International OCD Foundation

OCD Newsletter

Volume 29 | Number 4 Winter 2015

WHAT DOES OCD LOOK LIKE? ME.

by Elizabeth McIngvale-Cegelski, PhD, LMSW

Elizabeth McIngvale-Cegelski, PhD, LMSW, IOCDF Spokesperson at the 2015 Annual OCD Conference.

It seemed like overnight I started having these obsessions that I couldn't stop. No matter how hard I tried to push them out, these disturbing thoughts were stuck in the forefront of my mind. I had no idea what was happening or what to do. All I knew was that the bizarre rituals my mind suggested seemed to be my best option. The rituals not only made me feel better (even if only temporarily), they also made the thoughts go away, thoughts that terrified me beyond belief. As this pattern continued, the OCD cycle began. Within months I was completely consumed with my OCD — it had taken over my life, my pleasure, and my will to live. I was lost, scared, and alone. I was afraid of what others might think or what would happen if I spoke out about my fears and my rituals.

As time passed and OCD took over all aspects of my life, my ability to hide my suffering diminished. My mom started noticing and wondered what was happening to her previously fun, outgoing, care-free daughter. My OCD centered on contamination, scrupulosity, perfectionism, hyper-responsibility, and more. My thoughts were nonstop, as were the rituals that followed. My OCD took over every waking hour of my life, and I became disabled and homebound by this cruel disease.

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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.

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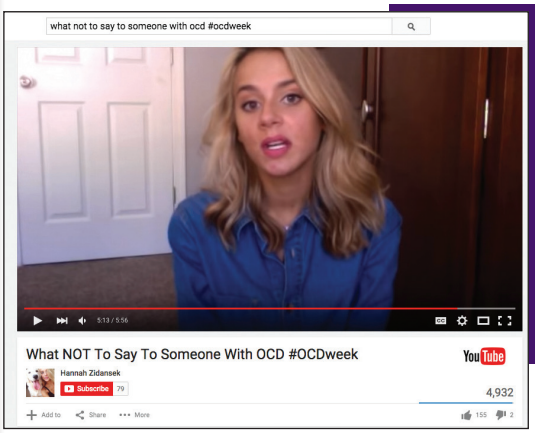
#ocdweek 2015

Thank you to everyone who participated in this year's OCD Awareness Week efforts! An online scrapbook of just some of this year's #OCDweek highlights is available at ***www.storify.com/IOCDF/ocdweek-2015***.



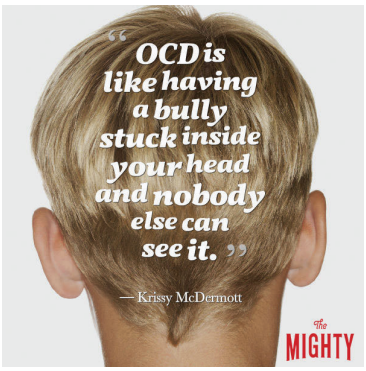
Congratulations to Hannah Zidansek, the winner of our 2015 OCD Awareness Week Video Contest! Hannah's video, "What NOT to Say to Someone With OCD" received over 200 votes throughout the week and was the clear fan favorite! Go to the IOCDF YouTube channel at ***www.youtube.com/IOCDF*** to see videos from all of this year's amazing Video Contest finalists.

#OCDweek on Twitter

Katlyn Nicole (***@thekatway***) Off to do an exposure! Exposures during #OCDWeek feel much more powerful than others. Maybe because I don't feel as alone doing them! :)

S. Jane Gari (***@SjaneGari***) We need to tell ourselves kinder stories about ourselves. #selfacceptance #OCDWeek

Dr. Jenny C. Yipp (***@DrJennyYip***) Stigmas are toxic. Mental illness doesn't make you crazy or weak. Let's stand together and support #OCDWeek. #mentalhealthmatters



OCD Awareness Week, held October 11–17, 2015, was a huge success this fall!

OCD Awareness Week by the numbers:

68 events listed on the OCD Awareness Week calendar hosted by IOCDF affiliates, institutional members, and global partners

1013+ tweets with the #OCDweek hashtag sent throughout the week

1456+ Twibbon downloads to show support for OCD Awareness Week

5250+ views and counting on the winning #OCDweek Video Contest submission on YouTube

Left to right, top to bottom: Hannah Zidansek's video, "What NOT to Say to Someone With OCD"; photo of Rogers Behavioral Health —Nashville staff from @shep6606 on twitter; photo from The Mighty's "17 Quotes That Prove OCD Is So Much More Than Being Neat"; collage of twibbons created by Instagram users: @vin.cosentino, @theocdstories, @rzoe11, and @ mamasophs76; photo of OCD support Japan from twitter user @aricop6

Letter from the Executive Director

To all those affected by OCD and related disorders,

As I mentioned earlier this year, we have been working on the IOCDF strategic plan outline — what we hope to accomplish in the next five years. We began this process by taking a closer look at our mission statement:

> *The mission of the International OCD Foundation is to help individuals with obsessive compulsive disorder (OCD) 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.*

A powerful shift in my thinking happened during these conversations about our mission. When I look back on the past few years at the IOCDF, I am struck by the variety and complexity of all of the audiences we serve. The part of the mission statement that continues to resonate with me is the phrase: "to help *individuals* with obsessive compulsive disorder (OCD) and related disorders." In reality, we do so much more than that. While many people do suffer in isolation and silence while struggling with OCD and related disorders, more often than not, his or her entire social system is affected. These disorders are cruel and invasive. It can affect entire families, friendships, work environments, even an entire apartment building or neighborhood (think: hoarding disorder).

Our mission is really: "to help *all of those* affected by OCD and related disorders." The entire OCD community benefits from our programs and resources. This is already evident in the structure of our Annual OCD Conference, with "tracks" of workshops designed not only for adults, kids, and teens affected by OCD and related disorders, but also for their families, loved ones, and friends — not to mention the community of mental health professionals who treat and research OCD and related disorders. You can also see this inclusive approach reflected in our website upgrades and redesign — a specific and dedicated emphasis to develop and provide information and education for many different audiences affected by OCD and related disorders who have unique needs.

After the most recent board meeting, I received the following message from one of our newest board members, Denis Asselin:

> *It does matter which verbs, adjectives, and words we use in that declaration of intent (our mission statement); it does matter how much hope we offer to sufferers, their families, and their friends. It also matters where the organization's money goes, what training programs we offer, which research projects we fund, and who says and does what, when, and how in the Foundation's name. It all matters because who knows who will directly benefit from each small decision we make now for the near and far future. It will definitely matter for the next child and family who may enter an emergency room or clinic desperately seeking help as my family did.*

And so this shift in a couple of words has begun to solidify a direction we had already been moving toward. But for me, this really pulled our future plans into perspective. As we continue to develop our strategic plan, we are focusing on the need to expand our reach, programming, and support resources for the entire OCD community.

I wanted to take this opportunity to thank our Board of Directors, my staff, and the ongoing feedback and input we get from this increasingly engaged and committed IOCDF community. I look forward to the many things to come in 2016.

Sincerely,

Jeff Szymanski, PhD
Executive Director
International OCD Foundation

FROM THE FOUNDATION

Donor Profile: Minal Mahtani — Raising Awareness and Funds in Hong Kong

by Jeff Smith, IOCDF Director of Development

IOCDF programs are supported by individual donors from all over the world. In this donor profile, I want to introduce you to Minal Mahtani. Minal Mahtani is the founder of OCD & Anxiety Support Hong Kong, an IOCDF global partner. Her personal experience with anxiety and passion for psychology was the driving force behind her work with adults who struggle with mental health issues such as OCD and anxiety disorders. Minal is committed to creating change in other people's perceptions of mental health issues, breaking stigma, and sharing the skills that she has learned.

Minal and volunteer passing out green ribbons for OCD Awareness in Hong Kong during #OCDweek.

This past October during International OCD Awareness Week, Minal hosted and participated in many public OCD awareness-raising activities, including speaking on a popular radio show in Hong Kong on the topic, "Understanding and Treating OCD." She also hosted a workshop, "Living with Anxiety: From Surviving to Thriving," and held support groups for people with OCD and anxiety disorders.

In addition to spreading awareness and providing support, Minal also took it upon herself to fundraise, asking others to support the work of the IOCDF by making a donation. She set out a donation box in the back of the room at her workshop and support groups and collected $600 US dollars for the IOCDF! Realizing how much stigma still accompanies mental health issues in Hong Kong society and the reluctance for individuals to get involved with mental health organizations, we applaud Minal for her dedication and commitment to helping those with OCD and related disorders in her community and for raising important support for the IOCDF.

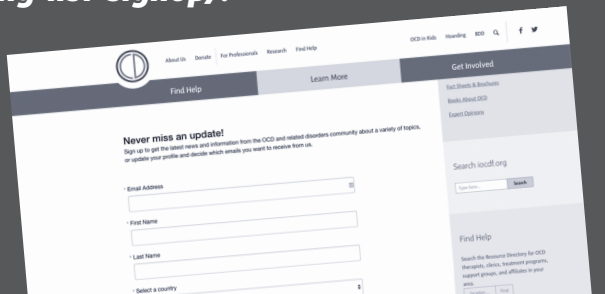
Minal says, "No one wants to acknowledge the elephant in the room, that mental health issues are a major concern in Hong Kong." Minal also shared that, according to a government study in 2012 by the Equal Opportunities Commission of Hong Kong, one in three people failed to reach the median score of mental health indicators on an exam. Additionally, 64 percent of sufferers felt they must keep their disorder a secret to protect against stigma and rejection. This is something she is determined to change through her work promoting awareness of OCD and related disorders. Minal explains, "We support individuals and their families with OCD and anxiety disorders as best we can by utilizing monthly support groups, raising awareness of mental health conditions through public education, and by being a resource for those seeking professional treatment in HK or overseas."

If you would like to join Minal in supporting the IOCDF, you can do so by making a gift easily online at www.iocdf.org/donate.

*Have you hosted a grassroots fundraising event to benefit the IOCDF? If so, let us know about it by contacting Jeff Smith, director of development, at: **jsmith@iocdf.org** or (617) 973-5801 ext 24. We would love to share your story!*

Never miss an email update from the IOCDF!

Whether you've accidentally unsubscribed or just want to make sure you're set to receive news about the 1 Million Steps 4 OCD Walk, Annual OCD Conference, our new monthly Spotlight Research Update, and more, sign up or modify your email preferences at *www.iocdf.org/get-involved/mailing-list-signup/*.



IOCDF Research Grant Fund Appeal: Ramping Up Research Funding with a Challenge That Could Double Your Gift!

By Jeff Smith, IOCDF Director of Development

Each year the IOCDF receives approximately 50 research proposals submitted by investigators from all over the world. Members of the IOCDF's Research Grant Review Committee, which consists of the leading experts in the field of OCD and related disorders, then rank these proposals to ensure the best grants have the opportunity to get funded. In the past few years, the IOCDF has been able to fund 3-4 proposals ranging from $35,000–$50,000 each. Sabine Wilhelm, PhD, chair of the Grant Review Committee and vice-chair of the IOCDF Scientific and Clinical Advisory Committee, explains, "There are several high quality proposals presented each year, but because of the limited amount of funding we have to allocate to research grants, we can only fund a small percentage of them. There are so many good ideas out there and we could be doing so much more if we just had the funding. Our goal should be to fund 8 to 10 proposals a year."

WHAT WOULD YOU DO IF YOU COULD DOUBLE YOUR GIFT TO THE IOCDF RESEARCH FUND?

Now, a longtime donor to the IOCDF is helping address this research funding challenge by issuing a challenge of their own! Realizing that we can do more, our donor presented the IOCDF with an incredible opportunity to raise much-needed funds in support of research by challenging other donors and members. Our longtime donor has agreed to match dollar for dollar any **NEW** research donations made by donors who did not give to the Research Grant Fund last year. If you gave to the IOCDF Research Grant Fund last year — thank you! —our donor has agreed to match any amount above what you gave last year!

