



YOUR RESEARCH DOLLARS AT WORK: A NEW APPROACH TO TREATING OCD IN KIDS



For millions of Americans living with OCD or a related disorder, treatment is largely out of reach — a fact that one IOCDF-funded research study is trying to change. Dr. Jonathan Comer is the director of the Mental Health Interventions and Technology Program at Florida International University’s (FIU) Center for Children and Families. In 2011, he was awarded an IOCDF Research Grant Award for an innovative new approach to treating kids with OCD.

BRINGING TREATMENT WHERE IT IS NEEDED MOST

Comer is leading the way in telemedicine — the use of the internet and other interactive media to provide health care services — for mental health disorders. Because in-person treatment can be costly, time-consuming, and not always available in convenient locations, many of those suffering with OCD and related disorders do not receive the help they need. But, with the use of technology, Comer believes he can help reach

CONTINUED ON PAGE 5

IN THIS ISSUE

FROM THE FOUNDATION

IOCDF Updates	2
Letter from the Executive Director	3
IOCDF Research Fund Appeal: Research for a Cause by Jeffrey Smith	4
Your Research Dollars at Work: A New Approach to Treating OCD in Kids (continued from cover) by Jeffrey Smith	5
Call for Proposals: 22nd Annual OCD Conference in Boston 2015 by Marissa Keegan	6

RESOURCES

OCD and Social Security Disability Benefits by Ram Meyyappan	8
--	---

FROM THE FRONT LINES

After a Disclosure, Repercussions and Resolve by Janet Ruth Young	10
OCD (A Poem) by Dennis Rhodes	11

THERAPY COMMUNITY

Beyond Belief: “My Parents Don’t Believe I Have OCD” by Fred Penzel, PhD	12
Institutional Member Updates	15

RESEARCH NEWS

Perinatal OCD: What Research Says About Diagnosis and Treatment by Neha Hudepohl, MD, & Margaret Howard, PhD	20
2015 Request for Research Grant Proposals	23
Research Participants Sought	24

FROM THE AFFILIATES

Affiliate Updates	28
-------------------------	----

FROM THE FOUNDATION

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

President, IOCDF Board of Directors:

Denise Egan Stack, LMHC

Chairman, IOCDF Scientific & Clinical Advisory Board:

Michael Jenike, MD

Executive Director & Newsletter Editor-in-Chief:

Jeff Szymanski, PhD

Communications Director & Newsletter Managing Editor:

Carly Bourne, MA

Copy Editor:

Marissa Keegan

Proofreaders:

Pam Lowy, Tiia Groden, & Alex Bahrawy

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

CONTACT THE IOCDF:

Phone: (617) 973-5801

Fax: (617) 973-5803

Email: info@iocdf.org

Website: www.iocdf.org

Facebook.com/IOCDF

Mailing Address:

International OCD Foundation

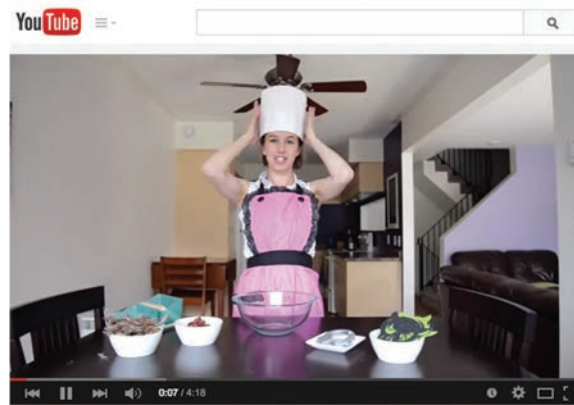
P.O. Box 961029

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 2014 by the International OCD Foundation, Inc.

IOCDF Updates



Congratulations to Melanie Lefebvre, winner of the 2014 OCD Awareness Week Video Challenge! Melanie's video, *Cooking Up OCD Awareness*, was voted by viewers as their favorite #OCDweek video! Go to the IOCDF Youtube Channel at www.youtube.com/IOCDF to see all of the video finalists. Thank you to everyone who entered! We had an amazing crop of videos this year.

#ocdweek 2014



The #OCDweek hashtag was a big hit on social media this year, with over 1000 tweets, Instagram posts, and Facebook status updates!! View an online scrapbook of all of the amazing tweets and photos from #OCDweek at: <http://storify.com/IOCDF/ocdweek>



Clockwise from Left: 2014 Keynote Speaker and OCD Advocate, Ethan S. Smith, supporting #OCDweek from Los Angeles, CA. Alex Bahrawy, the newest member of the IOCDF staff, shows his support for #OCDweek from our Boston office. Stephanie Cogen shows her support for #OCDweek at the American Academy of Pediatrics conference in San Diego, where the IOCDF exhibited to raise awareness about Pediatric OCD and PANDAS/PANS.



Letter from the Executive Director

Dear Friends,

I like to say that the *Diagnostic and Statistical Manual of Mental Disorders*, or the “DSM” (the reference book mental health providers use to aid in accurate diagnoses) has finally caught up to the IOCDF. From the beginning, the IOCDF has included Body Dysmorphic Disorder (BDD) as well as Hoarding Disorder, Trichotillomania (Hair Pulling Disorder) and Excoriation (Skin Picking Disorder) at our conference, in our newsletters, and in informational articles on our website. And the most recent edition of the DSM, the *DSM-5*, pulls all of these disorders into the same category now referred to as Obsessive and Compulsive Related Disorders. It is our hope that this will help more people receive an accurate diagnosis and gain faster access to effective treatment.

On this same front, I’m also excited to report that, earlier this month, we launched a new website dedicated specifically to BDD: www.HelpforBDD.org. This is the culmination of 2 years of work with an amazing group of individuals led by our BDD Special Interest Group leaders Drs. Katharine Phillips, Sabine Wilhelm, and Fugen Neziroglu. Resources for those affected by BDD have been few and far between. This collaborative effort has resulted in what I humbly believe is the best resource for those affected by BDD. And I want to thank all of our BDD Special Interest Group members and the many contributors to this new website, as well as Carly Bourne, the IOCDF Communications Director, for all of their time effort and expertise.

What will you find on the www.HelpforBDD.org website? Information written specifically for those affected by BDD. From those questioning if they have BDD, to those with a diagnosis looking for resources, to family members suspecting a loved one is struggling with BDD. We also have information geared towards teens and young adults who have struggles specific to transitions around school, work and relationships. And finally, we have a section devoted to mental health professionals who are interested in learning more about BDD and how to treat it effectively. This new website is integrated into our www.iocdf.org website — meaning that one click will take you to the IOCDF Resource Directory where you can search for any resources available for those affected by BDD whether it is a support group, therapist, or intensive treatment program. The website also has “Expert Opinion” articles on topics ranging from overviews of Muscle Dysmorphia and BDD by Proxy to the neurobiology of BDD to issues around cosmetic surgeries.

I would like to end by thanking the Asselin family (once again) for their compassionate, consistent, enthusiastic support, and whom we have regularly relied upon for inspiration to make sure that we put together the best possible resource for those affected by this cruel disorder.

A handwritten signature in black ink, appearing to read 'Jeff Szymanski'.

Jeff Szymanski, PhD
Executive Director
International OCD Foundation

FROM THE FOUNDATION

IOCDF Research Fund Appeal: Research for a Cause and Better Treatment

by Jeffrey Smith, IOCDF Director of Development

In addition to making sure that people living with OCD and related disorders have the help they need through our programs and services, the International OCD Foundation is strongly committed to funding research into the cause and treatment of OCD and related disorders. In 1994, we launched the IOCDF Research Grant Award Program which funds three to five research projects each year, with grant awards ranging from \$25,000 to \$50,000. The Foundation has distributed over \$3 million dollars in research grant funding since the beginning of the program.

We all know how important research is in helping find the causes of OCD and related disorders, and in developing new and more effective treatments. Funding for these yearly research awards would not be possible without the generosity of donors who designate a gift to the IOCDF Research Fund. One hundred percent of contributions to the Research Fund are used to directly fund winning Research Grant Award applicants.

The IOCDF knows that many of you may have a particular area of research that most interests you, which is why we have made it possible for you to direct your gift in support of a specific area of OCD or related disorders research, such as Pediatric OCD.

A conservative estimate is that as many as 1 in 200 kids and teens have OCD. This means four or five kids with OCD are likely to be enrolled in an average sized elementary school. In a medium to large high school, there could be almost 20 students struggling with the challenges caused by OCD. On average, it can take 14–17 years from the time someone with OCD first notices symptoms to the time that person gains access to effective treatment. For all of us in the OCD community, this is simply unacceptable. Since its inception, the International OCD Foundation has worked diligently to change this reality by funding OCD research that will specifically help kids and adolescents.

Beginning in 2004, the IOCDF began to fund research projects that focused on diagnosing and treating OCD and related disorders in children and adolescents. And as a result, the first Pediatric Research Grants were awarded in 2004. Since then, we have funded 10 more grants focused on pediatric OCD and related disorders. In 2011, realizing that many donors may be interested in a particular area of research, the IOCDF made it possible to direct a gift in support of a specific area of OCD or related disorders, including:

- ❖ Hoarding Disorder
- ❖ Body Dysmorphic Disorder (BDD)
- ❖ Genetics
- ❖ Pediatric OCD
- ❖ PANDAS/PANS

You may have already received a letter from Dr. Michael Jenike asking for you to participate in the Research Appeal. Included in your letter is an envelope that allows you to indicate your preference by checking the appropriate box on the inside cover —you can also make a gift online at www.iocdf.org/research. If you don't have a specific area of interest, then it is most helpful to give to the General Research Fund so we can fund the most promising research projects.

Many IOCDF donors realize that without support for the Annual Fund, there would be no IOCDF, and no OCD Research Fund. This is why they choose to make a gift to both the Annual Fund and the Research Fund. Your generous gifts allow the IOCDF to provide quality services for those who suffer from OCD and related disorders, as well as administer the important grant funding process for OCD research. Your donation to the research fund enables critical research on OCD and related disorders to continue.

In these vulnerable economic times, the IOCDF realizes the significance of your support and is sincerely grateful for your commitment to helping find a cure for OCD and related disorders. ○

For more information about the IOCDF Research Grant Program and learn how you can contribute, visit iocdf.org/research or email Jeffrey Smith at jsmith@iocdf.org.

Your Research Dollars at Work: A New Approach to Treating OCD in Kids *(continued from cover)*

by Jeffrey Smith, IOCDF Director of Development

more kids and families remotely. The program develops technology-based solutions for the treatment of mental health problems. Currently, Comer and his team are exploring ways to provide highly specialized therapy to families online. Dr. Comer's study is specifically looking at internet-delivered therapy for children with OCD and other disruptive behavior disorders, and their parents.

"There's a discouraging disconnect between research advances in mental health care and what services are actually available in the community for the majority of people affected by mental illness," says Comer. He explains that there are not enough appropriately-trained specialists providing evidence-based treatments for serious psychiatric disorders. Training is lengthy, complex, and costly. Also, there are only a few specialized centers in highly-populated metropolitan areas where patients can go for treatment. The services are expensive and wait lists are long.

"This is a really exciting new direction in mental health care," says Comer. "It is one of the most significant shifts in mental health care in 10 years." Comer's work on alternative methods of delivering psychotherapy to patients can broaden the availability of and accessibility to effective treatment for those who need it most.

