spaces where their experiences are centered while building community with colleagues. This is why trainings for BIPOC Clinicians, taught by BIPOC faculty, are so important.

Here are a few interesting updates:

Nearly half of the registrants are new to the IOCDF! This is exciting as our goal with this training is to make clinicians aware of the IOCDF and to expand access to training, awareness of IOCDF programs and resources, and increase the number of BTTI-trained OCD clinicians of color.

A record-breaking 23 scholarships were offered — made up of contributions from the IOCDF and generous donations from clinics, institutional members, and individuals. One of these scholarships is funded by a new partnership with Atlanta CBT, a local Atlanta clinic committed to increasing and diversifying the OCD treatment community workforce in their local area. Atlanta CBT directs a portion of annual profits to help raise the capacity of BIPOC clinicians to treat OCD using evidence-based practice.

IOCDF Research Updates

Over the last few years, the IOCDF has prioritized collecting data through surveys to support our communities. We developed an internal research program to analyze survey data from our programs such as Anxiety in the Classroom, Anxiety in Athletes, and the Perinatal OCD Center. This data will contribute to understanding how OCD and related disorders impact communities on a more personal level, assess how IOCDF programs perform, and improve our performance and outreach.

Through the research program, the IOCDF will collaborate with experienced researchers in institutions and universities on research studies to analyze and distribute research findings through peer-reviewed academic journals. Our goals are to disseminate findings through research journals and our website, improve current programs and create new ones, and evaluate if intervention and treatment programs can become evidence-based practices.

In the meantime, check out our updated Research Grant Program archive online! Since 1994, the IOCDF has supported over 130 research teams through the distribution of grants, with donations from private donors and contributions from community members. This updated archive summarizes the findings of these grant-funded projects — there is much to learn in these summaries, and I hope you may be motivated to tell others about these findings. We want this archive to give everyone a chance to understand the research and stay up to date with the science your donations have supported.

With that, I'll say — change is hard, but having OCD is even more challenging. We know that with hard work, change can improve outcomes for our community. And we firmly believe that together, we can help more people impacted by OCD and related disorders. Thanks for working so hard with us — we are glad you are here!

With much care,

Susan Boaz

President, IOCDF Board of Directors

And the mom of a fabulous young adult (how did that happen?)

FROM THE FOUNDATION

Public Policy Advocacy Corner



Welcome back, policy advocates, and welcome to the 118th Congress! The beginning of 2023 marked the transition into a new session of Congress, which we at the IOCDF use as a time to check in on our public policy agenda and make any necessary changes. It also means that the legislative slate is wiped clean, and any bills that weren't passed in the 117th Congress (which lasted from January 3, 2021–January 3, 2023) will need to be reintroduced. Keep an eye on the IOCDF Action Center in the coming weeks for more information on our new Policy Agenda, including the collection of bills we'll advocate to get passed during the 118th Congress!

In the meantime, we're excited to see new pieces of legislation of importance to the OCD and related disorders community being introduced as the session gets up and running. A new bill the IOCDF is excited to have supported

thus far in 2023 is the Better Mental Health Care for Americans Act (S.923). This bill would close gaps in public insurance (e.g., Medicare and Medicaid) coverage of mental health services by extending the provisions of the existing Mental Health Parity and Addiction Equity Act to those plans, in addition to requiring increased reporting and transparency from the Centers for Medicare and Medicaid Services (CMS). It also would encourage adoption of an integrated care model — which brings mental/behavioral healthcare and physical healthcare together — by increasing reimbursement rates, promoting accountability and oversight of existing models under Medicare/Medicaid/private insurance plans, and establishing a demonstration project re: integrated care models for youth specifically.

We're just as excited to see a few key pieces of legislation be re-introduced, after not having passed in the 117th Congress, and are hopeful that with increased advocacy they will have a different outcome in this Congress. Reintroduced bills that the IOCDF has supported thus far include:

FROM THE FOUNDATION

Mental Health Professionals Workforce Shortage Loan Repayment Act of 2023 (S.462)

The Mental Health Professionals Workforce Shortage Loan Repayment Act has been a staple of the IOCDF's policy agenda for several years. This bill expands the Substance Use Disorder Treatment and Recovery Loan Repayment Program as part of the Public Health Service Act. Through this program, the Health Resources and Services Administration provides loan repayment assistance to individuals who agree to work for a period of time in the field of substance use disorder treatment and expands eligibility to include individuals who agree to work in mental health professional shortage areas for a period of time.

Black Maternal Health Omnibus Act

The Black Maternal Health Omnibus Act is a package of 13 evidence-based bills that address key aspects of the Black maternal health crisis. It includes bills that invest in the maternal health workforce, community-based organizations, housing and nutrition, and maternal health research. President Biden has already signed one of the 13 bills into law, and we are hopeful that the entire Omnibus will pass in the new Congress. 📌

We invite you to visit the IOCDF Public Policy Advocacy page at iocdf.org/public-policy to sign up for email notifications about upcoming public policy events, action alerts, and other ways to get involved. Doing so will ensure you are the first to know once our Policy Agenda is updated for the 118th Congress, so you can hit the ground running in your policy advocacy!

Thank You

for walking with us this June!

More OCD Walks will take place in October 2023.
Visit iocdf.org/walk to find a Walk near you and register today!



ADVOCATE CORNER

Making a Difference



Since 2015, the charitable foundation Riley's Wish has been a testament to the life of Riley Sisson, an energetic advocate for the OCD community who helped persons affected by co-occurring OCD and substance use disorder (SUD). In honor of her son, founder Margaret Sisson has continued to lead critical work in this area to advance dual diagnosis and treatment, raise awareness, and create opportunities for education, training, and financial support.

Riley, who lost his battle with OCD and addiction from an accidental overdose on September 1, 2014, was funny, smart, big, and lovable. His empathy for others, particularly those with struggles and hurt, taught lessons in selflessness. Riley graduated from Kennesaw State University and had just started his Master's Program in Counseling.

According to Sisson, Riley's Wish Foundation has partnered with Kennesaw State University and their Center for Young Adult Addiction and Recovery (CYAAR) to offer an annual

lecture series that explores the nuance and considerations of co-occurring disorders. Focusing on OCD and SUD, Riley's Wish Foundation feels this topic is extremely important as it is estimated that 25% of people with OCD have struggled with substance use disorder at some time in their lives¹. (SAMHSA estimates of the lifetime prevalence of a co-occurring SUD in individuals with OCD vary widely, and could be as high as almost 40%, depending on various factors².)

For the sixth year of this collaboration, the Riley's Wish Lecture Series will kick off the Advancing Connections for Recovery Conference on July 8, 2023. Day one of the conference will focus on co-occurring disorders from a variety of perspectives and will include discussion of disorders that frequently co-present, as well as a panel that will explore where the treatment of certain co-occurring disorders is similar and where it differs. Day two will focus on peer and community support, and the final day will focus on cultures of recovery. The conference this year will again bring an outstanding line-up of therapists, researchers, and individuals with lived experiences.

Past speakers have included Patrick McGrath, PhD, Chief Clinical Officer of NOCD; Lauren Rosen, LMFT, Director of the Center for the Obsessive Mind; Lori Johnson, MA, LPC-S, LAC, Clinical Director of In Focus Counseling; Chrissie Hodges, Founder of OCD Gamechangers; Steven Tsao, PhD, Co-Founder of Center for Anxiety and Behavior Therapy; and Neil Hemmer, MSW, OCD Advocate.

Through this excellent programming, the Riley's Wish Lecture series raises much-needed awareness.

Considering the relationship between OCD and SUD, the IOCDF is committed to supporting the mission of Riley's Wish. IOCDF Board President, Susan Boaz, is also a long-time Riley's Wish Board member, remarking, "Working with Riley's Wish has been an honor — and an incredible learning experience. Individuals with dual diagnosis of both OCD and addiction have significant challenges in both diagnoses and in finding productive

treatment options. It is critical that awareness of the challenges and best treatment practices for this dual diagnosis become commonplace."

The IOCDF Resource Directory now has a specialty area option to find providers and treatment centers who treat OCD and SUD.

Furthermore, the IOCDF supports a dedicated Special Interest Group for OCD/SUD. This group helps cultivate purposeful initiatives that support and advance the mission of helping those with OCD and SUD.

SIG leadership, Dr. McGrath and Stacey C. Conroy, LICSW, MPH, will be leading a group member meeting in person at the IOCDF 28th Annual OCD Conference in San Francisco (July 7-9, 2023), in addition to their monthly webinars specific to OCD/SUD in collaboration with NOCD.

In describing his work and connection with Riley's Wish Foundation, Dr. McGrath comments, "While there are mentors and professors that I credit for why I do what I do, I also credit a car ride shared with Margaret for opening my eyes to the struggles of those with co-occurring OCD and SUD. No longer would this be a hidden problem, and I made it part of my mission to educate everyone on the use of substances as a safety-seeking behavior and the addictions that result."

Riley's legacy continues to leave a lasting impact on the OCD community and beyond. His efforts showed faith in a future where no one feels alone. As his mother, Margaret, continues her extraordinary commitment to continue his work, she states on the foundation website, "We encourage you to go out and do something that makes a difference. Riley would be pleased."

“ It is critical that awareness of the challenges and best treatment practices for this dual diagnosis become commonplace. ”

—Susan Boaz

Visit Riley's Wish Foundation at rileyswish.com for more information. Please complete our form if you have any questions, want to stay informed, and support Riley's Wish Foundation.

Please fill out this interest form (tfaforms.com/5044172) to join the OCD/SUD Special Interest Group. Visit the IOCDF website for more

information: iocdf.org/special-interest-groups/ocd-sud. 

If you are interested in learning more about IOCDF advocacy on any level, please visit iocdf.org/advocate-program and reach out to Liz Lindley, Director of External Relations and Partnerships, at llindley@iocdf.org.

REFERENCES:

1. Conroy, S. (n.d.). Co-Occurring OCD and Substance Abuse Disorder: What the Research Tells Us. International OCD Foundation. <https://iocdf.org/expert-opinions/co-occurring-ocd-and-substance-use-disorder-what-the-research-tells-us/>
2. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. (2016). Obsessive-Compulsive Disorder and Substance Use Disorders. Advisory, 15(3). Retrieved from <https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4977.pdf#0254592>. doi:10.1371/journal.pone.0254592

Riley's Wish
FOUNDATION

ADVOCATE CORNER

Introducing Our New Advocates

All of our Advocates and volunteers are valuable members of the OCD Community and are genuinely changing the world! The IOCDF is grateful to count so many individuals as dedicated Advocates in reducing stigma, raising awareness, and fulfilling the mission that no one affected by OCD and related disorders suffers alone. We thank you for the immeasurable work being done.

This year, we welcome a new group of focused IOCDF Advocates who will be joining efforts to help with specific initiatives and foster collaborations that celebrate diversity, encourage new perspectives and ensure accessibility to evidence-based treatment, resources, and support.

- Kyra Cheung
- Summer Contreras
- Christina DeMaio
- Alie Garza
- Jana Hahn
- Cassie Marzke
- Erika McCoy
- Brooke Miller
- Allie Mills
- Stacy Quick
- Mackenzie Reed
- Jonathan Schultz
- Erica Wang

WE WANT YOU!

**Become an IOCDF
Grassroots Advocate Today!**
iocdf.org/get-involved/grassroots-advocates



Dear supporters,

I was diagnosed with OCD last year, and it was very tough. My compulsions were very overwhelming, and I didn't know anyone else who had OCD. When my therapist recommended the virtual OCD camp, I was nervous. But I connected with many OCD sufferers, feeling reassured that I wasn't alone - that my battles didn't have to be fought solo. I am very glad that the IOCDF helped to build something that made conversations, fun, and connections. We need to break the stigma of this disorder, and by having camps and programs, it brings people together.

Thank you to everyone who donates and thank you to everyone who has contributed to making a safe space for OCD sufferers.

To anyone who struggles with OCD, you are not alone.

Ride the wave.

Regards, Reese

iocdf.org/helpkids



Donate to help kids like Reese!



PARTNERS SPOTLIGHT

Hablemos de TOC

“Hablemos de TOC”: Through talking about mental health barriers, prejudices and myths are broken!

The opportunities to collaborate and share resources with the global community are endless in today’s world. For this reason, the IOCDF welcomes a new partner to help support the mission of relief, recovery, and hope, thereby achieving community involvement around the world.

“Hablemos de TOC” — which in English means, “Let’s talk about OCD” — is an organization from Chile, Latin America, with a clear mission: to give proper psychoeducation to the Spanish-speaking population about OCD, including people who suffer from OCD, their loved ones, as well as professionals who are interested in the subject. For this, they have a web page (hablemosdetoc.cl) and an Instagram ([@hablemosdetoc](https://www.instagram.com/hablemosdetoc)), where they provide informative material, short films, free courses for those affected and their families, interviews with OCD experts from all over the world, a list of specialists in OCD in Chile, and, above all, publications that focus on restoring the dignity and respect that people with mental health pathologies deserve.

According to the Director, Tomás Miño Landon, a Chilean psychologist specializing in OCD and a professional member of the IOCDF, the lack of OCD specialists in Latin America is very worrying, which means that receiving adequate evidence-based treatment can take years. For this reason, the general objectives of “Hablemos de TOC” are to talk about the disorder, demolish myths, bring information to the general population in a clear and free way, and provide high-level global training on OCD. As part of this they carry out a Clinical Diploma in OCD with renowned international guests, focused on mental health professionals from all over Latin America. With this, they hope to be able to expand the amount of available professionals, making sure that they offer effective treatment under international approach guidelines.

Tomás Miño leads this organization with a robust training in cognitive behavioral therapy (CBT) and exposure and response prevention (ERP), as a specialist in CBT for OCD in children and adolescents at Massachusetts General Hospital/ Harvard Medical School, and with certification by the IOCDF’s Behavior Therapy Training Institute (BTTI).

“Hablemos de TOC” is a highly recognized initiative both in Chile and in other Latin American countries, serving as an important reference to form a community, deliver hope, and demolish myths about OCD. In Chile, for example, the

group was invited to be part of the National Intersectoral Coordination on mental health issues, led by the Government of Chile.

Tomás Miño is also very clear that the stigma associated with mental health and OCD is widening the gap and the possibility for a person to receive timely help. For this reason, “Hablemos de TOC” offers a destigmatizing look at OCD from its appearance in childhood and adolescence to adult life, so that those who suffer from OCD dare to talk about it, seek help, and embark on the path to recovery.

Finally, “Hablemos de TOC,” is part of the LATINO project (Latin American Trans-ancestry INitiative for OCD Genomics), led by Dr. Eric Storch from Baylor College of Medicine and Dr. James Crowley from the University of North Carolina in Chapel Hill. Tomás Miño is one of the main investigators in Chile for this project. 🌐

Visit “Hablemos de TOC” at hablemosdetoc.cl for more information or email hablemosdetoc@gmail.com if you have any questions.



Tomás Miño Landon

But What If I Do It?: A Journey from Client to Clinician with Severe OCD

by Alie Garza, MSW, LMSW



My earliest memories include vivid intrusive thoughts popping into my young and hypervigilant mind ... sending me into an internal tailspin.

When I was in middle school, my family went on a cruise for the first time. Prior to our departure, I spent weeks looking at pictures online of the ships' amenities. While unlimited access to a soft serve machine was enough to sell me, the idea of having a room with a balcony overlooking the ocean evoked my elation. I remember finally getting on the ship, getting to my room and opening the curtains to look out at the ocean.