This is a rare opportunity to have your gift to the IOCDF **DOUBLED**. Your gift of $100 can now mean $200 toward research into the cause and treatment of OCD and related disorders, or a gift of $500 can mean $1,000! Remember, if you gave to the IOCDF Research Grant Fund in 2014, any amount you give above what you contributed last year will also be doubled!

Who knows what new and innovative treatment approach has been left on the shelf because of a lack of research funding? Improving care and treatment for people with mental health issues requires the same rigorous research demanded for tackling physical illnesses such as cancer and diabetes. Your donation to the IOCDF Research Grant Fund will lead to research projects that could unlock the door to very real progress in the treatment of OCD and related disorders.

Since 1994, the IOCDF Research Grant Fund has distributed over $3 million dollars in grant awards to OCD researchers. Through the generosity of our donors and members, the IOCDF has provided funding for many research studies making important strides in finding causes of and treatments for OCD and related disorders. That being said, we know that with your help and the support of our challenge grant donor we can increase the level at which the IOCDF can fund innovative research projects.

Your donation to the Research Grant Fund enables critical research on OCD and related disorders to continue. The IOCDF uses 100 percent of research funds raised to directly support research projects.

You may have recently received a letter from Dr. Michael Jenike, chair of our Scientific and Clinical Advisory Board, asking for your participation in the Research Appeal. Included in your letter is an envelope that allows you to mail your gift directly to the IOCDF. You can also make a gift securely online at ***www.iocdf.org/donate/research***. The IOCDF knows many of our donors may have a particular area of research that most interests them, which is why we have made it possible for donors to direct their gift in support of a specific area of OCD or related disorders research, including:

- General Research Fund
- Causes of OCD
- Treatment of OCD
- Pediatric OCD
- Hoarding Disorder
- PANDAS/PANS
- Body Dysmorphic Disorder (BDD)

Together, let's rise up to meet this challenge! Your generosity, combined with the generosity of our challenge grant donor, has the possibility to make a significant impact on research into OCD and related disorders. Please join us today and make a gift to the IOCDF Research Fund.

If you would like to know the amount of your last gift to the Research Fund or if you have any other questions about the IOCDF Research Grant Fund, please contact Jeff Smith, director of development, at ***jsmith@iocdf.org*** *or (617) 973-5801 ext 24.*

FROM THE FOUNDATION

Call for Proposals: 2016 Annual OCD Conference – July 29-31, 2016, Chicago, IL

by Marissa Keegan, IOCDF Program Director

Here at the IOCDF office, we are still in awe thinking back to the 2015 Annual OCD Conference in Boston this past July. It was a record-breaking event on all accounts: with a final total of 1,712 attendees, the 2015 Conference had over 350 more attendees than the 2014 Conference. We also received an incredible number of proposals for presentations, workshops, support groups, and evening activities, showing increased interest from those wanting to present at the OCD Conference.

While still in the midst of the holiday season, we are already getting ready for the 2016 OCD Conference Presentation Proposal System, which opens on Monday, January 4, 2016 and closes on 5pm ET on Monday, February 1.

As interest in attending and speaking at the Conference grows every year, it gets more and more difficult to choose between so many excellent proposals. We have developed the following tips to help you maximize your chances of getting your proposal included in the 2016 OCD Conference program! Many of these tips come directly from feedback we receive from Conference attendees in past years.

Read on for the Annual OCD Conference Presentation Proposal System "Top 10 List: How to Increase Your Chances of Getting Your Proposal Accepted" (for maximum effect, read in the style of David Letterman).

TOP TEN WAYS TO INCREASE YOUR CHANCES OF HAVING YOUR PROPOSAL ACCEPTED

Tip #10: **Plan to submit more than one proposal, but not too many (quality over quantity is key).**

Because we receive many more proposals than we actually have space for in the Conference program, submitting more than one proposal absolutely increases your chances of being accepted. You never know (and we don't either!) which topics prove particularly popular among presenters and which topics we need more content for. It changes every year. Our most successful submitters typically send between 3–4 proposals, though they may only have 1–2 proposals accepted.

Tip #9: **Experiential and interactive presentations are preferred, as well as those that incorporate multimedia.**

Conference evaluations have shown presentations that engage attendees and are interactive and/or incorporate a video or live demonstration are often rated higher than panel presentations or lectures. When crafting your proposal, make sure to be creative and think of ways to actively engage your audience. It often helps to put yourself in the shoes of a potential attendee. Ask yourself, "What would engage me and make me excited about attending this presentation?"

Tip #8: **Try to vary your proposal if you have submitted it before, especially if it has been accepted for a previous OCD Conference.**

As the Conference grows, we find it increasingly important to vary the offerings of the program each year. When we ask attendees in Conference evaluations for feedback, we often hear from repeat attendees that they would like to see more fresh programming. This means we are less likely to accept the same presentation year after year, even if ratings and attendance were high. Additionally, if you want to submit a proposal again this year that was NOT accepted in a previous year, make sure that you include thoughtful changes when you resubmit (add in additional detail, decrease the number of presenters, etc.) so as to increase your chances of acceptance.

Tip #7: **More presenters do not always mean a better presentation.**

Proposals that exceed 3–4 presenters typically do not get the highest ratings. In fact, comments from those workshops invariably consist of statements like "the presenters rushed through their talks" or "some of the presenters ran out of time." As a result, when submitting a presentation, be thoughtful about how many presenters you include in your submission. Be sure you can make a strong case for why each presenter has a unique and specific contribution to make to the presentation, keeping in mind that, the more presenters you have, the less time each person has to talk.

Tip #6: **When you submit an advanced level presentation, make sure that the material presented is advanced (the same goes for beginner and intermediate proposals).**

Again, based on feedback from our post-Conference evaluations, we see many comments saying, "this workshop

Call for Proposals: 2016 Annual OCD Conference *(continued)*

was noted as advanced, but covered the basics." More sophisticated topics with advanced content will receive higher priority as we consider submitted proposals. That being said, when you submit an "advanced" or "intermediate" level presentation, it should not include basic information as this will be covered in other "beginner" level presentations throughout the Conference weekend.

Tip #5: If you speak both English and Spanish, consider submitting to our NEW "bilingual" mini-series this year.

Over the last four years, we have held a "Spanish-Language Program" during the Conference weekend, which was separate from the larger Conference program and, as the title notes, was offered entirely in Spanish. This year, we are excited to announce that this program has grown into a fully bilingual Spanish–English one-day mini-series in the body of the Conference. Our continued work with the Hispanic community has shown there is a great demand for content to be presented in both English and Spanish to better reach families and communities of mixed language proficiency. If you speak both English and Spanish or know someone who does, please make note of this in your proposal by selecting the box that states, "I speak both English and Spanish and am interested in being considered for the bilingual mini-series."

Tip #4: Personal stories are some of the most popular submissions we receive. If you plan to submit a personal story, please be as detailed as you can in your abstract.

Each year, we receive close to triple the amount of personal story proposals than we have space for in the program. We know many of you have amazing and compelling stories that you would be very interested in submitting for the Conference. Personal story proposals that stand out and are more likely to be accepted are those that include a unique descriptions of one's personal journey and a balanced message of both the challenges of struggling with the disorder as well as detailing the recovery process and lessons learned.

Tip #3: Be sure to read through all of the instructions in the proposal system first prior to submitting. Only proposals submitted that follow all instructions and include all supporting materials will be considered.

In the proposal system, we have included a set of detailed instructions on the landing page before you even click the "next" button to actually enter the system. Please read

Continued on next page >>

FROM THE FOUNDATION

Call for Proposals: 2016 Annual OCD Conference *(continued)*

these instructions in full before beginning to create your proposal. There are many important details and items to note about the Conference in general included in these instructions. To make sure your proposal has the best possible chance of being accepted, you must correctly follow each and every instruction prior to submitting. Additionally, if your proposal includes multiple presenters, make sure you have all of their supporting documents included prior to submitting. Those proposals that are missing CVs for some speakers will be valued less than proposals that have all supporting documentation included.

Tip #2: Make sure to check the "I am a solo presenter, but would be open to being grouped together with others on a panel of presenters" box to indicate if you would be interested in being considered for this opportunity.

We sometimes combine similar proposals and speakers to create a presentation or event the program may be lacking. For example, if we receive a handful of similar proposals about scrupulosity, we might create a larger workshop featuring multiple speakers. While your proposal may be excellent we may not be able to accept it on its own due to space constraints. You may increase your chance of being accepted as a speaker if you are willing to combine forces with other similar presenters if necessary.

And finally....

Tip #1: Take a look at the "areas of need" on the right and submit a proposal specifically for one of these areas.

Before submitting a proposal, be sure to take a look at the list of suggested topics on the right for more information about specific "areas of need" in the OCD Conference program. Every year, we receive a surplus of proposals for some areas but not enough for others. To maximize the chances of your proposal being accepted, take a look at the areas of need and submit to one of those instead. These are topics that have been frequently requested by attendees and represent populations or topics that may have been underrepresented in previous years.

BONUS TIP: When in doubt — ask!

*As you work on submitting your proposal(s), if you have a question that is not answered by this article, the Conference website, or the instructions in the proposal system, please reach out to us! We can be reached by email at **conference@iocdf.org** or by phone at (617) 973-5801, ext 25.*

23rd Annual OCD Conference Program — Areas of Need

Increase your changes of having your proposal accepted by submitting a talk in one of the following areas:

- **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-occuring substance abuse/addiction and OCD**
- **Co-occurring intellectual disabilities and OCD**
- **Co-occurring eating disorders and OCD**
- **Co-occurring autism spectrum disorders and OCD**
- **Coping with anger and angry outbursts**
- **Responding to treatment refusal or resistance**
- **OCD and intimacy (dating and marriage for young adults and older adults)**
- **Novel/newer treatments for OCD and related disorders**
- **"Coming out" about your OCD**
- **Supporters (siblings, significant others, friends, etc.) with OCD**
- **Interactive/experiential (yoga, mindfulness, in-session exercises, etc.)**
- **Navigating insurance, disability, and legal rights for those with OCD**
- **Employment issues**
- **The dark side of OCD and related disorders (becoming homebound, suicide, co-occuring depression, self harm, etc.)**
- **Multicultural issues**
- **Bilingual English-Spanish presentations about topics related to OCD and related disorders, especially pertaining to family dynamics**

Membership Corner: Student/Trainee Membership

By Tiia Groden, IOCDF Membership Coordinator

What sets IOCDF membership apart from similar mental health organizations is our inclusion of everyone affected by the disorder. We are proud of the fact that when we talk about the OCD and related disorders community, we include individuals with the disorders and their loved ones, as well as OCD clinicians and researchers.

In early 2014, we expanded this community even further to include the many individuals studying, researching, and training to treat OCD and related disorders, with our new **student/trainee membership**. We did this in an attempt to engage individuals at the beginning of their careers when they are still making critical decisions about focus and direction in their professional lives. By supporting students and trainees, we hope to expand the number of professionals researching and treating OCD in the future, thereby increasing access to care for millions of people with OCD.

Our student/trainee membership is open to any undergraduate or graduate students in a mental health field as well as graduated unlicensed trainees in a post-doc, internship, or supervised residency program. This membership includes several benefits designed to better serve and meet needs more specific to this unique population.

At the Annual OCD Conference, student/trainee members receive an invitation to the Professional Networking Luncheon, where they can meet and network with fellow trainees, recently licensed professionals starting their careers, and more experienced clinicians who graciously lend their expertise to the event. Student/trainee members involved in research are also invited to submit a research poster to the Conference. Accepted posters are displayed for the full duration of the Conference, and researchers are able to answer questions and discuss their work during the Researcher Meet & Greet on Saturday evening, an event open to all Conference attendees! Student/trainee members who submit a poster are also eligible for a chance to win a $1,000 travel award or a Conference scholarship.