A preliminary study by Comer published in the *Journal of Clinical Child and Adolescent Psychology* looked at the effectiveness of using video conferencing (VTC) to deliver therapy to children with OCD. The 14-week treatment program trained parents of 4- to 8-year-olds to use various behavioral techniques to manage their children's OCD symptoms. It also included a component where parents learned to manage their own uneasiness and change their reactions in responding to their children's problem behaviors. Two-way audio and video equipment was installed in the participants' home to allow for real-time communication between the therapist and the family. Treatment sessions involving a variety of online games and other interactive activities were delivered using the VTC equipment. This type of family-based therapy in the home offers an opportunity to monitor and address problem behaviors as they occur in real-life situations. Results

showed all participants exhibited significant improvement in their OCD symptoms. Some no longer met the criteria for an OCD diagnosis.

Your support of the IOCDF Research Fund helps to underwrite the cost of important research studies, like Dr. Comer's.

Each year, the IOCDF Research Fund awards research grants to promising studies, like Dr. Comer's, thanks to generous donors from within the OCD community. Grants have been awarded to investigators whose research focuses on the nature, causes, and treatment of OCD and related disorders.

The IOCDF Research Grant Program also helps to encourage young researchers

to enter the field of OCD and related disorders research. As such, we strongly encourage junior researchers to apply to the Grant Program. Senior investigators may also request grant funding for projects that would provide pilot data for future larger-scale federal grant applications.

The IOCDF is strongly committed to finding a cure for OCD and related disorders, as well as increasing accessibility to new and more effective treatments. By donating to the IOCDF Research Fund, you will help us to fulfill this mission. Learn more about the Fund and previously funded studies at www.iocdf.org/research. ○

Note: This study was conducted in collaboration with researchers from Boston University, University of Pennsylvania, and Brown University and was supported by funding from the International OCD Foundation and the National Institutes of Health. A portion of this article is reprinted with permission from the Florida International University.

REFERENCES

Comer, J.S., Furr, J.M., Cooper-Vince, C., Kerns, C., Chan, P.T., Edson, A.L., Khanna, M., Franklin, M.E., Garcia, A.M., & Freeman, J.B. (2014). Internet-delivered treatment for early-onset OCD: A preliminary case series. *Journal of Clinical Child and Adolescent Psychology*, 43, 74-87.

FROM THE FOUNDATION

Call for Proposals: 22nd Annual OCD Conference in Boston 2015

by Marissa Keegan, IOCDF Program Director

The IOCDF's Annual OCD Conference is the only conference of its kind, where people from all corners of the OCD community come together to share knowledge, experience, and expertise about OCD and related disorders.

This community is comprised of people with OCD and related disorders, their families and friends, the mental health professionals who treat OCD, as well as researchers and students who are conducting research in the field of OCD and related disorders. Last year's Conference in Los Angeles was our biggest yet, with over 1,300 attendees. This year's Conference will be held on July 31–August 2, 2015, at the Westin Boston Waterfront in Boston, MA and is on track to be our largest and most successful Conference to date!

Last year, we featured an article in our OCD Newsletter and on the Conference website about ways in which you can maximize the likelihood of your proposal being accepted. We heard a lot of positive feedback about how helpful this article was for navigating through the Conference proposal system, so we wanted to provide an update. Please feel free to give us feedback on how this article (and other resources on www.ocd2015.org) helped you navigate the Conference proposal system this year by emailing conference@iocdf.org.

HOW TO MAXIMIZE THE LIKELIHOOD OF YOUR PROPOSAL BEING ACCEPTED

Due to how many people want to speak at the Conference, we can typically only accept about 50% of the proposals we receive. Below are some things to keep in mind in order to increase the likelihood of your proposal being accepted, as well as maximizing the impact for Conference attendees; these tips are informed by feedback we have received from evaluations completed at recent Conferences:

- ❖ Typically, about half of our attendees are first time attendees. That said, feedback from our end of Conference evaluations regularly note that some presentations can sometimes be too basic for our conference goers. Therefore, more sophisticated topics with advanced content will receive higher priority as

we consider submitted proposals. (Note: please be sure that if you submit an "Advanced" or "Intermediate" proposal that it does not include any mention of basic material, as this information will be covered in other "Beginner" presentations taking place throughout the Conference weekend.)

- ❖ Attendees have also expressed that when it comes to the number of presenters, more is not better. Be sure that you can make a strong case for why each presenter has a unique and specific contribution to make to the presentation. Proposals that exceed 3-4 presenters are usually not evaluated very highly.
- ❖ Conference attendees have given very high ratings to experiential/interactive presentations. As such, we will be prioritizing workshops that have an interactive component to them.
- ❖ Similarly, proposals that indicate a 30–45 minute role-play, demonstration, or video clip as part of the presentation will be given higher priority.
- ❖ Some post-conference evaluations have also noted that they would like to see more variety in the presentations offered each year, as opposed to having the same presentations year after year. As a result, we will continue to decrease the priority of those presentations that have been repeatedly given at previous Conferences.
- ❖ We have had success recently with including a special topic "series" in the Conference schedule. Talks on PANDAS/PANS, Body Dysmorphic Disorder and Young Adults will be prioritized.
- ❖ Ensure that the topics you choose are both unique and broadly applicable. For example, we typically receive a high volume of "Introduction to OCD" or "Introduction to ERP" proposals. If you do submit an "introductory" presentation, having a very specific agenda listed in your proposal may help.
- ❖ On the other end, be careful to not make your proposal too specific: "Co-occurring OCD and ADHD in Red-Headed Children" is not going to have a large audience at the conference. Proposals aimed at specific subtypes of OCD, however, are typically a good middle ground. Review the program from last year to get a sense of the types of talks that usually do well at the Conference.

Call for Proposals *(continued)*

- ❖ Personal stories are very popular submissions at the Conference. To increase your chance of being selected, try submitting a more detailed personal story that includes onset of symptoms, difficulties of accessing treatment and social support, experience with effective treatment and the challenges of putting one's life back together. Talks that end with a message of hope and lessons learned are more likely to be accepted.
- ❖ Here are some workshop topics that we have had many requests for:
 - More advanced and intermediate sessions
 - Post-treatment maintenance: how to prevent relapse after treatment is complete
 - Post-Conference experience: how to maintain a connection to a supportive community
 - Co-occurring substance abuse/addiction and OCD
 - Coping with anger and angry outbursts
 - Treatment refusal or resistance
 - OCD and intimacy (dating and marriage for young adults and older adults)
 - "Coming Out" about your OCD
 - Supporters (siblings, significant others, friends, etc.)
 - Interactive mindfulness exercises (yoga, meditation, etc.)
 - Navigating insurance, disability, and legal rights for those with OCD
 - Co-occurring intellectual disabilities and OCD
 - Co-occurring eating disorders and OCD
 - Co-occurring autism spectrum disorders and OCD

OTHER ISSUES TO CONSIDER

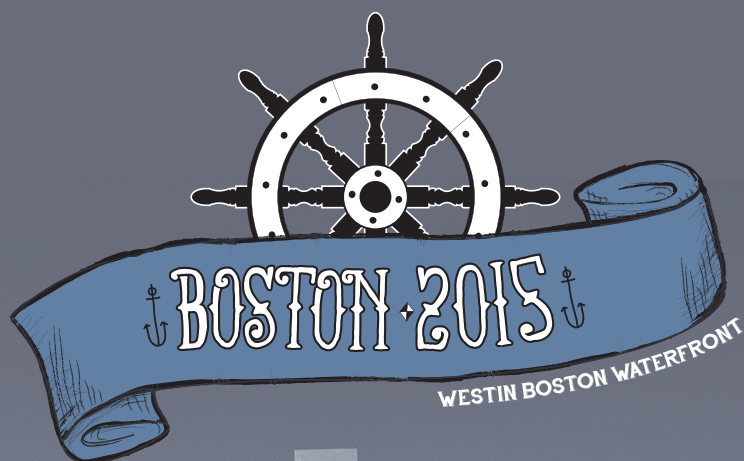
We have compiled a list of possible topic suggestions that may help you to develop your proposal. This list is not exclusive or exhaustive, so please feel free to submit a proposal on any topic that you feel would contribute to our 2015 Conference. This list can be found on our website here: www.o cd2015.org/submit/proposal-tips/

Additionally, please consider who the audience of your talk should be. As in previous years, we will be asking our presenters to tell us whom their programs are intended for: adults with OCD, children, teens, young adults, family members, professionals, or researchers. In addition, you'll be asked to tell us if your talk will be for those new to OCD, with some experience, or with an advanced level of experience. As mentioned above, Conference attendees consistently tell us that they would like more intermediate and advanced workshops, so please continue to submit workshops in these categories. To help our attendees

(continued on page 9)

22ND ANNUAL OCD CONFERENCE

Save the Date!
JULY 31–AUGUST 2, 2015



⚓ PROPOSAL SYSTEM OPENS JANUARY 2015

⚓ REGISTRATION OPENS MARCH 2015

⚓ LEARN MORE AT OCD2015.ORG

RESOURCES

Obsessive Compulsive Disorder (OCD) and Social Security Disability Benefits

by Ram Meyyappan, Social Security Disability Help

If you suffer from obsessive compulsive disorder (OCD), the condition can make it very difficult to maintain full-time work activity. Fortunately, in some cases, Social Security can help alleviate some of the financial stress caused by an inability to work due to OCD and related disorders.

As many as 2 out of 5 individuals with OCD have shown significant occupational impairment and have been unable to work due to psychiatric symptoms. The inability to maintain an income can quickly cause your financial situation to spiral out of control.

There are two disability programs that are run by the Social Security Administration (SSA): Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI). Each program has its own separate technical criteria that you need to meet in order to qualify for benefits.

QUALIFYING FOR SSDI BENEFITS

To qualify for SSDI, you must have earned enough work credits through past work history. As of 2013, you earn one work credit for each \$1,160 that you make, up to a maximum of four work credits per year. If you are age 31 or older, you must have worked five of the past ten years to have enough work credits to qualify for SSDI benefits. If you are under the age of 31, you must have worked half of the years since turning 21.

QUALIFYING FOR SSI BENEFITS

If you do not have any work credits and cannot qualify for SSDI benefits, you may be able to qualify for SSI benefits. SSI is a needs-based program and you do not need any work credits in order to qualify. You must, however, meet certain income and asset restrictions to qualify for this program. As of 2013, you cannot earn more than \$710 per month as an individual or \$1,060 per month as a couple. You must also not have household assets exceeding \$2,000 as an individual or \$3,000 as a couple.

PROVING YOUR DISABILITY TO THE SSA

In addition to meeting the technical requirements of the above-mentioned programs, you must be able to

prove to the SSA that you are disabled according to their guidelines in order to qualify for benefits. When you apply for disability benefits, the SSA will compare your condition to a listing of conditions that have been established in a publication known as the Blue Book. This Blue Book contains all of the conditions that may qualify an individual for Social Security Disability benefits, along with the criteria that must be met with each condition.

OCD is evaluated under Section 12.06 of the Blue Book. This section of the book covers anxiety-related disorders. According to this section of the Blue Book, in order to qualify for disability benefits you must be able to prove that:

- ❖ Anxiety is the predominant disturbance; or
- ❖ That you suffer from generalized persistent anxiety that is accompanied by three of the four following symptoms:
 - “Motor tension” (for example, chronic body and/or muscle tension)
 - “Autonomic hyperactivity” (for example, ongoing difficulties with bouts of nausea, sweating, dizziness, rapid heart rate)
 - “Apprehensive expectation” (for example, excessive worry about the future)
 - “Vigilance and scanning” (for example, easily and powerfully startled)
- ❖ That you suffer from persistent irrational fears of a specific activity, object or situation that results in a compelling desire to avoid the dreaded object, activity or situation; or
- ❖ You suffer from recurrent and severe panic attacks that are manifested by a sudden unpredictable onset of intense apprehension, fear, terror, and sense of impending doom occurring at least once a week; or
- ❖ You suffer from recurrent obsessions or compulsions that are a source of marked distress; or
- ❖ You suffer from recurrent and intrusive recollections of a traumatic experience, which are a source of marked distress.