Yet when I finally made it to that moment I long anticipated, a thought popped into my head: "What if I just jumped over this railing right now?"

I was on a vacation that I had looked forward to for months, yet my brain was super-glued to this intrusive thought. And while the average person would likely think, "hm, that was weird," and move on, dismissing it as simply a random thought, that was not the case for me.

I was unknowingly at the beginning of a journey that I didn't have a name for at the time, but many years later would discover was OCD.

I found myself ruminating: "Why am I thinking this? Do I want to do this? That would be terrifying if I did that."

Then I would engage in frantic attempts to get rid of those thoughts by arguing against them in my mind. "I don't want to jump. I would never. I have to make sure this could never happen. Stop thinking about it."

But as is often the case with OCD, my attempts at getting rid of the intrusive thoughts — clinically called "compulsions" — only dug me deeper. OCD is never satisfied no matter how much certainty, control, or guarantee you try to give it.

In this case, it led to moving a couch in front of the balcony doors "just in case," repeating reassurances in my head, arguing with myself back and forth, and keeping the curtains closed to avoid seeing the ocean. Now knowing what I know, it's by no means surprising to me that OCD dug its fear-mongering claws into the very thing I was looking forward to most.

For the majority of my adolescence, these internal dialogues stayed internal. I had an immense fear that if I spoke the thoughts out loud, they would become stronger and more real.

FROM THE FRONT LINES

But What If I Do It?: A Journey from Client to Clinician with Severe OCD *(continued)*

This cycle repeated on and off for years ... occurring sneakily, quietly, and without much question from the doctors, psychiatrists, therapists, psychologists, or countless specialists I went to.

Mental health professionals with an untrained eye for OCD called it anything but what it was. There was a brief period in which contamination themes gained momentum, raising some suspicions of OCD, only to be disregarded when new content themes around harm seized control of me.

Around and around I went on an exhausting, terrifying merry-go-round from hell. For about 17 years, I went through a series of diagnoses, medications, and therapies that were unknowingly fueling my OCD like gasoline to a fire.

One of the most debilitating episodes of my OCD happened the summer after I graduated from college and started working in youth mentorship. I was driving down a road in the foothills of Colorado, chatting with a friend, when I was struck like a bolt of lightning with an intrusive thought: "What if you swerved into traffic right now?" And just as I did as a tween,

now around a decade later, I found myself in the same spiral: engaging with the internal dialogue of reassurance, trying to think over my intrusive thoughts, turning up the music in my car to try to block them out, panicking, repeating in my head, "I don't want to die, I don't want to hurt anyone, I can't handle this."

As an adult, my parents and I continued to reach out in desperation for help. One of the most consistent challenges among people with OCD is the long, exhausting, terrifying, and oftentimes resource-draining journey to an accurate diagnosis and effective treatment.

I found myself, yet again, having my OCD unintentionally heightened by working with providers who did not understand OCD. I continued to white-knuckle and walk along a tightrope of illusions of control, wondering what I was doing wrong. All the while, my compulsions around reassurance became increasingly less effective in providing me with relief.

I moved to Seattle years later for graduate school for my Master's Degree in Social Work, not knowing my untreated

OCD was one straw away from breaking the camel's back. After that move, I found myself suddenly latched onto a new content theme: health OCD.

When untreated, OCD has a tendency to snowball. My OCD increasingly gained momentum, feeding my compulsions and breeding my isolation. By the end of my master's program, my OCD was so severe that it had entangled itself into nearly every area of my life. I couldn't sleep. I was constantly pacing. I was unable to leave the house except to go to the ER when I had convinced myself I was in a medical crisis. I was unable to go into stores or to drive. I could not watch TV, listen to music, or read, as the intrusive thoughts were so loud and continuous that it was impossible to focus on anything else. I analyzed everything I ate, religiously took my vitals, and interpreted

every sensation or symptom I thought I might be experiencing. It was in this state of absolute psychological torment that I finally discovered ERP (exposure and response prevention therapy).

Despite six years of higher education in mental health and working in the field at this point, I had never heard of ERP therapy. It was during my personal rock bottom that I happened to

stumble upon a local therapist who specialized in ERP.

It was an immediate revelation that my symptoms lined up with OCD and that my mental health issues had flown under the OCD radar for the majority of my life.

People often wonder when they should pursue a higher level of care. For me, it was when I realized how deeply my OCD was consuming my life in nearly every realm of functioning. This realization evoked simultaneous emotions of relief and fear. At this point, I had seen so many providers and endured so much treatment, and yet, nothing was different. OCD caused my life to come to a screeching halt at this point. So I was willing to do anything for a chance at experiencing the kind of life and freedom I longed for, but had always seemed out of reach.

So just shortly after finishing my master's, I packed my bags and headed down from Portland, Oregon, to Houston, Texas, for two months of intensive, residential-level ERP treatment at the OCD Institute of Texas.

“ People often wonder when they should pursue a higher level of care. For me, it was when I realized how deeply my OCD was consuming my life in nearly every realm of functioning. This realization evoked simultaneous emotions of relief and fear. ”

FROM THE FRONT LINES

Completing ERP treatment gave me back the life that my OCD had withheld from me for the majority of my years. Prior to ERP, I could not figure out why white-knuckling my way out of my fears was not working. Or why I kept sitting on couches of new therapists talking in circles about the same challenges without making substantial long-term progress.

Now that I've done ERP treatment, the reason is clear: I was trapped in the consequences of non-evidence-based care for OCD, which was fueling my compulsions.

With this new understanding, I'm so proud of my younger self, who went through middle school, high school, college, and graduate school, undiagnosed, yet still somehow managing to take steps towards my goals and dreams.

Now, my personal experience drives my passion and purpose to prevent others from unnecessary, often excruciating, suffering from inadequate treatment for their OCD.

I now work at the OCD Institute of Texas — the place where I found freedom from OCD — as a therapist. It is one of the greatest honors of my life to take my experience and channel it into an opportunity to serve those in their own pit of despair. My role provides me the opportunity to witness people with severe OCD take back the reins in their life — sometimes for the first time ever!

Prior to treatment, I was consumed with fear that my suffering was a result of "just not trying hard enough." Now, the tools from ERP have changed the lens through which I see the world.

The solution to my suffering was never a matter of "trying harder" to obtain the life I wanted, but instead, learning how to shift my relationship with the anxiety that comes with OCD.

My world is bigger, brighter, and more exciting now that I choose to lean into uncertainty and pursue a life based on my values rather than my fears. This joy is only compounded by the opportunity to support others in doing the same.

Now when I think about the phrase, "But what if I do it?", I am no longer hooked on fears of my worst-case scenarios.

Instead, I ask myself: "But what if I choose to take a risk in order to be the freest, truest version of me?" 🕒

Alie Bernard Garza, MSW, LMSW, is a clinician at the OCD Institute/Texas. She holds a Master's of Social Work from the University of Washington in Seattle and often pulls from her own lived experiences with severe OCD, which is what led her to pursue specializing in OCD, anxiety, and other related disorders. Her clinical background includes working in youth psychiatric residential, mobile crisis response, crisis hotlines, suicide prevention, and IOP/PHP in Portland, OR, and Denver, CO. Some of her most significant clinical interests include comorbidities such as ADHD and/or ASD, providing neurodivergent-affirming care, collaboratively working with families, and taking a "think outside the box" approach to creating creative individualized treatment plans. Outside of the clinic, Alie is passionate about mental health advocacy, especially demystifying higher levels of care and destigmatizing "taboo" themes. In addition, she and her husband are passionate about supporting youth, which led them to become foster parents to teens experiencing housing instability.



Alie Garza, MSW, LMSW

Work Website:
[OCDI Texas.com](https://www.ocditexas.com)

Work Email:
agarza@houstonocd.org

Instagram:
[alie.garza](https://www.instagram.com/alie.garza)

Personal Website:
[aliegarza.com](https://www.aliegarza.com)

THERAPY COMMUNITY

Assessment, Assessment, Assessment

by Eda Gorbis, PhD, LMFT, and Alex Gorbis, MA



Throughout time, assessment and diagnosis in medicine have been key in the determination and identification of treatment for medical illnesses. No course of treatment will begin without diagnosis and understanding of the origin of the illness. As far back as the invention of traditional Chinese medicine millennia ago, tools have existed that are used to identify medical illnesses. In today's world of medicine, we have all kinds of tests: scientific tests, blood tests, urine tests, neurological tests, MRIs, and CT scans. In the medical field, people cannot move on to treatment without a proper diagnosis. It would be illogical, wrong, and considered malpractice. So why is it that, in the mental health field, it happens far too often?

At the beginning of the 20th century, no scientifically or empirically proven methods were able to determine psychiatric and psychological illnesses and separate them from medical illnesses. However, over the past three decades, an enormous amount of empirically proven assessment tests have been developed that are shown to be accurate in diagnostic tests. These are used to inform scientifically proven tools that are used to treat people following the precise diagnoses they offer based on the attestation of diagnostic criteria and have been disseminated by and for mental health professionals. These diagnostic assessments are taught at most academic institutions and

are available online. And yet, far too often, they are not being applied in practice.

Globally, for centuries, there has been a stigma associated with psychological and neurological ailments. People who suffer from a medical illness can identify an organ that hurts and separate themselves from that organ. A person with a headache can identify that their head causes the pain. However, those with mental illnesses often have a blurred line and cannot separate themselves from the problem. Rather than treating it like any other affliction, they believe that something is wrong with their personality, and often blame themselves.

Although the symptoms of obsessive compulsive disorder (OCD) are serious and debilitating on their own, it is a condition that often does not occur alone. It is common for people with OCD to have one, two, and or more different OCD spectrum disorders/comorbidities (such as body dysmorphic disorder, eating disorders, etc.), depression disorders, and anxiety disorders such as panic disorder, generalized anxiety disorder, social phobia, PTSD, and simple phobias.

In September 2022 — in a nod to the nation's pressing mental health crisis — a US task force made up of a group of influential medical experts recommended, for the first time, that all adults under the age of 65 get screened for anxiety. The draft recommendation is designed to help primary health clinicians identify early signs of anxiety using screening methods.

However, our disbelief stems from how specialists who reside on the boards of major national and international conferences have fallen into a pattern of failing to administer diagnostic

tests and subsequently misdiagnosing their patients. These individuals have been extensively trained to use various diagnostic assessments, which are based on empirical evidence. Why still are they failing to properly assess the patient? The only assumption we can form is they are not using the tools given to them to their fullest capacity, instead opting to haphazardly administer and diagnose.

The importance of proper assessment rather than assumption in diagnoses can be illustrated by the following cases:

Case 1:

The patient was treated by a very reputable institute, but the assessments were sent via the Internet to be filled out by the patient who was initially unaware of their fear structures and their comorbidities. A scale to assess panic disorder was not included, and panic disorder was therefore missed in the diagnosis. It is well known that panic disorder must be treated first when it is presented with OCD so that it does not later impede on the gains made once OCD is treated. Because the panic attacks were not treated, the progress made in OCD treatment was erased, and the patient's progress regressed. It remained unclear as to why the patient was continuously dysfunctional.

Case 2:

Necessary assessments were administered to a patient, again via the Internet and through self-report. All diagnoses and comorbidities were properly diagnosed, but the patient continued to be unaware of the fear structures they presented with. The patient was only treated for a fear structure of contamination, so their fear structure for completion was never detected and therefore never treated. During three weeks of treatment, the patient maintained all of their symptomology and proceeded to get worse (i.e., the patient's daily shower time increased to 6 hours a day).

Contrasting these two cases, here are two cases that illustrate proper assessment which were successfully carried out at the Westwood Institute for Anxiety Disorders:

Case 1:

Our team provided a comprehensive and detailed assessment of the patient. The patient had been previously diagnosed with OCD and high-functioning autism spectrum disorder (ASD); however, extensive treatment via exposure and response prevention (ERP) therapy was not helping to reduce her Yale-Brown Obsessive Compulsive Scale (Y-BOCS) score or improve her ability to speak, read, and write without anxiety. After the WIAD team conducted a four-hour long assessment, including questionnaires that totaled 500 questions, they were able to determine that panic disorder had been interfering with her OCD treatment. This was a

significant revelation that had not been previously identified by multiple therapists and psychiatrists over the last five years. In addition, the comprehensive diagnosis fully explained the "constellation" of mental health disorders that must all be treated to improve her quality of life. The patient is now working with a therapist to address the panic disorder so that she can eventually manage OCD with reduced levels of fear and anxiety.

Case 2:

The patient had a diagnosis of post-traumatic stress disorder (PTSD) and social phobia that was completely missed. The patient was tested and treated for OCD alone, and the diagnostic tests were administered via the Internet. Diagnostic tests for PTSD and social phobia were never sent to the patient, and thus never had a chance to be diagnosed. At the Westwood Institute, the team administered all these tests with the MINI-International Diagnostic Neuropsychiatric Interview, and both disorders were properly detected and diagnosed. During the patient's treatment, their OCD, PTSD, and social phobia were all addressed, treated, and resolved. Now, the patient has been in complete remission for the past six months. This demonstrates why it is crucial to conduct these empirically qualified diagnostic tests in person rather than online.

This issue of not using proper diagnostic methods should be prioritized because of the need for the administration of accurate and effective treatments, and of the general importance of public mental health. Our previous recommendations have centered on treating severe OCD refractory treatment and anxiety, and applying various scientifically proven research methodologies in the treatment of adolescents and adults. Our question does not intend to separate the medical from the mental, as they are intertwined. Rather, we advocate for the initial assessment to consist of a vast set of questionnaires that total about 500 questions, to be extremely thorough, and to last two to five hours. This specific testing should be done to determine the diagnosis and eliminate the chances of misdiagnosis. One of the many assessments we recommend is the MINI-International Diagnostic Neuropsychiatric Interview, which goes through various criteria to ultimately rule in or rule out mental health disorders and aids in determining a precise diagnosis. We also recommend the use of the Structured Clinical Interview for DSM Disorders (SCID) and the Anxiety and Related Disorders Interview Schedule for DSM-5 (ADIS-5) as assessment tools. A multitude of questionnaires that together total about 500 questions is ideal because they are done to find common denominators of all fear structures that exist; without this variation, a clinician cannot target the exact fears. We recommend all of this to take place in

THErapy COMMUNITY

Assessment, Assessment, Assessment *(continued)*

person, under the supervision of a licensed professional — not over the Internet and via self-report questionnaires. This is because the patients may not be aware of their fear structures or the severity of their condition. An example of the importance of in-person assessments can be demonstrated by the following: We asked a patient we were treating to fill out a self-report questionnaire, which we then also administered in-person. We found many discrepancies between these two types of administration surrounding the patient's fear structures; the in-person administration showed much greater severity than the self-report. Many are aware that the Westwood Institute has been advocating for and administering an extensive initial assessment throughout the past three decades. Our use of a large questionnaire battery that includes the MINI-International Diagnostic Neuropsychiatric Interview, the SCID, and the ADIS-5 is not the only factor that results in accurate assessment; other positive factors include detailed in-person sessions done by professionals and the thorough and precise nature of these sessions.

In conclusion: Remember — assess, assess, assess!