The 2015 Student/Trainee Research Poster Award winners were:

SYMPTOMS OF BODY DYSMORPHIC DISORDER IN A COMMUNITY SAMPLE OF ADOLESCENTS

Sophie Schneider, BA
Macquarie University, Australia

IN VIVO EXPOSURE THERAPY USE AMONG PROVIDERS WHO TREAT YOUTH WITH OBSESSIVE-COMPULSIVE DISORDER

Andrew Guzick, BA
University of Florida

TREATMENT SITUATION AND TREATMENT BARRIERS AMONG INDIVIDUALS WITH BODY DYSMORPHIC DISORDER IN GERMANY— RESULTS OF AN INTERNET-BASED SELF-TEST

Johanna Schulte, MS
Westfalische Wilhelms-Universitat Munster, Germany

RELIABILITY AND VALIDITY OF THE PEDIATRIC QUALITY OF LIFE ENJOYMENT AND SATISFACTION QUESTIONNAIRE IN YOUNG CHILDREN WITH OCD

Brianna Wellen, BA
Rhode Island Hospital/Brown Medical School

We will begin accepting poster submissions for the 23rd Annual OCD Conference, taking place July 29-31, 2016 in Chicago, IL, when our proposal system opens on Monday, January 4, 2016.

In addition to special benefits at the Conference, all student/trainee members also have access to the IOCDF Student/Trainee LinkedIn Networking Group that serves as a career development forum for individuals navigating through training. This group encourages student/trainee members to post discussion questions, network, and collaborate among themselves as well as with our professional mentors who volunteer their time and expertise to provide guidance.

Student/trainee members also have access to a comprehensive list of education and training programs with an emphasis on OCD. This list is compiled and maintained by the IOCDF and includes graduate programs, internships, practicum sites, and post-doctoral trainings, all of which focus on OCD treatment and research. We expect this list to grow and serve as an even greater resource for students and trainees seeking support in navigating the world of mental health education.

The student/trainee membership is an exciting new addition to the IOCDF and has proven to be a valued resource already since it was introduced last year. We ask that all members of the IOCDF community help spread the word about this new membership, especially professionals with students studying in their labs or trainees working at their clinics. We hope to build as strong and collaborative a student/trainee member community as possible to support the next generation of professionals in the field of OCD & related disorders!

To learn more about Student/Trainee Membership and all of our membership levels, please visit ***www.iocdf.org/membership*** *or email Tiia Groden at* ***membership@iocdf.org****.*

FROM THE FRONT LINES

This is OCD — A Mom's Story

by Erika McCleese

During one of the darker periods of my son's battle with obsessive compulsive disorder, I found myself stepping on "safe" spots in his room in an attempt to retrieve an empty cola can from his desk. The can was too near his laptop, and he believed it was filled with toxic mold. When I didn't lift it exactly straight up as he'd directed me from his perch on his bed, he became inconsolable, certain now that some of the mold spores had fallen onto his laptop below. I instinctively moved to wipe the "phantom" spores from the laptop, but he grew more frantic. We both knew I'd made the situation worse. I tried as best I could to retrace my steps out of the room with the can. My son lay absolutely still on his bed long into the night; he never slept. He could feel the mold spores entering his ears and infecting his brain.

I have tried on occasion to explain obsessive compulsive disorder. Many kind and sympathetic people tell me they are also "a little OCD," detailing their need to have spotless kitchen counters or sock drawers arranged just so. They don't know how much I wish my son had their version of "OCD." They are as unaware as I was until I witnessed first-hand OCD's nightmarish grasp on its sufferers and their loved ones. I've had people reassure me that being "a little OCD" can even be seen as a positive character trait; the label conveys a level of intellectual intensity, an admirable perfectionism or fastidiousness. Sometimes I give up. I nod and say, "He's very sick." Through one particularly difficult night, a single terrible word was all I had to describe what I simply could not fix. As I watched him sleep, I silently, tearfully implored him, "Don't be crazy; please don't be crazy." "Crazy" sounds like a terrible word, but to be honest, so does OCD. Perhaps people would understand more if I said, "He's very crazy."

"Crazy" sounds like a terrible word, but to be honest, so does OCD. Perhaps people would understand more if I said, "He's very crazy."

OCD is an anxiety disorder marked by intrusive, irrational, and persistent thought processes. The debilitating ruminations and rituals can ebb and flare depending on a number of different "triggers." My child's illness gradually became evident during his early high school years, years that are overwhelming for most young people. Before my husband or I understood what was happening, we would spend hours, sometimes four or five a night, trying to convince our son that he hadn't been exposed to some contaminant or hadn't injured or altered himself. He would endlessly ponder an insensitive comment from a classmate or a disappointed look from a teacher and would search the Internet for hours, following endless philosophical, religious, and political threads. He grew more exhausted and more depressed; dark circles under his eyes never went away. He was always late for school, washing his hands, checking his hands, and washing his hands again. His knuckles and palms were cracked and blood red. The school sent home warning notes outlining the consequences for tardiness and absences. I wanted to set each one on fire. Given my child's state of depression and anxiety, it was a wonder he attended at all.

My son was diagnosed with OCD the summer before his senior year and prescribed an SSRI or selective serotonin reuptake inhibitor. He immediately began researching SSRIs and initially balked, repeatedly listing off their known side effects as well as those that might yet be uncovered. When utterly spent, he took them and eventually, along with exposure and response prevention therapy (ERP), his symptoms improved. Many days now I can actually recognize my son again. He continues to successfully untangle himself from most repetitive thoughts and compulsions, but he also experiences setbacks. Those who suffer from OCD will likely require long-term commitment to treatment. This is obsessive compulsive disorder.

Each time I hear someone say, "I am so OCD," I pray that person is truly not. ○

Each issue we feature original stories, essays, and poems by you – members of the OCD community! To submit your own story, email ***editor@iocdf.org****.*

What Does OCD Look Like? Me. *(continued from front cover)*

My parents searched for the correct diagnosis and proper treatment. We looked everywhere and went all around Houston, TX in hopes of finding someone who could get me the help I so desperately needed and deserved. I finally received a diagnosis of OCD. I remember being asked if I felt relief having a name for my struggles. My response was simple: no. Although I now had a name for what I was going through, I was also told there wasn't any help, hope, or a chance for me. What I really felt was defeat. Our search continued, going from therapist to therapist, hearing the same thing over and over. We were told my case was too severe, they had never seen a case of OCD like mine, there was no help available, and we should accept my life as it was. Were we really supposed to accept that I would be in complete misery every waking hour of my life on earth? I don't think so...

Thank God I have relentless parents who don't give up and believe in their child. They refused to accept or settle for what my life had become. Fast forward three years later and my journey to proper care began. My parents checked me into the OCD program at the Menninger Clinic (now the Houston OCD Program) on February 5, 2002. At the time, I thought my life was over. I thought my parents were checking me into a place and leaving me there forever. Even though my mom said she would bring me home once I was well, I didn't believe I could get better after previous years of failed treatment.

What I didn't know is that I had not yet been exposed to proper treatment; I had never really been given a chance. That all changed with my stay in this clinic. Ninety days later, I went home a different child with a new outlook on life. For the first time, I started to dream again. I learned the tools that I needed to begin to manage my illness and went back home with a newfound vision for my life and my dreams — now filled with hope and aspirations instead of suffering and loneliness.

Returning home and figuring out how to return to my life and keep fighting my OCD was and always is a struggle. When I left treatment the first time, I wasn't cured, but I had tools that I'd never had before. That being said, I still had and have my struggles. I relapsed a year later and went back to the clinic, and to this day I still engage in weekly therapy with a therapist who was one of my original treatment providers at the clinic. I can't sit here and tell you I am doing great and always will be. I still have OCD. I am still faced with thoughts every day and still engage in some rituals. What I can tell you is that I am doing well. I am always working on my OCD and I am managing my illness. When things come up and I am faced with triggers, I have the proper tools and team to provide the help I need in order to be sure I win in the long run instead of my OCD.

After being exposed to proper treatment, I couldn't shake the fact that this life-changing opportunity isn't the norm for so many people living with OCD. Whether it's because of stigma, finances, or geographical location, there are so many people not getting the help that they need. This realization is what prompted me to begin my next journey in life. While I hold titles such as social worker, researcher, and professor, the title I hold closest to my heart that informs every other role listed is advocate. Advocacy is what got me to where I am and it's what keeps me doing what I do every day of my life.

At the age of 17, I became involved with the International OCD Foundation and was asked to serve as their first-ever national spokesperson. I was unsure about what this would mean and didn't know what would come of it. What I did know is that it might help others. That knowledge alone pushed me to take this step and to do whatever I could. The right treatment makes a world of a difference, but meeting someone else, hearing their story, and knowing you are not alone is what often drives us and gives us hope. I wanted to do that for others, so the first campaign for OCD awareness was launched. The campaign was titled "What does OCD look like? Me, my name is Elizabeth." From there, my real mission in life was clear and for the first time, this horrific struggle had a purpose and meaning. I was meant to help others through my story, my knowledge, and my work. What I never anticipated is that the greatest healing I have ever received has come from sharing my story and helping others. The first time someone told me that my story changed their life, inspired them to seek help, or gave them the strength to share their story made all of my struggles worth it. Their stories are what motivate me to continue and push me to never stop.

Fifteen years after my diagnosis with OCD, I am a changed person and we are a changed family. No one should have to suffer in silence when proper help is available. I will not stop doing the work that I do until everyone in the world has access to the care that they deserve. I will not stop sharing my story and doing advocacy work until there is no longer a stigma attached to mental illness. My story should not be the exception, but the rule. Together, we can make that happen. ○

Elizabeth McIngvale-Cegelski, PhD, LMSW, is a spokesperson for the IOCDF, a professor at Baylor University's Diana Garland School of Social Work, and the founder of the Peace of Mind Foundation.

THERAPY COMMUNITY

Challenges of Treating Spanish Bilingual Patients in a Primarily English-Speaking Setting

by Ivy Ruths, PhD; Kenia Velasquez, BS; Ydalith Rivera-Pérez, MA; Thröstur Björgvinsson, PhD

Dr. Ivy Ruths, PhD, is a bilingual licensed psychologist and the newest behavior therapist at the Houston OCD Program. She specializes in treating and assessing childhood anxiety, depressive, and disruptive disorders and has extensive experience treating OCD and trichotillomania.

Mrs. Rivera-Perez, MA, is a bilingual licensed professional counselor and a clinical psychology PhD student at Fielding Graduate University. She is a practicum student at the Houston OCD Program and has been working in the field of mental health for the last 14 years.

Dr. Thröstur Björgvinsson, PhD, ABPP, is the program director and founder of the Houston OCD Program. He is also the director of the Behavioral Health Partial Program at McLean Hospital and co-director of psychology training at McLean Hospital/Harvard Medical School.

Imagine meeting a panic-ridden and severely depressed fourteen-year-old Mexican-American teenager for the first time. She is suffering from scrupulosity obsessions and contamination fears and spending more and more time engaging in rituals. Her presentation is nothing out of the ordinary and you, trained and qualified, are prepared to offer her treatment utilizing cognitive behavioral therapy (CBT) and exposure and response prevention (ERP). However, when she walks into your office she is accompanied by her mother who speaks only Spanish. Your new adolescent patient sits in front of you, ready to play translator, as she has for every important school meeting and doctor's appointment she has had for as long as she can remember. A familiar scenario has now turned into a novel set of challenges: how do you, as her therapist, build rapport with her and her mother simultaneously, understand the complex, multigenerational family dynamic wrought with the effects of different levels of acculturation, and pick up on the minute, culturally driven decisions that form the family unit and maintain this teenager's distress?