You must also be able to prove at least two of the following:

- You suffer from a marked restriction of activities of daily living; or

OCD and Social Security *(continued)*

- You suffer from marked difficulties in maintaining social functioning; or
- You suffer from marked difficulties in maintaining concentration, persistence, or pace; or
- You suffer from repeated episodes of decompensation, each of extended duration.

For more information on applying for disability with OCD, please visit: www.disability-benefits-help.org/disabling-conditions/obsessive-compulsive-disorder

APPLYING FOR SOCIAL SECURITY DISABILITY BENEFITS

You can apply for Social Security Disability benefits online (www.socialsecurity.gov/pgm/disability.htm) or in person at your local Social Security office. When applying for benefits, you will be asked to fill out a number of forms including the Adult Disability Report as well as the actual disability application. Make sure that you fill out each form in its entirety and that you provide very detailed answers. The more detail you can provide, the easier it will be for the SSA to understand how you qualify for disability benefits.

It is important to understand that the SSA denies approximately 60 percent of initial disability applications. If you are among the 60 percent of applicants who are denied during the initial application process, you will need to pursue a disability appeal in order to receive the benefits you may be entitled to. You should also consider hiring a social security attorney or advocate to help you with your disability claim.

Social Security Disability Help (SSDH) is an external organization (not affiliated with the IOCDF) that provides information to individuals who are seeking to apply for Social Security Disability benefits or have been denied after applying for Social Security Disability. SSDH informs those with disabilities about the Social Security Disability application process and helps them locate an attorney or advocate who can assist them by providing contact information of an attorney or advocate who represents applicants for disability benefits before the Social Security Administration. To learn more visit:

www.disability-benefits-help.org/blog

Call for Proposals *(continued from page 7)*

choose which sessions to attend, we'll also be asking for three learning objectives for your session.

Choose your audience wisely. In 2014, we were particularly light on proposals for teens and children, as well as those intended for researchers. Submitting proposals to one of these three categories will improve your chances of being selected.

NEW this year: we are looking to broaden the types and varieties of presentations that are given. You will see the following new options in the proposal submission system this year:

- ❖ **Talk/Lecture:** These proposals typically have 1-4 presenters. A talk is usually a personal story given by an individual(s) who has struggled with OCD and/or related disorders, or been affected by OCD and/or a related disorder in some way (for example, a parent or spouse). A lecture is a presentation that emphasizes teaching attendees something new in a relatively structured manner. Lectures typically involve a PowerPoint presentation.
- ❖ **Panel Discussion:** Panels are proposals that typically include 3-4 participants. The format of these presentations can be primarily Q&A and/or each panelist sharing their unique expertise on a topic. Panel discussions usually do not include a formal and structured PowerPoint presentation.
- ❖ **Interactive Workshop:** Interactive workshop proposals typically range from 1-4 presenters. The intent of these workshops is to engage the attendees through experiential exercises, completing and discussing worksheets, and/or role play demonstrations (or videotapes).
- ❖ **Research Symposium:** These proposals should be considered "advanced" and for the Researcher Track. They should include a moderator and/or discussant and 3-4 research studies to be reviewed. That said, the symposium should have a clear theme and the abstract should demonstrate how the 3-4 research projects are related to each other.

Make sure your proposal is complete. As the Conference grows, the timeframe for setting the program has narrowed. Please make sure that you have all of your presenters' contact information and biographies before submitting. We will include a helpful checklist in the proposal system, to will help you ensure you have all of the information you need prior to beginning the proposal submission process.

To learn more about the OCD Conference and to submit a proposal, visit: www.o cd2015.org.

Only electronic submissions will be accepted. The proposal submission system will open on Jan. 5, 2015, and close on Feb. 5, at 5pm ET. ○

FROM THE FRONT LINES

After a Disclosure, Repercussions and Resolve

by Janet Ruth Young

In August of 2013, I gave a sermon at my church in Gloucester, Massachusetts, describing my experience with taboo-thoughts OCD (I'm not a minister — in my church, many members give sermons, particularly in the summer). My sermon recounted the crisis I endured when I was babysitting for my sister's children and thoughts of harming the children erupted in my mind, seemingly out of nowhere. I also discussed the varying responses I got from people close to me when I told them about the thoughts, and how difficult it was to get a correct diagnosis and locate proper treatment. I concluded by saying that although my crisis occurred in the 1980s, most people, including many in the medical profession, still fail to recognize taboo thoughts as a form of OCD (you can read the sermon on my website at janetruthyoung.com/my-ocd).

Knowing that my topic would be alien to many in the congregation, I structured the sermon so that listeners unfamiliar with OCD could relate to and empathize with it. I could feel the concern and empathy growing in the sanctuary as I told my story and built awareness. My husband, a singer and guitarist, performed songs, including "Please Don't Let Me Be Misunderstood" and "Let It Be," that supported the emotional journey — anxiety, then peace and resolution — that I led the congregation through. I encouraged my audience to imagine what their worst taboo thoughts might be if they had them, and to share the thoughts with me at coffee hour.

The day I delivered the sermon was, I thought, a triumph for OCD advocacy. I had presented a rougher version of the sermon at a church in Salem, Massachusetts, a couple of years before, but this time I had really honed the talk and delivered it with a self-assurance that overcame the awkwardness I sometimes felt around the topic. The sermon proved so popular that several people asked the church administrator to post it on the church's website. That Sunday was a banner day for me, I believed, especially because I knew that my disclosure would help others with OCD.

But most of us have learned that no matter how far we've progressed in dealing with OCD, the stigma around the illness often comes back to haunt us.

That October I was scheduled to teach my church's sexuality course for teens, called the Our Whole Lives (OWL) program, which I had been trained for and taught successfully in the past, working side by side with a church employee. Enrollment for the course would include teens

from our church and other churches in our region. In late September I received a phone call from a member of my church's executive board. She said that the grandparent of a teen enrolled in the course, who attended a different church, had read my sermon on the church's website and did not want me teaching the class.

I'm sure I paused a while on my end of the phone call. It took me a good ten seconds to make a connection, any connection, between my OCD sermon and any possible reason that I should not teach OWL. When I made the connection, I was stunned — because, ironically, my sermon about defeating fear and stigma had caused me to be feared and stigmatized. That wasn't supposed to happen.

My caller explained that she had not attended church the day I gave the sermon, but that when she read the sermon she shared the grandparent's concern about the children's safety, and that our temporary minister and other church leaders were also uncomfortable about my working with the teens. She added that although both she and the minister had counseling backgrounds, they had never heard of a form of OCD that included thoughts of harming others.

Once again the irony struck. I had educated people about something, and after I educated them they said they had never heard of this issue. Moreover, they had not tried to learn more by looking at a book or a website. These things, too, were not supposed to happen.

My caller added that our minister had contacted my former co-teacher, who was now working for another church, to see if I had behaved inappropriately in the class. The co-teacher "assured us that absolutely nothing unusual had happened," she said. I was stunned that my sermon had prompted the church to run a do-it-yourself CORI check on me.

Hearing all this, I felt I had no choice but to withdraw from teaching the class, even as the sense of illogic and injustice engulfed me. My husband immediately said that we should quit the church, but I felt that leaving was not the behavior of someone with nothing to hide. I had been a key member of the church for eight years, and my husband and I had been married there. Additionally, if we went to a different church, uneducated speculation would trail me and create new problems. And I wanted to believe that if anyone in my church embarked on a struggle with OCD, they would see me and remember that I could help.

After a Disclosure *(continued)*



A year later, I continue to worship at my Gloucester church. I work companionably with people who were my detractors a year ago. I even serve on the board of managers and lead important committees. I'd like to say this is all my own doing, but I owe most of my resolve to an important role model.

My friend Steve is a gay man who attends a Lutheran church near Boston. A few members there are homophobic, and when Steve came

out they challenged his role in the church.

"Why does he put up with the hassle?" I asked a mutual friend years ago. "Why doesn't he leave and go to a more progressive church? Like the Unitarian Universalists?"

Not only did Steve stay, but he also continued to serve at coffee hour, to volunteer on the nominating committee, and even to help lead services as an assisting minister. I came to admire the commitment Steve demonstrated every time I saw him don a white robe and take his place in front of the altar, looking confident that he belonged there. I admire him more now that I know how it feels to lose support in the place you regard as sacred.

I understand why Steve stayed.

Brave people stay because they show others how to be brave. ○

Janet Ruth Young is the author of Things I Shouldn't Think, a young adult novel inspired by her experience of taboo thoughts, and other teen books about mental illness. Visit her at janetruthyoung.com.

OCD

A Poem by Dennis Rhodes

**Some thin-lipped unsmiling
bureaucrat sits at a desk
in my brain, with one task:
review and monitor
my every thought
especially the ones
that give me pleasure
or satisfaction of
any kind. This grim man
wields two big rubber stamps
APPROVED and UNAPPROVED—
the later stamp gets used
twice as much. I am at
his whim, his harsh mercy.
But I know this: I
will beat this guy
in the end. I will be
the last one standing.**

Do you have a story, essay, or piece of creative writing you'd like to share with the IOCDF community? We also accept paintings and drawings, and submissions from kids and teens. Submit your original works to editor@iocdf.org and your work may be published in an upcoming issue of the OCD Newsletter.

THErapy COMMUNITY

Beyond Belief: "My Parents Don't Believe I Have OCD"

by Fred Penzel, PhD

Living with OCD is never easy, and this can be especially true if you are a teenager. At a time when you're trying hard to learn about who you are and how to find a place for yourself in the world, having a disorder like OCD can make you feel so different from everyone else. And the thought of having to talk about the disorder with anyone, let alone your friends and classmates, can be very scary. School is a small world, and things have a way of getting around pretty quickly, or so it can seem.

But talking to people and asking for help are the best ways to improve your situation. Your schoolmates may surprise you with their capacity for understanding. We often fear what we don't understand. And your parents can help you to get the help and resources you need to succeed in school and beyond.

But what happens when your parents, the very people who should be most concerned about your well-being, don't understand OCD and don't know how to help you? Or worse yet, don't believe that you are suffering from a disorder at all? I get many emails from young people seeking advice and guidance, and occasionally these include messages like the following:

Dear Dr. Penzel,

I don't know if you can help me, but I have a really serious problem and I don't know how to handle it. I think I have OCD. I was in health class in school and we were doing a lesson on mental health. When the teacher started describing the signs of OCD, I realized that it sounded just like me. When I got home, I went online and looked it up, and again it sounded just like me. I have two different kinds of thoughts that just won't go away. One kind tells me that I want to harm people, like stabbing them with a pencil in class, or pushing them down the stairs. I don't just get them in school – I also get them at home and they can be about my family or

my dog. I also get thoughts that I could be gay. Both of these thoughts really scared me and I feel like I'm not sure about myself any more. Some of the things I read online told me that these thoughts really aren't things I want to do, and that you can get help. When I read these articles, it can help for a little while, but it doesn't last.