Eda Gorbis, PhD., LMFT, is a world-renowned authority on the treatment and research of OCD. From 1999 to 2014, Dr. Gorbis held an appointment of Assistant Clinical Professor in the Department of Psychiatry at the USC School of Medicine and the Adult Department of Psychiatry at the USC School of Medicine from 2015 to 2023. Since 1996,

Dr. Gorbis has been the founder and director of the Westwood Institute for Anxiety Disorders, which treats refractory cases of multidimensional OCD-spectrum disorders with multidisciplinary teams. Dr. Gorbis is the author of almost 200 articles and presentations on OCD-spectrum disorders.



Alexander Gorbis, AMFT, obtained his master's degree in Clinical Psychology with an emphasis in Marriage and Family Therapy from Pepperdine University. Since graduating from Pepperdine, Alex has been working at the Westwood Institute for Anxiety Disorders, gaining clinical experience with extreme cases of OCD

and comorbid disorders. His responsibilities as an associate therapist are administering supervised assessments to new patients and providing support in developing and executing exposures with patients. Presently, he is a doctoral candidate at the Chicago School for Professional Psychology.

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

THE ANXIETY CENTER

**11085 Montgomery Rd.
Cincinnati, OH 45249
(513) 547-2861**

ilyasbourchid@theanxietycenter.com
theanxietycenter.com

**7340 Crossing Pl.
Fishers, IN 46038
(463) 220-0437**

Our approach is to use the very best treatments and technologies in behavioral health and to apply them skillfully and compassionately. We adhere exclusively to treatments that have been established through rigorous scientific research because we want you to have the confidence that you are receiving a treatment that has been proven to be effective. We do not believe in a "one size fits all" model and will work flexibly in designing a program with you in mind.

Our center provides the full continuum of integrated behavioral health services from the cutting edge neuromodulation therapies like BrainsWay Deep TMS to coordinated psychiatric services for medication management, including genomic testing. When you enter our offices you will find a center committed to the quality of patient care and a space designed to provide comfort, privacy, and convenience.

All of our psychotherapists utilize a multi-modal approach to therapy, and all have specialized training in process-based cognitive behavioral (CBT) orientation, meaning that when you receive services through our center, you will be receiving short-term, individualized, practical, and action-oriented therapy in order to help you achieve the best possible outcome.

ANXIETY EXPERTS VIRTUAL ATHLETE PROGRAM

**1482 E Valley Rd., Suite 17
Santa Barbara, CA 93108
(805) 705-0614**

info@andreakulberg.com
andreakulberg.com

Athletes with OCD deserve experts who are experienced in ERP and Sports Nutrition! When OCD becomes stuck on compulsions surrounding performance, equipment, fueling, or sleep, it can destroy the athlete's joy in sport. Anxiety Experts has a specialized team of ERP therapists and registered dietitians who are passionate about helping high-level athletes with anxiety-based disorders become the masters of their OCD!

ANXIETY & OCD TREATMENT SERVICES

**6750 Westown Pkwy, Suite 200-154
West Des Moines, IA 50266
(515) 216-0679**

admin@anxietytreatmentonline.com
anxietytreatmentonline.com

Anxiety & OCD Treatment Services has continued to grow, and we are excited to welcome new additions to our team. Jamie Dunn, LMHC, has significant training and experience with OCD and related disorders, and brings a wealth of knowledge and passion to her work. In addition to her clinical work, Jamie serves as a founding board member for OCDIowa, the newly formed IOCDF Iowa Affiliate. Towards our goals of increasing accessibility to treatment and training future mental health professionals in evidence-based treatment, we have also added our first graduate student trainee to our team. Erin Young is a clinical social work student at the University of Iowa and is excited to gain experience in the treatment of anxiety and OCD. We are excited for both Jamie and Erin to join our team!

We continue to lead a Parenting Anxious Kids treatment group — based on the SPACE approach — that is offered four times per year. We are currently enrolling for both our June and September groups. Our team continues its free biweekly peer support group for adults with OCD. We also offer individualized intensive outpatient (IOP) services. To find out more information about our clinic, please visit us at anxietytreatmentonline.com.

ANXIETY TREATMENT CENTER OF AUSTIN

**8701 Shoal Creek Blvd., Suite 404
Austin, TX 78757
(512) 879-1836**

diana@anxietyaustin.com
anxietyaustin.com

Anxiety Treatment Center of Austin is thrilled to announce the start of our newest team member, Dr. Emily Kindschi, PsyD (she/her)! Emily brings with her a passion for treating individuals with OCD and related disorders as well as a commitment to the process and practice of evidence based practices such as CBT, ERP, and ACT. Emily additionally brings couples therapy services to Anxiety Treatment Center of Austin. She is currently accepting in person and virtual appointments. You can learn more about Emily here.

As we welcome Emily to our practice, we say goodbye to beloved team members, Dr. Whitney Wheeler, PhD and Dr. Nick Taylor, PhD. We wish you both well on your new life adventures!

THERAPY COMMUNITY

THE ANXIETY TREATMENT CENTER OF GREATER CHICAGO

707 Lake Cook Road,
Suite 310
Deerfield, IL 60015
(847) 559-0001

1224 Centre West Drive,
Suite 400D
Springfield, IL 62704
(847) 456-5426
karencassiday@gmail.com

KLCassiday@anxietytreatmentcenter.com
anxietytreatmentcenter.com

We are glad to welcome three new interns to the Anxiety Treatment Center of Greater Chicago, who will help us offer more intensive exposure treatments to children aged two through elders. Kelly Magellen, Talha Khursid, and Alex Gelber are looking forward to helping those with OCD and related disorders learn to overcome their obsessions and compulsions!

ARCHWAYS CENTRE FOR CBT

460 Springbank Dr., Suite 205
London, ON, N6J 0A8
(519) 472-6612

info@archways.ca
archways.ca

We have recently updated our website, so be sure to check it out! We have done a lot of background work to make it easier for individuals with OCD/BFRBs to find us, in a country where these conditions are vastly underserved.

In 2023, we have expanded our OCD & BFRB Clinic by hiring two new clinicians. Please welcome:

- Dr. Brendan Guyitt, Clinical Psychologist
- Sofia Mastronardi, Master's Level Therapist

During the first quarter of 2023, we saw 30% of clients in-person. Some of our clients have decided to continue virtual therapy out of convenience. Your therapist might recommend either virtual or in-person sessions for you. It is important to have this discussion with your therapist to determine what works for you both. We are seeing more and more clients from across Ontario, as our virtual platform enables those in more remote communities to access our OCD and BFRB Clinic.

In addition to our four psychologists and two therapists, we have a psychiatrist who offers psychiatry consultations to assist with starting, ending, or changing medications.

AUSTIN ANXIETY AND OCD SPECIALISTS

600 Round Rock West Drive, STE 601
Round Rock, TX 78681
(512) 246-7225

hello@austinanxiety.com
austinanxiety.com

We are excited to announce that our Sept 22-24, 2023, Camp Courage registration is open. Camp Courage is an adventure-

based overnight camp for children and teens ages 8–18 with anxiety and OCD. Camp Courage combines the traditional joys of a sleepaway camp with a welcoming and empowering environment where children and teens can relate to and support one another in facing their fears. In addition to learning the principles of ERP and ACT, campers can enjoy activities such as zip-lining, rock climbing, crate-stacking, archery, hiking, arts and crafts, and campfires. Led by therapists of Austin Anxiety and OCD Specialists, Camp Courage takes place at a beautiful camp facility in the Texas Hill Country. For more information, contact us at [512-246-7225](tel:512-246-7225) or hello@austinanxiety.com.

Our team is growing, and we are currently hiring clinicians at our Round Rock, Westlake, and Central Austin offices. Interested candidates can learn more by visiting austinanxiety.com/employment.

BAYLOR COLLEGE OF MEDICINE OCD PROGRAM

1977 Butler Blvd., Suite 400
Houston, TX 77030
(713) 798-3080

ocdprogram@bcm.edu
bcm.edu

The Latin American Trans-Ancestry Initiative in OCD Genomics has recruited over 500 participants who are Latin American to date. This collaborative group representing 14 countries and over 50 sites is excited to meet in Lima, Peru for the 2nd annual Congress on OCD in Latin America. Check out altoc.org and latinostudy.org.

BEHAVIORAL SCIENCES OF ALABAMA INTENSIVE OUTPATIENT PROGRAM

810 Shoney Dr., Suite 120, Behavioral Sciences of Alabama
Huntsville, AL 35801
(256) 883-3231

dlbarnhart@bsoal.com
behavioralsciencesofalabama.com

I am excited to share an update on our progress in tracking our clients' progress and helping them transition out of intensive therapy. We've worked hard to gather data and develop effective tools to better understand our clients' progress and determine the most effective interventions for them. We utilize a HIPAA-compliant platform to create shared hierarchies and treatment plans with our clients, which allows them to report the results of their homework. Additionally, we use repeated measures on YBOCS results to identify responders and remission status, which has led to positive outcomes and helped our clients move out of intensive therapy more quickly. While we are proud of our results thus far, we continue to refine our processes and tools to make them even more effective. I want to express my gratitude to everyone involved in this important work — your contributions are making a significant difference in the lives of our clients.

THE THERAPY COMMUNITY

BETTER LIVING CENTER FOR BEHAVIORAL HEALTH

1333 W. McDermott Ste 150
Allen, TX 75013
(972) 332-8733

admissions@betterlivingbh.org
betterlivingbh.org

Better Living Center for Behavioral Health warmly welcomes Dean McKay, PhD, ABPP as our new Chief Clinical Science Officer. Known for evidence-based practices, we offer exposure and response prevention-centered intensive outpatient and day treatment, along with various high-level treatment modalities nationwide. Dr. McKay's expertise will enhance our commitment to innovation and growth in delivering effective behavioral health care.

Our high-level treatment programs (IOP and RISE) now available online in many states are meant to help your clients get back to successful individual treatment with you locally.

BULL CITY ANXIETY & OCD TREATMENT CENTER

918 Broad Street
Durham, NC 27705
(919) 808-2318

info@bullcityanxiety.com
bullcityanxiety.com

We're growing! This past spring, our clinic welcomed Leigh Watson, PhD to our team. Leigh brings years of experience treating anxiety disorders with CBT. She splits her time between clinical work and teaching psychology at Wake Forest University. Leigh will be a wonderful asset to the OCD community in North Carolina. We're also excited to announce that Erin Jones, LCMHC has been appointed to a position on the board of OCD North Carolina! Erin has helped plan the One Million Steps for OCD awareness walks in Asheville for the past few years and will now be furthering her efforts to help the OCD community by joining the board. Ben Eckstein, LCSW will also be changing roles within the OCDNC board, shifting from secretary to vice-president. Erin and Ben will both be attending the IOCDF Annual Conference in San Francisco and hope to see you there!

CASCADE ACADEMY

430 W 200 N
Midway, UT 84049
(573) 286-0855

info@cascadeacademy.com
cascadeacademy.com

Cascade Academy is a residential treatment center located in Midway, Utah, for adolescent girls between the ages of 13 and 18 with severe anxiety and OCD related disorders. This diagnosed mental health disorder has prevented them from achieving their

goals and living the lives they desire. Cascade Academy students are typically very capable, yet they struggle to find success because of their extreme anxiety, rituals, intrusive thoughts, and avoidant behaviors. The average length of stay for each student is between 10 and 12 months. During that time Cascade Academy provides 24-hour-a-day supervision and mentorship in an experiential environment. Cascade Academy does not work with girls who have drug addictions, aggressive behaviors, or Oppositional Defiant Disorder. While enrolled, students and their families participate in evidence-based clinical work, academics, high adventure recreational therapy, and other forms of therapeutic programming. Exposure and response prevention (ERP) is at the core of the clinical offerings at Cascade Academy. Additionally, licensed therapists on site are trained in Trauma, cognitive behavioral therapy (CBT), radically open dialectical behavioral therapy (RO DBT), acceptance commitment therapy (ACT), and emotion focused family therapy. Following treatment at Cascade Academy students return home, go to a boarding school, or begin college.

THE CENTER FOR EMOTIONAL HEALTH OF GREATER PHILADELPHIA

1910 Route 70 E, Suite 7
Cherry Hill, NJ 08003

mail@thecenterforemotionalhealth.com
thecenterforemotionalhealth.com

601 Ewing St., Ste C-2
Princeton, NJ 08540

The Center for Emotional Health of Greater Philadelphia (CEH) is an outpatient behavioral healthcare organization that delivers excellence in evidence-based assessment and treatment of anxiety disorders, obsessive-compulsive and related disorders, and neurodevelopmental disorders across the lifespan. CEH brings expertise within reach by providing both on-site services at multiple office locations and via telehealth to 37 states across the U.S. Moreover, CEH is dedicated to increasing access to effective clinical care, providing continuing education (APA, ASWB, NYSED, and NBCC approved) programming (CEH PsychEd), and consultation to enhance the clinical skills of mental healthcare providers across disciplines.

CEH provided eight CE programs in Spring 2023 and celebrated the receipt of the 2023 ACOEM/JOEM Kammer Merit award for research paper of the year (Judith Green McKenzie, MD, MPH, Jarrod Matthei, MD, MPH, Frances Shofer, PhD, Rosette Biester, PhD, Marla Deibler, PsyD, ABPP) as well as the pre-order availability of Dr. Marla Deibler and Dr. Renae Reinardy's forthcoming book, *The BFRB Recovery Book: Effective Recovery from Hair Pulling, Skin Picking, Nail Biting, and Other Body-focused Repetitive Behaviors*. We look forward to upcoming CE webinars, including trainings in RO-DBT (1-day), Supporting Others through Reproductive Challenges, BFRBs (2-day), and Establishing the Healthy Use of Technology.

THERAPY COMMUNITY

CENTER FOR OCD AND ANXIETY DISORDERS AT SHEPPARD PRATT

6501 N. Charles St. — Gibson Building, Suite 305

Baltimore, MD 21204

(410) 927-5462

info@sheppardpratt.org

ocdbaltimore.com

Sheppard Pratt's Center for OCD and Anxiety is treating increasing numbers of patients with OCD and related disorders on both a residential and outpatient basis.

Visit with our experts at the upcoming Annual OCD conference, where Director Jon Hershfield, MFT will give the following talks:

- Rebranding Exposure and Response Prevention: The Poetic Blend of Evidence-Based Treatment for OCD
- Human First, Therapist Second: Authenticity as an OCD Therapist
- Moral Scrupulosity Support Group.

Molly Schiffer, LCPC, associate director of the center, will be co-leading the Living with Bipolar Disorder and OCD support group.

The LifeLaunch and The Retreat, Sheppard Pratt's residential treatment programs for OCD and related disorders, provide wraparound support for teens and adults, respectively. The LifeLaunch recently celebrated its one-year anniversary and announced new anxiety-focused groups for teens. At The Retreat, residents now have access to the TMS protocol FDA-approved for OCD.

We would like to welcome the newest member of our team, Kristin P. Wagner, LCSW-C, and our new clinical intern, Jenna Meyers. As our mission continues to expand, our team of specialists will too. Contact us for job opportunities.

Jon's newest book, *The Unwanted Thoughts and Intense Emotions Workbook*, comes out June 1.

CENTER FOR OCD & ANXIETY RELATED DISORDERS (COARD) PROGRAM AT SAINT LOUIS BEHAVIORAL MEDICINE INSTITUTE

1129 Macklind Avenue

St. Louis, MO 63110

(314) 289-9407

slbmicoardicp@uhsinc.com

slbmi.com

The Center for OCD & Anxiety Related Disorders (COARD) program at Saint Louis Behavioral Medicine Institute (SLBMI) is an internationally recognized, multidisciplinary program that has provided treatment for obsessive-compulsive and anxiety conditions for over 30 years.