Consider this statistic: almost 63 million Americans over the age of five speak a language other than English at home.[1] Not surprisingly, the US actually has the second largest Spanish-speaking population in the world.[2] Forty-one million Americans speak primarily Spanish at home[1] and another 11.6 million Americans are bilingual, mainly children of Spanish-speaking immigrants.[2] In Houston, TX 37 percent of persons five years and older speak Spanish at home as compared to the 29 percent and 13 percent respectively for the rest of Texas and the US.[3] In other words, the need for mental health professionals to serve the US Spanish-speaking population is painstakingly clear, yet there are few mental health professionals that have the training to do so.[4] Providing quality services to bilingual patients and families requires both language *and* cultural competence.

THE CHALLENGES POSED BY LANGUAGE

The therapist and patient are able to successfully work together to modify behavior, explore problematic thinking patterns, and build a meaningful relationship, all through the use of *language*. Unfortunately, linguistic differences can be grave barriers in treatment. First of all, there are many variations in the way Spanish is spoken across multiple Spanish-speaking populations of the world. As a result, a Spanish-English bilingual therapist in the US must be proficient, flexible, creative, and willing to make mistakes and clarify meaning. Bilingual therapists who serve a diverse group of Spanish speaking patients will find they have to learn to elaborate, use descriptive terminology, utilize examples, analogies, synonyms, and visual and sensory descriptors in order to bypass variations in the Spanish language while still enhancing understanding and building rapport. Because clarity may not always be immediate, the bilingual therapist must learn to be especially attuned to difficulties their patients face when navigating through a primarily English-speaking environment in which they are often misunderstood and underinformed. This in and of itself is often useful when cementing the therapeutic relationship and instilling hope that accompanies feeling connected and understood.

PROPER TRAINING IN CULTURAL COMPETENCE

It is safe to say that most bilingual therapists practicing in the US today received their clinical training primarily in English. It can also be assumed that most interactions trainees had with Spanish-speaking patients while in their clinical programs were likely supervised by an English-only speaking supervisor. As a result, it becomes the responsibility of the bilingual therapist to acquire resources, seek training, and honestly consider personal limitations in language proficiency and cultural competence before electing to conduct therapy in Spanish.

Challenges of Treating Spanish Bilingual Patients in a Primarily English-Speaking Setting *(continued)*

We know that cultural competency has a dramatic effect on the effectiveness of treatment.[6] Because of this, all American Psychological Association (APA) and American Counseling Association (ACA) accredited training programs began requiring multicultural training in 2002.[6] A culturally competent bilingual therapist is taught to tailor treatment to meet a patient's social, cultural, and linguistic needs while taking into account an individual or family's values and beliefs.[7] In doing so, a properly trained bilingual therapist provides treatment that research has found is *four times more effective* than treatment not individualized to incorporate cultural factors.[8] Similar to the amount of diversity found within the Spanish language already noted, culture and customs in different Spanish speaking countries of the world are just as variable. A bilingual therapist may not know every detail or the specifics about a patient's background from the beginning of treatment and therefore should never assume they understand the ins and outs of a patient's culture.[6] Instead, an effective bilingual therapist must be open and willing to learn. Research shows that despite any limitations in competency that may exist at the outset of treatment, it is possible to keep these factors from interfering with the therapeutic alliance if the patient feels understood and respected.[6]

Research regarding emotion expression and retrieval provides an example of the importance of being culturally aware. Research suggests that autobiographical memories tend to be more emotionally expressive in a person's native language. Specifically, there is evidence that when bilingual patients express early childhood trauma, they express the five modalities of traumatic memory (affective, visual, tactile, auditory, and olfactory memories) at a higher intensity when speaking in their native language.[9] Affect expression is also associated with language. It appears that when Spanish-English bilingual individuals speak about traumatic events in their native Spanish, they display more affect (e.g., becoming visibly tearful) when recalling traumatic memories in Spanish rather than in English. Research suggests these individuals provide vivid details and descriptions of the trauma in Spanish but seem more detached when recalling memories in English.[9] Therefore, providing treatment in a patient's native language may play a vital role in eliciting and further understanding a patient's psychological distress.

TIPS / BEST PRACTICES FOR BILINGUAL THERAPISTS

- Make no assumptions! Take the diversity of Hispanic individuals into account when conceptualizing treatment. Always seek appropriate supervision and consultation regarding cultural differences.
- Honestly assess your language and cultural limitations and seek training and resources when necessary.
- Consider purchasing a guide or manual to help facilitate your knowledge of clinical and medical terminology.
- Be aware of your own worldviews, beliefs, and values and how these might interact or conflict with your patients' worldviews, beliefs, and values.
- Flexibility and creativity are keys to success! Collaborating with your patient and continued assessment ensures understanding.
- Don't forget the basics: Be curious, focus on rapport building, individualize treatment, and develop a respectful and safe environment for your bilingual patients.

CONCLUSION

As Spanish-English bilingual therapists, it has been each of our experiences independently and across multiple settings that we are often the only individuals on staff able to communicate, translate, and connect with Spanish-speaking patients or individuals seeking services. At times, this can place a great burden on a bilingual therapist. However, "to whom much is given, much is expected." At the Houston OCD Program, for example, we are significantly expanding our Spanish-speaking services through providing outpatient services in Spanish and by having several Spanish speaking staff and therapists in our residential program. You can imagine the feeling at the end of the first session with your new Mexican-American teenage patient and her mother who, with tears streaming down her face, thanks you profusely for being able to understand her as she expresses grief and concern about her only daughter. She says you have given her hope for her daughter's future. And she communicates it all without her daughter having to translate. The two leave your office and the mother turns around once more, grabs you by the hands, and says, "Gracias, Gracias. Ay, Gracias." ○

RECOMMENDED RESOURCES FOR THERAPISTS

- *The Bilingual Counselor's Guide to Spanish* by Roberto Swazo
- *Spanish for Mental Health Professionals: A Step by Step Handbook* by Deborah E. Bender
- *The Routledge Spanish Bilingual Dictionary of Psychology and Psychiatry* by Stephen M. Kaplan
- *An English-Spanish Manual for Mental Health Professionals* by Veronica Gutierrez, Cher Rafice, Erin Kelly Bartelma, and Veronica Guerra
- *Spanish Mental Health Glossary* by the Cross Cultural Healthcare Program
- *Life as a Bilingual* blog by François Grosjean on PsychologyToday.com

Continued on next page >>

THERAPY COMMUNITY

Challenges of Treating Spanish Bilingual Patients in a Primarily English-Speaking Setting *(continued)*

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Institutional Member Updates

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

ALEXIAN BROTHERS BEHAVIORAL HEALTH HOSPITAL'S CENTER FOR ANXIETY AND OCD

1650 Moon Lake Boulevard
Hoffman Estates, IL 60169
Phone: (847) 755-8566
Email: ***Patrick.McGrath@alexian.net***
www.alexianbrothershealth.org/abbhh/ocd-anxiety

Amita Behavioral Health continues to move forward on getting a residential program for OCD and anxiety ready to open. We hope it will come to fruition in the next 12 to 18 months. If anyone has been to a residential program in the past and would be willing to write to us about how you feel a residential program ought to be set up and scheduled, please feel free to contact us at the email listed above. We would be happy to get your input, as we want to make this residential as accessible to all as possible.

THE ANXIETY TREATMENT CENTER (ATC) 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 of Sacramento was a proud supporter of the 2015 OCD Awareness Week. This year, we continued our traditional annual wine and cheese networking event, bringing in the biggest turnout from previous years —drawing in over 50 people. This event helped inform the community about proper diagnosis for OCD and anxiety disorders, frontline treatments, and how to access experienced clinicians and facilities. In turn, attendees shared their practice expertise, helping to bridge the gap between how agencies and organizations can become mutual referral sources.

The ATC is currently looking for licensed professionals interested in joining our team of experts in our partial hospitalization program and intensive outpatient treatment program. Positions include both full and part-time and offer an opportunity to develop a private practice through in-house referrals and office space provided. This position also includes training in our hoarding disorder program and equine assisted activity program. Interested clinicians can contact Robin Zasio, PsyD, LCSW, at the email or phone number listed above.

BIO-BEHAVIORAL INSTITUTE

935 Northern Boulevard, Suite 102
Great Neck, NY 11021
Phone: (516) 487-7116
Email: ***info@biobehavioralinstitute.com***
www.biobehavioralinstitute.com

The Bio-Behavioral Institute has a launched a "School Anxiety and School Refusal" program for children and adolescents struggling with school attendance as a result of their anxiety, depression, or an OCD-related disorder. In addition to individual therapy, the program offers home visits,

Institutional Member Updates

coordination with school personnel, and parent skills training. We also offer short-term intensive programs for children and adolescents who may want to make gains during their academic vacations. Our adult intensive program consists of individualized treatment plans to meet the unique needs of each patient. Therapy consists exclusively of individual sessions multiple times a week. Medication management is conducted by our experienced psychiatrists who offer both standard psychiatric medications as well as holistic and nutrition therapies as an adjunct or in place of standard medications. Our long-standing free OCD support group meets on the last Wednesday of every month from 7:30-9:00pm. Please visit our website for more information.

THE CENTER FOR EMOTIONAL HEALTH OF GREATER PHILADELPHIA

1910 Route 70, East
Cherry Hill, NJ 08003
Phone (856) 220-9672

20 Nassau St. Suite 24
Princeton, NJ 08542

Email: *mail@thecenterforemotionalhealth.com*
Website: *www.thecenterforemotionalhealth.com*

The Center for Emotional Health of Greater Philadelphia (CEH) is an outpatient facility with locations in Cherry Hill & Princeton, New Jersey, specializing in the evidence-based treatment of anxiety and related disorders and obsessive compulsive and related disorders.

CEH welcomes new post-doctoral fellows Jacquelyn Gola, PsyD, and Krista Kircanski, PsyD, to our Center. Drs. Gola and Kircanski bring a wealth of experience in OCD and related disorders to CEH's recently expanded training program developed by senior clinician Diana Antinoro Burke, PsyD, BCBA-D. We are delighted to have them join our team.

CEH is excited to announce our new psycho-educational services program, including psycho-educational evaluation, consultation, and treatment, under the direction of Lisa Ahern, PhD, NCSP.

THE CENTER FOR OBSESSIVE-COMPULSIVE TREATMENT AND RELATED DISORDERS

Columbia University/New York State Psychiatric Institute
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www.columbiapsychiatry.org/ocd

Our research program is dedicated to improving the lives of people with obsessive compulsive disorder by conducting cutting edge research to transform how we understand and treat these disorders. For the patients of today, we study how to best deliver novel and current treatments. For the patients of tomorrow, we partner with brain imagers and scientists to study what causes OCD.

We currently offer several treatment studies to patients with OCD. We take patients who are both on or off medications. We also have studies for patients who have never tried cognitive behavioral therapy (CBT) and studies for patients who did not get well from CBT. See page 25 for more information on our studies!

We recently welcomed new staff to our clinic! Dr. Marina Gershkovich is a post-doctoral clinical researcher whose interests focus on treatment outcome and dissemination of evidence-based therapies via tele-mental health approaches.

Dr. Miguel Fullana is a visiting scholar whose interests are in translational research and how basic neurobiology can help improve current treatments for OCD/anxiety disorders.

CENTER FOR OCD & ANXIETY-RELATED DISORDERS (COARD)

Saint Louis Behavioral Medicine Institute
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www.slbmi.com

A major component of COARD's mission is training future clinicians to be proficient in OCD treatment. Our 2014–15 participants completed their training with flying colors: Ashleigh Golden, PsyD, is now serving as program manager for the Institute's Intermediate Care Program (ICP); Mr. Gregory Peebles, MAC, PLPC, remains with us as a second year postgraduate fellow; Erin Lawton, PhD, has joined the faculty at Washington University in St. Louis serving as director of the psychology clinic, and Dr. Amy Keller now lives and practices in Columbia, MO. We are delighted Dr. Golden and Mr. Peebles remain as colleagues, and wish Drs. Lawton and Keller the best of luck.