I told my teacher that I think I have OCD, and he told me that I should talk to my parents so that I could get help for this. This is where the biggest problem comes in. I told my mom and dad about what was happening, and they acted like I was making all of it up. My dad said, "I don't believe in things like that. It's just your imagination, and if you're trying to get attention, it's not a very good way to do it." My mom was nicer, but she said that when people hear about different symptoms in classes like the one I'm taking, they start imagining that they have them, too. They said that because I had friends and was doing well in sports (I play basketball), and my grades were okay, there couldn't be anything wrong. They didn't want to go on talking about it, and said it would go away after a while when I got busy with other things. I just couldn't make them understand, and now I'm afraid I won't be able to get any help for this.

I feel really hopeless and don't know what to do. I want to beat this thing but I won't be able to get help on my own. What should I do?

While I don't believe that this happens in every home, I have a hunch that situations like this happen a lot more than we would like them to. Someone once said, "The only thing worse than having OCD is having OCD alone." I think that e-mails like this prove it. It takes a lot of work to recover from this disorder, but it also shouldn't be such hard work to get help from those close to you.

No one wants to think that his or her child has a problem, much less a psychological one. It's one thing if a child has had serious problems from an early age, but it is quite different if a child has always appeared to function well. In the former case, parents have many years to come to

“My Parents Don’t Believe I Have OCD” *(continued)*

terms with it, get advice, and to seek help. This is not so in the latter case. Some parents find it so unthinkable that they resort to denial, figuring that if they act like they don’t see it, it doesn’t exist. Sometimes it can become even a bit more complicated, with one parent believing that their son or daughter has OCD, and the other one stubbornly refusing to see it, resulting in family disputes and an overall stressful family environment. As we know, this doesn’t turn out to be a very good strategy. It can set a teen against their parents, or it can set one parent against another, making one into a hero and the other a villain. I have also met some parents who are flatly opposed to the concept of mental illness altogether. They see it as some kind of myth. I have been told by parents on a few occasions that, “You guys [therapists] just like to make people believe they have problems so you can get them to come for treatments,” or “She’s just making this up, and if we just use some more discipline and don’t put up with it, she’ll stop doing these things.”

No one who truly understands OCD would dispute that such a thing exists, and fortunately, many parents are understanding, empathetic, and go out of their way to get their children the treatment they need. However, when a teen or child does encounter resistance from their parents, what options do they have?

“WHAT CAN I DO?”

- ❖ Talk to the people in school, especially your health education teacher and the school psychologist. Both should have heard of OCD and can be good people to get on your side. Perhaps they can help set up a meeting with your parents to discuss the problem and possibly help them to understand what it is all about, and what you need.
- ❖ If you have a relative with OCD (we often see OCD run in families), he or she can sometimes be a good ally. This is especially true if this is a trusted individual your parents will listen to. It’s always a plus if they got help themselves, and are now doing better. Perhaps they can persuade your parents to take you for help.
- ❖ It is possible you also have a friend who happens to have OCD and has been through successful treatment. A conservative estimate is that one out of one hundred people has OCD, so the odds are good that you may know someone. You might see if your friend’s parents would be willing to talk to your parents and share what they have learned about the disorder and about how to get therapy for it. It will also be a big help if your parents already know these people.
- ❖ Read up on OCD and educate yourself about the disorder. You can start with articles on the International OCD Foundation’s website (www.iocdf.org or www.OCDInKids.org), and also check your local library for books on the subject. There are many good books these days, and the more you know, the better you will be able to speak up for yourself. Whatever you do, always make sure you are getting your information from reliable sources. The IOCDF has a list of many book about OCD on the website here: www.iocdf.org/books.
- ❖ If you find yourself getting angry with your parents for not understanding, be careful about fighting with them about this. This is one of the most unhelpful things you can do for yourself. When people are angry, they listen to you a lot less and become more stubborn about sticking to their ideas. To get their help and support, you need to win them over. Remember that they do care about you, but just don’t “get it” yet. It’s something they clearly don’t understand or have much information about. One helpful approach would be to get some good articles and books on the subject (again, check the IOCDF website at www.iocdf.org/expert-opinions and www.iocdf.org/books) and ask them if they will at least read them before deciding anything further. One book I’d suggest is, *What To Do When Your Child Has Obsessive-Compulsive Disorder*, by Dr. Aureen Pinto Wagner. You can also find some good personal videos or documentaries about OCD on YouTube they can watch (the IOCDF’s Youtube page is a good place to start). Just be sure that the videos aren’t too extreme and give good, clear information. Watch them yourself, first, just to make sure.
- ❖ If you are feeling really alone and just need a community to talk to, you may find an in-person or online OCD support group for teens helpful (visit the IOCDF’s website here for more information about available support groups: www.iocdf.org/supportgroups). You might also be interested in accessing some of the online self help programs that are now available (more information about these self help programs for OCD and related disorders can be found here: www.iocdf.org/expert-opinions/tech-self-help-for-ocd).

(continued on next page)

THERAPY COMMUNITY

“My Parents Don’t Believe I Have OCD” *(continued)*

- ❖ Finally, if you belong to a church, synagogue, or mosque, and have a good relationship with a leader in that community, you might be able to talk to them and ask them to speak to your parents. Parents will often listen to people in authority that they respect and who are seen as honest, caring, and helpful.

The main thing is to not get discouraged, and to not give up. If you continue looking for a way to get through to them, you will be more likely to find a solution than if you give in to your frustrations and quit. As we already said, don’t talk your parents about it in an angry or nagging way that might only get them annoyed at you. You want to win them over, and you want them to see that you are serious, and are really having difficulties that require special help.

Once you manage to convince them, the next step is finding the right kind of help that will get you well in the quickest and most effective way. OCD is not something that just any psychologist or social worker simply knows how to treat. It takes someone with special training. If you have done

your research, you will have found out that what is known as cognitive behavioral therapy (CBT) is the way to go, and a specific type of CBT known as exposure & response prevention (ERP) is the type of treatment you want. It will help you to gradually learn to face and overcome your fearful thoughts, as well as teach you better ways to confront your anxiety without having to do compulsions. The IOCDF website can give you further reliable information about this. Medication is sometimes also used to help you do better with your therapy. Understand that medication is not something that is automatically used with everyone, and is something that is only used when someone is seen to be struggling with their therapy. Even then, it is a matter to be carefully discussed with your therapist and physician.

I did give the young person who wrote to me some of the above advice, but I never heard back from him. I’m hoping he showed his parents my reply, and that they chose to get him help. After all, everyone deserves a fair chance to get well. ○

Calling All Young Adults!

The Young Adult Workshop Series (now in its third year!) at the Annual OCD Conference is a chance for older teens and young adults to connect, learn, and hang out with peers in a supportive and fun environment.

The Young Adult Series is for young adults and created by young adults, so if you a young adult (approximately 18–35 in age) and are interested in speaking at this year’s OCD Conference during the Young Adult Series, we want to hear from YOU. After receiving lots of helpful feedback from previous conference attendees and speakers about past years of the Young Adult Session, here are some important subject areas that we are looking for proposals for:

- ❖ “Arrested Development” (experiencing a delay in development or common life transitions due to OCD/related disorders)
- ❖ Social challenges (friendships, dating, etc.)
- ❖ Work challenges (finding a job, when to disclose you have OCD at work, working while in treatment, etc.)
- ❖ Transitions (moving out, “coming out” about your OCD and related disorders, living with roommates, etc.)
- ❖ Education challenges (finishing school, applying to GED programs, undergraduate or graduate degree programs)
- ❖ Relapse prevention and support while still in treatment
- ❖ Personal stories of hope and recovery

The 22nd Annual OCD Conference Proposal System opens on Monday, January 5, 2015. You can find out more information about the Proposal System, as well as tips and tricks for submitting a proposal and getting your proposal accepted, on the Conference website at www.ocd2015.org/submit. YOU can help us make this the best and most comprehensive Young Adult Series the OCD Conference has ever seen — submit a proposal today!



Institutional Member Updates

Institutional Members of the International OCD Foundation are programs or clinics that provide intensive treatment and/or specialty outpatient treatment options for OCD and related disorders. These institutions are committed to providing evidence-based treatment for OCD and related disorders, and have staff members who dedicate time to advancing OCD treatment and research. For a full list of these Institutional Members, go to www.iocdf.org/clinics.

ALEXIAN BROTHERS BEHAVIORAL HEALTH HOSPITAL

**1650 Moon Lake Boulevard
Hoffman Estates, IL 60169
Phone: (847) 755-8325
Email: patrick.mcgrath@abbhh.net
www.abbhh.org**

The Alexian Brothers Behavioral Health Hospital Center for Anxiety and OCD continues to treat individuals from across the country. Our website (www.abbhh.net) has a list of local hotels in the area that offer discounted rates to individuals. If you are in any part of the country outside of the Midwest, we invite you to call us directly at (847) 755-8566 so that we can discuss with you the options that you have to be treated here at our clinic. We take almost all insurances, and our registration department would be happy to talk with you if you have any questions about billing. We look forward to working with you and your support system as you challenge your OCD.

THE ANXIETY TREATMENT CENTER OF GREATER CHICAGO

**707 Lake Cook Road, Suite 310 656 West Randolph, Suite 4W
Deerfield, IL 60015 Chicago, IL 60661
Phone: (847) 559-0001, Ext. 3 Phone: (312) 441-1300
Email: info@anxietytreatmentcenter.com
www.anxietytreatmentcenter.com**

The Anxiety Treatment Center of Greater Chicago (formerly the Anxiety & Agoraphobia Treatment Center) has offices in downtown Chicago and suburban Deerfield, enabling our staff to provide cutting-edge, evidence-based treatment for OCD to a wide region. Led by Dr. Karen Cassiday, our team of clinical psychologists offers proactive solutions for the spectrum of anxiety disorders.

We recently welcomed two new clinicians to our practice. Alison Alden, PhD, comes to us from a post-doctoral fellowship

at Northwestern University. She has extensive training and experience in cognitive behavioral therapy for anxiety, OCD, and mood disorders, and also integrates mindfulness and DBT into her practice. Dustin Siegel, PsyD, joins us as a post-doctoral fellow following an internship in Counseling and Psychological Services at Clemson University. Expanding our practice enables us to continue to offer intensive treatment to complex patients with OCD and related disorders. Our team of specialists is able to mobilize quickly, providing customized, intensive treatment in a patient's home or wherever OCD disruptions occur.

Dr. Cassiday is honored to serve in the role of President-Elect of the Anxiety and Depression Association of America (ADAA). Dr. Cassiday and many of our staff presented at the ADAA conference in April 2014, and continue to speak at regional seminars relating to anxiety and OCD. Melanie Santos, PsyD, was recently appointed to the Board of Directors of BeyondOCD in Chicago, and Dr. Cassiday chairs their Scientific Advisory Board.

Learn more about our staff and services at our website: www.anxietytreatmentcenter.com.

THE ANXIETY TREATMENT CENTER OF SACRAMENTO

**9300 Tech Center Drive, Suite 250
Sacramento, CA 95827
Phone: (916) 366-0647, Ext. 4
Email: drrobin@atcsac.net
www.AnxietyTreatmentExperts.com**

The Anxiety Treatment Center is Sacramento's premiere treatment facility offering Partial Hospitalization, an Intensive Outpatient Program, and lower levels of care to include individual, group, family, and couples therapy for OCD and anxiety disorders/related conditions. The ATC also offers a Hoarding Disorder Track, Cognitive Behavioral Therapy Track, and Phobia Track. In 2014, our new Equine Assisted Activity Track was introduced bringing in clients all over the country to participate in this unique component.