COARD offers outpatient, intensive outpatient, and partial hospitalization levels of care, conducted either in-person or over telehealth, across all age ranges. We provide telehealth services within any PSYPACT state. COARD's IOP and PHP programs are highly unique in that they offer individually-tailored care provided in a one-to-one session format. We welcome any inquiries about our programming (from clients or clinicians)! Please email slbmicoardicp@uhsinc.com.

We are hiring! COARD is excited to expand our programming to better support the high demand for anxiety specialty services. We welcome new clinicians looking to provide outpatient anxiety specialty care or oversee the care of patients in our intensive/partial hospitalization program. Applicants can apply at slbmi.com.

We also have a new program! COARD is pleased to introduce that Gregory Peebles, LPC launched a Radically-Open Dialectical Behavior Therapy IOP. The Adult RO-DBT IOP is designed to help many conditions, including Treatment Resistant Anxiety Disorders. Email SLBMI.RODBT.IOP@uhsinc.com for more information.

CENTER FOR OCD AND RELATED DISORDERS AT MASSACHUSETTS GENERAL HOSPITAL

185 Cambridge Street, Suite 2000

Boston, MA 02114

CORDClinic@mgh.harvard.edu

mghocd.org

The Center for Obsessive Compulsive Disorder (OCD) and Related Disorders (CORD) at the Massachusetts General Hospital/Harvard Medical School is in Boston, Massachusetts. We specialize in the research and treatment of obsessive compulsive disorder (OCD), body dysmorphic disorder (BDD), body dysmorphic disorder by proxy (BDD by Proxy), tourette syndrome (TS) and chronic tic disorder (CTD), hoarding disorder, hair pulling and skin picking, and olfactory reference syndrome (ORS).

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

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

KANSAS CITY CENTER FOR ANXIETY TREATMENT

10555 Marty Street, Suite 100

Overland Park, KS 66212

(913) 649-8820

info@kcanxiety.com

kcanxiety.com

Summer is a busy season at KCCAT! This is the time when many of our patients take advantage of more flexible schedules and work with us to set up intensive or accelerated treatment protocols, which we offer for OCD and other anxiety presentations in a variety of flexible formats. This summer, we're

THE THERAPY COMMUNITY

particularly excited to be kicking off our new initiative of offering more group clinical and educational resources, including a parenting skills group, social anxiety groups for teens and adults, and a transdiagnostic group for adults with OCD and anxiety. We're excited to expand our offerings and access to evidence-based care!

NEUROBEHAVIORAL INSTITUTE (NBI) & NBI RANCH

2233 N. Commerce Parkway #3
Weston, FL 33326
(954) 217-1757

info@nbweston.com
nbweston.com

In NBI news, we continue to sharpen our focus on providing intensive treatment for complex and severe cases, as well as on our ever-growing parenting/family programs. We're also working hard on developing more ways to deepen the experience of adults residing at NBI Ranch for additional support during OCD treatment. We have held many trainings for our staff, devoting each month to a particular subject, e.g., the assessment and treatment of disordered eating and utilizing behavioral analytics more effectively to track progress. We want to thank Stuart Ralph for inviting us to participate in a series of weekday episodes of "The OCD Stories" and not only making it a great experience, but also for creating and nurturing a podcast that helps and inspires so many people with OCD all over the world. Drs. Moritz and Hoffman had a very special opportunity to present on OCD and Autism at Autism Global Day 2023, which was live-streamed to Brazil and Portuguese-speaking Africa, and many other countries. Last but not least, we are excited to announce that NBI is being considered by Biohaven Labs as a site for researching a new OCD medication. Looking forward to seeing everybody in July in San Francisco!

NEW ENGLAND CENTER FOR OCD AND ANXIETY

1734 Massachusetts Avenue
Cambridge, MA 02138
(781) 462-6988

info@newenglandocd.org
newenglandocd.org

The New England Center for OCD and Anxiety continued its expansion over the first quarter of 2023. Our Boston office added three full-time clinicians and two behavioral specialists, our New York office added two new clinicians and a clinic administrator, and our Los Angeles office added a highly experienced behavior analyst. We are continuing to develop our services geared towards families and caretakers of those with OCD and related disorders, and are now offering individualized family therapy (in addition to our ongoing SPACE programming). We are building out a branch of programming to address the needs of individuals with OCD and related disorders who are neurodivergent, and to this end have added clinician-oriented training and

consultation opportunities within the clinic. Finally, we are increasing the availability of advanced consultation groups for experienced clinicians outside the clinic interested in furthering their knowledge and honing their craft in our highly supportive, collaborative, and nurturing learning environment.

NEW ENGLAND OCD INSTITUTE

392 Merrow Rd., Suite E
Tolland, CT 06084-3974
(860) 830-7838

554 King Edward Ave.
Ottawa, ON K1N 6N5
(343) 430-3291
admin@behavioralwellnessclinic.com
ocdtypes.com
bewellpsych.ca

The New England OCD Institute has done it again! Congratulations to our most recent round of graduates for completing our 2023 OCD Training program for clinicians taught by our Clinical Director, Dr. Monnica Williams, ABPP, PhD. and OCD specialist Dr. Simone Leavell-Bruce, PsyD. Our diverse group of trainees were dedicated and committed to properly educating themselves on OCD and its treatment, creating more accessibility to those in need. We always look forward to these critical trainings and appreciate all who join!

Also, shout out to the newest additions to our BWC family: Farwa Devji, ES, and Cheryl O'Neill, Registered Psychologist (Qualifying)! As a professional School Counselor in the UAE, Farwa has worked with individuals and families of many diverse backgrounds and emphasizes the importance of cultural awareness in practice. She'll be working with us as an OCD Specialist intern from Yorkville University's Counseling Psychology Program. Cheryl, having just completed her MA in Theology: Spiritual Care and Psychotherapy at the Wilfred Laurier University, will be joining our clinic in Ottawa full time as an OCD Specialist. Some of her other specialties include CBT, DBT, social justice, anxiety disorders, and much more. We joyously welcome Farwa and Cheryl to the team!

NOCD

225 N Michigan Suite 1430
Chicago, IL 60601
(312) 766-6780

care@nocdhelp.com
treatmyocd.com

NOCD is a specialty provider of treatment for OCD and OCD spectrum conditions, providing live face-to-face video therapy sessions with licensed therapists and between-session support. NOCD's services are 100% virtual, making OCD treatment more accessible than ever, but we recognize that collaborative care is the key to providing exceptional care. To best meet the needs of our members, we sometimes need to refer out to other providers. We're looking for partners who offer medication management, Medicaid, or in-person care.

THERAPY COMMUNITY

At NOCD, we have three main goals: to make evidence-based OCD care more affordable, convenient, and personalized.

1. NOCD Therapy is in network with most major insurance providers, including UnitedHealthcare, Aetna, Cigna, Humana, various Blue Cross Blue Shield plans, and more. Over 135 million Americans can access NOCD Therapy through their commercial insurance benefits.
2. NOCD Therapists work with members in all 50 states and in many countries internationally, and many members can see one of our OCD-trained therapists within seven days on average.
3. People with OCD over the age of five can access care that addresses their personal needs. Our licensed therapists also receive training in evidence-based treatments for conditions that commonly affect the OCD community, like trichotillomania, hoarding disorder, PTSD, tic disorder, and Excoriation Disorder.

To learn more about collaborating together, visit treatmyocd.com/collaborate-with-therapists.

NORTHWELL HEALTH OCD CENTER

**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 OCPD. It is one of the only specialized OCD/OCPD facilities in the New York metropolitan area to accept most health insurance plans, including Medicare and Medicaid. Treatment options include individual and group CBT and medication management. The OCD Center offers in-person and virtual individual sessions as well as IO virtual therapy groups (e.g., ERP practice and skills-building, OCPD treatment, family education/support, DBT skills, and weekly/monthly improvement maintenance). Please email us at ocdcenter@northwell.edu to inquire about treatment.

This spring, our clinic director Dr. Pinto was invited to present on the treatment of OCPD as part of Sheppard Pratt's free virtual anxiety and OCD lecture series and this drew a large audience. In July, we are looking forward to welcoming our newest psychology and psychiatry trainees for the 2023-2024 academic year. As we are passionate about education and mentorship of our students, we are grateful that Dr. D'Urso and psychology extern Marianna Graziosi are scheduled to co-lead a discussion group at the IOCDF conference for graduate students interested in pursuing a specialty in treating OCD. Our team is eager to reconnect with our professional community in San Francisco!

NYU CHILD STUDY CENTER

**1 Park Ave., 7th Floor
New York, NY 10016
(646) 754-5000**

bethany.watson@nyulangone.org
nyulangone.org/locations/child-study-center

After a brief hiatus due to the COVID-19 public health emergency, the NYU Langone Health Child Study Center has resumed offering short-term intensive outpatient services for children, adolescents, and young adults diagnosed with obsessive compulsive disorder. An individualized exposure and response prevention (ERP) treatment plan will be developed collaboratively with each patient/family by our team of highly skilled ERP psychologists, social workers, and psychologists-in-training. All services will be provided in-person at our midtown Manhattan clinic location. In-home services for local families or telehealth services for families in the state of New York who cannot travel to Manhattan may be provided on a case by case basis. For more information, please contact Bethany Watson, PhD at Bethany.Watson@nyulangone.org.

OCD AND RELATED DISORDERS CLINIC

**Department of Psychiatry & Behavioral Neuroscience
The University of Chicago
5841 South Maryland Avenue
MC 3077**

**Chicago, IL 60637-1470
(773) 702-3858**

uchicagomedicine.org/conditions-services/psychiatry-and-psychology/obsessive-compulsive-and-related-disorders-clinic

In September of 2022, clinical psychologist, Greg Chasson, Ph.D., joined the OCD and related disorders (OCRDs) program directed by Jon Grant, MD, MPH, JD. He serves as the Director of Behavioral Interventions of the OCRDs Clinic and is working with Dr. Grant to facilitate clinical service, research, and professional training.

OCD INSTITUTE MCLEAN HOSPITAL

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

ocdiadmissions@partners.org
mcleanhospital.org/ocd

There are many changes happening at the OCDI and OCDI Jr. Programs at McLean this summer!!!!

The adult OCDI welcomes Brittany Burns as a new Behavior Therapist and Matt Flynn as a new Family Therapist in June. Brittany is finishing up her post-doc at the Houston OCDI, and Matt has been at McLean for several years already in a float role. We also welcome our new post-doc Valeria Tretyak this July. We

THE THERAPY COMMUNITY

will also have 19 new Practicum students starting with us this summer! We look forward to seeing all of you at the Annual OCD Conference in San Francisco in July. Please stop by our booth and say hello.

OCD INSTITUTE MCLEAN HOSPITAL

115 Mill St.
Belmont, MA 02478-1064
(617) 855-2776

ocdiadmissions@partners.org
mcleanhospital.org/ocd

There are many changes happening at the OCDI and OCDI Jr. Programs at McLean this summer!!!

OCDI Jr. celebrated its three-year anniversary at the McLean Hospital's main campus this summer. We have also expanded into a 16-bed residential program, allowing for shorter wait times and the opportunity to serve more families in need. With that in mind, we are currently hiring OCD therapists and expanding our training programs!

The adult OCDI welcomes Brittany Burns as a new Behavior Therapist and Matt Flynn as a new Family Therapist in June. Brittany is finishing up her post-doc at the Houston OCDI, and Matt has been at McLean for several years already in a float role. We also welcome our new post-doc Valeria Tretyak this July. We will also have 19 new Practicum students starting with us this summer! We look forward to seeing all of you at the Annual Conference in San Francisco in July. Please stop by our booth and say hello.

PALO ALTO THERAPY

407 Sherman Avenue, Suite 240
Palo Alto, CA 94306

940 Saratoga Avenue, Suite 240
San Jose, CA 95129

info@paloaltotherapy.com

At Palo Alto Therapy, we specialize in cognitive behavioral therapy. With years of experience in the field of behavioral health, we've supported children, teens, adults, couples, and families to overcome anxiety, depression, OCD, and more. We offer in-person and video appointments.

Our Newest Addition: We are happy to introduce our new office manager, Karie Rodriguez, with all her exciting leadership experience!

Anxiety to Wellness Classes: Our eight-week groups are open for enrollment for teens and adults! This class teaches anxiety-reducing techniques and offers group support. Classes are offered in January, April, and September, via video and in-person.

Parent OCD Support Group: This group connects parents of children of all ages with OCD who are struggling with similar situations, providing community and support! 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 individual, couples, family, and group or video or in person therapy please feel free to contact us.

PEDIATRIC ANXIETY RESEARCH CENTER (PARC)

1011 Veterans Memorial Pkwy
East Providence, RI 02915
(401) 432-1516

jherren@lifespan.org
Parcanxiety.org

PARC is celebrating the 10th anniversary of our partial programs this year! We started the program in 2013 with six patients, and we have quadrupled in size over the past decade. Currently, PARC's partial level of care draws patients from around the country and serves 26 youth ages 5 to 18 years old across three programs, including a specialty DBT-X program integrating DBT and exposure. Home and community visits with an exposure coach continue to be a foundational element of the program, bringing exposure therapy to where OCD and anxiety interfere most with children's lives, while a dedicated multi-disciplinary team of psychiatrists, psychologists, exposure coaches, nurses, and social workers provide daily clinical care in program. We look forward to celebrating this 10 year milestone with graduates of the partial programs at our annual reunion this Fall!

Additionally, PARC is partnering with Blue Cross Blue Shield of Rhode Island to train mental health providers in the delivery of exposure therapy to youth with OCD and anxiety. This initiative, sponsored by BCBSRI, will provide training and ongoing consultation to 25 therapists over three years with the goal of increasing access to evidence-based treatment for youth with OCD and anxiety across Rhode Island.

Please feel free to contact us.

RENEWED FREEDOM CENTER FOR RAPID ANXIETY RELIEF

1849 Sawtelle Blvd. Ste. 710
Los Angeles, CA 90025
(310) 268-1888

ashleybramhall@renewedfreedomcenter.com
renewedfreedomcenter.com

Renewed Freedom Center is a boutique private practice located in West Los Angeles, specializing in the treatment of severe OCD and anxiety disorders, including panic disorder, social anxiety, agoraphobia, separation anxiety, specific phobias, BDD, and GAD.

In addition to the treatment of OCD & anxiety disorders, RFC is dedicated to community outreach and training to further educate on evidence-based treatment and decrease stigma

THERAPY COMMUNITY

and misinformation. One way we do this each year is by hiring practicum students who train under our supervision, allowing more sufferers the ability to access high-quality treatment at a sliding-scale rate.

We are excited to welcome our new class of practicum students on August 7th!

If you or someone you know has struggled to find ERP at affordable rates, contact us now for a complimentary phone consultation to discuss your treatment needs at info@renewedfreedomcenter.com or video or in person therapy; please feel free to contact us.

ROGERS BEHAVIORAL HEALTH

34700 Valley Road
Oconomowoc, WI 53066
(800) 767-4411
Rick.Ramsay@rogersbh.org
rogersbh.org

Five Rogers Behavioral Health clinics throughout the country have opened, or will soon open, Teen Tune Up, a four-week intensive outpatient program designed to educate teens about their depression and anxiety. The program will help patients refine the tools they need to address and reduce the severity of their symptoms, including the development of skills to manage and maintain their mental health in the upcoming school year. To learn more, visit rogersbh.org or call (800) 767-4411.