We are pleased to welcome new trainees for this academic year: Mr. Chris Murdock, Dr. Kerrie Armstrong, and Dr. Anthony Murdock. This year's graduate practicum students are Natasha Tonge, Jackie Hayes, Catherine Demers, and Caroline Merz, all from Washington University. Early indications suggest we have been blessed again with a talented group of future therapists.

COARD was proud to participate in OCD Awareness Week! Director Dr. Alec Pollard spoke at the St. Louis area OCD Mini-Conference held at Missouri Baptist Hospital October 17, and staff were available for interviews with local media.

CENTER FOR PSYCHOLOGICAL & BEHAVIORAL SCIENCE

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THERAPY COMMUNITY

Institutional Member Updates *(continued)*

The Center for Psychological & Behavioral Science wishes you renewed health and wellness over the coming year. To supplement the individual therapy and intensive therapy programs we currently offer, we are launching a new ERP-based group therapy program exclusively for individuals with OCD. Groups will be theme-specific so individuals can meet others with similar symptoms (e.g., contamination worries, unwanted violent thoughts, unwanted sexual thoughts).

We will also continue to offer free support groups for OCD. Our next adult OCD support groups will be held on January 12 and February 9, 2016 at 7:00pm in our office. Whether you have been with us before or are joining us for the first time, we hope to see you at a group meeting. As always, these groups provide ample opportunities to connect with other individuals with OCD in a supportive, healthy setting. Our support groups for children and teens will continue to meet regularly throughout 2016, but these dates are still being determined.

To receive updates about any or all of the above, please visit our website (above) or join our email announcement list at ***http://goo.gl/GTCRM9***. We hope to see you soon!

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

Perelman School of Medicine, University of Pennsylvania
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www.med.upenn.edu/ctsa

The Center for the Treatment and Study of Anxiety proudly joined the OCD community for OCD Awareness Week. In addition to posting several videos of CTSA faculty debunking myths about OCD on our Facebook page, we published an article on our local Philadelphia newspaper's website and hosted a support group for current and former patients with OCD. We look forward to continuing our efforts to raise awareness about OCD and its treatment at several upcoming presentations and professional conventions. We also continue to be the only specialty clinic in the Delaware Valley to offer intensive exposure and response prevention treatment for those suffers in need of daily treatment completed over the course of 4–5 weeks. For patients living outside the Philadelphia area, the CTSA provides information for lodging during treatment. For more information, please contact the clinic directly, as all inquiries are handled on a case-by-case basis.

COGNITIVE BEHAVIOR THERAPY CENTER OF SILICON VALLEY AND SACRAMENTO VALLEY

12961 Village Drive, Suite C
Saratoga, CA 95030
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3017 Douglas Blvd, Suite 300
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(916) 778-0771

Email: ***info@cbtsv.com***
www.CognitiveBehaviorTherapyCenter.com

The Cognitive Behavior Therapy Center of Silicon Valley and Sacramento Valley prides itself on continuing education to provide the latest in evidence-based treatment. We have a few staff announcements:

- Erica Russell, LPCC, LMFT, became certified by the Academy of Cognitive Therapy this past summer. The Academy is the most prestigious certifying association for cognitive behavior therapists. It requires a two-part application submitting your credentials and obtaining a passing score on an audiotape with a real client and a written case conceptualization. We now have two certified CBT therapists.
- Center Director Laura Johnson just completed Part 2 of the Advanced Intensive Schema Therapy Program in New Jersey and expects to add a Schema Therapy certification to her credentials in the near future.
- Melissa Gould, LPCC, attended the Beck Institute's Specialty Program in Cognitive Behavior Therapy for Children & Adolescents in Philadelphia in October.

In January, we are starting a CBT group for social anxiety in our Silicon Valley office. The social anxiety group will focus on cognitive restructuring and exposure therapy. The group will meet on Mondays from 6:00–7:30pm. The Cognitive Behavior Therapy Center is one of seven regional clinics of the National Social Anxiety Center.

HOUSTON OCD PROGRAM

708 E. 19th Street
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Email: ***info@HoustonOCDProgram.org***
www.HoustonOCDProgram.org

After serving in the Montrose neighborhood of Houston for six years, Houston OCD Program has relocated! We moved to our new 30,000 square feet campus in the Heights neighborhood of Houston on August 22.

The main residential treatment center is located in a brand new Mediterranean-style two-story house. This nearly 6,000 square-foot home is adjacent to our Outpatient Center. The residential building features comfortable and secure bedrooms with private bathrooms, a wheelchair accessible bathroom, spacious common living areas, a state-of-the-art kitchen, a library, laundry room, and wireless Internet access. The outpatient services are provided in a beautifully re-designed 3,000 square-foot Mediterranean-style office building with ample parking for our clients. In the outpatient building, our team of cognitive behavior therapists conducts evidence-based services for obsessive compulsive disorder, anxiety disorders, phobias, and depression.

Institutional Member Updates *(continued)*

Houston OCD Program is now accepting applications for a post-doctorate fellow position for the 2016–2017 training year. The postdoctoral fellow will serve as a primary CBT therapist by designing and implementing evidence-based treatment protocols for patients as well as other responsibilities. If you are interested in joining a team of highly skilled and compassionate mental health providers as a post-doctorate fellow, email Emily Anderson, PhD, at ***eanderson@houstonocd.org***.

KANSAS CITY CENTER FOR ANXIETY TREATMENT (KCCAT)

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www.kcanxiety.com

KCCAT is excited to share the news of our new Community Education Series! Each month, staff members will be offering open enrollment workshops on a variety of topics of interest and benefit to adults, kids, and families. Beginning programs have gotten off to a great start and included Managing Back-to-School Stress, Mindfulness, and The Power of Positive Thinking. The workshops are designed to provide a fun introduction to valuable practical skills while furthering our goal of disseminating evidence-based concepts and strengthening partnerships with area providers, schools, and communities. Check out our website or Facebook page for upcoming programing!

MCLEAN HOSPITAL OCD INSTITUTE

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www.mcleanhospital.org/programs/obsessive-compulsive-disorder-institute

The OCDI and OCDI Jr. continue to enjoy our partnership with the IOCDF! Congratulations to our 1 Million Steps 4 OCD Walk team, the highest fundraising team this past spring, raising over $10,000 for the IOCDF! Staff in both programs also participated in educational events as part of OCD Awareness Week.

On a more somber note, we are mourning the loss of our first and longest standing therapy dog, Henry. Henry passed away suddenly this fall. Perrie Merlin, LICSW, one of our family therapists, paved the way for the introduction and use of therapy dogs at the OCDI with Henry by her side. Thanks to their initiative, we now have an active therapy dog program. Henry served as the grand marshal of this year's 1 Million Steps 4 OCD Walk and participated in the Conference as well. We will miss him deeply!

We would also like to congratulate Leslie Shapiro, LICSW, an OCDI behavior therapist, on the publication of *Understanding OCD: Skills to Control the Conscience and Outsmart Obsessive Compulsive Disorder*, with a forward by Dr. Michael Jenike. An outcome of Leslie's many years of experience, this book is an extremely useful tool for anyone struggling with or treating people affected by OCD.

THE OCD CENTER OF NORTH SHORE–LIJ

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www.northshorelij.com/ocdcenter

The OCD Center of North Shore–LIJ, located on the border of Queens and Nassau on Long Island, is pleased to welcome Samantha Weltz, PhD. Dr. Weltz has considerable experience conducting exposure and response prevention and is a valuable addition to our staff.

The OCD Center recently hosted an informational event on OCD for the community. Drs. Pinto, Braider, and Christman spoke about symptom presentations of OCD, cognitive behavioral treatment, and medication management.

The OCD Center currently has openings for individual and group therapy as well as medication management. Please call for more information and to schedule a confidential screening.

RENEWED FREEDOM CENTER FOR RAPID ANXIETY RELIEF

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Email: ***clorisbrown@renewedfreedomcenter.com***
www.renewedfreedomcenter.com

Renewed Freedom Center (RFC) has some exciting new programming to share with you! We will be delivering a series of informational workshops to schools and agencies in neighboring communities beginning in 2016. These workshops will provide an overview on OCD and anxiety, including common symptoms and effective treatment strategies, and can be adapted for a number of audiences such as parents, teachers, administration, and kids. It is RFC's mission to disseminate knowledge about anxiety and its treatment through public education. RFC is providing these workshops free of charge in order to raise awareness and reduce stigma about mental health and to help link community members to appropriate resources. Please help us in these efforts! Contact us for more information about this programming or to schedule a workshop.

Continued on next page >>

THERAPY COMMUNITY

Institutional Member Updates *(continued)*

ROGERS MEMORIAL HOSPITAL

34700 Valley Road
Oconomowoc, WI 53066
Phone: (800) 767-4411, Ext. 1846 or (413) 822-8013
Email: *rramsay@rogershospital.org*
www.rogershospital.org

Fall was active with opening celebrations for Rogers Behavioral Health–Chicago, held September 16 following its opening in July. This location offers OCD intensive outpatient (IOP) and partial hospitalization programs (PHP) for children, adolescents, and adults.

Rogers Memorial Hospital–Appleton also held an open house on October 15 after opening September 21. A PHP for adults with OCD and anxiety is among the services offered, with an IOP to open in the near future. Appleton represents Rogers' sixth location in Wisconsin, serving residents in the Fox Valley.

The Appleton event coincided with OCD Awareness Week. Adding to the month's activities were presentations and local television appearances by David Jacobi, PhD, clinical supervisor of the Child Center in Oconomowoc; Bradley Riemann, PhD, clinical director of the OCD Center and cognitive behavioral therapy services; and Stephanie Eken, MD, regional medical director based in Nashville, to educate the public about OCD.

In spring 2016, Rogers will begin serving adults, adolescents, and children with OCD with specialized intensive outpatient and partial hospitalization programming in the Minneapolis area. Renee Most has joined us as national outreach representative. She can be reached at (612) 979-5455 or ***Renee.Most@rogersbh.org***.

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

Stress and Anxiety Services of New Jersey has added a post-doc fellow to our staff. Dr. Jennifer Kennedy received her PsyD from the Florida Institute of Technology and completed her pre-doctoral internship at the Nebraska Internship Consortium in Professional Psychology. Dr. Kennedy comes to us with varied experiences as a cognitive behavioral clinician servicing persons throughout the age spectrum and with a variety of anxiety disorder presentations. She has just completed her weekend training for certification at the Professional Training Institute of the Trichotillomania Learning Center. We expect that she will be a valuable addition to our growing clinical staff of cognitive behavioral clinicians specializing in treating the anxiety disorders, OCD spectrum disorders, and BFRBs.

2016 RESEARCH AWARDS REQUEST FOR PROPOSALS

SUBMISSION PERIOD: JANUARY 4, 2016 TO FEBRUARY 29, 2016 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 $35,000 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 encourage junior investigators to apply in order to support young researchers at the beginning of their careers. We invite senior investigators to submit 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 to 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
- Causes of OCD (.e.g., genetics, neurobiology, etc.)
- Treatment of OCD

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***

Co-Occurring OCD and Substance Use Disorder: What the Research Tells Us

by Stacey C. Conroy, LCSW, MPH

Stacey C. Conroy LCSW, MPH, is the supervisory social worker for mental health & substance abuse at the Richmond VA Medical and a clinical instructor in psychiatry for Virginia Commonwealth University

For those who live and struggle with both obsessive compulsive disorder (OCD) and substance use disorder (SUD), life, treatment, and recovery come with several challenges. All too often providers and patients lack the necessary resources and knowledge to address co-occurring OCD-SUD effectively. This article is intended as a review of our current understanding of OCD-SUD research. A companion article with more specific therapist tips and strategies will be published in the Spring 2016 edition of the OCD Newsletter.