The ATC announces the return of Dr. Jason Murphey, PsyD, who joins our behavioral specialist staff working in both our day program and leading our afternoon track. We also welcome Jill Kruse, Administrative Assistant, who traveled from Wisconsin to join our team. The ATC will be offering its first scholarship for 2015 to continue the tradition of reaching out to those who may not have financial access to treatment. This includes 4 weeks of Intensive Outpatient Treatment at no cost. Deadline for submission is February 28, 2015. Interested applicants are requested to submit a letter of interest to Dr. Robin Zasio, PsyD, LCSW, at PO Box 279276, Sacramento, CA 95827.

(continued on next page)

THERAPY COMMUNITY

Institutional Member Updates *(continued from page 15)*

BRADLEY HOSPITAL INTENSIVE PROGRAM FOR OCD

1011 Veterans Memorial Parkway
East Providence, RI 02195
Phone: (401) 432-1516
Email: acousineau@lifefspan.org
www.bradleyhospital.org

The Bradley Hospital Intensive Program for OCD provides family based treatment for youth aged 5 to 18 that integrates daily after-school group, family, and individual therapies with exposure therapy sessions in the home, school and other community settings. Psychopharmacological care is provided in the program by team child and adolescent psychiatrists. Psychologists from the Bradley-Hasbro Pediatric Anxiety Research Clinic, a leading research and treatment center on pediatric OCD and related disorders, provide individual and family treatment and supervise care. Habit reversal therapy is also available for youth with pulling or tic symptoms.

Patients meet Monday through Friday, from 3pm to 6pm. In addition, each child receives between 5 and 12.5 hours per week of exposure therapy in the child's home, school, or other community setting. Community sessions allow real-world practice of exposures in relevant contexts and offer an opportunity to assess and support parental participation. The typical treatment duration is six weeks. The program accepts payment from most major insurers and can facilitate local lodging for families living greater than one hour by car from the hospital.

A multi-family parent support group is offered free to the public on the first Thursday of every month from 6:30 to 8pm at Bradley Hospital. To learn more about our services or to schedule an appointment, please contact Amy Cousineau, LICSW, at (401) 432-1516 or visit: www.bradleyhospital.org/The_OCD_Intensive_Outpatient_Program.html

THE CENTER FOR EMOTIONAL HEALTH OF GREATER PHILADELPHIA

1910 Route 70, East
Cherry Hill, NJ 08003
Phone: (856) 220-9672
Email: mail@thecenterforemotionalhealth.com
www.thecenterforemotionalhealth.com

The Center for Emotional Health of Greater Philadelphia (CEH) is pleased to announce its Cherry Hill, NJ expansion. With more than twice the office space, designed specifically for CEH, the beautiful new facility affords us the opportunity to greatly expand our outpatient and intensive outpatient therapy services. We look forward to greeting clients and colleagues in our new "home."

CEH recently welcomed two post-doctoral fellows: Marissa Lipkin, PsyD, and Jennifer Gola, PsyD. We are delighted to have Drs. Lipkin and Gola join our team.

Training and professional development is a highly valued component of CEH; thus, we are excited to announce that we are now accepting applications for our 2015-2016 post-doctoral fellowship positions. CEH also seeks one licensed or license-eligible psychologist to join our team. Those interested are asked to visit our website for additional information about CEH and contact us via email for inquiries regarding the positions.

THE CENTER FOR THE TREATMENT AND STUDY OF ANXIETY (CTSA)

Perelman School of Medicine, University of Pennsylvania
3535 Market St, 6th Floor
Philadelphia, PA 19104
Phone: (215) 746-3327
Email: yadin@mail.med.upenn.edu
www.med.upenn.edu/ctsa

The Center for the Treatment and Study of Anxiety (CTSA), under the directorship of Edna B. Foa, is an internationally-renowned research and clinical facility that offers state-of-the-art treatment programs specifically designed for anxiety disorders, with a specialty clinic for OCD and related disorders directed by Elna Yadin. Individually tailored Exposure and Response (Ritual) Prevention treatment is offered in a variety of programs including intensively (daily), twice-weekly, or once-weekly sessions. We offer treatment for children, adolescents, and adults. A monthly support group is available free-of-charge for both current and former patients, co-lead by a faculty member and a patient. CTSA faculty is actively involved in training mental health professionals in the use of effective treatments for OCD and related disorders, via single- and multi-day workshops for professionals around the US and abroad. At the CTSA center located in Philadelphia, we offer individualized training programs for physicians, psychologists and other health professionals from around the world. An NIMH funded grant "Attaining and Maintaining Wellness in OCD" offers free exposure and response prevention treatment to OCD sufferers who are currently taking medications for their OCD but still experience unwanted symptoms and who meet study eligibility requirements. For more information go to www.med.upenn.edu/ctsa.

Institutional Member Updates *(continued)*

DOORWAYS, LLC

1825 E. Northern Ave, Suite 200
 Phoenix, AZ 85020
 Phone: (602) 997-2880
 Email: jan@doorwaysarizona.com
www.doorwaysarizona.com

Doorways, LLC is very pleased to announce the addition of Dr. David Wall, clinical psychologist, to our clinical team. Dr. Wall will be taking on the role of Clinical Director of our Intensive Outpatient Program (IOP) for adolescents with OCD. Dr. Wall is BTTI trained and brings a wealth of experience treating OCD to our growing program. Doorways' adolescent OCD IOP has been open for a year and a half and currently serves youth ages 13-17. We are also excited to announce that we are in the process of developing a Young Adult OCD IOP (ages 18-25), which we hope to open early next year.

THE HOUSTON OCD PROGRAM

1401 Castle Court
 Houston, TX 77006
 Phone: (713) 526-5055
 Email: info@HoustonOCDProgram.org
www.HoustonOCDProgram.org



The Houston OCD Program is growing! After 5 years in the beautiful Montrose area of Houston, we are planning to move to a new location in the historic Heights neighborhood. At this new location, we will continue to address the unique needs of our clientele while accounting for the rising demand for evidence-based services.

A modern two-story home will be built for the exclusive use of our clients completing the adult residential and intensive outpatient treatment programs. This nearly 6,000 square-foot home will feature comfortable and secure bedrooms with private bathrooms, spacious common living areas, a

state-of-the-art kitchen, library, laundry service, and wireless Internet access.

The project broke ground on August 19, 2014. The existing facility will remain fully operational during construction until services can be seamlessly transitioned to the new site during summer of 2015. Visit the program's newly updated website for more details, photos and construction updates at www.houstonocdprogram.org

We would also like to announce the arrival of Dr. Liviu Bunaciu, who is a postdoctoral fellow, currently working towards obtaining his license as a clinical psychologist. Dr. Bunaciu completed his graduate work at the University of Arkansas and his pre-doctoral internship at the Alpert Medical School of Brown University, where he received specialized training in the behavioral treatment of anxiety and mood-related disorders.

THE MOUNT SINAI OCD AND RELATED DISORDERS PROGRAM

1240 Park Av on 96th St & 1425 Madison Ave.
 New York, NY 10029
 Phone: (212) 659-8823
 Email: OCD@mssm.edu
www.mountsinaiocd.org

Within the Mount Sinai Obsessive Compulsive Disorders Program is a comprehensive specialty clinic that provides individual and intensive outpatient treatments for children, adolescents and adults with OCD and related disorders, including tic disorders, body dysmorphic disorder, hoarding, skin picking, and trichotillomania. We specialize in multidisciplinary, evidence-based treatment that is sensitive to each patient's unique needs with cognitive behavioral approaches and specialized psychopharmacology at the core of our services. For severe and treatment refractory cases of OCD, deep brain stimulation can be offered.

Since our last update, our program opened a specialized track in which we offer lower cost behavioral and pharmacological treatments for children and adolescents. Dr. Dorothy Grice, child and adolescent psychiatrist, and Dr. Ariz Rojas, child psychologist, have teamed up to open an OCD and related disorders track within the child psychiatry clinic at Mount Sinai. Under the supervision of Drs. Grice and Rojas, child psychiatry residents in their final year of training and doctoral students in clinical psychology focus on evaluation and treatment of OCD in youth.

In addition to our individual treatment options, with ongoing support from a generous donor we continue to offer a

(continued on next page)

THErapy COMMUNITY

Institutional Member Updates *(continued from page 17)*

no-cost Cognitive-Behavioral Therapy (CBT) group program for children (aged 8-12) with OCD. Eligibility is determined through individual evaluations completed by a child psychologist. Led by Dr. Rojas, the program consists of 12 sessions of CBT with exposure and response prevention, with two sessions dedicated to parental management of OCD. For more information, please call (212) 659-8823.

OCD INSTITUTE AT THE CENTER FOR UNDERSTANDING & TREATING ANXIETY

San Diego State University
6386 Alvarado Court, Suite 301
San Diego, CA 92120
Phone: (619) 229-3740
Email: naderami@gmail.com
www.nas.psy.sdsu.edu

We are pleased to announce the expansion of our OCD Institute at the Center for Understanding and Treating Anxiety, under the leadership of Dr. Nader Amir, Professor in the Department of Psychology at San Diego State University (SDSU) and University of California, San Diego (UCSD) and Dr. Sadia Najmi, Director of Clinical Services and Assistant Research Professor in the Department of Psychology at SDSU. This expansion of our clinic will allow us to better serve a wide variety of individuals with OCD and related disorders with weekly outpatient psychotherapy services as well as our Intensive Outpatient Treatment Program.

ROGERS MEMORIAL HOSPITAL

34700 Valley Road
Oconomowoc, WI 53066
Phone: (800) 767-4411, Ext. 1050 or (413) 822-8013
Email: kkaul@rogershospital.org or rramsay@rogershospital.org
www.rogershospital.org

On September 29, Rogers Behavioral Health opened our new Tampa facilities offering OCD and anxiety programming. Starting with a 12 hour per week IOP (Intensive Outpatient Program), we have added a PHP (Partial Hospitalization Program), which provides almost 30 hours of care each week. These programs, led by clinical director Eric Storch, PhD, a professor and clinical psychologist at University of South Florida (USF) Morsani College of Medicine, the programs are available for children, adolescents and adults. We also look forward to opening our Eating Disorders PHP in early 2015.

Rogers Behavioral Health is committed to continue to bring additional OCD and anxiety resources to individuals

throughout the country. We plan to add three additional locations in the first half of 2015. Offering intensive outpatient and partial hospitalization programs, the locations include Nashville, TN, Chicago, IL and Appleton, WI.

Meanwhile, it has been one year since Rogers OCD Center moved to Cedar Ridge! The new facility expanded our adult residential capacity to 28. Providing patients with more than 35 hours of cognitive behavioral therapy (CBT) and exposure and response prevention (ERP) each week, the facilities tranquil lake views have garnered such comments as "how can you be anxious here?" and "the environment provided the focus I needed to get better."

SAGE ANXIETY TREATMENT PROGRAM

601 University Avenue, Suite 225
Sacramento, CA 95825
Phone: (916) 614-9200
Email: robin@sagepsychotherapy.org
www.SagePsychotherapy.org

Sage Anxiety Treatment Program is pleased to announce its Children's Anxiety Program. The program consists of two tracks, one for those ages 8-10 and one for those 11-13. This program begins with an introduction to the concepts of Acceptance and Commitment Therapy (ACT). In our experience, the experiential nature of ACT really appeals to children and teens. The groups are held on two consecutive Saturdays with concurrent programming for both children and their parents. Children will then continue weekday/evening treatment on an individual basis. As always, teens 14 and older may receive treatment in our Intensive Outpatient Program.