In May, Rogers hosted a webinar on "School avoidance and refusal: What clinicians need to know," led by David Jacobi, PhD and Andrea Hartman, PsyD. A recording of the webinar is available to view for free at rogersbh.org/resources. Rogers' Hinsdale, IL, clinic also hosted an in-person CE seminar titled "Treating OCD: The essential elements," led by Brandon DeJong, PhD and Simon Jencius, MS, LCPC. For all the latest updates on upcoming events hosted by Rogers, be sure to visit rogersbh.org/events.

STANFORD TRANSLATIONAL OCD PROGRAM — RODRIGUEZ LAB

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

The Stanford Translational OCD program utilizes an interdisciplinary approach to find new treatments for patients suffering from OCD and hoarding disorder. We have many new exciting research studies and invite you to find out more by calling (650) 723-4095 or emailing (ocdresearch@stanford.edu or clutterhelp@stanford.edu). We also invite you to follow us on Twitter and Facebook [@RodriguezLabSU](https://twitter.com/RodriguezLabSU).

Lab members Dariana Gil-Hernandez and Paula Muñoz Rodriguez both presented at the NIH-funded R13 conference "Critical Issues in Latinx Mental Health," and congratulations to Dariana on her Travel Award. Peter van Roessel, MD, PhD recently published a notable first author research article in *Comprehensive Psychiatry*, "Treatment-resistant OCD: Pharmacotherapies in adults."

STRESS AND ANXIETY SERVICES OF NJ

A-2 Brier Hill Court
East Brunswick, NJ 08816
(732) 210-6694
info@stressandanxiety.com
StressAndAnxiety.com

195 Columbia Turnpike
Suite 120
Florham Park, NJ 07932

Our clinical staff have enjoyed making the first few live presentations for our ERP training series! If you haven't had the chance to join us yet, the full series can still be purchased at a discounted price with past webinars delivered on-demand, and your choice of attending future webinars live or on-demand.

In addition to our ERP series, we have a library of nine on-demand webinars available on our website. Recent topics include Perinatal and Postpartum OCD, and treating PTSD in survivors of domestic violence. Our clinical staff is available for consultation related to our webinars and more generally! Learn more on our website's "Consultation" tab.

Our clinicians also continue to give back to the community, providing free webinars that have included what parents should know about anxiety, teaching new clinicians about ERP, and raising awareness about OCD and its treatment at a multidisciplinary treatment center. Executive Director Dr. Allen Weg also provided support for case formulation training at IOCDF's Behavior Therapy Training Institute (BTTI).

We were pleased to run another successful iteration of our popular SPACE group this spring.

Finally, we are excited to welcome two new trainees — an Extern and Postdoc — to our team this fall!

THE THERAPY COMMUNITY

UNIVERSITY OF SOUTH FLORIDA ROTHMAN CENTER

601 7th St.
 South Suite 425
 USF Rothman Center for Neuropsychiatry
 St. Petersburg, FL 33701
rothmanctr@usf.edu
health.usf.edu/medicine/pediatrics/rothman

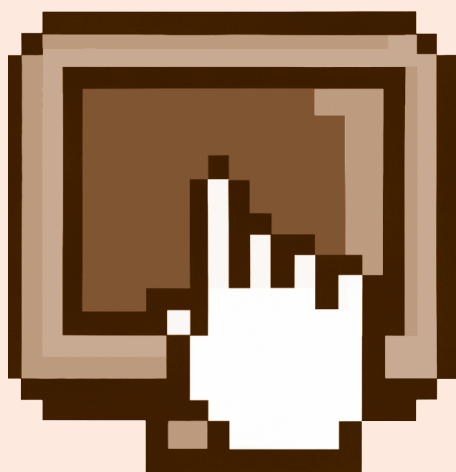
The Rothman Center for Neuropsychiatry at the University of South Florida is pleased to announce the arrival of William Hudson, MD this summer as an Assistant Professor of Pediatrics and Attending Psychiatrist. With Dr. Hudson’s arrival, we are resuming new patient visits for medical/physician services. We continue to accept new patients for CBT/ERP and CBIT weekly with our Clinical Psychology Team. We will continue to offer CBT via Telehealth and in-person. Welcome, Dr. Hudson!

UPMC WESTERN BEHAVIORAL HEALTH

100 North Bellefield Ave.
 Pittsburgh, PA 15213
 (412) 246-5600; option 2
sufrinla@upmc.edu
upmc.com

UPMC Western Behavioral Health is excited to announce the opening of our new Perinatal OCD and Anxiety IOP, coming this July. For services in any of our Adult IOP and PHP programs, please ask your current mental health or medical provider to make a referral by contacting us upmc.com/iopphpreferral.

You're Invited to the 2023 Online OCD Conference!



online
OCD
 ■■■■■ conference

October 21-22

The 2023 Online OCD Conference will take place over two days, from Saturday, October 21 through Sunday, October 22, and will feature talks, community discussion groups, and social meet-ups of all kinds and for all members of the OCD and related disorders community.

INSTITUTIONAL MEMBER FEATURE

Accessing Coverage for Effective OCD Treatment: A Comprehensive Guide

by Patrick B. McGrath, PhD



On January 31, 2020, the US government declared a public health emergency in response to COVID-19. The declaration, made when there were just seven known COVID cases in the US, allowed the federal government to enact a raft of measures that would expand access to healthcare and health insurance.

On May 11, 2023, some 1,197 days later, the public health emergency was officially declared over. While few of us will lament the formal end of a pandemic, people with OCD, their loved ones, and the therapists who help them overcome the condition are unsure about how access to the specialized treatment that OCD requires could be affected.

In this article, we'll look at how you or your loved ones can navigate insurance, access the highly effective, specialized help you need, and regain control of your life in a changing public health landscape.

OCD: Historically misunderstood, misdiagnosed, and mismanaged

Let's start with some encouraging news: more and more insurance providers cover the most effective, evidence-based treatment for OCD — exposure and response prevention (ERP) therapy. But given the prevalence and impact of OCD, you'd be right to wonder why some insurance carriers still don't.

Well, a big factor is the price. Historically, ERP has been expensive. There are a few reasons why that is. Perhaps the most significant is the fact that, despite affecting around one in 40 people, OCD is very often misdiagnosed as something else and almost always by a provider with limited experience with this multi-faceted condition.

When OCD is mistaken for, say, generalized anxiety disorder or panic disorder, people receive the wrong care. Not only does improper care not address the root condition — it can also actually make OCD symptoms worse.

Now, this problem would be bad enough on its own, but misdiagnoses also mean that incidences of OCD are severely underreported. As a consequence, insurance companies aren't seeing the true scope of the problem or the significant number of people affected. This, in turn, limits them from offering specialty treatment for the disorder.

Instead, OCD is seen as more of a rare condition that doesn't affect too many people. The net result is that most people with OCD don't show up in insurance claims data due to this misdiagnosis and mistreatment.

INSTITUTIONAL MEMBER FEATURE

As we mentioned above, things are getting better, and insurers are beginning to get their hands around how common OCD is, the extent to which it can negatively impact people who have the condition and the people who love them, and how effective ERP is at treating it. Is your insurer among them? Here's how to get a definitive answer.

Does my insurance cover ERP?

Figuring out whether your insurer covers ERP can seem like a daunting task. The type of medical insurance you have, the mental health coverage associated with your plan, and whether the appropriate providers are within your network are just some of the factors to consider. So, what can you do?

The best course of action is to reach out to your insurance provider directly. By giving them a call, you should be able to get accurate and up-to-date information regarding your coverage. When you're discussing your mental health benefits with them, specifically inquire about the coverage for individual outpatient therapy, which is often the category under which ERP falls.

To locate the relevant information on your insurance policy, look at the back of your insurance card. You should find either a "mental health/substance abuse" or a more general "customer service" phone number. Contact them and request your benefit information and the names and contact details of mental health providers who offer outpatient individual therapy.

Remember that while your primary medical benefits may be provided by a certain company, such as Cigna, for example, the mental health benefits might be managed by a separate entity. Your insurance provider can shed more light on this during your call. Once you have your benefits information and a list of covered mental health providers, you can investigate if any of them specialize in ERP for OCD.

If you already have a preferred provider in mind but they're not included in the list, you may have the option to inquire about a "single case agreement," which we'll explain in a moment.

It's essential to proactively engage with your insurance provider to clarify your coverage and explore all available options.

Go into the conversation with the knowledge that ERP is the gold standard treatment for OCD, with a success rate of around 80% in children, adolescents, and adults. Also, be aware that some insurers may direct you to therapists who offer general talk therapy, which is ineffective in treating OCD and can even make your symptoms worse.

As we mentioned above, the likelihood of your insurer covering ERP is increasing all the time. If you're met with a resounding "no" when asking if they cover the frontline therapy for OCD, don't give up. Try the following steps instead.

Taking action

Be your own advocate: speak directly with your employer's HR team

If our health insurers don't understand the scope and impact of OCD on people's lives, it'd be silly for us to assume that our employers do. By sharing your story, your child's story, or your family's story, you are shedding light on unmet needs for yourself and others in the OCD community who may be facing similar challenges. Your voice matters, and advocating for yourself and your loved ones is a powerful way to make a difference.

If your employer's health plan doesn't currently provide coverage for ERP therapy, don't hesitate to ask how they can assist you in addressing this issue. Explore whether out-of-network assistance programs are available or any alternative solutions they can offer. By engaging in this conversation, you are educating your HR department about the importance of OCD care and helping them understand the magnitude of the situation through your personal story. This personal touch can foster empathy and compassion.

When you share your experiences with your HR representative, you are actively contributing to raising awareness about OCD. By making your voice heard, you are increasing the likelihood that your employer will consider making changes to their health insurance benefits to ensure that the proper care for OCD is included.

It's important to note that health insurance companies often work closely with employers, as they are a significant source of their earnings. Some employers are known as "self-funded employers" or "Administrative-Services Only" (ASO) employers, while others are smaller and referred to as "fully insured" employers.

Since your employer is the client in this situation, large health insurance companies are often open to hearing and accommodating their client's needs. Embrace the opportunity to have an open dialogue with your HR team and make your voice heard.

Use alternative payment options: Submitting superbills or Single Case Agreements (SCA)

Depending on your plan, you may have the opportunity to utilize out-of-network benefits. Take advantage of this potential resource! By submitting a "superbill" to your insurer, you can potentially receive coverage for out-of-network services. Picture a superbill as a detailed receipt for your therapy sessions, outlining the services provided. Healthcare providers use superbill information to create a healthcare claim, which can be submitted to payers for reimbursement. It's a simple yet powerful way to maximize your benefits.

You can also explore a Single Case Agreement (SCA) to ease the financial burden of therapy. An SCA involves an agreement between your insurance company and an out-of-network provider. This agreement allows you to receive treatment as if in-network for a specific period. The possibility of an SCA is assessed on a case-by-case basis, offering personalized support tailored to your needs.

INSTITUTIONAL MEMBER FEATURE

Accessing Coverage for Effective OCD Treatment: A Comprehensive Guide *(continued)*

Evaluate health plan options: Different plans offer different coverage

Many employers provide several insurance plans for you to choose from. It's worth considering all your health plan choices during enrollment because plan costs and in-network providers can change every year.

During enrollment, you'll usually have access to helpful cost comparison tools. These tools allow you to compare plan costs and make informed decisions. Remember to check the provider directory to ensure that your preferred providers are listed as in-network. Striking a balance between costs and the availability of your desired providers is crucial to finding the insurance coverage that best suits your needs.

If you don't have employer-sponsored health insurance, enrolling in a plan on the open market is another option worth considering. Even if your employer doesn't provide coverage, they might have services in place to assist employees in navigating state-based insurance exchanges. It's worth exploring these options to find the right coverage for you.

How could the end of the COVID public health emergency affect OCD care?

One of the most significant steps the federal government

took in the midst of the COVID-19 pandemic was to expand telehealth services. This measure was enacted to slow the spread of the virus, but for the OCD community, it had an unintended effect. It demonstrated that for many people, ERP therapy delivered virtually could be just as effective as in-person ERP — if not more so.

The good news is that some of these federal policy changes have been made permanent.

Permanent changes to telehealth:

- Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) can serve as distant site providers for behavioral/mental telehealth services.
- Medicare patients can receive telehealth services for behavioral/mental health care in their homes.
- There are no geographic restrictions for originating sites for behavioral/mental telehealth services.
- Behavioral/mental telehealth services can be delivered using audio-only communication platforms.
- Rural Emergency Hospitals (REHs) are eligible originating sites for telehealth.

Other changes, while not permanent, remain in effect until December 31, 2024.

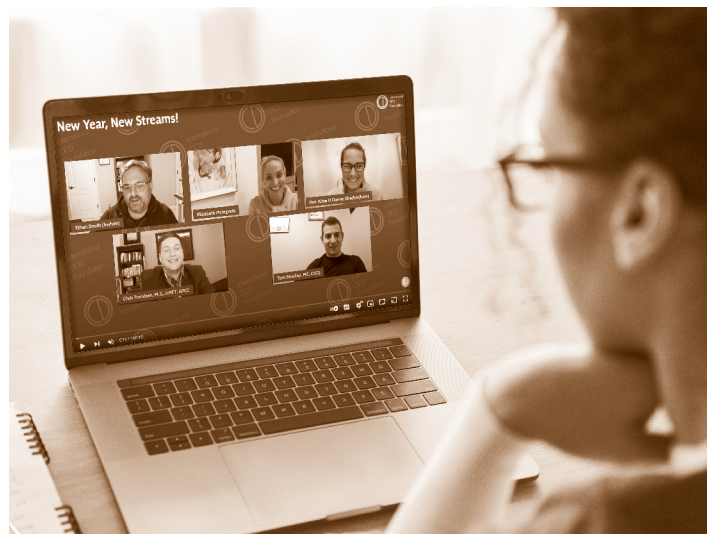
Peace of Mind Virtual Community — LIVESTREAMS!

Tune in for twice-weekly livestreams to interact with OCD experts and people just like you who live with OCD and related disorders!

- **Tuesdays @ 7pm ET**
- **Wednesdays @ 12pm ET**

Ask your questions, connect with others in the community, and join the conversation to fight stigma surrounding mental health.

All streams are completely free. Tune in via IOCDF's YouTube, Facebook, or LinkedIn pages — or at iocdf.org/live



INSTITUTIONAL MEMBER FEATURE



Temporary changes to telehealth:

- FQHCs and RHCs can serve as distant site providers for non-behavioral/mental telehealth services.
- Medicare patients can receive telehealth services in their homes.
- No geographic restrictions exist for originating sites for non-behavioral/mental telehealth services.
- Some non-behavioral/mental telehealth services can be delivered using audio-only communication platforms.
- An in-person visit within six months of an initial behavioral/mental telehealth service and annually thereafter is not required.
- All eligible Medicare providers can provide telehealth services.

The main takeaway of these federal policy adjustments is that getting specialized treatment for OCD is far easier due to COVID-19-era changes being extended, whether permanently or temporarily.

While better access to telehealth is a big piece of the puzzle, there's still a lot of work to be done to ensure that people with OCD can access the proper treatment for the condition. By advocating for ourselves and our loved ones, educating our employers, and working with insurance providers, we can all play a crucial part in moving the needle and helping millions regain control of their lives. 📌



Patrick B. McGrath, PhD is the Chief Clinical Officer at NOCD and a member of the Scientific and Clinical Advisory Boards of the International OCD Foundation, a Fellow of the Association of Behavioral and Cognitive Therapies, and the immediate past president of OCD Midwest. He has served on the IOCDF Conference Planning Committee, and is currently an IOCDF faculty

member, serving as faculty for numerous BTTIs (Behavior Therapy Training Institute) and Online Consultation Groups.