OCD AND SUD: AN OVERVIEW

Obsessive compulsive disorder (OCD) and substance use disorder (SUD) are both neuropsychiatric disorders involving unwanted repetitive behaviors, often with negative consequences on work and/or school, personal relationships, and social activities. In each disorder, an individual seeks to escape from unwanted emotional and/or physical distress by engaging in behaviors that, over time, become unwanted and time consuming. For OCD, this involves rituals, either overt (behavior anyone can see) or covert (for example mental reviewing or counting). For SUD, this involves the repeated pursuit of, getting ahold of, and use of a substance (drugs and/or alcohol). In each instance, the relief is gratifying but temporary and the unwanted symptoms of emotional and/or physical distress eventually return, leading back to ground zero: obsessional thoughts and the desire to seek relief.

While its difficult to determine exactly how many people with OCD are also dealing with an SUD, studies of OCD have found that the lifetime prevalence for a co-occurring SUD is consistently in the range of 25 percent[1,11] (variation in this estimate are based on which substance was being studied and, in some cases, differed based on gender). The accuracy of co-occurring statistics are complicated by several factors: 1) OCD treatment programs often refer individuals with SUD to substance abuse treatment as a prerequisite of admission, 2) SUD programs often do not screen specifically for OCD, and 3) individuals with co-occurring OCD-SUD will often deny or under-report symptoms upon intake to a treatment program (be it for OCD or SUD), fully aware of the barrier to acceptance represented by the co-occurring disorders. Despite these factors complicating prevalence statistics, research findings consistently indicate the prevalence rate for SUD is higher when an individual is diagnosed with OCD as compared to the general population.[1]

CONTRIBUTING FACTORS IN THE DEVELOPMENT OF OCD AND SUD

Family history of OCD[14] and/or SUD[10] provides an indication of the potential for co-occurring OCD-SUD to develop; as such, this should be assessed carefully by clinicians. However, as with many psychiatric disorders, the contribution from families could be genetic, environmental, and/or cultural. In other words, the presence of a family member with OCD or SUD may not be enough on its own for either OCD or SUD to develop.

Neuroscience research on OCD and SUD has shown that several different brain chemicals (known as neurotransmitters), including serotonin, glutamate, and dopamine may be involved in OCD and SUD. Neurotransmitters allow the structures of the brain to communicate and perform important functions. Research on the brains of individuals with OCD and/or SUD, for example, show abnormal levels of glutamate in the brain, which may contribute to symptoms of both OCD[2,16] and SUD.[7] However, research to date has not been able to clarify if this is a cause or a consequence of the disorders. The neurotransmitter dopamine is a brain chemical that affects both behavioral control and motivation[3, 9] and is thought to play a role in the development of both OCD and SUD. Loss of behavioral control is a diagnostic feature of both OCD and SUD and often a contributing factor in seeking treatment.

Some researchers have targeted regions of the brain to determine if differences in brain structure and functioning may play a part in both disorders. One such region is the prefrontal cortex, responsible for decision-making as well as cognitive and behavioral control.[9, 15] Changes to the prefrontal cortex in those with OCD[13] or SUD[15] may impact the ability to make decisions or maintain behavior control over repetitive behaviors common in both OCD and SUD. This makes sense based on work with patients with OCD-SUD: oftentimes, it is reported that even with full awareness of known negative consequences of engaging in the repetitive behaviors of either disorder, patients persist in engaging in these behaviors. Therapists and families are often frustrated with patients' continuation of these damaging, repetitive behaviors despite mounting negative consequences, and often interpret these behaviors as a lack

Continued on next page >>

RESEARCH NEWS

Co-Occurring OCD and Substance Use Disorder: What the Research Tells Us *(continued)*

of commitment rather than an involuntary process with a neurobiological contribution. In other words, neuroscience has provided a partial explanation of factors not within the control of the patient. However, this only highlights the importance of consistently engaging in behavioral interventions to assist the recovery process and is not meant to abdicate responsibility of the patient during treatment.

Neuroscience research is crucial to our understanding of OCD and SUD. One critical factor for clinical treatment providers is that neuroimaging studies of patients after behavioral treatment have shown changes in brain functioning consistent with symptom reduction and improved functioning, thus demonstrating behavioral interventions are effective in the treatment of OCD[13] and SUD.[4]

TREATMENT OF OCD-SUD

Psychotherapy

The increased prevalence for co-occurring SUD is not unique to OCD; several studies[8] on post traumatic stress disorder (PTSD) have found a higher prevalence rate for SUD among those with a diagnosis of PTSD. A distinct difference between co-occurring PTSD-SUD diagnosis and co-occurring OCD-SUD diagnosis, however, is the availability of an evidence-based treatment protocol, *Seeking Safety*©.[12] *Seeking Safety* was developed to treat PTSD and SUD at the same time rather than separately. This is in contrast to the current standard of care in which clinicians typically try to treat one (usually the SUD first), then the other.

However, one study[5] investigating the effectiveness of treating OCD and SUD at the same time reported positive outcomes, including reduction in severity of OCD symptoms, longer engagement in treatment, and higher abstinence rates at 12 month follow-up compared to the "treatment as usual" group. Treatment focused on addressing two disorders at once has also been referred to as "dual diagnosis treatment."

While there are treatment programs that offer specialized treatment for dual diagnosis, programs often utilize a traditional cognitive behavioral therapy (CBT) treatment approach for the presenting dual disorders. CBT for anxiety disorders, depression, and a host of other disorders has a strong evidence base; however, traditional CBT — when it has a strong "C" or cognitive therapy component — isn't always as effective for the treatment of OCD. In fact, a significant barrier to effective dual diagnosis treatment of OCD-SUD is lack of adequate training among professionals in dual-diagnosis programs in exposure response prevention (ERP), which has been found to be highly effective in the treatment of OCD.[6]

In addition to a lack of ERP knowledge, another barrier is the common practice of using a punishment model that removes (discharges) patients from treatment for experiencing a return of SUD symptoms (relapse). This is common for individuals with co-occurring OCD-SUD in both OCD and SUD treatment programs. The potential for a lapse or relapse to substance use increases with a co-occurring disorder such as OCD. Thus, a strategy to address relapse needs to be part of a treatment plan. One approach would be to adopt a relapse sensitive care (RSC) model of treatment with the goal of maintaining patients in treatment despite the return of SUD symptoms. In my experience, if patients know a program or provider will work with them in spite of a "slip," the potential for early self-disclosure can be established and treatment gains can be maintained.

Though more research on this topic is needed, it is possible that the recovery process for OCD-SUD might be stronger if treatment for both disorders was delivered at the same time. At this point in time, protocols for such treatment, if they exist, have yet to be disseminated within OCD or SUD treatment communities. One obstacle to adopting a dual diagnosis approach is that this treatment may have data points that resemble more of a stock report with peaks and valleys rather than a linear progression. This will present unique challenges to treatment providers.

Medication

Medications are important tools in the treatment of OCD and SUD, with each specialty having its own prescribing protocols used during treatment. However, to date, we are lacking studies that directly address medication for co-occurring OCD-SUD.

Medications for OCD typically start with using serotonin reuptake inhibitors or SRIs, though for many with OCD, these medications have limited effectiveness. Also, the dosing and duration for effective treatment of OCD with SRIs does not follow standard prescribing protocols for treating depression. Treatment for OCD often requires higher doses and can take up to 12 weeks before assessing how effective it might be for the individual (a reality not always recognized by a non-OCD specialist).

Medications for SUD are mostly substance specific and in many cases, individuals with SUD use more than one substance. There are two FDA approved medications to assist with cravings for heroin/opioids, but have no effect on cocaine cravings. There are a handful of medications that will assist with alcohol use, but have no effect on marijuana use.

Co-Occurring OCD and Substance Use Disorder: What the Research Tells Us *(continued)*

Also of note, speaking with patients about expectations for medications is a necessary factor and is by no means outside the scope of practice for a non-medically trained therapist. You are not prescribing, but are clarifying the role of medication in treatment. It is important to balance expectations of medications and behavioral interventions: medications can assist, though rarely eliminate symptoms completely. Far too often, this is the expectation of the individual in treatment. If this belief is not addressed head-on, it is likely the patient will not fully engage in the behavior therapy component of treatment. "Medication assisted treatment" options for either OCD or SUD require willingness of the patient to engage in behavioral treatment to enhance the potential for positive outcomes in the treatment of OCD-SUD. Hence the term medication assisted treatment: It is important to underscore that the medications are an adjunct to behavioral interventions using evidence-based practices such as ERP.

SUMMARY

If the field does move in the direction of dual diagnosis treatment for OCD-SUD, at this point in time, it appears that OCD treatment programs are in a stronger position to adapt treatment for co-occurring SUD due to knowledge of ERP and medication practices specific to OCD. In addition, OCD treatment programs should be able to incorporate aspects of SUD treatment, though this would need to be done in a more comprehensive and sophisticated way. For example, many patients report that when they attended OCD-specific treatment, the only attempt to address their SUD symptoms was a referral to an Alcoholics Anonymous-type meeting. While an AA model can be a helpful adjunct to SUD treatment, it is not a substitute.

Additional research, treatment protocols, and provider education are desperately needed to meet the needs of this population. However, there appears to be a foundation in which to increase our ability to engage and treat individuals struggling with both OCD and SUD effectively.

Recovery is a journey, not an event. ○

RECOMMENDED RESOURCE FOR PRESCRIBERS

Addiction Medicine: ***www.pcssmat.org***

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RESEARCH NEWS

2015 IOCDF Research Grant Awards

The International OCD Foundation is committed to finding and promoting the most effective treatment methods for OCD and related disorders. Research is vital to our goals of better understanding OCD and related disorders and improving treatment. To help achieve these goals, each year the IOCDF Research Grant Fund awards research grants to promising studies thanks to generous donors from within the OCD community. In the past year, we were able to award almost $150,000 in research grant funding. Thank you to all who contributed!

The IOCDF received over 50 proposals for our 2015 Research Grants, which were reviewed by the Grant Review Committee led by Sabine Wilhelm, PhD, vice chair of the IOCDF Scientific and Clinical Advisory Board. Recommendations by this committee were submitted to the IOCDF Board of Directors who made the final selection of projects to be funded. Congratulations to the 2015 Research Grant winners listed below!

In addition to the projects being funded through our Research Grant Fund, the IOCDF was approached by donors interested in acceptance and commitment therapy (ACT) for the treatment of OCD. The donors funded two projects on this topic, led by a top researcher in the field of ACT, Dr. Michael Twohig. This brings our total research grant funding to $250,000 for 2015!

IOCDF Research Grant Fund Award Winners

MRS GLUTAMATE-STRATIFIED TREATMENT OF PEDIATRIC OCD

Erika Nurmi, MD, PhD
Assistant Professor-in-Residence
University of California, Los Angeles, School of Medicine
Award Amount: $49,989

Although effective treatments exist for obsessive compulsive disorder (OCD), most patients experience only partial recovery and many fail to respond at all, negatively impacting public health through increased patient care expenses. Through our recent work, we have identified a brain-based biomarker of non-response to cognitive-behavior therapy (CBT) in youth with OCD. CBT is the recommended initial treatment for OCD, so understanding who may not respond ahead of time could be critical in terms of how a family can best use limited time and resources to help their children. This proposal aims to test a personalized treatment approach where youth will receive CBT along with a medication hypothesized to reduce its impact and lead to enhanced treatment outcomes.