Tinnitus (ringing in the ears) affects many people, especially Veterans. As appreciation for their service, on Veterans' Day Sage Anxiety Treatment Program and The Hearing Solution hosted hearing screenings and an informational meeting on the physiology and treatments available for Tinnitus. Sage will hold ACT groups for Veterans free of charge through the month of December.

The Sacramento Affiliate of the Association for Contextual and Behavioral Sciences, i.e. the professional association for ACT, is up and running! Sage is hosting a socializing and planning event on January 9, 2014. Currently planned events include "ACT: A Training on The Basics", as well as a twice-monthly peer consultation group.

(continued on next page)

Institutional Member Updates *(continued)*

STRESS & ANXIETY SERVICES OF NEW JERSEY, LLC

A-2 Brier Hill Ct.

East Brunswick, NJ 08816

Phone: (732) 390-6694

Email: sas@stressandanxiety.com

www.stressandanxiety.com

SAS of NJ has added a new clinician to our staff: Charity Wilkinson, PsyD. Dr. Wilkinson is a New Jersey licensed psychologist who studied ERP training for OCD under Dr. Elna Yadin, and has had Prolong Exposure (PE) training for PTSD under Dr. Edna Foa at the Center for Treatment and

Study of Anxiety in Philadelphia. She is also one of the few psychologists in New Jersey who is certified in Cognitive Processing Therapy, or CPT.

The clinicians at SAS of NJ continue to give multiple presentations each year on the treatment of OCD, other anxiety disorders, and Body Focused Repetitive Disorders, and are all involved in some way in OCD New Jersey, the local IOCDF affiliate. For more information, please go to www.StressAndAnxiety.com. ○

You are not alone...

INTRODUCING HelpforBDD.org

The new online resource about Body Dysmorphic Disorder, brought to you by the International OCD Foundation.



Illustration by Kate Edwards

With Help and Support for:

- ❖ Individuals with BDD, including teens and young adults
- ❖ Families and Parents
- ❖ Mental Health Professionals
- ❖ Other Professionals such as Cosmetic Surgeons and School Personnel
- ❖ And more

RESEARCH NEWS

Perinatal Obsessive Compulsive Disorder: What Research Says About Diagnosis and Treatment

By Neha Hudepohl, MD & Margaret Howard, PhD

Neha Shroff Hudepohl, MD, is Assistant Professor (Clinical) in the Department of Psychiatry and Human Behavior at Warren Alpert Medical School of Brown University, and Attending Psychiatrist at the Center for Women's Behavioral Health at Women & Infants Hospital, Providence, RI.

Margaret Howard, PhD, is the Professor of Psychiatry & Human Behavior (Clinical) and Medicine (Clinical) at Warren Alpert Medical School of Brown University; and the Division Director at the Center for Women's Behavioral Health and Director of the Postpartum Depression Day Hospital at Women & Infants Hospital, Providence, RI.

Anxiety disorders in women during their pregnancies and in the months after giving birth are often under-recognized and undertreated, and can have significant impact on the health of the mother, infant, family, and mother–baby relationship. Obsessive anxiety is a common example of this, with many mothers worrying about the safety or well-being of their infants.

This anxiety can worsen dramatically in the weeks and months after delivery and takes the form of obsessive compulsive disorder (OCD). It is typically referred to as either Perinatal OCD or Postpartum OCD, solely due to the timing of the symptoms as occurring during pregnancy or after childbirth.

Difficulties with recognizing and accurately diagnosing perinatal OCD are traced to several factors. First and foremost, mothers are often unwilling to disclose their symptoms due to guilt, shame, and fear of judgment by loved ones or health care providers. In addition, many medical and even mental health providers are not adequately trained to recognize and accurately diagnose anxiety disorders in the perinatal period. While screenings now commonly occur for postpartum depression, and many providers are trained to recognize this, the same providers may miss symptoms of anxiety or mistake them for signs of depression.

HOW OFTEN DOES PERINATAL OCD OCCUR?

For reasons not fully understood, the perinatal period (from pregnancy to 12 months after childbirth) is a particularly vulnerable time for symptoms of OCD to appear, whether they be entirely new symptoms or a re-occurrence of OCD after a period of remission. The study of pregnant and postpartum women with OCD is relatively new, so there is not absolute clarity regarding how common this disorder is, but there is agreement that a majority of women with OCD who give birth have significant worsening of their symptoms. Additionally, women who have never been diagnosed with OCD can develop OCD symptoms following childbirth. Major depression is the most common co-occurring disorder, and one study found that over 40% of women with postpartum major depression also experienced repetitive, intrusive, unwanted thoughts of harm befalling their infants.

WHAT CAUSES PERINATAL OCD?

Theories suggest that some women are susceptible to the drastic changes in hormone levels that occur during pregnancy and the postpartum period, which in turn may influence brain chemical activity (the same type of brain activity we see in anxiety disorders). It is also thought that a rapid rise in oxytocin, a hormone that is central to the mother–infant bonding process, may trigger an exaggerated “protective” response in the form of obsessive thoughts and checking rituals. Additionally, psychological factors such as a heightened sense of responsibility and increased perception of threat can lead to the obsessional anxiety that is a hallmark of OCD.

WHAT DOES PERINATAL OCD LOOK LIKE?

All new mothers experience anxious thoughts. It is considered normal and part of the process of adjusting to the new circumstances. Unfortunately, these anxious thoughts can transform into thoughts and images of harming the baby, such as “What if I drop the baby over the railing? What if I drown or burn the baby in the bathtub? What if I shake the baby?” Other thoughts involve harm coming to the baby such as “What if the baby stops breathing when I’m not watching? What if the baby catches a deadly illness?” These thoughts are generally regarded as “harming infant thoughts” and are experienced by mothers as frightening, shameful, and unacceptable. For many new mothers, these thoughts go away on their own over

Perinatal OCD *(continued)*

time, with some reassurance, and extra sleep. For others, though, the thoughts are significantly unsettling and often accompany other symptoms of anxiety or depression. When these thoughts don't recede or begin to get in the way of day-to-day functioning, the presence of OCD must be considered.

Perinatal OCD is characterized by intrusive unwanted thoughts (i.e., obsessions) about aggression toward or a fear of contamination of the infant. These obsessions can present as intense images of injury, death, or thoughts of physical or sexual harm. What distinguishes mothers with OCD from women who actually do harm their children is that women who do harm their children are typically psychotic and often under the influence of delusions or hallucinations wherein they may not feel particular anguish or conflict over these wishes. Women with OCD experience their obsessions as highly distressing and unwanted and are horrified by them.

Related compulsions include excessive checking behaviors (e.g., frequent checking on a healthy, sleeping infant), over-attachment to the infant, excessive cleaning and washing behaviors, avoidance of the infant, seeking repeated reassurance regarding the infant's health and well-being, and other similar types of behaviors. Attachment and bonding between mother and infant may become disrupted, with potential negative impacts on infant development.

Difficult attachment between mother and infant can show up in many different ways. At times, the mother has a difficult time being away from her child and may not allow others to care for her child. When this occurs, family members (in particular fathers) can experience significant distress. On the other hand, some women may avoid their infant entirely or refuse to be alone with their infants, for

fear of acting out their obsessions and often rely totally on others to care for their child. This can also have a significant impact on mother-infant attachment, family and interpersonal stress, and infant development.

TREATMENT OF PERINATAL OCD

Many women with perinatal OCD are daunted by the very treatments likely to help them: cognitive behavioral therapy (CBT) and medication.

Women with perinatal OCD can have difficulty with some of the more challenging aspects of CBT due to the severity and nature of their symptoms. Making things worse is the profound sleep deprivation typically experienced by the majority of postpartum women, and universally by those who are exclusively breastfeeding. Fortunately, interventions such as Exposure and Response Prevention (ERP) therapy (a specific type of CBT) have been shown to be highly effective in the treatment of OCD. However, to maximize benefits from CBT, some women may need medication treatment along with CBT.

IS MEDICATION SAFE?

The decision to take medication while pregnant or breastfeeding can be a difficult one, especially for a woman already grappling with fears of contaminating her child. First-line medication treatment for OCD involves the use of SSRIs to target OCD symptoms. Selective Serotonin Reuptake Inhibitors (SSRIs) are the most studied medication in pregnancy and lactation, with more studies published on the use of these medications in the perinatal period than of any other group of medication. A handful of studies have been highlighted in the popular press associating SSRI use by pregnant women to various childhood disorders, however,

(continued on next page)

ARE THERE INTENSIVE TREATMENT OPTIONS FOR PERINATAL OCD?

Intensive treatment programs provide more structured and frequent treatment than typical once-a-week therapy sessions, and can help with more severe cases.

One such program is the Women & Infants perinatal psychiatric partial hospital program in Providence, Rhode Island. This program was established in 2000 and is designed as a mother-baby unit, with the expectation that infants of postpartum women will accompany their mothers for the duration of treatment (6 hours/day for approximately 2 weeks). The program is designed for perinatal women suffering from mood and anxiety disorders who require intensive treatment and prefer non-medication based intervention; or if medication is required, treatment is provided by prescribers with expertise in pregnancy and lactation.

RESEARCH NEWS

Perinatal OCD *(continued)*

it is important to consider these studies in the context of all of the research. While some of these studies have been repeated, the results have not been confirmed. For this reason, it is very important for mothers to be cautious when making treatment decisions based on a single article or study. Rather, talk to a doctor (be it your psychiatrist or physician) who has experience managing medication for pregnant and breastfeeding women and who can help you fully weigh the benefits and risks.

Overall, SSRIs are considered to be relatively safe for use in pregnancy and lactation; when compared with the risks of untreated anxiety, the consensus is that medications should be used in those whose OCD symptoms are getting in the way of their day-to-day functioning. In particular, studies on the use of fluoxetine and fluvoxamine have been done in postpartum OCD and appear beneficial in symptom reduction. In general, most perinatal psychiatrists will recommend that a woman takes what has worked for her symptoms in the past.

While SSRIs are thought to be relatively safe, they are not without drawbacks. SSRI use has been linked to early delivery and smaller babies, but it is unclear what impact the severity of the underlying depressive or anxiety symptoms has on these outcomes. In up to 30% of infants exposed to SSRIs in the third trimester, there can be a short term increase in irritability, jitteriness, lethargy, and fluctuating temperature known as "poor neonatal adaptation syndrome." This is a time-limited condition, and infants go on to show normal development through infancy. Very small concentrations of SSRIs are secreted into breast milk, limiting the exposure to the breastfeeding infant. There is no evidence of developmental delay when infants are exposed to SSRIs in breast milk, and they are considered to be compatible with breastfeeding.

While less is known about the safety of other medications commonly used to treat OCD, this does not mean that they are unsafe; rather, this means that there is less published research on their use in the perinatal patient. Another medication commonly used to treat OCD is clomipramine (this is not an SSRI but called a tricyclic medication instead because it targets brain chemicals differently than SSRIs). Clomipramine has been linked to an increased risk of cardiac events (i.e., heart defects) when used in early pregnancy, but there is limited information related to this. Clomipramine also increases the risk of the previously mentioned "poor neonatal adaptation syndrome." Studies

of clomipramine levels in breast milk show minimal transfer to the infant and there is no evidence of short or long-term adverse effects on infant development.