NOCD is making significant strides in improving access to exposure and response prevention (ERP) therapy, which is widely recognized as the most effective form of care for individuals with OCD. By harnessing the power of technology and a patient-centered approach, NOCD is revolutionizing how OCD treatment is delivered and breaking down barriers that have traditionally hindered access to this specialized form of therapy.

Many people with OCD struggle to find therapists with training in ERP and may have to travel long distances to receive care. NOCD is addressing this issue by providing evidence-based virtual therapy with licensed therapists who are extensively trained in ERP. Furthermore, NOCD accepts most major insurance plans and works with insurers to resolve other issues that have limited access to ERP in the past.

NOCD's virtual platform and insurance partnerships are breaking down historic barriers to effective OCD treatment. Learn more by visiting nocd.com and booking a free call with the NOCD Care team.

RESEARCH NEWS

Eating Disorders are Not The Same as Body Dismorphic Disorder (And Why It Matters)

by Eva Fisher, PhD, Fugen Neziroglu, PhD, ABPP, ABPP, and Jamie Feusner, MD

“Body dysmorphia” is used to describe experiences in both conditions, but the term is more confusing than helpful. Body dysmorphia, according to the American Psychology Association (APA), refers to an extreme disparagement of some aspect of one’s appearance³. This could occur in body dysmorphic disorder, eating disorders, or in people without a psychiatric disorder.

Eva Fisher, PhD recovered from body dysmorphic disorder after being obsessed with the shape and size of her nose for almost 15 years. Her recovery story is available on the International OCD Foundation website⁴. She is currently a communication faculty member at Colorado State University Global and has written a book about coping with body dysmorphic disorder — *The BDD Family: Coping with Body Dysmorphic Disorder in a Peer Support Group*.

The article’s co-authors, Fugen Neziroglu, PhD, ABPP, ABPP, and Jamie Feusner, MD, specialize in research and treatment for body dysmorphic disorder, obsessive compulsive disorder, and eating disorders. Fugen and Jamie have published numerous articles on potential environmental and neurobiological causes for the disorders, along with treatment manuals.

Similarities between body dysmorphic disorder and eating disorders

Individuals with body dysmorphic disorder and those with eating disorders share similar negative emotions (shame, disgust, anger) and obsess about their perceived appearance flaws. They engage in similar behaviors, such as mirror checking, taking excessive selfies, asking others about their appearance (reassurance seeking), and using clothing to conceal perceived defects (camouflaging).

In both disorders, avoidance of places and activities are prevalent due to self-consciousness about one’s appearance. In addition, they share a delusional variant where individuals lack insight into whether their body image beliefs are distorted⁵.

Abnormalities in brain functioning and cognitive distortions occur in anorexia nervosa and body dysmorphic disorder.

Both conditions share an information processing bias toward more detailed visual information rather than viewing images globally (seeing the trees rather than the forest)⁶.

Functional magnetic resonance imaging (fMRI) experiments that directly compared and contrasted body dysmorphic disorder and anorexia suggest they may have similar, although not identical, abnormal visual system processing^{6,7,8}. Other studies indicate there are distinguishing neurobiological features between the two disorders, such as reduced dopamine receptors in body dysmorphic disorder, and lower activation of hunger and pain receptors in eating disorders^{9,10}.

Personality characteristics of people with eating and body dysmorphic disorders overlap as well¹¹. Both have low self-esteem and high levels of introversion, rejection sensitivity, neuroticism, perfectionism, obsessive compulsiveness, and social anxiety. However, people with eating disorders

have higher levels of agreeableness and conscientiousness than those with body dysmorphic disorder.

Differentiating between body dysmorphic disorder and eating disorders

Individuals with body dysmorphic disorder experience more functional impairment in their daily lives than those

with eating disorders¹². They have a higher rate of suicidality, including suicide ideation and suicide attempts, and more severe levels of depression^{13,14}.

Obsessive thoughts in body dysmorphic disorder are most often focused on perceived defects in specific parts of one’s body². The most common areas of concern are the face, head, skin, nose, hair, jaw, and/or teeth, although any body part could be of concern, as well as body shape in general and weight^{15,16}. Individuals with eating disorders (with body image disturbance) primarily focus on their weight and body size in general, as well as specific body parts perceived to be too large or fat such as thighs, abdomen, and hips (areas of concern that also occur in those with BDD)^{1,17}.

People with body dysmorphic disorder engage in repetitive behaviors meant to fix, change, or improve the disliked body part(s), such as seeking cosmetic procedures.

“ Functional magnetic resonance imaging (fMRI) experiments that directly compared and contrasted body dysmorphic disorder and anorexia suggest they may have similar, although not identical, abnormal visual system processing. ”

Research indicates 76% of people with body dysmorphic disorder have contemplated cosmetic procedures to fix their perceived flaws and 66% have received aesthetic treatments¹⁸.

However, even when the procedure is successful and individuals feel better about one part of their body, the image obsession often moves to one or more different body parts. That is because cosmetic surgery cannot effectively treat body dysmorphic disorder.

Eating disorder behaviors and symptoms include restricting calories, binge eating, purging after meals, frequent bathroom breaks after eating, or unexplained weight changes. Core symptoms of anorexia include drastic weight loss, low body weight, fear of becoming fat, and disturbed experience of one's body or weight¹⁹.

Body dysmorphic disorder and eating disorders can occur together

Two or more disorders are considered comorbid when they occur in one person at the same time. Body dysmorphic disorder is often comorbid in individuals with eating disorders, and vice versa. In a study of patients with eating disorders, 60% also had body dysmorphic disorder²⁰. Another study found that 32.5% of people with body dysmorphic disorder had a comorbid lifetime eating disorder: 9% had anorexia, 6.5% had bulimia, and 17.5% had an eating disorder not otherwise specified (EDNOS)²¹.

Other conditions that are often comorbid with eating disorders and body dysmorphic disorder are obsessive compulsive disorder (OCD), depression, substance abuse, and anxiety disorders. These comorbid mental health conditions result in greater functional impairment and increase the likelihood of suicidal ideation and suicide attempts in people with body dysmorphic disorder and eating disorders²².

Grant et al. found that the onset of body dysmorphic disorder preceded the onset of eating disorder pathology in most individuals with comorbid body dysmorphic disorder²³. This finding suggests that body dysmorphic concerns may serve as a risk factor for the development of some eating disorders.

Taken together, eating disorders (including anorexia, bulimia, and binge eating disorders) are more prevalent than body dysmorphic disorder. As a class, eating disorders affect up to 5% of the population in the United States. Bulimia is seen in roughly 1.5 percent of women and 0.5 percent of men, and anorexia in 0.35 percent of women and 0.1 percent of men²⁴.

Binge eating disorder is found in 0.2% and 3.5% of females and about 0.9% and 2.0% of males²⁴. Studies have found that body dysmorphic disorder impacts between 1.7 percent and 2.9 percent of adults in the United States, with the disorder affecting about 2.5 percent of women and 2.2 percent of men²⁵.

Treatment for body dysmorphic disorder and eating disorders

Cognitive behavioral therapy (CBT) can be effective for treating body dysmorphic disorder, along with selective serotonin reuptake inhibitors (SSRIs)²⁶. Psychotherapy involves modification of intrusive thoughts and beliefs about physical appearance (cognitions) and elimination of problematic body image behaviors. Medications can reduce or eliminate cognitive distortions, depression, anxiety, negative beliefs, and compulsive behaviors. They can also increase levels of insight and improve daily functioning²⁷.

Cognitive restructuring, exposure and response prevention, and behavioral experiments have been empirically supported as effective strategies in improving body dissatisfaction, distress, and avoidant behaviors in some individuals with body dysmorphic disorder and in some with eating disorders^{28,29}.

For underweight individuals with anorexia nervosa, weight restoration is often a critical first goal. There are no medications that have been proven effective for acute anorexia, but SSRIs can be effective for some with bulimia nervosa and binge eating disorder³⁰. In addition, other classes of medications (lisdexamfetamine, topiramate) can be helpful for binge eating disorder.³¹

Psychotherapy approaches like family-based treatment may be helpful for some adolescents with anorexia, whereas interpersonal psychotherapy and CBT have been effective for treating bulimia and binge eating disorder^{29,32,33}. We believe that effective treatment must target core self-schemas related to achieving an internalized ideal of attractiveness in both body dysmorphic disorder and eating disorders.³⁴

In conclusion, eating disorders and body dysmorphic disorder are both severe body image disorders. They share similarities, but also some important differences in emotions, obsessive thoughts, compulsive behaviors, cognitions, neurobiology, and personality traits (see BDD/ED chart). Individuals must be properly diagnosed with body dysmorphic disorder and/or an eating disorder so they receive effective treatment for their symptoms. 🕒

RESEARCH NEWS

Eating Disorders are Not The Same as Body Dismorphic Disorder (continued)

	Similarities	Dissimilarities
Emotions	Self-conscious emotions: shame, disgust, anger, anxiety	BDD: Higher suicidality; more severe depression
Obsessions	Defects in one's appearance	BDD: preoccupation with perceived defects in specific parts of one's appearance (may or may not involve the body) Eating disorders: focus on size and weight of body and specific body parts
Compulsions	Mirror checking, reassurance seeking, picture taking, camouflaging of body to hide perceived defects; avoidance of places and activities	Eating disorders: Restricting calories, binge eating, purging after meals
Cognitions	Low insight; high overvalued ideation	BDD: Cognitions based more on appearance Eating disorders: Cognitions based on appearance (shape, body parts), weight, eating, and food
Neurobiology	Bias toward more detailed visual information than global; abnormal visual system processing	BDD: Reduced dopamine receptor availability in the striatum ³⁵ Eating disorders: Normal or increased dopamine receptor availability in the striatum in anorexia nervosa, depending on acute or recovered status (mixed findings) ^{36,37,38}
Personality	Introversiveness, social anxiety, low self-esteem, rejection sensitivity, perfectionism, obsessive compulsiveness, neuroticism, and anxiety	BDD: Lower levels of agreeableness and conscientiousness Eating disorders: Higher levels of agreeableness and conscientiousness
Treatment	Cognitive behavioral therapy; SSRIs	BDD: May need exposure-response therapy (ERP) Eating disorders: May require nutritional medical provider, Family-Based Therapy for anorexia nervosa

About The Authors

Eva Fisher, PhD is a member of the BDD Special Interest Group at the IOCDF and facilitates peer support groups for people with body dysmorphic disorder and therapists with BDD and OCD.



Fugen Neziroglu, PhD, ABPP, ABPP is a member of the IOCDF Scientific and Clinical Advisory Board, a member of the Anxiety and Mood Disorder Association Scientific Counsel, Board Certified in Cognitive Behavior Therapy and Executive Director of Bio Behavioral Institute, in Great Neck, NY.



Jamie Feusner, MD is a member of the IOCDF Scientific and Clinical Advisory Board, professor of psychiatry at the University of Toronto, and Senior Scientist at the Centre for Addiction and Mental Health.



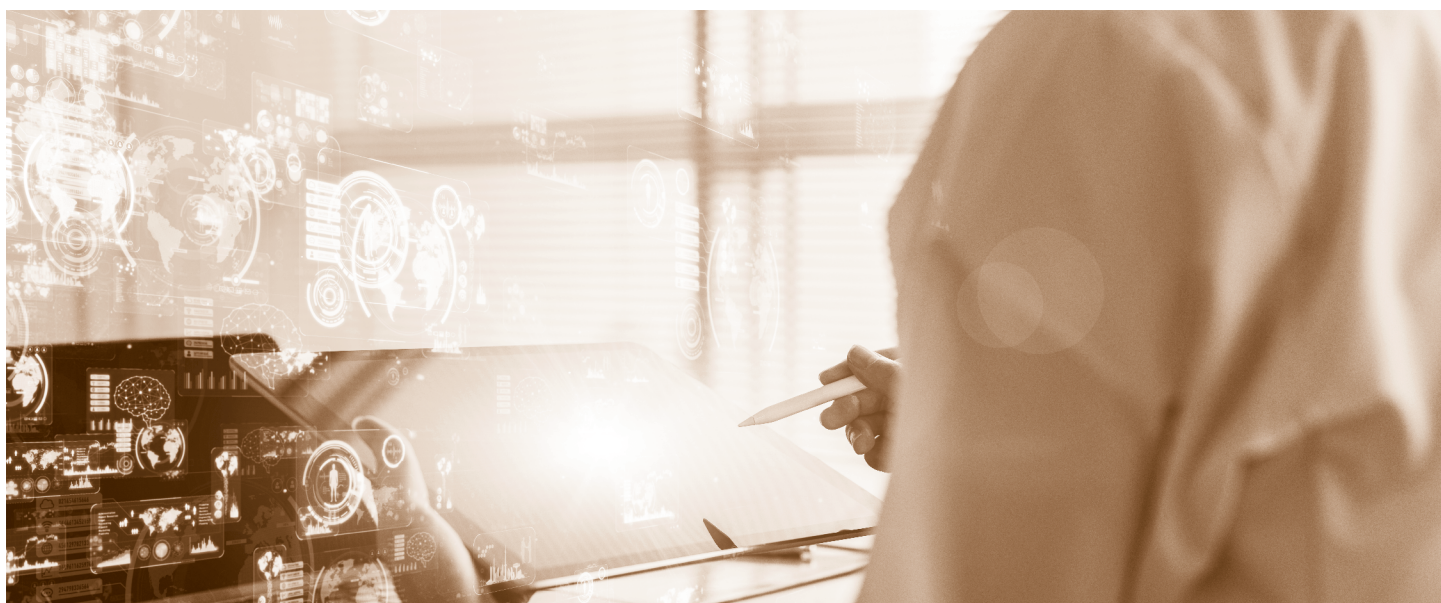
REFERENCES:

- Hartmann, A.S., Greenberg, J.L., & Wilhelm, S. (2013). The relationship between anorexia nervosa and body dysmorphic disorder. *Clinical Psychology Review, 33*(5), 675-685. <https://doi.org/10.1016/j.cpr.2013.04.002>
- American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders. (5th Edition)*. Washington, DC.
- American Psychological Association. (n.d.). *Body dysmorphia*. In *APA dictionary of psychology*. Retrieved May 10, 2023, from <https://dictionary.apa.org/body-dysmorphia>
- Fisher, E.E. (n.d.) How I Recovered from BDD. IOCDF. https://bdd.iocdf.org/about-bdd/how-i-recovered-from-bdd/?_ga=2.97298716.226083793.1684851178-485543154.1673550940
- Konstantakopoulos, G., Varsou, E., Dikeos, D., Ioannidi, N., Gonidakis, F., Papadimitrou, G., & Oulis, P. (2012). *Delusional beliefs in eating disorders*. *Psychiatry Research, 200*(2-3), 482-488. <https://doi.org/10.1016/j.psychres.2012.03.023>
- Li, W., Lai, T.M., Bohon, C., Loo, S.K., McCurdy, D., Strober, M., Bookheimer, S., & Feusner, J. (2015). Anorexia nervosa and body dysmorphic disorder are associated with abnormalities in processing visual information. *Psychological Medicine, 45*(10), 2111-2122. <https://doi.org/10.1017/S0033291715000045>
- Moody, T.D., Morfini, F., Cheng, G., Sheen, C.L., Kerr, W.T., Strober, M., & Feusner, J.D. (2021). Brain activation and connectivity in anorexia nervosa and body dysmorphic disorder when viewing bodies: Relationships to clinical symptoms and perception of appearance. *Brain Imaging and Behavior, 15*, 1235-1252. <https://doi.org/10.1007/s11682-020-00323-5>
- Moody, T.D., Sasaki, M.A., Bohon, C., Strober, M.A., Bookheimer, S.Y., Sheen, C.L., & Feusner, J.D. (2015). Functional connectivity for face processing in individuals with body dysmorphic disorder and anorexia nervosa. *Psychological Medicine, 45*(16), 3491-3503. <https://doi.org/10.1017/S0033291715001397>
- Rangaprakash, D., Bohon, C., Lawrence, K.E., Moody, T., Morfini, F., Khalsa, S.S., Strober, M., & Feusner, J.D. (2018). Aberrant dynamic connectivity for fear processing in anorexia nervosa and body dysmorphic disorder. *Frontiers in Psychiatry, 9*(273). <https://doi.org/10.3389/fpsy.2018.00273>
- Vaughn, D.A., Kerr, W.T., Moody, T.D., Cheng, G.K., Morfini, F., Zhang, A., Leow, A.D., Strober, M.A., Cohen, M.S., & Feusner, J.D. (2019). Differentiating weight-restored anorexia nervosa and body dysmorphic disorder using neuroimaging and psychometric markers. *PLOS ONE, 14*(5): e0213974. <https://doi.org/10.1371/journal.pone.0213974>
- Cassin, S.E. & von Ranson, K.M. (2005). Personality and eating disorders: A decade in review. *Clinical Psychology Review, 25*(7), 895-916. <https://doi.org/10.1016/j.cpr.2005.04.012>
- Hrabosky, J.I., Cash, T.F., Veale, D., Neziroglu, F., Soll, E.A., Garner, D.M., Strachan-Kinser, M., Bakke, B., Clauss, L.J., & Phillips, K.A. (2009). Multidimensional body image comparisons among patients with eating disorders, body dysmorphic disorder, and clinical controls: A multisite study. *Body Image, 6*(3), 155-163. <https://doi.org/10.1016/j.bodyim.2009.03.001>
- Krebs, G., Fernández de la Cruz, L., Rijdsdijk, F.V., Rautio, D., Enander, J., Rück, C., Lichtenstein, P., Lundström, S., Larsson, H., Eley, T.C., & Mataix-Cols, D. (2022). The association between body dysmorphic symptoms and suicidality among adolescents and young adults: A genetically informative study. *Psychological Medicine, 52*(7), 1268-1276. <https://doi.org/10.1017/S0033291720001998>
- Fennig, S. & Hadas, A. (2010). Suicidal behavior and depression in adolescents with eating disorders. *Nordic Journal of Psychiatry, 64*(1), 32-39. <https://doi.org/10.3109/08039480903265751>
- Phillips, K.A. & Diaz, S. (1997). Gender differences in body dysmorphic disorder. *The Journal of Nervous and Mental Disease, 185*(9), 570-577. <https://doi.org/10.1097/00005053-199709000-00006>
- Kittler, J.E., Menard, W., & Phillips, K.A. (2007). Weight concerns in individuals with body dysmorphic disorder. *Eating Behaviors, 8*(1), 115-120. <https://doi.org/10.1016/j.eatbeh.2006.02.006>
- Grant, J. E. and Phillips, K. A. (2004). "Is anorexia nervosa a subtype of body dysmorphic disorder? Probably not, but read on." *Harv Rev Psychiatry 12*(2): 123-6
- Salari, N., Kazemini, M., Heydari, M., Darvishi, N., Ghasemi, H., Shohaimi, S., & Mohammadi, M. (2022). Body dysmorphic disorder in individuals requesting cosmetic surgery: A systematic review and meta-analysis. *Journal of Plastic, Reconstructive & Aesthetic Surgery, 75*(7), 2325-2336. <https://doi.org/10.1016/j.bjps.2022.04.098>

Eating Disorders are Not The Same as Body Dismorphic Disorder (continued)

19. de Zwaan, M. & Herzog, W. (2011). Diagnostic criteria for eating disorders: What will DSM-5 feature? *Nervenarzt*, *82*(9), 1100-1106. <https://doi.org/10.1007/s00115-010-3225-z>
20. Fenwick, A.S. & Sullivan, K.A. (2011). Potential link between body dysmorphic disorder symptoms and alexithymia in an eating-disordered treatment-seeking sample. *Psychiatry Research*, *189*(2), 299-304. <https://doi.org/10.1016/j.psychres.2011.07.011>
21. Ruffolo, J.S., Phillips, K.A., Menard, W., Fay, C., & Weisberg, R.B. (2006). Comorbidity of body dysmorphic disorder and eating disorders: Severity of psychopathology and body image disturbance. *International Journal of Eating Disorders*, *39*(1), 11-19. <https://doi.org/10.1002/eat.20219>
22. Angelakis, I., Gooding, P.A., & Panagioti, M. (2016). Suicidality in body dysmorphic disorder (BDD): A systematic review with meta-analysis. *Clinical Psychology Review*, *49*, 55-66. <https://doi.org/10.1016/j.cpr.2016.08.002>
23. Grant, J.E., Kim, S.W., & Crow, S.J. (2001). Prevalence and clinical features of body dysmorphic disorder in adolescent and adult psychiatric inpatients. *Journal of Clinical Psychiatry*, *62*(7), 517-522. <https://doi.org/10.4088/jcp.v62n07a03>
24. National Eating Disorders Association. (n.d.) *Statistics and Research on Eating Disorders*. <https://www.nationaleatingdisorders.org/statistics-research-eating-disorders>
25. Hartmann, A. & Buhlmann, U. (2017). Prevalence and underrecognition of body dysmorphic disorder. In K. A. Phillips (Ed.), *Body dysmorphic disorder: Advances in research and clinical practice* (pp. 49–60). Oxford University Press
26. Singh, A.R. & Veale, D. (2019). Understanding and treating body dysmorphic disorder. *Indian Journal of Psychiatry*, *61*(Suppl 1), S131-S135. https://doi.org/10.4103/psychiatry.IndianJPsychiatry_528_18
27. Phillips K. A. (2010). Pharmacotherapy for Body Dysmorphic Disorder. *Psychiatric annals*, *40*(7), 325–332. <https://doi.org/10.3928/00485713-20100701-05>
28. Harrison, A., Fernández de la Cruz, L., Enander, J., Radua, J., & Mataix-Cols, D. (2016). Cognitive-behavioral therapy for body dysmorphic disorder: A systematic review and meta-analysis of randomized controlled trials. *Clinical Psychology Review*, *48*, 43-51. <https://doi.org/10.1016/j.cpr.2016.05.007>
29. Linardon, J. (2018). Meta-analysis of the effects of cognitive-behavioral therapy on the core eating disorder maintaining mechanisms: Implications for mechanisms of therapeutic change. *Cognitive Behaviour Therapy*, *47*(2), 107–125. <https://doi.org/10.1080/16506073.2018.1427785>
30. Reas, D. L., & Grilo, C. M. (2008). Review and meta-analysis of pharmacotherapy for binge-eating disorder. *Obesity* (Silver Spring, Md.), *16*(9), 2024–2038. <https://doi.org/10.1038/oby.2008.333>
31. Brownley, K. A., Berkman, N. D., Peat, C. M., Lohr, K. N., Cullen, K. E., Bann, C. M., & Bulik, C. M. (2016). Binge-Eating Disorder in Adults: A Systematic Review and Meta-analysis. *Annals of internal medicine*, *165*(6), 409–420. <https://doi.org/10.7326/M15-2455>
32. Couturier, J., Kimber, M. and Szatmari, P. (2013), Efficacy of family-based treatment for adolescents with eating disorders: A systematic review and meta-analysis. *Int. J. Eat. Disord.*, *46*: 3-11. <https://doi.org/10.1002/eat.22042>
33. Eisler, I., Dare, C., Hodes, M., Russell, G., Dodge, E., & Le Grange, D. (2000). Family therapy for adolescent anorexia nervosa: the results of a controlled comparison of two family interventions. *Journal of child psychology and psychiatry, and allied disciplines*, *41*(6), 727–736.
34. Neziroglu, F., Khemlani-Patel, S., & Veale, D. (2008). Social learning theory and cognitive behavioral models of body dysmorphic disorder. *Body image*, *5*(1), 28–38. <https://doi.org/10.1016/j.bodyim.2008.01.002>
35. Vulink, N.C., Planting, R.S., Figeo, M., Booij, J., & Denys, D. (2016). Reduced striatal dopamine D2/3 receptor availability in body dysmorphic disorder. *European Neuropsychopharmacology*, *26*(2), 350-356. <https://doi.org/10.1016/j.euroneuro.2015.11.018>
36. Frank, G.K., Bailer, U.F., Henry, S.E., Drevets, W., Meltzer, C.C., Price, J.C., Mathis, C.A., Wagner, A., Hoge, J., Ziolkowski, S., Barbarich-Marsteller, N., Weissfeld, L., & Kaye, W.H. (2005). Increased dopamine D2/D3 receptor binding after recovery from anorexia nervosa measured by positron emission tomography and [¹¹C]raclopride. *Biological Psychiatry*, *58*(11), 908-12. <https://doi.org/10.1016/j.biopsych.2005.05.003>
37. Broft, A., Slifstein, M., Osborne, J., Kothari, P., Morim, S., Shingleton, R., Kenney, L., Vallabhajosula, S., Attia, E., Martinez, D., & Timothy Walsh, B. (2015). Striatal dopamine type 2 receptor availability in anorexia nervosa. *Psychiatry Research*, *233*(3), 380–387. <https://doi.org/10.1016/j.psychresns.2015.06.013>
38. Bailer, U. F., Frank, G. K., Price, J. C., Meltzer, C. C., Becker, C., Mathis, C. A., Wagner, A., Barbarich-Marsteller, N. C., Bloss, C. S., Putnam, K., Schork, N. J., Gamst, A., & Kaye, W. H. (2013). Interaction between serotonin transporter and dopamine D2/D3 receptor radioligand measures is associated with harm avoidant symptoms in anorexia and bulimia nervosa. *Psychiatry Research*, *211*(2), 160–168. <https://doi.org/10.1016/j.psychresns.2012.06.010>

IOCDF Research Updates



New Research Grant Archive

The IOCDF is proud to have supported over 130 research teams by distributing over \$10 million of grants through its Research Grant Program (RGP). Through the RGP, we have helped researchers worldwide to make breakthroughs into OCD and related disorders through many different approaches, including analyses of genetics, therapeutic treatments, and medications.

To better inform the community about the research findings the RGP funded, we have updated the Research Grant Archive on our website. This Archive summarizes the background, purpose, and findings of grant-funded projects in an accessible manner, and will include a glossary for terminology. Created through outreach with researchers, review of articles that were given or found, and careful translation of scientific language to accessible English, the Research Grant Archive should give community members, stakeholders, and potential new donors a chance to understand research, see how it evolved over the years, and stay up to date with what we have supported over these years.


Please visit iocdf.org/recipients to check out the new Research Grant Archive, and consider donating to our Research Grant Fund (iocdf.org/donate-research) to promote future cutting-edge research.

IOCDF Research Program

Along with supporting researchers through the RGP, the IOCDF has conducted its own Programs over the past several years, such as Anxiety in the Classroom and Anxiety in Athletes. We gathered a wealth of survey data from

people with OCD and related disorders, their families and caretakers, and community members such as teachers and counselors. This information would ultimately allow the IOCDF, researchers, therapists, advocates, and — most importantly — people with OCD and related disorders and their families to understand how these disorders impact specific communities on a more personal level, assess how well our Programs have been performing, and improve the performance and outreach of future Programs. Using the data and other information gathered from the Programs, we are excited to launch our own Research Program (RP) that will be separate from the RGP.

To analyze these data and contribute to greater understanding of OCD and related disorders, advancing treatments, and improving quality of life, we will collaborate with experienced researchers in institutions and universities on research studies to ensure scientific legitimacy and accuracy. To properly communicate our findings, we will then distribute the results of our research studies in peer-reviewed academic journals, as well as through our websites. The RP aims to create these studies not only to inform communities and improve our current Programs, but also to create novel Programs that could help and connect stakeholder communities, as well as to test if relevant intervention and treatment Programs can become or inform Evidence-Based Practices (EBPs).

For more information or for any questions regarding the Research Program, please email research@iocdf.org. 

RESEARCH NEWS

Research Participants Sought

The IOCDF is not affiliated with any of the following studies, although we ensure that all research studies listed on this page have been reviewed and approved by an Institutional Review Board (IRB). The studies listed include online and in-person studies in the US and abroad.

If you are a researcher who would like to include your research listing in the *OCD Newsletter*, please email Boris Litvin at blitvin@iocdf.org or visit iocdf.org/research.

Now Enrolling: the Phase 3 DIAMOND study for children, adolescents, and adults with Tourette's Disorder

The Phase 3 DIAMOND study is researching a study drug called ecopipam in children over the age of 6, adolescents, and adults who have Tourette's Disorder. It is estimated that Tourette's Disorder affects about 1 in 160 children in the United States and millions more children, adolescents, and adults throughout the world. The currently approved therapies for their condition sometimes come with undesirable side effects. The Phase 3 DIAMOND study is conducting research on ecopipam, which is designed to function differently than currently approved therapies.

What should I know about the Phase 3 DIAMOND study?

- It is a multicenter study
- It includes an open-label period and a double-blind, placebo-controlled, randomized withdrawal period
- Participants will be in the study for approximately 8 months

To be eligible for this study, participants must:

- Be at least 6 years of age
- Weigh at least 18 kg (39.6 lbs)
- Have a diagnosis of Tourette's Disorder
- Have both motor and vocal tics

This is not a complete list of study requirements. The study doctor will discuss all the requirements and answer any questions.

The health and safety of participants will be monitored throughout the study

Study participants will receive all study-related procedures and the investigational drug at no cost

Participants who complete the study will have the opportunity to enter an open-label extension study

To learn more about the Phase 3 DIAMOND study, please contact the study coordinator at Massachusetts General Hospital at **617-726-5527** or mschuyler@mgh.harvard.edu.

Biohaven is studying an investigational drug to help treat the symptoms of OCD.

Biohaven is studying an investigational drug to help treat the symptoms of OCD. The investigational drug is called troriluzole and is a glutamate modulator. Glutamate is a key neurotransmitter in the brain and research indicates that there is excessive glutamate in areas of the brain involved in the obsessions and compulsions that OCD patients experience. Troriluzole is expected to normalize glutamate levels in these brain areas, and thus

improve OCD symptoms.

To be eligible to take part in this study, you must:

- Be between the ages of 18 and 65;
- Have been diagnosed with OCD or have had symptoms of OCD for at least a year;
- Be taking an OCD medication that you do not feel is fully helping your condition.

Please note: you do not need to have a formal OCD diagnosis. Also, there is no cost to you to participate and insurance is not required.

For more information and to enroll in the trial, go to OCDTrials.com.