IN VIVO IDENTIFICATION OF ANTIBODY TARGETS IN PANDAS/PANS

Luciana Frick, PhD
Postdoctoral Associate
Yale University
Award Amount: $49,277

Obsessive compulsive disorder (OCD) and Tourette syndrome (TS) often strike in childhood and can disrupt the course of normal development. Rapid and severe onset of OCD and tics has been associated with recent infection (with β-hemolytic streptococcus or other infectious diseases), and has been hypothesized to result from autoantibodies that cross-react with brain proteins (in other words, the bodies immune system inadvertently begins attacking the brain). This has been termed "pediatric autoimmune neuropsychiatric disorder associated with Streptococcus" (PANDAS) or "pediatric acute-onset neuropsychiatric syndrome" (PANS). Problematic changes in PANDAS/PANS have been documented in a part of the brain called the basal ganglia, which has long been associated with OCD and TS. However, it is not clear which specific cells in the basal ganglia are targeted by antibodies in PANDAS/PANS patients. We have developed a novel approach in mice to try to answer this question.

TARGETED REAL-TIME NIRS-DRIVEN NEUROFEEDBACK: A NOVEL TREATMENT FOR OCD

Benjamin Kelmendi, MD
Resident, PGY-4
Yale University School of Medicine, Department of Psychiatry
Award Amount: $47,890

A quarter of patients with OCD receive little benefit from established treatments, and complete symptom elimination is rare. The development of new noninvasive treatments is an urgent need. We have developed real-time neurofeedback approach which targets a part of the brain called the orbitofrontal cortex (OFC). The OFC has consistently been found to be hyperactive in OCD. We measure OFC activity using a functional magnetic resonance imaging machine or fMRI (a device that takes pictures of the brain), and subjects learn through trial and error to control their OFC. In published work, we have shown that this is effective in changing both contamination anxiety in anxious individuals and symptom severity in patients with OCD. This intervention has also lead to lasting changes in brain organization. Unfortunately, this fMRI-based approach is likely to have limited impact, for practical reasons: it requires

2015 IOCDF Research Grant Awards

many hours of costly fMRI time in a highly specialized setting. Here we propose to adapt the neurofeedback strategy to be more accessible approach, using near-infrared spectroscopy (NIRS). If therapeutic neurofeedback can be shown to be effective using NIRS, it would have enormous potential to become a widely used office-based treatment and to benefit many patients with difficult to treat OCD.

Donor Awarded Research Grants

PREDICTION, UNDERSTANDING, AND TREATMENT OF PERFECTIONISM USING ACCEPTANCE AND COMMITMENT THERAPY

Michael Twohig, PhD
Associate Professor
Utah State University
Award Amount: $50,000

One of the benefits of ACT is that it is a transdiagnostic intervention. Perfectionism is a perfect example of something that at extreme levels can result in a mental disorder, and at lesser levels can be part of other types of pathology or simply interfere with one's day-to-day functioning. We are interested in studying the influence of "psychological inflexibility" (a primary therapy target in ACT) on the development of pathological perfectionism (e.g., OCD, OCPD). This project involves recruiting individuals with high levels of perfectionism for a trial of ACT for perfectionism. We will conduct a randomized controlled design treating 24 adults with high levels of perfectionism and compare them to a "wait list" group (individuals not initially receiving any treatment, but then have access to the treatment at a later date). This study will include state-of-the-art pre- and post-treatment neurological and clinical assessments. We will also perform week-by-week assessments and assessments which allow us to collect data randomly throughout the day to see how the treatment is affecting participants.

PROMOTION AND UNDERSTANDING OF TOLERANCE/ ACCEPTANCE OF OBSESSIONS

Michael Twohig, PhD
Associate Professor
Utah State University
Award Amount: $50,000

Exposure-based cognitive behavioral therapy (CBT) is the first-line treatment for OCD. However, how exposure works remains an important question. Researchers and clinicians are unclear of the active components that make exposure therapy effective. Additionally, even though CBT is the best treatment that exists for OCD, only 50% of individuals receiving this intervention are classified as "responders" to treatment. This percentage highlights the importance of understanding how exposure therapy works and refining our treatments to more heavily weight the active ingredients by which they work. Recently, leading researchers in exposure-based interventions have suggested that teaching tolerance/ acceptance of distress in the presence of fear-evoking stimuli is key to successful treatment outcomes. Consistently, studies have examined the impact of teaching acceptance/ tolerance in response to distressing stimuli in exposure therapy, with results showing that teaching these skills can result in better outcomes than comparison conditions. However, this work has never been extended to OCD. Therefore, examining an acceptance/tolerance model of exposure therapy would be profoundly important to those who are implementing exposure therapy for OCD.

After being brought into the laboratory, participants will record their obsessions to be played back as an aversive stimulus to measure avoidance. Baseline measures of obsessions, physiological arousal, and avoidance will be taken at pretest. We will then randomly assign participants to one of three conditions: tolerance/acceptance, obsession reduction, and experimental control. Tolerance/ acceptance will focus on teaching participants to open up to internal experiences; obsession reduction will emphasize maintaining emotional arousal with the goal of seeing an eventual decrease; and the experimental control will instruct participants to respond as they typically would. After instruction, the recorded obsession will be played back to re-introduce the aversive stimulus. Participants will be asked to practice the techniques previously learned, and posttest measures of obsessions, physiological arousal, and avoidance will be taken at this point. At the end of the session, participants will be instructed to continue working on the exercises learned for the following week, during which we will administer in vivo web-based assessments to track their obsessions, emotional reactions, and avoidance. At the end of the week, participants will be asked to return to the lab to complete a final assessment with all of the measures. These finding may help guide how exposures in the treatment of OCD are conducted.

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

Do you suffer from obsessive-compulsive disorder (OCD) or generalized anxiety disorder (GAD)? Do you reside in the USA?

The Department of Psychology at New York University is looking for paid participants in an online psychology study that aims to better understand psychiatric disorders, in particular OCD and Anxiety. Unlike most studies, it does not matter if you also suffer from one or more other psychiatric disorders, so long as you currently have symptomatic OCD or GAD. Prior to taking part in the study, you must speak with a trained clinician over the telephone. They will assess your eligibility for this study by asking you some questions that relate to mental health. You must have a US telephone number in order to take part.

If you meet the criteria for this study, you can take part on your computer at home! Taking part in the study involves completing a computerized battery of tests and questionnaires on your personal computer. It should take approximately 2 hours to complete and you will be paid $20 for taking part, in addition to a small bonus for performance on one of the computerized tasks, which will range between 0-$1.

If you are interested in taking part, visit: ***https://qtrial2015az1.az1.qualtrics.com/jfe/form/SV_oppcn8B1kqR9dw9***.

If you have questions, please email ***dimensionalpsychiatry@gmail.com***.

MASSACHUSETTS

Transcranial Magnetic Stimulation (TMS) in Obsessive Compulsive Disorder (OCD): Mechanisms and biomarkers

PI: Joan Camprodon, MD, PhD, MPH

We are looking for right-handed adults with OCD between the ages of 18 and 65 in order to evaluate the safety and effectiveness of TMS in treating OCD. TMS is a noninvasive method in which a magnetic "coil" is placed near an individual's head and delivers small electrical currents in the brain, stimulating brain cells that may relieve OCD symptoms. Research has demonstrated this treatment is effective in treating depression, and we would like to expand this research to OCD.

Inquiries: 1-866-6MGH-OCD

MINNESOTA

Does Your Child or Teen Have OCD?

If he or she is 8-17 years old and not taking psychiatric medication, he or she may be eligible for a sertraline treatment and MRI study. Study participants will be compensated.

For more information, please contact:

- The research coordinator, Elizabeth, at (612) 625-1632 or ***harr1317@umn.edu***, or
- The Principal Investigator, Dr. Gail Bernstein, at (612) 273-9721 or ***bernso01@umn.edu***.

Visit our website at ***www.youthocdstudy.org*** for more information.

NEW YORK

AUG III – Attaining and Maintaining Wellness in OCD (IRB #6628)

- Are you suffering from OCD?
- Are you between the ages of 18–75?
- Are you taking one of the following medications for obsessive- compulsive disorder (OCD) and STILL having bothersome symptoms?
  - *Clomipramine (Anafranil)*
  - *Fluoxetine (Prozac)*
  - *Fluvoxamine (Luvox)*
  - *Sertraline (Zoloft)*
  - *Paroxetine (Paxil)*
  - *Citalopram (Celexa)*
  - *Escitalopram (Lexapro)*
- 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 four questions, you may be eligible for treatment as part of our research study.

Eligible participants initially remain on a stable dose of their OCD medication and will receive cognitive behavioral therapy consisting of Exposure and Ritual Prevention (EX/RP) twice a week for up to 12 weeks as additional treatment. Participants who become well (with only minimal to mild OCD symptoms) after the EX/RP will be randomly assigned (assigned by chance) to either continue their medication or begin to taper off their medication and have it gradually replaced with a placebo (sugar pill).

All patients will be carefully monitored throughout the study for 24 weeks. The goal of the study is to understand whether patients with OCD on Serotonin Reuptake Inhibitors (SRIs) who achieve wellness from EX/RP can safely discontinue their medication.

Please call Stephanie Chen at (646) 774-8062 or email her at ***checnste@nyspi.columbia.edu*** for the New York site. You can also visit our website at ***www.columbiapsychiatry.org/ocd***.

This study is done in conjunction with the Center for the Treatment and Study of Anxiety, at the University of Pennsylvania. At the University of Pennsylvania, the study is led by Dr. Edna Foa, author of *Stop Obsessing!*

iCBT – Internet Based Treatment for OCD (IRB #6837)

This study is for New York and New Jersey state residents who are having trouble with their OCD symptoms and would be interested in participating in a research study to test the effectiveness of a ten week therapist-supported online treatment.

Online treatment will be provided at no cost. The goal of this study is to help participants improve the severity of their OCD through online cognitive behavioral therapy (CBT), which includes evidence-based exposure and response prevention (EX/RP) techniques. One in-person evaluation at the Columbia University Medical Center is required for the program, and the rest of the treatment will be completed from the convenience of your own computer. Participants will have 10 weeks to complete 10 online treatment modules, guided by a study therapist, who will be available to them every step of the way via the online treatment platform. The online therapy modules will help you learn about your OCD and guide you through a treatment program that is tailored to fit your needs.

For more information about participating, please call Olivia Pascucci at (646) 774-8064, or visit our website at ***www.columbiapsychiatry.org/ocd***.

Novel Medication Study: GLYX-13 in OCD (IRB# 6986)

NYSPI/Columbia University Medical Center

PI: H. Blair Simpson, MD PhD

This research study tests whether GLYX-13 – an experimental drug that acts on a brain receptor called NMDA - can decrease symptoms of OCD within hours. This is not a treatment study. Results from this study will allow doctors and researchers to better understand if you and others with OCD may respond to a class of medications that target the NMDA brain receptor. You will be compensated for your time and travel.

Participants must be between the ages of 18 - 55. For more information about participation please contact the study coordinator: Jordana Zwerling at (646) 774-8118.

Circuits – Control and Reward Circuits in OCD (IRB #7000)

- Are you between the ages of 18 – 55?
- Do you have bothersome OCD symptoms?
- Are you not taking any psychiatric medications?
- Are you interested in receiving no-cost therapy treatment that may improve your symptoms?

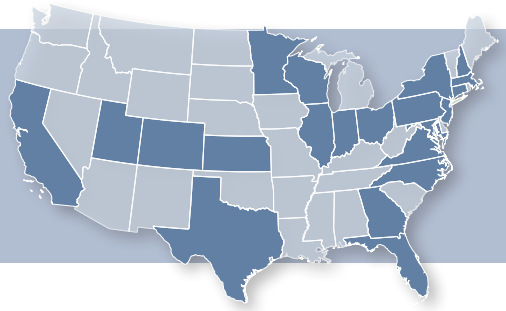
If you answered "yes" to all four questions, you may be eligible for treatment as part of our research study "Control and Reward Circuits in OCD." Eligible participants will be asked questions about their symptoms, perform tasks on a computer, and receive 17 sessions of cognitive behavioral therapy consisting of Exposure and Ritual Prevention (EX/RP). You will receive a brain scan using Magnetic Resonance Imaging (MRI) both before and after therapy. The purpose of this study is to assess whether therapy treatment with EX/RP changes the brain.