Other medications can be used to increase the effectiveness of SSRIs in OCD treatment, especially in patients whose symptoms only partly respond. Some of these medication options include those that as a group are called "antipsychotic medication" and "benzodiazepines." Many of these have been studied in pregnancy and in breastfeeding and are considered to be safe when the need for use is warranted. In particular, the use of benzodiazepines for immediate relief of anxiety and insomnia can be helpful in the short term treatment of women with OCD.

At the end of the day, women must weigh the pros and cons for themselves, and discuss their options with their psychiatrist or physician. Perinatal OCD is a huge obstacle to maternal bonding and infant development, and in some cases, using medication to help restore that bond may outweigh the risks of the medications themselves.

CONCLUSION

Perinatal OCD is a significant and disabling illness that frequently worsens in the postpartum period with the potential for negative impact on the health of the mother. Early diagnosis and effective treatment are extremely important, with the goal of alleviating suffering in mothers and minimizing potential adverse impact on mother-infant attachment. The link between childbearing and OCD needs further understanding. Research on traditional and emerging treatments for OCD must continue with a particular focus on pregnant and breastfeeding women and the effects of treatment on their children. ○

REFERENCES

- Berle JO & Spigset O (2011). Antidepressant use during breastfeeding. *Current Women's Health Reviews*, 7: 28-34.
- Byatt N, Deligiannidis KM & Freeman MP (2013). Antidepressant use in pregnancy: A critical review focused on risks and controversies. *Acta Psychiatr Scand*, 127: 94-114.
- Grigoriadis S, VonderPorten EH et al (2013). The effect of prenatal antidepressant exposure on neonatal adaptation: A systematic review and meta-analysis. *J Clin Psychiatry* 74(4): 309-320.

(continued on next page)

Perinatal OCD *(continued)*

Hale TW (2012). **Medications and mother's milk.** Amarillo, Texas: Hale Publishing, L.P.

Hudak R & Wisner KL (2012). **Diagnosis and treatment of postpartum obsessions and compulsions that involve infant harm.** *Am J Psychiatry*, 169: 360-363.

Jennings KD, Ross S et al (1999). **Thoughts of harming infants in depressed and nondepressed mothers.** *J Affective Disorders*, 54:21–28.

Ross LE, Grigoriadis S et al (2013). **Selected pregnancy and delivery outcomes after exposure to antidepressant medication: A systematic review and meta-analysis.** *JAMA Psychiatry*, 70(4): 436–443.

Russell EJ, Fawcett JM & Mazmanian D (2013). **Risk of obsessive-compulsive disorder in pregnant and postpartum women: A meta-analysis.** *J Clin Psychiatry*, 74(4): 377-385.

Speisman BB, Stork EA & Abramowitz JS (2011). **Postpartum obsessive-compulsive disorder.** *JOGNN*, 40(6): 680-690.

Uguz F, Kaya V, Gezginc K, Kayhan F & Cicek E (2011). **Clinical correlates of worsening obsessive-compulsive symptoms during pregnancy.** *General Hospital Psychiatry*, 33: 197-199.

Zambaldi CF, Cantilina A, et al (2009). **Postpartum obsessive-compulsive disorder: prevalence and clinical characteristics.** *Comprehensive Psychiatry*, 50:503-509.

2015 RESEARCH AWARDS REQUEST FOR PROPOSALS

SUBMISSION PERIOD: JANUARY 2, 2015 TO FEBRUARY 27, 2015 AT 5PM EST

Promoting research into the causes and treatment of OCD and related disorders is a top priority of the International OCD Foundation (IOCDF). Since 1994, the Foundation has awarded over \$3 million to researchers through the Research Grant Award Program. This program funds three to eight research projects each year with grants between \$25,000 and \$50,000.

About Our Research Grants

- ❑ The IOCDF awards grants to investigators whose research focuses on the nature, causes, and treatment of OCD and related disorders.
- ❑ The IOCDF has a long history of funding projects for both junior and senior investigators. We especially encourage junior investigators to apply, in order to support young researchers at the beginning of their careers.
- ❑ Senior investigators may also ask for grant funding for projects that would provide pilot data for future larger scale federal grant applications.

- ❑ Funding for these yearly research awards comes from contributions of the Foundation's members and donors with 100% of research contributions going directly toward funding the winning projects.

When donating, donors have the opportunity to direct their donation toward a specific area of interest. While we continue to prioritize general research topics, we also encourage researchers to submit research proposals in one of these priority areas:

- Hoarding Disorder
- Body Dysmorphic Disorder
- Pediatric OCD
- PANDAS/PANS specific research
- Genetics

For information about how to apply please go to: www.ocdresearchgrants.org

If you have additional questions, please contact Barbara Rosemberg at 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 Internal Review Board (IRB). The studies are listed alphabetically by state, with online studies and those open to multiple areas at the beginning.

If you are a researcher who would like to include your research listing in the OCD Newsletter, please email Tiia Groden at tgroden@iocdf.org or visit www.iocdf.org/research.

ONLINE STUDIES

Are you married? Do you or your spouse have OCD?

If your answer is yes, then you may be eligible to participate in a paid study conducted by researchers at the University of Louisville. Your responses may help therapists better understand how to help married couples in distress because of problems associated with OCD. The payment for participating in this study is \$25 (\$50 per couple). Your spouse will also have to complete a related questionnaire before you will receive compensation. For more information and to participate in the online paid survey: http://louisville.az1.qualtrics.com/SE/?SID=SV_73RZHGMntKyHG7j

CANADA

Couples Therapy and OCD

Do you or your partner have OCD?

Do you feel you or your partner's quality of life is significantly impacted by OCD?

Would you like to engage in treatment that may help you to better cope as a couple?

Researchers at YORK UNIVERSITY and Sunnybrook Health Sciences Centre in Toronto, Canada are currently seeking individuals with Obsessive-Compulsive Disorder and their partners to participate in a treatment study.

If you and your partner are between 18 and 65 years of age, are FLUENT in English, and either you or your partner suffer from Obsessive-Compulsive Disorder you may be eligible.

The purpose of this research is to better understand the nature of OCD in committed relationships, while also investigating a couple's therapy which is designed to help you and your partner cope with OCD and related issues.

You can receive 7 weeks of free treatment, and help others through your participation.

TO LEARN MORE CONTACT US AT: (416) 504-6957 or rsiegel@yorku.ca

MASSACHUSETTS

Muscle Dysmorphia and BDD

(PI: Aaron J. Blashill, Ph.D.)

1-877-4MGH-BDD

bdd@partners.org

<https://mghocd.org/clinical-services/bdd>

This study is examining similarities and differences between body dysmorphic disorder (BDD), and a subtype of BDD called muscle dysmorphia, among men age 18 and older. Muscle dysmorphia involves an excessive preoccupation with thoughts that one's body is not sufficiently lean and muscular, and frequently involves excessive weightlifting. We are interested in recruiting both men with muscle dysmorphia and those with non-muscle focused appearance concerns. This one-time study visit is at the MGH main campus, and will last for roughly 2 hours, and consist of an interview with a clinician and filling out questionnaires. You will be reimbursed \$50.00 for the completion of the study visit.

Do you have Obsessive Compulsive Disorder (OCD)?

- ❖ Do you have UNWANTED THOUGHTS that are hard to control?
- ❖ Do you have WORRIES or DOUBTS that WON'T GO AWAY?
- ❖ Do you have to DO things OVER & OVER again?

If so and you are 18-65 years old, live within driving distance of Boston, and meet further study qualifications, you may be eligible to participate in one of our two treatment studies and will receive the following at no-cost:

- ❖ Diagnostic evaluation
- ❖ Study treatment (with cognitive-behavioral therapy or transcranial magnetic stimulation (TMS))

Compensation provided.

For further information, please contact Katie at 617-724-4354 or email: OCDclinic@mgh.harvard.edu

Research Participants Sought *(continued)*

Oxytocin Biomarker for Body Dysmorphic Disorder

(PI: Sabine Wilhelm, Ph.D.)

Angelina Gomez

877-4MGH-BDD

bdd@partners.org

The Massachusetts General Hospital is seeking men who are very worried about how they look to participate in a research study. If you are eligible, participation involves blood draws, a clinical interview, questionnaires, and computerized tasks. Participation includes two brief visits to MGH and up to \$100 compensation.

NEW YORK

Are your current SRI meds not working?

Are you taking one of the following medications for obsessive-compulsive disorder?

- ❖ Clomipramine (Anafranil)
- ❖ Fluoxetine (Prozac)
- ❖ Fluvoxamine (Luvox)
- ❖ Sertraline (Zoloft)
- ❖ Paroxetine (Paxil)
- ❖ Citalopram (Celexa)
- ❖ Escitalopram (Lexapro)

Are you still having bothersome symptoms?

Are you interested in receiving no-cost therapy treatment that may improve your symptoms such that you may be able to stop taking your medication?

If you answered “yes” to all three questions, you may be eligible for treatment as part of a research program at Columbia University.

The Center for OCD and Related Disorders at the New York State Psychiatric Institute at Columbia University is offering treatment as part of a research study for people who have obsessive-compulsive disorder (OCD) and are currently taking one of the above medications for their OCD but still have unwanted symptoms.

For more information about participation or for a confidential phone screening, please contact the Center for OCD and Related Disorders at the New York State Psychiatric Institute at Columbia University in New York at (646) 774-8049 or visit our website at www.ocdtreatmentstudy.com.

Extending Ketamine’s Effects in OCD with Exposure and Response Prevention (EX/RP) (IRB# 6811)

This study investigates if a single dose of IV ketamine can rapidly improve OCD symptoms and whether these effects can be maintained with a condensed course of a type of Cognitive Behavioral Therapy called exposure and response prevention (ERP). You will be compensated for your time and travel. Participants must be between the ages of 18-55. For more information, please contact the study coordinator: Jordana Zwerling at (646) 774-8118.

Novel Antibiotic Treatment Study for Children, Adolescents and Young Adults with OCD – Columbia University Medical Center / New York State Psychiatric Institute

This study aims to determine whether adding an FDA-approved antibiotic medication called minocycline to antidepressant treatment can help reduce symptoms of pediatric OCD. This study also aims to learn more about the brains of children and adolescents with OCD.

Your child must be taking a stable dose of a serotonin reuptake inhibitor (SRI) in order to participate in this study. SRI medications typically used to treat OCD include Fluoxetine (Prozac), Fluvoxamine (Luvox), Sertraline (Zoloft), Paroxetine (Paxil), Citalopram (Celexa), Escitalopram (Lexapro) and Clomipramine (Anafranil). During the 12-week study period, your child will continue to take the SRI s/he is currently taking.

This study consists of two phases:

Phase 1:

- ❖ A screening period of 1-2 visits to determine if your child is eligible, including a free, thorough psychiatric evaluation.
- ❖ 12 weeks of medication treatment with minocycline or placebo* (pills with no medication in them) at no cost.
- ❖ 7 visits with the study doctor: one hour visit at the start, followed by 30 minute visits every 2 weeks.
- ❖ 2 brain scans in a magnetic resonance imaging (MRI) machine.

*There is a two out of three chance that your child will receive minocycline instead of placebo in phase 1.

(continued on next page)

RESEARCH NEWS

Research Participants Sought *(continued)*

Phase 2:

Medication management and/or Cognitive-Behavioral Therapy (CBT) for OCD for three months at no cost:

- ❖ Minocycline offered to participants who received placebo in Phase 1.
- ❖ OCD-specific CBT treatment by experts, including Exposure and Response Prevention (ERP) therapy if appropriate.
- ❖ Additional medication care by psychiatrists specializing in OCD treatment.