The Center for OCD and Related Disorders at New York State Psychiatric Institute/Columbia University Department of Psychiatry

The Center for OCD and Related Disorders at New York State Psychiatric Institute/Columbia University Department of Psychiatry is conducting a research study that is seeking individuals aged 18-75 with obsessive-compulsive disorder (OCD) to participate in a survey regarding their experiences with physical health needs and challenges. This study aims to increase our understanding of how OCD affects physical health and the physical health needs of individuals with OCD, which might improve OCD treatments in the future. Participation takes about 45 minutes and all participants will be entered into a raffle to receive a \$100 Amazon gift card. No identifying information will be collected as part of this research, and all responses will be kept confidential. You can take the survey by copying and pasting this link into your browser:

Link here: <https://rc-1.nyspi.org/surveys/?s=8DX9M9HLCDXWX3NA>

NYU Langone Medical Center OCD Sibling Study

We are looking for individuals with Obsessive-Compulsive Disorder and their siblings for our study investigating family risk at NYU Langone Medical Center!

You must:

- Be 18-60 years old
- Be medically healthy
- Have OCD OR have a sibling with OCD

What would you have to do?

- Some questionnaires about your health and emotions
- Some computer tasks while having your brain activity measured with functional magnetic resonance imaging (fMRI)

Total participation time is 4 to 10 hours over 1 to 3 visits and pays at a rate of \$25 per hour. If you want us to contact you to tell you more about the study, please fill out our study

interest form: <https://redcap.link/PNCLab>

For more information, call the Psychiatric NeuroCognition Laboratory at 646-754-4471, email us at pnclab@nyumc.org or visit us at psychneurocoglab.com. Please do not disclose any personal or sensitive information via email.

NYU Langone Health Obsessive-Compulsive Disorder and Depression Research Study

We are looking for individuals with Obsessive-Compulsive Disorder and/or Depression for our study at NYU Langone Health! The purpose of this study is to look at clinical symptoms, behavior, and brain function in the disorders.

You must:

Approved For Period: 2/25/2023 - 2/24/2024

- Be 18-55 years old
- Be medically healthy
- Have Obsessive-Compulsive Disorder and/or Depression

What would you have to do?

- Answer questionnaires about your health and emotions
- Perform computer tasks while having your brain activity measured with functional magnetic resonance imaging (fMRI)

Total participation time is 6 to 12 hours over 1 to 3 visits (some may be done remotely) and pays at a rate of \$25 per hour. If you want us to contact you to tell you more about the study, please fill out our study interest form: <https://redcap.link/PNCLab>

For more information, call the Psychiatric NeuroCognition Laboratory at 646-754-4471.

email us at pnclab@nyumc.org or visit us at psychneurocoglab.com. Please do not disclose any personal or sensitive information via email.

Experiences and attitudes towards obsessive-compulsive and related disorders in Australia

We would like to hear from Australian adults (18+) with a lived experience of OCD, hoarding, compulsive hair pulling/skin picking or body dysmorphia to better understand if and how other people treat you differently because of your mental health. It is hoped that this research will help shine a light on what it's like to live with obsessive-compulsive and related disorders in Australia, and guide anti-stigma practices in health and mental healthcare settings, workplaces, in the media, online, and in personal relationships.

What's involved? You will be asked to complete a confidential online survey at a time and place that's convenient to you. The survey should take ~30 minutes to complete. You will be asked questions about:

- Your demographic information
- Your obsessive-compulsive and other related symptoms
- How other people treat you (both positively and negatively) because of your lived experience of obsessive-compulsive and related disorders
- Your own and other's attitudes towards people living with obsessive-compulsive and related disorders

Questions about stigma will cover a range of important areas of life – your relationships with friends and family, employment, treatment in health and mental healthcare services, and what you've seen in social media and mass media. Eligible participants can enter into a prize draw to win one of 20x e-gift vouchers.

How to take part

To learn more click on the link below or contact the lead researcher, Dr Imogen Rehm: imogen.rehm@vu.edu.au

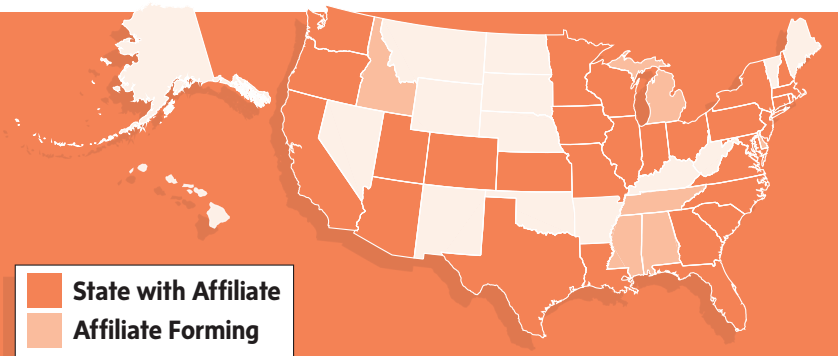
Survey link: https://vuau.qualtrics.com/jfe/form/SV_cBI2pi3XJewx706

FROM THE AFFILIATES

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



State with Affiliate
Affiliate Forming

OCD ARIZONA

ocdaz.org

OCD Arizona is excited to be hosting our first-ever OCD walk this year! It will take place at Kiwanis Park in Tempe, AZ. We are looking forward to fostering our mission of building connection and community in Arizona for individuals with OCD, loved ones, and OCD providers.

OCD CENTRAL & SOUTH FLORIDA

ocdcsfl.org

@OCDCSFL

We encourage you to save-the-date for our One Million Steps for OCD Walk, which will be held on October 22nd, 2023 in Orlando, FL! If you are interested in being involved, serving as a sponsor, or donating items for our raffle, please contact us.

We're also planning an Art Event for Fall 2023 in Palm Beach County. We're seeking creative people to contribute an art piece that embodies what OCD means to you. If OCD has impacted you in any way, either as an individual, family member, clinician, or supporter of the OCD community, we'd love your submission! Artwork will be on display to build awareness for our cause, and then auctioned off as a fundraiser. This event will be an incredible evening with music, hors d'oeuvres, and connections!

OCDCSFL would also like to welcome Blaise Amendolace, PsyD, and Gwilym Roddick, DSW, LCSW, as two new Board Members for our affiliate. We're also lining up some excellent speakers and working on some collaborations. Contact us at info@ocdcsfl.org with any questions, and check our website and Facebook page for further details on upcoming events!

OCD CONNECTICUT

ocdct.org

facebook.com/OCDConnecticut

@ocdct

In the Summer and Fall of 2023, OCD Connecticut is eagerly preparing to host a series of impactful community events

focused on raising awareness and educating the community about OCD. Our objective is to provide valuable information to individuals and families affected by OCD.

Moreover, we are delighted to unveil our plans for OCD Awareness Week in 2023. We have organized a grassroots community walk, which will take place at Jennings Beach in Fairfield, CT, on October 14th (Rain date: October 15th). This community walk aims to bring together individuals, families, and advocates to show solidarity and support for those affected by OCD. In addition to the walk, we have organized a highly anticipated colloquium at Sacred Heart University in Fairfield, CT, on October 18th. Leading mental health professionals and individuals with lived experiences of OCD will gather to engage in meaningful discussions and promote a better understanding of OCD. This colloquium will provide an invaluable opportunity for attendees to learn from experts in the field and foster a sense of community among those impacted by OCD.

We look forward to welcoming the community to these events and fostering an environment of understanding, compassion, and empowerment.

OCD MASSACHUSETTS

ocdmassachusetts.org

OCD Massachusetts is excited to be able to offer two scholarship positions, in collaboration with IOCDF, for the Pediatric BTTI that is scheduled to be held in Boston in August 2023. The scholarship program is focused on increasing OCD training for licensed providers serving youth in underserved communities around Massachusetts. Please check out the OCD Massachusetts website (ocdmassachusetts.org) for more information on the scholarship program. Further, we are looking forward to participating in IOCDF's Boston Walk. OCD Massachusetts held its first Swag Design Contest for the Massachusetts community and are excited to announce the winner of the design contest, Maia Fattahi (check out Maia's work on Instagram, @maiafattahi.pdf and her work as co-founder of Hard Quirk, @hardquirk). Maia's design will be featured on the OCD Massachusetts swag at this year's walk. Stop by the OCD Massachusetts table to check out this year's winning design!

FROM THE AFFILIATES

OCD MID-ATLANTICocdmidatlantic.orgfacebook.com/OCDMidAtlantic

OCD Mid-Atlantic would like to welcome our new board member, Dr. Laura Mlynarski! We still have a few spots for more board members and would especially like to invite individuals with OCD and/or family members to join us. Please email us through the website (ocdmidatlantic.org) if you are interested in getting involved.

We have recently begun an online OCD 101 series of talks. Our first talk in April was presented by Dr. Charley Mansueto and Andrea Batton. Our next talk in May will be focused on how OCD affects families and is presented by Dr. Gloria Mathis and parent Amey Upton. We plan to hold more of these events in the coming months. You can sign up on the website and we also welcome thoughts on particular topics people would like to hear more about.

Several of our members will be attending and presenting at the Annual Conference this summer in San Francisco. We also plan to continue our practice of awarding scholarships for conference attendance so let us know if you are interested.

OCD MIDWESTocd-midwest.orgfacebook.com/OCDMidwestAffiliate[@ocdmidwest](https://twitter.com/ocdmidwest)

OCD Midwest has published two webinars to our YouTube Channel in recent months — “Live in the time of OCD: OCD and Relationships” and “OCD Treatment: Fact vs. Fiction” — check them out at youtube.com/@ocdmidwest5022. We had the distinct honor to sponsor a BTTI in Indianapolis in May and provided scholarships for four local attendees from Indiana. We partnered with board member Lisa Conway and three colleagues to sponsor a BFRB CE seminar with over 35 participants on May 5 entitled “Treating BFRB’s: Utilizing Awareness, Compassion, and Evidence-Based Practices.” We are in the process of redesigning our website and logo with Wild Jack Creatives.

OCD NEW HAMPSHIREocdnewhampshire.orgfacebook.com/OCDNH[@ocd_new_hampshire](https://twitter.com/ocd_new_hampshire)

OCDNH is gearing up for our One Million Steps for OCD Walk in Concord, NH, on Sunday, June 4th! As of Mid-May, we have raised almost 40% of our \$5,000 fundraising goal. Our Executive Board has been securing sponsorships, donations,

and community publicity and participation to ensure that 2023 is our biggest walk yet!

Our Executive Board continues to grow with the addition of two new members since the start of 2023. In addition to the walk, we are looking ahead to OCD Awareness Week event planning, including our third annual ERP Clinician Training, and new fundraising opportunities within our community.

OCD NEW JERSEYocdnj.orgfacebook.com/OCDNewJersey[@ocd_newjersey](https://twitter.com/ocd_newjersey)

OCD New Jersey held its annual conference in a virtual environment on May 7, 2023, featuring invited guest speaker, Dr. Amy Mariaskin, who presented “OCD and Relationships: Helping Our Patients Thrive in Love, Friendships, and Family.” 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 exceeding expectations, and included participants from not only OCD NJ’s tristate area but from far and wide.

OCD New Jersey looks forward to hosting a One Million Steps for OCD Walk in collaboration with IOCDF in Clark, NJ, on Sunday, June 4, 2023. 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 IOCDF in our region.

OCD PENNSYLVANIAocdpennsylvania.org

OCD Pennsylvania is moving forward with many initiatives guided by our annual goals: enhance social media presence, offer walks in four parts of the state, provide a virtual platform for support groups, and evaluate offering OCD education to public service personnel such as law enforcement. We have contracted with a social media consultant to enhance our content and promote activities. We continue to provide a virtual platform for a spouse support group and a parents with adult children with OCD support group. The Pennsylvania walks will occur in the fall with planning committees and activities up and running. We have developed a plan for succession for the board with some officer positions changing this past quarter. We are promoting involvement of community volunteers beyond the board to support all our initiatives.

FROM THE AFFILIATES

OCD SOUTHERN CALIFORNIA

ocdsocal.org
facebook.com/OCDSoCal
[@ocdsocal](https://twitter.com/ocdsocal)

OCD SoCal hosted five Speaker Series events featuring top OCD experts and individuals impacted by OCD. We started in San Diego, then Los Angeles, Orange County, and the Inland Empire. We then held a virtual Speaker Series available for anyone to attend. We reached 550 people impacted by OCD, and we thank all of our event attendees! In addition, we would like to thank all of the OCD experts who volunteered their time to present at our events.

We followed our Speaker Series with in-person One Million Steps for OCD Walks in SD, LA, the OC, and the IE! We want to thank everyone who came out and represented OCD awareness in their official walk t-shirts. The funds raised from the event will allow OCD SoCal to continue to provide free and low-cost events.

We want to present to you our new vision and mission statements:

Mission: To increase OCD awareness and access to compassionate, evidence-based care in Southern California.

Vision: Through educational programs, events, and outreach, we will foster a resilient, inclusive community of lived experience, loved ones, clinicians, researchers, and local partners that promotes hope.

Please visit our website for upcoming events, or email us at info@ocdsocal.org!

OCD TEXAS

ocdtexas.org
facebook.com/ocdtexasforsure
[@ocd_texas](https://twitter.com/ocd_texas)

OCD Texas is thrilled to have hosted trainings in Texas for clinicians and graduate students. OCD Texas hosted 36 Texas clinicians to attend a training for SPACE (Supportive Parenting for Anxious Childhood Emotions). SPACE is a parent-based treatment for childhood and adolescent anxiety and obsessive compulsive disorder. OCD Texas sponsored a virtual BTTI (Behavior Therapy Training Institute), which is an intensive training course in exposure and response prevention (ERP) to 32 clinicians, including six Texas participants. As a Gold Sponsor of the February 2023 Virtual BTTI, OCD Texas provided four scholarship spots available for clinicians in the state of Texas to attend this conference in order to enhance their training in treating OCD. OCD Texas partnered with OCD Advocate Uma Chatterjee to present on OCD 101 to UT Dallas' graduate students.

Save the date for September 30th! OCD Texas is excited to host the One Million Steps for OCD walk in Austin, Dallas, and San Antonio. If volunteers are interested to chair the Houston walk or volunteer in any of the cities, please contact katy@ocdtexas.org.

OCD WASHINGTON

ocdWASHINGTON.org
facebook.com/ocdWASHINGTON
[@ocd_washington](https://twitter.com/ocd_washington)

Hello from Washington! We had our elections and are excited to announce current Board members: Erjing Cui, President; Elaine Cheung, Vice President; Stacey Nagle, Treasurer; Kristin Huggins, Secretary; and two Board Members-at-Large, Kate Reeves and Shereen Morse.

We welcomed our new Volunteer Coordinator, Jody Dearborn, who is a mental health counselor focused on helping people with OCD and anxiety-related concerns.

OCD WA continues to host quarterly professional networking events online — it's an easy and fun way to meet other therapists locally! Join us at our next meeting July 27 at 7pm. Email Erjing at erjing@ocdWASHINGTON.org to RSVP.

We'll also be launching a new yoga event with kundalini practices by our co-founder Shereen, who is a psychiatrist and a certificated yoga instructor. Kundalini yoga was found in a small study to help people with OCD — stay tuned for details!

OCD WA is currently looking for a Social Media Manager and IT Support (long-term volunteers), as well as one-time event volunteers. Please contact info@ocdWASHINGTON.org if you're interested! Our website is currently under construction; please reach out via Info@ocdWASHINGTON.org, Instagram, or Facebook. We look forward to seeing you all in person at the Annual OCD Conference in San Francisco in July! 📍