For more information about participating, please call Olivia Pascucci at (646) 774-8064, or visit our website at ***www.columbiapsychiatry.org/ocd***.

FROM THE AFFILIATES

Affiliate Updates

Our affiliates carry out the mission of the IOCDF at the local, community level. Each of our affiliates are non-profit organizations run entirely by dedicated volunteers. For more info, visit: **www.iocdf.org/affiliates**



OCD GEORGIA

www.ocdgeorgia.org

OCD Georgia, together with Riley's Wish Foundation and Skyland Trail, held a wonderful OCD Awareness Week event Saturday, October 17 in Atlanta. We were so happy to have people from across the state join us. Many of our attendees were individuals with OCD, along with family members, loved ones, and many therapists and local students interested in learning more about OCD. The audience absolutely loved hearing from local therapist Adam Funderburk about incorporating mindfulness into ERP and having him demonstrate some of those techniques. Jon Hershfield, author and therapist, picked up where Adam left off and spoke about mindfulness in the context of the family system and how everyone is affected by OCD. He gave some great tips for family members to help them love the person while hating the OCD. Elizabeth McIngvale-Cegelski rounded out our speaker panel with her touching story of her own OCD journey. She spoke to the great impact it had on her family and what she and her parents look back at now and wish they had done differently. We are so appreciative of Adam, Jon, and Elizabeth for donating their time and being an OCDvocate in their community as well as ours. Head to our website to see pictures of the event and listen to some of the presentations!

OCD MASSACHUSETTS

www.ocdmassachusetts.org

Me2/Orchestra invites musicians from the OCD Massachusetts community to join the world's only classical music ensemble created for individuals with mental illness and the people who support them. Weekly rehearsals are held Mondays from 7-9pm at the Hope Central Church in Jamaica Plain. All ability levels are encouraged to attend. There is no audition and no cost to join. For more information, visit ***www.Me2orchestra.org*** or call (802) 238-8369.

OCD Massachusetts continues to hold monthly lectures in Belmont, Worcester, and Northampton. Upcoming lectures include "Body Dysmorphic Disorder: Recent Developments and Future Directions" by Angela Fang at McLean Hospital, "Coping Skills for Anxiety" by Denise Egan Stack at Smith College, and "How DBT Skills Can Help with OCD" by Jennifer Eton at UMASS Medical School. Visit our website for dates, times, and our full lecture series schedule.

OCD MID-ATLANTIC

www.ocdmidatlantic.org

In July, a number of OCD Mid-Atlantic board members attended the IOCDF Annual Conference in Boston, and some gave presentations on relevant topics.

To commemorate OCD Awareness Week in October, OCD Mid-Atlantic held an educational event entitled "Getting Free from OCD: Break Outs with Experts" in Columbia, MD. After brief introductory presentations, attendees broke into separate groups to meet with professionals and other individuals with OCD. Various topics relating to the condition were discussed such as hoarding, OCD in kids and teens, and medication. We are currently planning several events in the broader Mid-Atlantic region, hoping to offer educational programs deeper into Maryland and southern Virginia. As plans for new events are finalized, we will announce them on our website.

On the governance side, the IRS approved our application for 501(c)(3) status and the state of Maryland provided us with our "Corporation in Good Standing" certificate!

OCD MIDWEST

www.ocd-midwest.org

On October 16, OCD Midwest hosted two events during OCD Awareness Week. Over 40 clinicians attended a five-hour workshop entitled "OCD Basics and Beyond: Effective Treatment for Obsessive Compulsive Disorder" at the Cleveland Racquet Club. After a welcoming statement by OCD Midwest President Patrick McGrath, PhD, the workshop offered a three-hour presentation of the principles and

Affiliate Updates

application of cognitive behavior therapy for OCD by Charles Brady, PhD, as well as a lecture by Chris Bedosky, PhD, on PANS, and a dynamic overview of medication and surgical treatments by Molly McVoy, MD. After the clinician workshop concluded, Dr. McGrath presented "Don't Try Harder, Try Different: A free workshop for individuals and families who struggle to free themselves from OCD." The 30 attendees of this presentation were also invited to participate in an open Q&A session with Drs. McGrath, Brady, Bedosky, and McVoy. Attendees at both events expressed great excitement and gratitude for the information gleaned from presentations.

OCD NEW HAMPSHIRE

www.ocdnewhampshire.org

OCD New Hampshire hosted "Increasing OCD Awareness through Films and Conversation" during OCD Awareness Week 2015. It was a wonderful evening bringing together people with OCD, their friends and families, and local providers. We want to thank Mountain Valley Treatment Center for their support that evening as well. OCD New Hampshire is also excited to announce that Mary Giveen has joined the Executive Board of OCDNH. She is a longtime advocate for OCD and will certainly help OCDNH grow in the years ahead. Reminder — there is a monthly support group in Concord, NH, which meets every third Thursday of the month. There is also a new monthly support group in Portsmouth, NH, that meets the first Monday of the month. For more information about local resources, visit our website or find us on Facebook.

OCD NEW JERSEY

www.ocdnj.org

Dr. Jennifer Gola of the Center for Emotional Health presented on "Ethical Considerations of ERP" at our September quarterly presentation. At the request of several attendees, we decided to turn our December 14 quarterly presentation into an "Ask the Experts" panel. The panel included OCDNJ Board Members Drs. Allen Weg and Rachel Strohl from Stress and Anxiety Services of New Jersey, and Dr. Marla Deibler from the Center for Emotional Health (CEH). Dr. Diana Antinoro of CEH served as moderator.

March is slated for a presentation from John Cohn, president of Address Our Mess, a company that helps therapists who work with hoarders to coordinate the process of cleanup. Later that week on Sunday, March 13, John Piacentini will present the latest ERP research at our annual conference.

Dr. Allen Weg, president of OCDNJ, and Dr. Marla Deibler, vice president, both attended a weekend of training at the Professional Training Institute (PTI), sponsored by the Trichotillomania Learning Center. Though both were previously certified by TLC, they repeated the training, this time in preparation to be presenters at future TLC training programs. While Dr. Deibler is already a faculty member of PTI, Dr. Weg will be added to the faculty at this point.

OCD NEW YORK

www.ocdny.org

In support of this year's OCD Awareness Week, OCD New York co-sponsored two conferences. The first was an OCD community event co-sponsored with Zucker Hillside Hospital in Glen Oaks, NY and Bio Behavioral Institute, in Greater New York. A surprise guest speaker, Mr. Lindsey Harris, was present in the audience and spontaneously shared his experience as president of the OCD Society, the first established foundation in the 1970s. He spoke about his struggle in trying to get help when none was available and the Society's efforts in trying to disseminate information about OCD when no one knew about the disorder and there wasn't much interest. Despite the unexpected presentation, he was an inspiration to many. Invited speakers were Anthony Pinto, PhD, John Christman, MD, Cathy Budman, MD, and Laura Braider, PhD, all from North Shore-LIJ Health System, along with Fugen Neziroglu, PhD, and Sony Khemlani-Patel, PhD, of OCD New York and Bio Behavioral Institute. Jane Zwilling, PsyD, of the LI Chapter of the Tourette Association of America was also present to speak about the relationship between Tourette's and OCD as well as share information on resources available to sufferers. Over 100 attendees participated, which included a Q&A session with the panelists.

Also during OCD Awareness week, OCD New York was excited to co-sponsor a conference with the Mt. Sinai Health System on treatment options for treatment resistant OCD. The event was open to patients and caregivers to learn more about factors that define treatment resistance, levels of psychological treatment available, and Deep Brain Stimulation (DBS) neurosurgery as an available treatment option. Sara Gordon, an OCD sufferer who underwent DBS, shared her experiences with OCD and positive outcomes after the surgery. Speakers included Wayne Goodman, MD,

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FROM THE AFFILIATES

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a psychiatrist, Brian Kopell, MD, a neurosurgeon from the Mt. Sinai Health System, Fugen Neziroglu, PhD, president of OCD New York and director of Bio Behavioral Institute, and Sony Khemlani-Patel, PhD, secretary of OCD New York and executive director of Bio Behavioral Institute. OCDNY also sponsored a series of workshops on child and adolescent anxiety for parents in NY area special education PTAs.

OCD SACRAMENTO

www.ocdsacramento.org

OCD Sacramento hosted several presentations during OCD Awareness week in October, including opportunities for learning about OCD and treatment from the ground up, helping loved ones learn how to support those struggling with OCD, and a presentation on understanding what various anxiety disorders look like and how they are different. Many people from the community attended, including those struggling with OCD, loved ones, and mental health providers looking to learn more.

OCD Sacramento will continue in its tradition of holding monthly presentations throughout 2016 in our efforts to promote awareness of proper treatment for OCD and anxiety disorders and work to reduce stigma associated with these conditions.

OCD SOUTHERN CALIFORNIA

www.ocdsocal.org

On Saturday, October 17, we held our first affiliate conference in Southern California. Approximately 150 people attended the Fall Speakers Series featuring four experts in the treatment of OCD and related disorders, as well as our president and vice president, Jim Sterner and Chris Trondsen. Wendy Mueller shared her personal story and information on her nationally renowned online support group with over 5,000 members! Arie Winograd from the BDD Clinic of LA discussed body dysmorphic disorder, and Dr. Jim Hatton came from San Diego to present his 10 practical steps to dealing with anger and OCD. Lastly, Dr. Barbara Van Noppen from USC provided insights into family dynamics and creating contracts to help families deal with OCD conflicts. We look forward to our Spring Speakers Series in 2016!

On the previous weekend, the "OCD Busters" joined NAMI Orange County on its annual fundraising walk at beautiful Irvine Park to raise awareness about OCD. Our team made some excellent contacts as we continue to expand our reach in Southern California.

Please join us on Facebook and visit our website. Also join our mailing list to keep up to date on affiliate activities. You can contact us at ***info@ocdsocal.org*** or (562) 888-1623.

OCD TEXAS

www.ocdtexas.org

As part of OCD Awareness Week, OCD Texas held a full-day conference on October 24 at Richland College in Dallas. The theme of the conference was "Overcoming OCD" and featured keynote speaker Janet Singer, author of *Overcoming OCD: A Journey to Recovery*. In addition to Janet's keynote address, there were presentations on "Understanding the OCD Experience," "Overcoming OCD: Considerations for Kids," and "Understanding & Treating Unwanted Mental Intrusions."

The conference also included an "Ask The Experts" table encouraging attendees to ask specific questions about the diagnosis and treatment of OCD, resources for treatment, and local support groups.

The final presentation of the event was a "Teen Success Panel" where a number of teens shared touching stories of overcoming OCD and how OCD has impacted their lives.

OCD UTAH

The OCD Foundation of Utah is excited to announce they have finally received 501(c)(3) status and will soon be unveiling an attractive, educational website designed to assist those who desire to learn more about OCD, get help, and foster understanding. Along with the website, the foundation will be releasing a mental health awareness campaign to create an authentic dialogue regarding OCD and mental health.

OCD WISCONSIN

www.ocdwisconsin.org

As part of OCD Awareness Week, OCD Wisconsin put up a display in the lobby of the Oconomowoc Public Library. We sent information and resources to guidance counselors around the state and scheduled two community talks, one with Dr. Brad Riemann at Waukesha County Technical College and one with Dr. David Jacobi at the Appleton Public Library. We will be attending the Wisconsin School Counselor Association conference in early 2016 and have scheduled our OCD walk for June 2016.