Individuals will be compensated up to \$350 for their participation in the research program. Onsite school services through PS186X at the Children's Day Unit are provided for all eligible participants.

Organization:

Columbia University Medical Center/New York State Psychiatric Institute

Principal Investigators:

Moira Rynn, M.D. and Helen Blair Simpson, M.D., Ph.D.

Eligibility Criteria:

- ❖ Age: 8 –20 years
- ❖ Genders: both
- ❖ Key inclusion criteria: Primary diagnosis of OCD and currently on a stable and adequate dose of an SRI

Exclusion Criteria:

Exclusion criteria include, but are not restricted to the following:

- ❖ Lifetime diagnosis of psychotic disorder, bipolar disorder, eating disorder, pervasive developmental disorder, mental retardation, substance/alcohol dependence or pediatric autoimmune neuropsychiatric disorders associated with streptococcus (PANDAS)
- ❖ Current diagnosis of major depressive disorder, tourette's/tic disorder, or substance/alcohol abuse
- ❖ Active suicidal ideation
- ❖ Hoarding as the primary OCD symptom
- ❖ Pregnant, nursing, or planning to become pregnant

Contact:

For more information please contact Project Manager Prerna Martin at (646) 774-5793.

Location: New York, NY

Website: <http://columbiapsychiatry.org/pamrc/OCD>

For more information on the Columbia University Pediatric Anxiety and Mood Research Clinic (PAMRC), please visit:

http://columbiapsychiatry.org/sites/pi/files/u11/PAMRC_Clinic_Brochure_2014.pdf

For more information on our OCD Treatment & Research Program, please visit: http://columbiapsychiatry.org/sites/pi/files/u11/PAMRC_OCD_Minocycline_Brochure_2014_o.pdf

http://columbiapsychiatry.org/sites/pi/files/u11/PAMRC_OCD_Minocycline_Brochure_2014_o.pdf

Randomized Controlled Trial of Intranasal Ketamine vs. Intranasal Midazolam in Individuals with OCD (IRB# 6952)

The present study will test if intranasal ketamine is feasible to use and can reduce OCD symptoms significantly more than a comparison medication called midazolam. Therefore, you may or may not receive ketamine as part of this study. Results from this study will allow doctors and researchers to better understand if you and others with OCD may respond to this class of medications. You will be compensated for your time and travel. Participants must be between the ages of 18-55. For more information, please contact the study coordinator: Jordana Zwerling at (646) 774-8118.

RHODE ISLAND

The Tapering OCD Pharmacotherapy Support (TOPS) Research Study

Are you interested in stopping medication for Obsessive Compulsive Disorder? If you are between the ages of 18-65 and are interested in coming off serotonin reuptake inhibitors (SRIs), you may be eligible for this exciting, new research study. The OCD Researchers and Clinicians at Butler Hospital and the Alpert Medical School of Brown University are looking at two different programs designed to support individuals who want to stop SRI medication. Eligible participants are randomly assigned (by chance) to one of two 22-week programs including comprehensive assessment, support, and medication management by an experienced psychiatrist. Follow-up evaluations take place at the end of treatment, and 6 months later. Participants are compensated up to \$100 for their time and effort.

For more information please contact Dr. Boisseau at (401) 455-6236. ○

Affiliate Updates *(continued from back page)*

be on Sunday, March 15, 2015.

Our last quarterly meeting was on December 8th. Dr. Rebecca Sachs of the Midtown Center for CBT in NYC presented on treating persons who have OCD but also fall along the ASD spectrum.

On Feb 25, 2015 Marla Deibler, PsyD, OCDNJ secretary, will be giving a talk to the National Association of Social Workers (NASW) NJ on OCD.

On March 19, 2015 Marla Deibler, PsyD, OCDNJ secretary, will be giving a talk at CHOP on Private Specialty Practice (OCD).

April 8, 2015 Marla Deibler, PsyD, OCDNJ secretary, will be giving a talk at Jersey Shore Medical Center Grand Rounds on Hoarding Disorder.

May 5th, 2014, OCDNJ President, Allen H. Weg, EdD, will be presenting on OCD and Storytelling at NASW New Jersey Annual Conference.

Find more information on www.OCDNJ.org.

OCD SACRAMENTO

www.ocdsacramento.org

OCD Sacramento is pleased to announce a very successful line up of presentations that were held to support OCD Awareness Week. This included "OCD 101" by Dr. Robin Zasio, PsyD, LCSW; "How to Help Your Loved One Struggling with OCD" by Holly Wang, LMFT; and "Finding Your Way Back" by Jill Kruse. A Wine and Cheese Networking Event was also hosted, bringing in therapists from all over Northern California to share their expertise and resources and learn more about specialized treatment for OCD.

2015 will bring an ongoing monthly lecture series which will offer over 10 presentations over the course of the year for consumers, loved ones, therapists, and others who are looking for information on OCD and anxiety disorders. OCD, Hoarding Disorder, Panic Disorder, Social Anxiety, Excoriation Disorder and Trichotillomania will be some of the conditions to be covered. These presentations are at no cost to members of the IOCDF. Our annual networking event will continue in 2015, as well as support for OCD Awareness Week. Finally, OCD Sacramento will also host its 2nd Annual "1 Million Steps for OCD Walk" on June 6, 2015, in conjunction with the IOCDF's walk in Boston.

OCD TWIN CITIES

www.ocdtc.org

OCD Twin Cities hosted Jeff Bell on October 12, 2014, as a kickoff for OCD Awareness Week. We had a great turnout! Jeff Bell kept everyone captivated with his story about overcoming the worst of his OCD symptoms, and afterward he and Alison Dotson (President of OCD Twin Cities) both signed copies of their books. Thanks to everyone who came out! We look forward to hosting more events in the future.

OCD WESTERN PA

www.ocfwpa.org

On Saturday, November 1, OCD Western Pennsylvania held the 8th Annual Dirt Monster 5-Mile Trail Race. Despite the cold temperature and threat of rain, our post Halloween jaunt still attracted most of our loyal runners. This year, 17-year-old Brett Hoffman took the honors of the overall male division, while Leigh Ciofani topped off the women's race. Both were newcomers to the race but indicated they would be putting it on their racing calendar in the future. The team competition heated up this year with several competitive coed teams entering — Team MoJo ended up taking home the bragging rights. Dr. Hudak once again was the first mental health professional to cross the finish line. This year's orange shirt was a big hit so we hope that we can raise awareness in many circles as people wear the shirts for years to come. We did have a few extra shirts so you can purchase one by contacting OCD Western PA President, Elaine Davis, at ocdirections@verizon.net.

OCD WISCONSIN

www.ocdwisconsin.org

OCD Wisconsin has had a busy fall. Lake Country Living and the Oconomowoc Focus did a story about OCD and promoted OCD Awareness Week activities. We also recently updated our marketing materials. During OCD Awareness Week, we had a booth at Community Wellness Day in Oconomowoc (see photo, right).



Dr. Dave Jacobi, from Rogers Memorial Hospital, did a free talk for the public at Waukesha County Technical College.

OCDWI board members Kristy Robb and Damon Buckett (pictured below) spoke about OCD at another public event at UW Fox

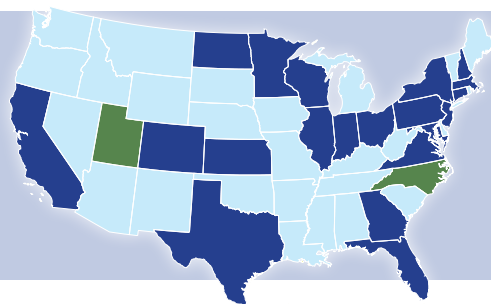


Valley. We are also looking forward to having an exhibit at the Wisconsin School Guidance Counselor Convention in February. ○

FROM THE AFFILIATES

Affiliate Updates

Our affiliates carry out the mission of the IOCDF through programs at the local, community level. Each of our affiliates are non-profit organizations that are run entirely by dedicated volunteers. To learn more, or to find an affiliate in your area, please visit: www.iocdf.org/affiliates.



OCD CONNECTICUT

www.ocdct.org

OCD Connecticut's 1st annual event for OCD Awareness Week, "Living with OCD," was a huge success with 73 people in attendance. The event was held at the Yale Child Study Center in New Haven and our presenters — Dr. Christopher Pittenger, MD, PhD; Dr. Micheal Bloch, MD, MS; and Amy Cawman, LCSW — were well received. The highlight of the event was when 16-year-old Tommy Smalley spoke about living with OCD and his recovery process with ERP. Support group breakout sessions were facilitated by Dr. Christina Taylor, PhD and Dr. Diane Sholomskas, PhD (adult session); Amy Cawman, LCSW, Heidi Grantz, LCSW, Dr. Denis Sukhodolsky, PhD (teen session); and Susan Schuster (family member session). Thank you to all who attended and to Lauri Johnson, our project manager, who volunteered countless hours to make the event a success. Volunteers and input are welcome to assist with planning for the future of OCD CT. Please visit our website at www.ocdct.org and like us on Facebook: www.facebook.com/OCDConnecticut.

OCD MASSACHUSETTS

www.ocdmassachusetts.org



OCD Massachusetts partnered with the IOCDF to host an event at the Massachusetts State House in Boston with legislators and members of the public during OCD Awareness Week in October. The lunch presentation was hosted by State Representative Liz Malia, House Chair of the Joint Committee on Mental Health and Substance Abuse, and featured talks by Dr. Jeff Szymanski, IOCDF Executive Director;

Jilian Lucas, a mother of a boy with OCD; and OCD Mass President Denise Egan Stack, LMHC. We hope this is the beginning of a collaboration between OCD Massachusetts and state legislators, and that we can continue to raise awareness and advocate for

MA residents dealing with the challenges of OCD and related disorders.

Our lecture series continue in Belmont and Worcester. Please visit www.ocdmassachusetts.org for upcoming dates and topics.

OCD MIDWEST

www.ocd-midwest.org

OCD-Midwest will be launching a fundraising campaign in the new year. We would like to get several boards going as well (Parents, Advisory, and Executive). We look forward to working with you in the future. We are also interested in volunteers to assist with Ping Pong for OCD in the spring and in individuals who can assist with our website. Please let us know of your interest by calling (847) 303-4996 or emailing us at ocd-midwest@iocdf.org.

OCD NEW HAMPSHIRE

www.ocdnewhampshire.org

OCD New Hampshire held an Open House for OCD Awareness Week on October 16, 2014. Professionals and members of the community attended to discuss future directions of the group. As a result, OCD NH is planning on starting a community-based support group with the help of volunteer Mary Giveen. Dr. Elizabeth Ellis Ohr joined as an executive board member and will be assisting with these efforts. Please check out our website at www.ocdnewhampshire.org and Facebook page at www.facebook.com/OCDNH. Volunteers are welcome to assist with planning for the future of OCD NH.

OCD NEW JERSEY

www.ocdnj.org

Ali Mattu, PhD, of the Columbia University Clinic for Anxiety and Related Disorders for Children in NYC will be presenting at our quarterly meeting on March 9th, 2015, at 7:30 in our East Brunswick meeting room.

Anne Marie Albano, PhD, Associate Professor of Clinical Psychology in Psychiatry at Columbia University and past President of the Association for Behavioral and Cognitive Therapies (ABCT), will be presenting "Treatment of OCD in Adolescents and Young Adults: What To Do With Parents?" at our next annual conference in Garwood, NJ. The full day program will

(Affiliate Updates continued on page 27)